

Executive Summary

In 2013 UNICEF's Country Office (CO) in Yemen significantly increased the number of children it assisted. The CO was also more active in developing policies with the Government, which required a doubling of annual expenditure to US\$100million. In 2014 our activities in support of children in Yemen will remain at the same level and we will place greater emphasis on qualitative elements such as behavioural change and sustainability.

In 2013 nearly 150,000 malnourished children were admitted for treatment through UNICEF supported specialized facilities; and nearly 3.5million children aged 1-3 were immunized during national immunization days. Psychosocial support was provided to 500,000 children through child friendly spaces; 400,000 people were reached with mine risk awareness activities; and 70,000 children had access to improved child friendly learning environments.

UNICEF continues to place greater attention on equity by supporting services in the 106 most vulnerable districts. Approximately 80 per cent of total expenditure was disbursed to Government and partners for delivery of services and programme supplies. UNICEF has not only been able to contribute to a higher level of service delivery, but is also increasingly being seen in a position of leadership. One example of this is that UNICEF has been selected to supervise the Global Partnership for Education (GPE) award of US\$82 million. Through these funds, 562 schools will be rehabilitated so that 225,000 Yemeni children will have a greatly improved learning environment. Work is already underway in 142 of these schools under the emergency fund.

Contributions in nutrition have also afforded UNICEF a leading role in policy, which has led Yemen to sign up to the Scaling Up Nutrition (SUN) movement. A visit by the SUN coordinator, who is also the Special Representative of the Secretary General (SRSG) on Food Security and Nutrition, underscores the country's commitment. His visit coincided with the first national academic conference on nutrition, which was organized by the Ministry of Health with support from UNICEF. Furthermore, UNICEF has engaged vigorously with the National Dialogue. The outcomes are the basis for a new constitution and UNICEF has provided technical support to ensure that the right to water and the rights of minorities are a part of these outcomes.

Programme expenditure reached nearly US\$100 million in 2013, an increase of almost four times that of 2011 (US\$26 million). However, the programme has shifted from a largely emergency and recovery response towards one that is predominantly development-focused. The volume of activity will therefore remain constant during 2014 to allow the country office to focus on sustainable, quality results. During the second half of the country programme, 2014-2015, nutrition will continue to be a primary focus. However, studies during the year have indicated the need to shift strategy towards prevention of stunting and wasting with improvements in hygiene, breastfeeding and sanitation practices. Therefore, an integrated health, nutrition and WASH approach will be the programme's focus, whilst the SUN movement will play a significant role in the remainder of the country programme.

Country Situation as Affecting Children & Women

Since early 2012 Yemen has been going through a period of political stabilization. President Ali Abdullah Saleh stepped down in February 2012 under a GCC-brokered transfer of power, and the ensuing transition process and its various mechanisms provide an opportunity for all stakeholders to make their voices heard. One such mechanism, the National Dialogue Conference (NDC), provides a space for all stakeholders—including vulnerable groups who have been outside of the political process to date—to participate in shaping a new Yemen following the transition process and elections in 2014.

Yemen has the highest poverty rates in the Middle East, with 54 per cent of Yemenis living on less than \$2 a day and half the population food-insecure. Yemen ranks low on the human development index at 154 out of 187 and is unlikely to meet any of the Millennium Development Goals (MDGs) or to achieve the targets of A World Fit for Children.

Achievement of basic rights for children is further challenged amid interlinked chronic and acute needs and emergencies. The protracted conflicts in the north and the more recent conflicts in the south have resulted in the displacement of more than 340,000 people, at least half of whom are children. Yemen also hosts 230,000 refugees and migrants seeking refuge from conflicts and poverty in the Horn of Africa.

Despite a declining trend since 1990, rates of maternal, child and under-5 mortality (U5MR) remain high while access to water has declined from 66 per cent in 1990 to 55 per cent in 2013. The rates of decline in mortality and the increase in access to improved sanitation, are insufficient and unlikely to meet MDGs 4, 5 and 7 by 2015 unless extraordinary efforts are made. Neonatal mortality has not shown any significant decline since 1990 and accounts for 42 per cent of under-5 mortality.

The critical levels of acute and chronic malnutrition persist, which indicates multi system failure at all levels. Analysis of available data shows that all forms of malnutrition are in play, affecting all population groups especially young children and women, everywhere in Yemen (239 out of total 333 districts have stunting rates above 40 per cent). Children aged around 2 to 3 years are most affected by stunting while infants are most affected by wasting. Only 5 per cent of children between 6-23 months consume a minimum acceptable diet in terms of quality and quantity and exclusive breastfeeding is amongst the lowest in the world at 19 per cent in UNICEF's 106 targeted districts. The underlying causes of malnutrition, in addition to the sub-optimal feeding and caring practices mentioned above, are diarrhoea (40 per cent in under-5s) and frequent episodes of acute respiratory tract infections (24 per cent).

Water coverage has reduced from 66 per cent in 1990 to 55 per cent in 2013. The important measure of water piped to the premises has increased but the 'other' improved water sources rate has declined. The main current concerns are about domestic water fetching (jerry cans in urban areas and wells and boreholes in rural areas) that commonly fall to women and girls; the dependency upon tanker trucks, a particular economic burden on low-income households; and the reliance on water that is or maybe unsafe for drinking. According to JMP data, 24 per cent of Yemenis had access to improved domestic facilities in 1990. The 2011 national rate had risen to 53 per cent, which suggests that this MDG target is not unattainable, but these results are likely to be due to the events of and since 2011. Despite the improvements, the decline in open defecation within rural areas – from 54 per cent in 1990 to 32 per cent in 2011 – which still exposes far too many households, especially their children, to a range of life-threatening diseases.

Yemen has made considerable advances in enrolling children in schools across the country in the past decade. According to 2011 EMIS data however, adjusted net enrolment rate (NER) in basic education remains low at 78 per cent, with a weak gender parity ratio. Girls' participation in education is thus doubly impacted by low and late enrolment coupled with high dropout. This has been attributed to lack of accessibility, low-levels of recruitment and retention of female teachers, especially in rural areas, socio-economic and cultural factors (that may vary across communities) and institutional factors.

The Situation Analysis of Children in Yemen 2013 provides a wide array of violations against children's rights to protection. It is manifested through different forms of violence, abuse and exploitation that is roughly categorized as follows: family and community based violence (lack of legal identity through birth registration, domestic violence and corporal punishment, children without parental care, harmful traditional practices); justice for children, violence, abuse and exploitation (sexual exploitation, child labour, child living and/or working on the streets, child trafficking); and grave violations against children in situations of armed conflicts. The main drivers may be either inherent to domestic or community practices commonly shaped by social norms, or else external to local community conditions, such as geopolitical factors or demand-driven sources of exploitation.

Yemen does not fare well in assessments of women's equality and in their enjoyment of equal development. This is apparent from a range of global indicators and national reports. UNDP's gender inequality index (GII) provides a single indicator that is also independent of the HDI and refers to inequality rather than disparity. Of 148 countries for which a GII is available, Yemen is ranked at the bottom: 148th. Primary factors in this ranking are the high adolescent fertility rate, very low rate of female parliamentary participation, negligible level of secondary education for women, and women's very low rate of labour force participation. Given similar indicators from national MDG progress, these are merely verifications of what is known: that women

and girls are experiencing – and continuing to experience – diverse and entrenched forms of inequalities and barriers to equity in national development in Yemen.

Country Programme Analytical Overview

The programme has, in line with its strategic Programme Component Result on equity, been striving to remove bottlenecks and barriers that hinder the most disadvantaged children from accessing and receiving basic social services.

Behaviour change was identified as a principle barrier to improved nutrition and in the course of 2013 a review of all nutrition interventions at field level by the C4D section was institutionalized, which has ensured that all partnerships with government and non-governmental partners include behaviour change for outreach workers and health workers.

Monitoring and data management across all sectors, but particularly in nutrition, was a significant bottleneck which has been mitigated by the establishment of a system overseen by UNICEF's field offices which generates data on access to nutrition services. In addition SMART surveys now provide data for most of the country and inform the level and nature of nutrition interventions. A significant contribution to government planning within the sectoral line ministries and the ministry of planning itself has been the completion and launch of the first round of the longitudinal panel survey to measure social protection, implemented in partnership with Brazil/UNDP's International Policy Centre. The data represents the first national and Governorate level data on children since 2008.

UNICEF's policy level work within the sectors was weak in the aftermath of the 2011/12 humanitarian crisis and the effect that this has had on government capacity at the central level. However during the course of 2013 UNICEF has recruited senior staff with strategic policy competencies in order to bring UNICEF back to a leadership role in WASH, Nutrition, Education and Child Protection – evidenced through UNICEF's role in developing a rural sanitation strategy; UNICEF's informal secretariat function for the SUN; UNICEF's leadership in the GPE; and the full establishment and functioning of the Monitoring and Reporting Mechanism against Security Council Resolution 1612 in which UNICEF plays the role of co-chair.

The last quarter of 2014 has marked the start of the MTR process, which has allowed UNICEF and partners to review achievements to date, the associated challenges and additional bottlenecks and barriers.

Most significant among these are real community level engagement and the ensuing behaviour change. In recognition of this UNICEF will increase its focus on Communication for Development at the village level working with a package of 11 key practices to enhance survival, development and protection of children. Community-led sanitation will also be an increased component of the programme.

The focus will also increase on the most disadvantaged children based on ethnicity – known as *muhammasheen* – this is a difficult shift to undertake but an initial desk review shows that more research is required as well as advocacy for genuine commitment at the highest levels of Government in order to bring *muhammasheen* into mainstream Yemeni society from which they are currently excluded.

Humanitarian Assistance

UNICEF sustained its cluster coordination lead in Nutrition, WASH, Child Protection and Education, with sub-national cluster structure functioning in the conflict affected areas in the north and south. The humanitarian response focused on early recovery interventions, and in supporting a strengthened co-sharing coordination structure with Government.

There is a greater presence of local and international NGOs though capacity remains an issue particularly for assessments and response in hard to reach areas. Access overall has improved compared with 2011-2012, however, and it remains unpredictable and has further deteriorated in the last quarter of the year. The operating environment has been increasingly characterized by localized, tribal conflict leading to small scale short-term displacements. Such trends are expected to continue and are, generally, a reflection of internal

and regional political dynamics, further exacerbated by the ongoing NDC.

The key programmatic humanitarian response includes continued delivery and expansion of a comprehensive approach to address malnutrition, integrating interventions with WASH and health. Child Protection MRM expanded exponentially covering all areas affected by the conflict. Timely support was provided to help return a large number of unaccompanied trafficked Ethiopian children who were suddenly evicted. School rehabilitation initiatives have been prioritized in conflict affected areas.

Effective Advocacy

Mostly met benchmarks

There has been a strategic shift towards policy advocacy on child rights both at the global and national level, especially with the CRC Committee and the National Dialogue Conference. Three key messages have been defined – The Age of the Child, issue of minorities (particularly *muhamasheen*) and water as a fundamental human right. This provides a unique opportunity to influence the constitutional agenda for children. There has also been increased engagement around the CRC Confidential Submission by UNICEF, the Concluding Observations of the CRC, promoting the participation of adolescents and facilitating the drafting of an Action Plan on the release and non-recruitment of children by armed forces and groups by GoY.

Advocacy around nutrition as a chronic underdevelopment crisis has continued with coverage at the global and regional level. Highlighting inequities as per the NSPMR and the Baseline Survey among the 106 most vulnerable districts in Yemen has enhanced evidenced based advocacy with Government, media, development partners and donors.

Capacity Development

Mostly met benchmarks

In the emergency programme, capacity building plans for the sub-national humanitarian coordination structure were put in place. Training for members including in nutrition, education, child protection coordination and assessments was conducted. Although there is a greater presence of local and international NGOs, capacity remains an issue particularly for assessments and response in hard to reach areas such as in the south (Shabwa, Al-Bayda), centre (Dharmar, Marib) and part of the north (Al-Jawf).

Institutional capacity building has also been a focus area for the Child Protection programme. Interventions have focused on improving the delivery of a minimum package of Child Protection services in the priority areas of justice for children, birth registration and social welfare. Capacity building activities including training, coaching, assessments and training curriculum development were prioritized for law enforcement, social workers, teacher and civil registrars, in an effort to attain sustainable institutional capacity development.

At central level, UNICEF is working to improve the capacities of the Ministry of Education across several areas, from improving the quality of education teacher training and supervision, to education sector planning and management. UNICEF BEGE has worked to strengthen the capacities of teachers, school principals and education supervisors to promote and practice child-centred teaching and learning methodology - this includes knowledge and skills around child rights, early grade learning, positive discipline as well as school leadership and management. In addition, UNICEF is working to support the Ministry of Education to improve data collection and analysis so that policy decisions and programming are based on sound, relevant and timely information from the field. Lastly, UNICEF is supporting the Ministry to improve its ability to profile and reach out-of-school children and to develop tailored curricula and education opportunities in order to engage every girl and boy in learning.

UNICEF undertook a review of the health system to identify opportunities that would facilitate the delivery of the essential health and nutrition package in an integrated fashion. The Government Transitional Plan had identified the essential health and nutrition package as an entry point for accelerating interventions towards

the achievement of the MDGs.

In 2013 the Communication for Development (C4D) section, which cuts across all programme areas has focused on capacity building of partners. The aim of the C4D capacity building programme has been to facilitate engagement with at least 30 per cent of care givers in UNICEF's 106 districts to improve knowledge and adoption of critical maternal and child survival practices.

Communication for Development

Fully met benchmarks

In close coordination with the Health Education Centre (HEC) of the Ministry of Health and Population, the C4D section successfully conducted two national training of trainers (TOTs) with 125 participants on Integrated Young Child Survival and Development approach while 21 Health Education Managers from 11 governorates were trained in C4D strategic planning and monitoring. Following the TOTs, 21 master trainers, were selected as government approved certified C4D trainers to help support capacity building at national and district levels. To create a supportive environment for nutrition interventions, the C4D section supported HEC to conduct sensitization and orientation sessions with cabinet ministers and senior policy makers to position malnutrition as a crisis in Yemen, including through mass media public awareness.

A package of information, education and communication materials, previously used for health education and training, have been reviewed, revised and updated (based on Facts for Life) including the National Handbook on Basic Health Education Messages, a Flip Book for Community Volunteers, and flyers on maternal and child health. A WASH hygiene promotion resource book is currently under review in coordination with the WASH Cluster.

To help improve the evidence base for C4D interventions, a qualitative knowledge, attitude and practice (KAP) survey was conducted focussing mainly on maternal and child survival issues. However the findings, while useful, require further analysis to be effective. It is proposed that a complementary, quantitative KAP survey be conducted in 2014 to provide specific baseline data across key behaviour and social change indicators – currently C4D relies mainly on proxy indicators from service delivery.

To strengthen community outreach and engage directly with mothers, caregivers and community leaders, the C4D section has supported the training of 2,047 Community Volunteers in Interpersonal Skills and Family Child Care Practices and the orientation of 765 religious and community leaders to support and promote adoption of critical child and maternal health practices. Approximately 569,578 individual parents, caregivers and community leaders have been reached with a core package of messages through a mix of communication interventions including interpersonal and mass media (mainly radio and TV). Partnerships with international and local NGOs have strengthened the capacity of local partners to better reach and engage with caregivers.

An intensive Mid-term Review reaffirmed the pivotal role of C4D: based on available evidence from two major surveys in 2013, YCO has made a strategic decision that the C4D Section should lead all community engagement and behaviour change interventions in the country programme. The C4D programme will continue to focus on eleven priority life-saving, care and protective practices in the 2014-2015 period. The next two years will no doubt see a more robust C4D programme based on a socio-ecological model (SEM) approach to effectively address multi-layer, social-cultural factors that contribute towards adoption of positive attitudes and behaviour practices for the benefit of children of Yemen.

Service Delivery

Mostly met benchmarks

Service delivery remained the principal mode of support to vulnerable populations in 2013 given the constrained government budgetary allocation, limited capacity and inaccessibility due to insecurity. A WHO assessment of health services in 10 governorates to determine the functionality of health facilities found that only 57 per cent of those sampled were functional. The rest were either partially functional or closed for lack

of essential supplies, medicines, qualified staff or insecurity. Over 400 schools were in need of immediate rehabilitation, while a review of the birth registration system revealed a decline in registration rate from 36 per cent in 2006 to 33 per cent in 2012.

UNICEF's Social Protection Monitoring Survey also revealed that an estimated 7 per cent of households had been impoverished through costs incurred through ill health. Out of pocket expenditure on health had increased to 74 per cent, denoting extremely unequal health expenditure.

Building on the foundations of 2012, UNICEF support to Government and partners in provision of basic social services continued in 2013 with greater attention towards the 106 (33 per cent of the total) vulnerable districts which harbour over 36 per cent of the country's population. A substantial portion of programme funds (83 per cent of planned resources) were dedicated to equity in provision of services with 80 per cent (US\$ 65m) of total expenditure disbursed to Government and partners for service delivery and procurement of programme supplies. UNICEF also provided procurement services on behalf of Government for essential medicines and equipment.

Strategic partnerships with INGOs and NGOs helped ensure high quality services especially in nutrition, WASH and protection. Partnerships accounted for 20 per cent of the children enrolled into treatment for malnutrition and all the WASH needs of 60,000 IDPs. In nutrition UNICEF supported the enhancement of government capacity for provision of CMAM services to ensure that 144,455 children with SAM have been enrolled into treatment. Immunization coverage as of October 2013 had surpassed 75 per cent. Psychosocial support was provided to 500,000 children through child friendly spaces, while 400,000 people were reached with Mine Risk Awareness. In education 70,000 children had access to improved child friendly learning environments. An estimated US\$1.5 million was dedicated to building capacity of UNICEF and counterparts in planning and monitoring including supportive supervision of service delivery platforms. Regular reviews were held with Government and INGO implementing partners during which progress on key service delivery targets was reviewed, bottlenecks analysed and corrective strategies outlined.

Strategic Partnerships

Mostly met benchmarks

The most significant collaborative set of relationships established in 2013 has been Yemen's accession to the SUN movement. The movement in Yemen is led by the Ministry of Planning with participation from key line ministries, donors (of which DfID is the most active), UN agencies (WFP, WHO, WFP) and key international NGOs. UNICEF has informally provided the secretariat with services to ensure that the linkages with the global SUN movement are active and fruitful. It has also ensured participation from all partners – particularly Government and UN. The result has been a multi-sectoral plan that includes both nutrition-focused and nutrition sensitive interventions although this remains draft pending support for its completion from the SUN Headquarters.

The SRSR for Nutrition and Food Security visited Yemen despite the security constraints in the last quarter of the year. His visit was made in order to recognize the achievements of the country and to add impetus to the advocacy efforts that are required to translate the SUN's work into tangible results for children. The profile of the SUN also led to the inclusion of malnutrition within the 13 priorities of the Mutual Accountability Framework between donors and the Government as part of the transition plan.

Knowledge Management

Fully met benchmarks

Knowledge and data are generated through planned studies, surveys, and evaluations, which are monitored closely via the multi-year Integrated Monitoring and Evaluation Plan (IMEP) status implementation reports to Senior Management. Throughout 2013, opportunities arose to considerably increase activities around gathering, analysis and dissemination of data and information.

The Baseline and Social protection Monitoring household surveys were completed. The outputs from these exercises informed adjustments to programme design and implementation. Moreover, besides the regular programme updating through mid-year and end year reviews, UNICEF also implemented a Mid Term Review (MTR) of its programme. Working closely with the Ministry of Planning, this was preceded by an external Situational Analysis of Children in Yemen. Data and information available from these exercises informed decisions on modifications to the Country Programme Action Plan (CPAP) and Country Programme Management Plan (CPMP). In addition, supplementary exercises contributing to knowledge of children in Yemen were implemented. These included more formative research on the high levels of childhood malnutrition in Yemen and a study on the *Muhamasheen* disadvantaged population in Yemen. All these exercises guided decisions on changes for inclusion in the 2014-2015 programme.

Occasionally more informal learning activities also took place in 2013. Apart from Mid-Year and End Year reviews with partners, regular internal Programme Coordinating groups were also convened. In addition, the UNOCHA inter-agency assessment group, in which UNICEF is a member, continued to generate data and information from a wide range of emergency focused analytical activities.

UNICEF continues to support large scale data generating activities through the design and implementation of the NDHS and 2014 Census and is also supporting the strengthening and rolling out of the Yemen DevInfo data platform. A further increase in activity led by UNICEF, along the entire knowledge management continuum, is anticipated in 2014.

Human Rights Based Approach to Cooperation

Fully met benchmarks

Yemen is a state party to most international human rights instruments and has a comparatively strong record in its reporting obligations under those treaties. However, there is still a need for provision within the national Constitution for these instruments to be given full legal effect and to achieve compliance.

A fundamental barrier to being a full state party to the UN human rights system is Yemen's current opposition to abandoning capital punishment. This is of particular concern with regard to children in view of continued reports of their execution despite assurances to the contrary.

With Yemen's scheduled appearance in early 2014 before the CRC and the UN Human Rights Council's (HRC) universal periodic review (UPR) process, particular attention is likely to be directed to failures to address commitments given at the previous such reviews. This will include reference to continued shortcomings in reforming domestic laws in various areas of children's rights and protections, including the girl child and traditional practices, action to tackle gender-based violence against girls and women, and reforms in the area of juvenile justice.

The *Muhamasheen* are a significant minority within Yemen, both in terms of their variable population estimates and their severe comparative vulnerabilities and exploitation. UNICEF has sharpened its focus this year on this marginalized group. They are afforded particular rights by the UN, through various provisions for minorities. Their situation as the 'most marginalized' population of Yemen was stated by GoY within the 2007 poverty assessment and was also recognized in its May 2013 appointment of a *Muhamasheen* representative to the NDC. In the 2010 national human rights survey by MoHR, UNDP and UNFPA, the situation of the *Muhamasheen* was ranked as the third highest human rights priority, after the right of women to work and the right of girls to an education.

In the NDC, UNICEF engaged at a technical level on three key issues for children: age of the child; rights of minorities and; right to safe water for domestic use. This resulted in specific NDC recommendations to the Constitution Drafting Committee across all three issues. Yemen has the basis of a comparatively good participatory landscape for children, with opportunities for improvement that include stronger child representation; better coverage at school and governorate level; and improved knowledge of effectiveness

with decision-makers. The credible involvement of children and adolescents facilitated by UNICEF in the NDC process suggests that such participation could and should comprise a more mainstreamed feature of a participatory approach to post-transitional governance.

Central to that agenda is the building of an effective child rights monitoring and review system. Current opportunities need to be informed by the imminent CRC periodic review process, alongside the establishment of the National Observatory for Child Rights, the mandate of which should be shaped alongside the child rights roles of MoHR and HCMC. Important early indicators of the Observatory will be the adequacy of resourcing commitments, engagement with CSOs and international partners, and capacities to interact with key GoY agencies on violations.

Gender Equality

Mostly met benchmarks

Yemen continues to occupy the last place in the world's Gender Gap index, ranking 135th out of 135 countries, scoring 0.5054 in 2012 (the Global Gender Gap index).

Throughout 2013, YCO continued its efforts towards mainstreaming gender across UNICEF's programme strategies and plans, utilizing a human-rights based approach to programming, guided by UNICEF's commitments to the CRC and CEDAW. A gender workplan was developed and agreed with programme sections during the end-year review of 2012. The workplan outlined a number of limited but concrete actions for the office during 2013. During 2013, 100 per cent of the planned workplan objectives were achieved: A gender core team (GCT) was established with focal points from all programme sections and field offices (13 members). The GCT developed and endorsed its TORs and carried out an inception training in July 2013 with coordination and support from the regional office gender advisor on mission to Yemen. The main responsibility of the GCT members is to facilitate gender mainstreaming across the programme and act as a channel between the country office's gender focal point and their areas of work.

A gender assessment survey was conducted in June in coordination with regional office, in order to establish a baseline of the office's understanding and gaps. A number of challenges were faced –including low response rates in some areas as well technical difficulties with the assessment tool- all of which have informed lessons learned for the planned 2014 update of the gender assessment survey.

As part of the office's MTR, an international consultant was hired and conducted a gender review that undertook initial assessment, including review of the existing structures, policies, capacity and services available. A total of 45 participants from UNICEF (GCT Members, Head of Sections) as well as members of government and NGO counterpart gender units participated in the gender review process.

The recommendations of the gender review will be reflected in the new RWP for 2014-2015 for gender mainstreaming. Key actions for 2014-2015 include sectoral gender assessments across UNICEF's programmes and supporting the development of the National Development Plan 2016-2020 to carry out gender mainstreaming exercises.

Also in 2013, the office achieved integration of a strong gender analysis component into the development of Situation Analysis of Children in Yemen through the use of bottleneck and equity determinants analysis. In addition to mainstreaming gender components into all sectoral analysis of the report, it includes a specific section on women and development, focusing on the inequities faced by girls and women in Yemen. UNICEF and the Ministry of Planning and International Cooperation (MoPIC) have collaborated closely in establishing a Gender Network lead by MoPIC in close partnership with the UN Gender Taskforce.

Environmental Sustainability

Mostly met benchmarks

Water scarcity remains the most critical environmental concern in Yemen, compounded by agricultural practices concentrated in cultivating the water-intensive, narcotic qat plant. This plant does not contribute to nutrition, itself a priority concern for children across the country. Domestic water usage constitutes a small and potentially declining share of total usage, leaving children additionally vulnerable to life-threatening diseases, dangerously low water consumption levels, very poor sanitation standards and hygiene practices – in the home and at school. These threats indicate the wider cross-sectoral importance of WASH standards. Stunting and underweight are strongly linked to high rates of diarrhoea and in turn, diarrhoea, respiratory complications and fever are strongly linked to sanitation standards, hygiene practices and safe, piped drinking water.

During 2013 UNICEF has continued integrating WASH as a key component of UNICEF's broader nutrition response. In the last quarter of the year, UNICEF carried out the MTR with partners, a key result of which has been to raise the profile of WASH objectives by creating its own Outcome and Outputs structure, in line with the new global UNICEF Strategic Plan 2014-2017.

During the NDC, UNICEF engaged at the technical level on the right to water through the working groups on Development; and Rights and Freedoms. The NDC has successfully recommended articles for the Constitution Drafting Committee on the right to water. UNICEF will continue to engage with the Constitution drafting process, as well as with facilitating discussions at the community level during this period in 2014. Overall, the country programme continues to make every effort to minimize negative impact on the environment that arises from programme activities: Specific impact assessments are carried out at the output level where relevant in addition to continued advocacy with all concerned partners to institutionalize adequate practices. Adequate measures are also taken to minimize temporary disturbance to the environment, especially during rehabilitation and construction activities. For example all wells are managed to avoid the depletion of resources: The 'safe yield' of each well is calculated based on evidence, which then becomes the maximum amount of water available for extraction each day. UNICEF also ensures that solid waste management includes positioning away from water sources.

Given the ongoing humanitarian needs, the WASH programme in 2013 has continued its humanitarian response in emergency affected districts, reaching over 300,000 Yemenis with WASH support and 60,000 school children to access improved sanitation facilities in school.

South-South and Triangular Cooperation

The most significant South/South partnership has been within the social protection programme. UNICEF has engaged with the International Policy Centre hosted by the government of Brazil and UNDP to undertake a longitudinal panel survey on social protection, implemented in Yemen with the private sector and the Social Welfare Fund. The results have provided the first accurate national and governorate level, statistically significant data on children since 2008. This has allowed Government, donor and NGO partners access to data to help inform programme planning at all levels.

UNICEF also hosted a learning visit of a delegation from the Government of Yemen – the Social Welfare Fund, the Ministry of Planning and the Ministry of Finance to Brazil. The participants attended a seminar hosted by Brazil's Ministry of Social Affairs to examine Brazil's experience in combating poverty with a specific focus on social protection. The visit included a meeting between Yemen's Social Welfare Fund and their Brazilian counterpart to review future collaboration in this field.

Narrative Analysis by Programme Component Results and Intermediate Results

Yemen - 4920

PC 1 - Equitable access to basic social services

 On-track

PCR 4920/A0/05/001 By 2015, the most vulnerable girls and boys have sustainable and equitable access to and use quality, targeted basic social services, particularly to accelerate progress toward MDGs 1, 2, 3, 4

Progress:

In 2013 progress was made with regard to equitable provision of basic social services for vulnerable populations in spite of the limited government budgetary provisions. The Ministry of Health led a consultative process in the development of an Accelerated Plan towards achievement of MDGs 4 and 5. This process combined UNICEF's Promise Renewed Initiative and WHO's Accountability process. The plan will be launched in early 2014. In Child Protection a situation analysis of the Birth Registration Programme was undertaken to identify gaps in accelerating coverage from its current level of 36 per cent. In Education a strong database was built with an urgent need to rehabilitate destroyed and damaged schools. Building on the foundations of 2012, support to government and partners in provision of basic social services continued in 2013 with greater attention to the 106 (33 per cent of the total) vulnerable districts which harbour over 36 per cent of the country's population. A substantial portion of programme funds (83 per cent of the planned resources) were dedicated to equity in the provision of basic social services with 80 per cent (US\$ 65m) of the total expenditure being disbursed to government and partners for service delivery and procurement of programme supplies.

Strategic partnership with INGOs and NGOs helped ensure high quality services especially in health, nutrition, water & sanitation and protection. In nutrition there was a threefold increase in the number of treatment centres for acute malnutrition (TFC, OTPS and stabilization centres) and a threefold increase in the number of health workers trained in community based management of acute malnutrition. Over 125,000 children with severe acute malnutrition representing 74 per cent of the target have been enrolled into treatment in 2013. In health immunization coverage as of October 2013 had surpassed 75 per cent while 55 per cent of pregnant women attended antenatal services. In Child Protection 500,000 children were provided psycho-social support through Child-friendly spaces and 400,000 people were reached with Mine-risk Awareness. In Education 300 schools were rehabilitated enabling 70,000 children affected by the 2011 crisis to have favourable learning environments.

The quality of basic social services however remains a concern and wide disparities in service coverage by geographic, rural- urban, gender and wealth quintile dimensions still exists. This will be a priority in 2014 with attention towards MDGs 1, 2, 3 and 4 that continue to be off track.

 On-track

IR 4920/A0/05/001/001 By 2015, 40 per cent of fixed health facilities and outreach services in targeted districts deliver an integrated package of health, nutrition, and WASH awareness raising services.

Progress:

As of December 2013, 1,358 fixed health facilities out of 4,387 (31 per cent) in total were delivering a package of integrated nutrition services, 60 per cent of these are located in the emergency areas (GAM>10). District health profiles were completed in 11 governorates (Saada, Rayma, Lahj, Almahweet, Taiz, Hodeida, Hajjah, Aden, Al Dhalee, Amran and Ibb). The profiles identified gaps in the delivery of the integrated package.

To ensure equity UNICEF supported three rounds of integrated outreach activities and a mother and child campaign completed in 5 governorates (Hajjah, Hodeida, Taiz, Aden, Ibb and Lahj). Both activities provided an integrated package of services including nutrition screening by MUAC, deworming, zinc and ORS treatment for children with diarrhoea, hygiene promotion, immunisation services and antenatal care services for pregnant women reaching an additional 446,541 children and over 100,000 pregnant women. Through both health facility and campaign delivery platforms, 68 per cent of the target population was reached.

A number of challenges such as insecurity in some governorates, lack of staff and capacities of UNICEF's implementing partners and integrating measles vaccination with vitamin A prevented some targets such as immunization and vitamin A supplementation to lag behind. Logistical constraints also led to some slight disruption in the supply chain of essential supplies. These will be addressed in 2014 by engaging local NGOs, strategic use of community volunteers and negotiating access with non state actors.

 Constrained

IR 4920/A0/05/001/002 By 2015, at least 80 per cent of community health workers in targeted districts are applying CIMCI procedures including gender sensitive counselling and promoting appropriate family and community care practices.

Progress: There has been laboured progress on this result despite the existence of Ministry of Health endorsed National Guidelines for Community Health Volunteers (CHVs). In 2013 UNICEF created a pool of 536 national trainers using the CHV curriculum through supporting 28 training courses. The trainers have proceeded to cascade the training of 3,425 CHVs to deliver the integrated services close to communities. UNICEF together with MOPH agreed on standard supplies items for the CHVs to be packed into single kits adequate to meet the requirement of 50 HH in three months. UNICEF through the supply division in Copenhagen has procured the kits and is in the process of distribution. This result was however constrained due to the laborious process of reaching consensus on the content of kits, the services to be included in the package and lack of alignment at the implementation level between the different sectors within the Health ministry and among stakeholders. Another limitation to scale up this component is the lack of harmony on the incentives to be paid to the CHVs, and the rapid volunteer's turnover.

In order to ensure timely reporting by CHVs, UNICEF supported the MOPH&P to conduct regular review meetings, reporting and analysis of the reports however still remains below 5 per cent.

UNICEF is however supporting the MOPH&P in the dialogue amongst the partners with the aim of streamlining the approach to community based health care. Future partnerships between UNICEF and its implementing partners mainly NGOs will be the focus of 2014 in taking the community based approach forward starting with a few districts.

 Constrained

IR 4920/A0/05/001/003 By 2015, at least 50 per cent of communities in targeted districts have the required supplies and skills to improve household water quality

Progress: 80 per cent of annual target achieved. Water committees established, trained on ownership and responsibility including operation and maintenance of WASH services. (51 water committees trained). A total of 246,283 persons reached with water supply services in all UNICEF supported governorates of Aden, Amran, Abyan, Hajjah, Lahj, Sa'ada and Sana'a. Construction of 10 water schemes, rehabilitation of 30 water wells in Abyan and Lahj reaching an additional 53,920 people. Another 47,628 internally displaced persons (IDPs) were provided with safe water, in and outside camps. The coverage with safe water at household level however still remains low at 3 per cent and accelerated efforts will be needed in 2014. Current water pumping capacity is 14 litres per person per day. (still below SPHERE minimum standard). There were delays in development of sanitation strategy. Through successful advocacy for the first time, the General Authority for Rural Water Supply allocated US\$ 420,000 from governmental budget towards WASH emergency response. The funds are being used in Hajjah and Shabwa for construction and extension of water supply projects which would reduce water trucking significantly. To help address the stunting through hygiene promotion UNICEF focused attention towards WASH in clinics with improvement of WASH at 15 health facilities in Taiz and Hodeidah.

 On-track

IR 4920/A0/05/001/004 By 2015, the proportion of under one children unreached with immunization services is reduced by 65 per cent

Progress: The EPI programme is slowly recovering from the impact of the 2011 crisis. Coverage was 78.5 per cent against the target, as of September 2013. An analysis of 2012 EPI data shows 42 per cent of the 333 districts with DPT3 coverage less than 80 per cent and 27 districts with coverage of less than 50 per cent. A cascade micro planning process was conducted, gaps in immunization coverage identified including barriers to increasing coverage with equity. The Health Systems Strengthening Plan 2014- 2019 was completed and GAVI has given conditional approval to fund \$17m over 5 years. The Multiyear Plan 2011-2015 was updated with information from the EPI and Effective Vaccine Management reviews.

The programme continues to be challenged with the high risk of wild polio virus importation following the cases reported in the Horn of Africa countries and Syria and pockets of low vaccination coverage that continue to be the source of circulating vaccine derived polio virus in Sa'ada in October 2013. While Yemen, with support from UNICEF, has successfully implemented four supplementary immunization activities against polio in 2013, achieving coverage of over 90 per cent in each round, this has come at an opportunity cost to routine immunization and other essential primary health care services. Only 2 of 4 planned rounds of outreach activities for populations in remote villages have been conducted in 2013.

The country continues to experience a low level of measles outbreak with 2,192 suspected cases (318 were confirmed) as of May 2013. The majority of cases were reported in Sa'ada where the defacto authority continues to hinder effective immunization including campaigns. However UNICEF supported social mobilization efforts succeeded in ensuring a campaign against measles reached 92 per cent of the targeted children. No stock outs of vaccines were experience din 2013.

 On-track

IR 4920/A0/05/001/005 By 2015, an additional 25 per cent of expectant mothers and their new-born babies in targeted districts receive follow up care and are linked to comprehensive primary health care services.

Progress: The majority of women in Yemen continue to deliver at home under unskilled attendance (86 per cent UNICEF Baseline 2013)). In areas supported by UNICEF community midwives are increasingly providing services for pregnant women with those attending antenatal increasing to 55 per cent and skilled attendance at birth averaging at 32 per cent. Reporting on this has been challenging during the year due to limited availability of monitoring tools including the monthly and daily registers. However, progress is noted through the increased number of competency based training of community midwives targeting those villages with lack of midwives and ensuring provision of the national community based maternal new born care manuals. The lifesaving commodities, including oxytocin, chlorhexidine, magnesium sulfate and resuscitator bags have been provided. Data collection and management tools including the women's books are being distributed to the women in those districts.

Following the endorsement of the UN Commissioner's report, Ministry of Health is currently procuring the commodities through the UNICEF procurement services from EU funds. For the first time, misoprostol will be introduced for the use by the community midwives upon delivery through UNICEF procurement. Community midwives mapping has been done by all the governorates identifying the CMWs in all the districts and villages nationwide with their training gaps, supplies and other needs identified. The evaluation for CBMNC is being undertaken by Hadramout University and supported by JHPIEGO and UNICEF. The Acceleration Plan to reduce child and maternal mortality was finalized and costed. The plan is a culmination of UNICEF's Promise Renewed Initiative and will be launched in early 2014. Efforts have been made to ensure integrated package for maternal, newborn, child health and nutrition services in the Accelerated Plan.

 Constrained

IR 4920/A0/05/001/006 By 2014, the most deprived schools in targeted districts meet minimum standards for Child Friendly schools.

Progress:

Draft manual for CFS programme developed and shared with stakeholders. CFS Steering Committee formed under chairmanship of Education Minister to coordinate CFS activities through the country. Ministerial decree number 241 was issued to endorse the school development structure and approve the Reference Framework This has been shared with our field offices.

Regarding training, 394 trainers trained on CRC, class management and reading skills and 12917 teachers trained. Father and Mother councils trained in 243 schools which included 4374 members. 494 members of student councils trained in Sanaa Governorate. 50 female teachers in Saada recruited under the 'female teacher contracting scheme'.

For ECD, 2500 copies of ECD strategy were printed and delivered to HCMC for distribution to line ministries and KG's departments in MoE at central and governorate levels. In Hodeidah, Hajjah and al Mahweet, 72 ECD centres were equipped with furniture and play material. 191 education authorities were trained on ECD.

Working with MoE, the Child Protection System has been finalised.

This child protection system framework is supported by draft child protection and anti-bullying policy, codes of conduct for both school staff and students,

procedural guidelines, CP standards and monitoring tools. A capacity building programme to pilot this system has resulted in the training of 38 trainers and 56 school principals and social workers from 14 governorates.

In the area of WASH assessments were carried out in 1,670 schools in 19 governorates and the survey results will be used to improve facilities in schools. Hygiene education was carried out in 24 schools in Aden. 28 schools in Taiz and 50 schools in Hodeida are expected to benefit from WASH interventions. Rehabilitation of WASH facilities has been completed in 8 schools in Nehm and Arhab. 16 schools in Saada are having their WASH facilities rehabilitated and is expected to be completed by September. An estimated 60,658 school children (28,798 girls and 31,827 boys) are using improved sanitation facilities in 99 schools in six Governorates.

 **Constrained**

IR 4920/A0/05/001/007 By 2015 increased primary completion rate by 20 per cent and transition rate from primary to secondary education by 20 per cent for boys and girls in target CFS schools.

Progress:

In 2010-11, completion rate in grade 9, 42.2 per cent (46.6 for male and 37.3 for females)

In primary education, completion rate in grade 6, 63.3 (69.3 for males and 56.3 for female). Retention rate in grade 6, 75.7 per cent (82.4 per cent for males and 68.0 per cent for females). Retention rate in grade 9, 91.8 per cent (89.9 for males and 93.8 per cent for females). Dropout rate in Basic Education is 9.96 per cent (Males= 9.43 and Females=10.76) Source of data: JAR 2011-12.

Poverty, insecurity and increasing drop out due to economic and social factors is a big challenge in improving completion rates. Unless these root problems are addressed, it is very difficult to improve completion rates.

The figure in the Target (completion rate) is from 2012-2015. Determinants

No Indicator Baseline Target As of Date Status Primary Source Approved

 **On-track**

IR 4920/A0/05/001/008 By 2015 net enrolment in primary education in targeted districts is increased by 20 per cent for boys and girls

Progress:

Net enrolment rates in basic education for the school year 2011/12 (national figures as per MoE sources have increased to:

Girls 73 per cent

Boys 90 per cent

Both 82 per cent

Non formal education for Out Of School Children (OOSC):

According to the baseline survey number of OOSC in the target districts is :

Total : 185,306

Girls : 104,551

Boys: 80,755

Our target is to provide 10 per cent of OOSC with education through formal and non-formal channels. In numbers our target is to reach 18,531 by the year 2015.

Progress:

Hodeidah

82 classes for OOSC were opened and supported providing education for 3,324 children in Hajjah and Hodiedah governorates. These classes are run by 162 volunteer teachers and 42 teachers supervisors who have all been trained

Taiz:

40 classes in two district of Taiz governorate were opened and supported.

40 volunteer teachers were selected and trained

Total of 1299 OOSC have been provided with non-formal education

Study on OOSC:

National team formulated

Consultants selected and engaged. Study is in the final stages and final report will be submitted on the 31st of December 2013.

 **On-track**

IR 4920/A0/05/001/009 Gender sensitive child social welfare and protection services for affected boys and girls from violence, abuse and exploitation in selected governorates/districts through benefitting from a package of minimum quality child social welfare and protection services.

Progress:

 **On-track**

IR 4920/A0/05/001/010 Gender sensitive child Justice services for boys and girls who come into contact with the law either as victims, offenders or witnesses in selected governorates/districts through benefitting from a package of minimum child friendly and gender sensitive justice services and better protection by laws and policies in line with international standards.

Progress:

A procedural manual, child protection policy, and a code of conduct for juvenile police, that are in compliance with human rights standards and best practices has been developed and shared with relevant authorities.

-An analysis of the policies and procedures followed by Juvenile Courts and Prosecutors has been conducted, gaps were identified and recommendations for improving the performance have been D24; best practices and minimum standards for gender sensitive and child friendly justice system at the police, prosecution and courts level have been identified.

-A capacity assessment for the work of MOJ on justice for children has been conducted and TOR with a proposed structure for the Justice for Children Department developed.

-A Study about Informal Justice systems has been started, TOR developed, consultant selected, field workers trained and data collection started.

-A customized inspection training tool for detention and care facilities that deals with children has been developed and can be used by local inspection bodies in Yemen. Training was organized for 30 participants among our NGO partners as well as staff of JCC and prisons.

-Social monitoring and non-custodial measures program started implementation in Aden Hodeidah, Ibb and Taiz and will be expanded in Sana'a.

More than 600 vulnerable children (boys and girls) benefited from legal aid services, including those at risk of JDP. A research on identifying areas with the highest rate of juvenile delinquency, poverty and family problems has been conducted.

With an objective of eradicating child death penalty in Yemen, a forensic committee is now operational, it is able to decide on child age determination when they come in contact with the law: 17 cases in Sana'a and additional 11 cases in Ebb and Dhamer governorates have been investigated for age determination.

 On-track

IR 4920/A0/05/001/011 By 2015, the Social Welfare Fund and Social Fund for Development ensure that social protection mechanisms are child focused.

Progress:

The SWF beneficiary development network (BDN) was established at governorate and district level, where SWF network members are trained to outreach to the poorest populations with child sensitive messages; and to refer poor families not yet under the SWF cash transfer programme; and households with children facing major risks related to malnutrition, child trafficking, and child labour. The first phase was concluded with targeting 20,000 HHs in 172 districts in 10 governorates: Aden, Lahj, Hadramout, Mukalla, Almahara, Taiz, Ibb, Hodeida, Hajja, and Sana'a. Establishing the BDN network required extensive capacity building at governorate and national level. In this regard, UNICEF has supported SWF to conduct 10 training of trainers (TOT) and training workshops to equip 200 SWF staff from the beneficiary development departments in the targeted governorates.

UNICEF supported the Social Fund for Development's (SFD) Ultra-poor graduation network (UPGN) in Aden, Taiz, and Lahj, where the 18 field UPGN's outreach workers were trained on child-sensitive communication packages and equipped with necessary knowledge and skills to raise the awareness of 480 households in extreme poverty from category A of SWF beneficiaries on child nutrition, WASH, and child protection; and in referral to existing services.

SWF Institutional capacity building is another area where UNICEF has invested during the first 2 years of the current programme cycle. UNICEF has supported SWF to roll-out seven training workshops for 164 SWF staff at central and governorate level. The trainings focused on the SWF by-laws, SWF operational manual, targeting, monitoring & reporting.

 On-track

IR 4920/A0/05/001/012 Nutrition, Education, Wash and Child Protection (sub) clusters are well-coordinated and respond effectively to emergencies.

Progress: -Monthly meetings of the clusters/sub-cluster were held with minutes disseminated. The response focused on a life-saving and early recovery approach, in line with the response strategy set out at the beginning of 2013. The same approach is maintained in the 2014 SRP. WASH and Nutrition Technical Advisory Group (TAG) were established to look at strategic issues, including evidence based programming. Child-Protection Sub-Cluster (CPSC) and Education are co-chaired with MoSAL and the Ministry of Education respectively. Government representation is ensured in all others. The CPSC finalised a plan aiming at greater ownership by communities and government of the psychosocial support services.

-Conflicts in Dhamar and Amran resulted in short displacements. Timely information on the displacement and affected population came in a timely manner, through government officials, UNICEF and a few partners, the response was though fragmented amongst the UN in the former but better coordinated in the latter. In both cases, the presence of NGOs on the ground remained limited. Coordination with the Department of Education to help integrate affected children in other schools was effective. The office has now established a list of key interlocutors in Dhamar and Al-Bayda, Governorates where the visibility of UNICEF and the humanitarian community is limited. The timely replenishment of WASH supply in Amran was ensured. The results of the CP assessments, coordinated through the sub-cluster were delayed, pointing at a further capacity building of local partners in Amran. It was partially affected by lack of access.

-In the North, contingency plans were updated in response to the recent conflict in north involving- Salafist and Houthis. Access to affected areas is constrained. In Harad were local mediation allowed access to the IDP camps through personal and informal arrangements. UNICEF is coordinating with the ICRC to respond within Dammaj. A good information sharing flow is maintained.

 On-track

IR 4920/A0/05/001/013 Emergency-affected children, women and families have access to life-saving and life-sustaining interventions in line with the CCCs

Progress: -The office supported two national, and two sub-national polio campaign reaching 4.8 million children under five. The N24 campaigns were in response to heightened risks of outbreak particularly during Hajj and the proximity of Yemen to Saudi Arabia, used as a stop-over for a number of pilgrimages from Asia and Africa.

-The civil disobedience called by Al-Hirak, the southern separatist movement, resulted in the disruption of schooling for an estimated 50,000 children. UNICEF facilitated a dialogue process with government authorities, community and Al-Hirak affiliated members to allow for the 255,730 children to sit in for their final exams. Subsequent calls for civil disobedience by the movement excluded schools.

-The Nutrition response has reached close to 80 per cent. NGOs and government capacity continues to be strengthened to support the implementation of an integrated Nutrition response where the prevention element remains central. The Nutrition Cluster is supporting the government revisions of the national guideline for community management of acute malnutrition which will place emphasis on preventive interventions. Yemen has also joined the SUN

movement, and a national costed Nutrition Plan is being finalised.

-Whilst the needs of unaccompanied children in the North were included in the initial CAP planning at the beginning of the year aiming at targeting 1,000 children, the sudden increase in the number of children, the majority of whom were trafficked was a challenge to which UNICEF responded in a timely manner in coordination with IOM. A total of 623 children were interviewed and returned to Ethiopia where they are receiving support services.

IR 4920/A0/05/001/014 Project support costs

PCR 4920/A0/05/010 Improved and equitable use of high-impact maternal, newborn, child health and nutrition specific and sensitive interventions.

IR 4920/A0/05/010/001 Increased national and sub-national capacities to provide equitable access to the nutrition specific and sensitive interventions in CPAP districts (Service Delivery).

IR 4920/A0/05/010/002 Increased national and sub-national capacities to equitable access to essential high-impact maternal, newborn, and child health interventions in CPAP districts (Service Delivery).

IR 4920/A0/05/010/003 Strengthened government commitment, accountability and national capacity to legislate, plan and budget for high impact health and nutrition interventions (Enabling Environment)

IR 4920/A0/05/010/004 Increased country capacity and delivery of services to ensure prevention of excess mortality among children and women and protection of their Nutritional status in Emergencies.

IR 4920/A0/05/010/005 Increased capacity of Government and Partners at all levels to identify and respond to inequities and gender dimensions of MNCH and Nutrition.

PCR 4920/A0/05/020 Improved and equitable use of safe drinking water, sanitation, with improved hygiene practices and healthy environments.

IR 4920/A0/05/020/001 Community Action for Total Sanitation triggered to achieve Open Defecation Free status for villages in target districts

IR 4920/A0/05/020/002 Improved National Capacity to provide access to sustainable safe drinking water and adequate sanitation.

IR 4920/A0/05/020/003 Strengthened political commitment to legislate, plan, budget to scale up access to safe drinking water, adequate sanitation and improved hygiene practices.

IR 4920/A0/05/020/004 Improved emergency preparedness and partners' capacity to immediately respond to humanitarian situations.

IR 4920/A0/05/020/005 Government and partners, as duty-bearers, identify and respond to key human rights and gender equality dimensions of water, sanitation and hygiene practices in Yemen

PCR 4920/A0/05/030 Improved access for girls and boys in targeted communities to equitable and inclusive education opportunities of good quality

IR 4920/A0/05/030/001 Improved quality in education services at early childhood and basic levels (grades 1-9).

IR 4920/A0/05/030/002 Enhanced support to targeted communities with disadvantaged and excluded girls and boys to access basic education opportunities, including promotion of on-time enrolment.

IR 4920/A0/05/030/003 Improved school WASH facilities and hygiene practices among girls and boys in Yemen.

IR 4920/A0/05/030/004 Children in affected communities in humanitarian situations supported to access education opportunities.

IR 4920/A0/05/030/005 Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling-up quality and inclusive education

PCR 4920/A0/05/040 Improved and equitable preventive and responsive services addressing violence, abuse and exploitation of children

IR 4920/A0/05/040/001 A minimum package of child social welfare and protection services is available for girls and boys affected by violence, abuse and exploitation, including gender based violence and trafficking.

IR 4920/A0/05/040/002 All children vulnerable to violence and abuse are better protected by institutional and legislative framework (legislation, policies, strategies, services and systems).

IR 4920/A0/05/040/003 National systems are generating and analysing equity-focused and gender-sensitive data on children affected by armed conflict, Birth Registration, children in conflict with the law and child victims of trafficking and SGBV.

IR 4920/A0/05/040/004 Increased preparedness to deliver quality services for emergency affected children and primary care givers to address and prevent violence and abuse.

PC 2 - Evidence for children's rights



On-track

PCR 4920/A0/05/002 By 2015, Government has committed to prioritise key child rights issues as per joint country programme and adequate funding is available to support UNICEF humanitarian and development interventions

Progress:

In 2013, UNICEF scaled up its focus on evidence, in partnership with the Central Statistics Office, work completed on a baseline survey of its targeted

districts to determine which interventions are required where and to enable assessment of progress on programme implementation over 4 years. Throughout 2013, UNICEF is also actively supporting the implementation of a longitudinal Social Protection Monitoring Survey which completed and released its baseline report, the National DHS survey which completed the field work in December, as well as a National Census planned for 2014. These district and national initiatives are underpinned by training and database development. In addition to exercises planned under the IMEP, UNICEF is working with both central and local government institutions to strengthen capacity for data storage and analysis. Within the Ministry of Planning, UNICEF supported to update the DevInfo website and data warehouse. This process includes support to training, tools, hardware and software. In the Ministry of Social Affairs UNICEF is supporting the development of a database on Juvenile Justice.

 **Constrained**

IR 4920/A0/05/002/001 By 2015, Nutrition Information System is fully operational and producing timely quarterly reports based on disaggregated data.

Progress:

An estimated 80 per cent of districts (268 districts) are submitting timely (with 10 days) CMAM reports on monthly basis. This was a marked improvement from last year with less than 50 per cent timely reports. At the national level there were delays in consolidating the data and publishing the quarterly bulletins. The Nutrition cluster has however produced quarterly bulletins with information gleaned from the data base that UNICEF helped establish. Regardless UNICEF recruited Information Managers who have endeavoured to consolidate and analyse data up to October 2013. These have been shared regularly with the Regional Office.

A total of 3 SMART surveys have been conducted in 2013 (Abyan, Malwaweeet, Dhamar) and Sa'ada is currently under way. This latter will be the first survey permitted by the defacto authority in 5 years. Micro planning exercise was undertaken in Abyan. There has been no progress in establishing a nutrition surveillance system hence we will continue to rely on expensive SMART surveys to monitor the nutrition status in the governorates and to measure the impact of interventions. This activity has now been delegated to WHO

An in depth causality analysis is underway to understand the drivers of malnutrition in Yemen and this data will inform governorate specific interventions. Preparations of the formative study of Infant and Young Child Feeding were completed and the protocol has been approved. The lead consultants have however withdrawn from the study citing none commitment and insecurity.

 **On-track**

IR 4920/A0/05/002/002 By 2015, the Ministry of Education compiles and makes public quality routine disaggregated education statistical data and analysis

Progress:

- A consultative meeting was conducted for MoE education planning and Statistics staff at central and governorate levels to improve the Annual Education Survey as a tool for data collection.
- Training of educational planning staff from different levels on the preparation of the education plans at central. Governorates and district levels, Reference framework of the education plans, mechanism of Plan preparation at central level and its relation with governorates and districts plans, mechanism of Plan Follow up & its relation with the governorates and district level plans.
- Training of the data collection team from planning & statistics department, staff at MoE central, DGs of education offices and DGs of the Planning and Statistics departments and their staff of the 22 Governorates on mechanism of conducting the AES.
- UNICEF financed MoE to conduct the Annual Education survey in 18,000 schools.
- Conduction the AES on 333 districts which included around 18,000 schools. The AES was completed and a random sample for verification of data quality was carried out.
- The data entry for the AES is going to be undertaken in six governorates. These are: Amant Al-Asema, sana'a, Hadramout, Dhamar, Ibb & Al-Mahara while the data of the rest of the governorates will be entered centrally.
- ICT equipment were ordered to provide statistics & planning department with new computerized system to be able to enter data professionally. Some equipment was delivered and some is on its way. So far 60 percent of the equipment has been delivered.
- MoE formed steering committee for EMIS with membership of Statistics, EMIS departments, UNICEF, GIZ, UNICEF & BEDP to coordinate the work of DPs working in this area.

The major constraint has been in the delivery of computers and IT equipment to MoE. The main issue was about the specifications which UNICEF and MoE did not reach an agreement. However this was expected to be resolved by years end.

400 staff from statistics and school mapping department in the 21 governorates and 333 district offices were trained in data collection and data entry. Draft data of 333 districts and 21 governorates with main education indicators were produced.

Major constraints with the specifications of computers and IT equipment was resolved and reached to an agreement.

 **On-track**

IR 4920/A0/05/002/003 By 2015, a Child Protection Management Information System is established, and routinely generates disaggregated data on key child protection issues to support reporting on international obligations

Progress:

Two MIS on Juvenile Justice Information System and database on monitoring and reporting on grave child rights violations (MRM) being developed and made functional:

- Official launch of the Juvenile Justice information System was organized on March for Taiz and Sana'a. Process is underway to install the system in Aden, Hadramaut, Hodeidah and Ibb.- The process of developing a BRIMS is underway, with a view to be installed in CRA governorate and district offices of selected pilot districts

- MRM Database updated and functional routinely generating accurate, objective and timely information

 On-track

IR 4920/A0/05/002/004 By 2015, Governmental and civil society organizations effectively monitor and evaluate child-focused social protection interventions

Progress: A national social protection monitoring survey was conducted, which is the first social protection survey to be conducted in the MENA region. NSPMS has two key objectives, the first is to establish a social protection & living conditions monitoring system that will provide routine data on how poor & vulnerable populations are coping in Yemen; and the second is to provide evidence on the impact of the public cash transfer programme administered by the Social Welfare Fund (SWF). The data collection included all Yemeni governorates with a sample of 7560HH that was visited every quarter, with a total of 26,000 HH visits during the 12 calendar months of October 2012-September 2013. The first round report was launched in MOPIC on June 29, 2013 in the presence of the ministers of MOPIC, MOSAL and human rights. NSPMS provides national data on social protection, child & maternal health, nutrition, education, child protection, food security, work and income. UNICEF has partnered with the UNDP research centre based in Brazil, the International Policy Centre for Inclusive Growth (IPC-IG) to ensure a high quality survey methodology, analysis and reporting.

 No Progress

IR 4920/A0/05/002/005 By 2015, decision-makers in targeted districts utilizes disaggregated data for child-focused annual and emergency planning.

Progress:

There is no progress with this IR, as it's not addressed by any interventions UNICEF is currently doing, and we don't have the capacity to implement or to measure the progress toward achieving them. Therefore, it's most probably be inactivated and replaced with other more relevant to M&E work.

 On-track

IR 4920/A0/05/002/006 By 2015, relevant government ministries, local councils, media, civil society organizations, and academic institutions use child friendly budget analysis to allocate and monitor resources.

Progress:

Child-Focused Budget Analysis: Building a successful partnership with the Ministry of Planning & International Cooperation (MOPIC) over the last 2 years paved the way to initiate the child budget analysis. A multi-ministerial steering committee was established by MOPIC to conduct a child-budget analysis on government allocations & expenditures of the last 10 years of 2002-2012. The steering committee is working closely with a technical research team from the academia and several ministries. The budget review report is to be launched early 2014.

 On-track

IR 4920/A0/05/002/007 By 2015, knowledge is generated on the attitudes and practices of rights holders and duty bearers related to key programmatic initiatives

Progress:

Knowledge and data are generated through planned studies, surveys, and evaluations, which are monitored closely via IMEP status implementation reports. Within the last month, 3 new exercises have been completed that are/will contribute to the achievement of this IR:

- Baseline survey (Quantitative part)
- SPM baseline report
- Birth Registration Review
- EPI Programme review
- Situation Analysis (SitAn)

To ensure that the knowledge generated is disseminated and used, when finalized and edited the reports will be uploaded onto the UNICEF global web-site. The SPM report has been shared and discussed in an open forum and the baseline report is in the process of finalization and will be translated and shared with Government and UN partners.

Another area that is contributing to this IR is the work related to DevInfo. The DevInfo website was finalized, and is expected to go beyond DevInfo and will serve as a data repository and source for data about Yemen.

There were quite a number of internal and external challenges in the implementation of the IMEP. Poor planning and lack of timely update on the implementation are the main internal challenges. External challenges on the other hand are mainly related to the long lead time of surveys implementation by the government. One of the lessons learned is that we need a dedicated staff that can work very closely and monitor the work of the government during all phases of the survey or study.

Overall, we are on track in IMEP implementation as 88 per cent of studies and evaluations planned for the first two quarters were on-track /complete.

 Constrained

IR 4920/A0/05/002/008 By 2015, humanitarian actors in Yemen have the capacity to conduct and disseminate vulnerability and needs assessments, rapid appraisals, humanitarian evaluations, and to utilize an integrated emergency management information system.

Progress:

Despite the fact that the components of this IR are not all relevant to the work of the M&E section, and many components are being addressed by other IRs, there has been some progress to contribute in achieving the IR which is mainly around conducting an Evaluation for Humanitarian Action (EHA) for the south and the Review of Early recovery for the north, which will bring a broad range of actors to participate. Key actions, informants and participants will include:

- Agency Cluster focal points;
- Members from the Inter-agency cluster assessment group
- Government participants from the executive office in Aden on the EHA evaluation team;
- Capacity Building and training for partners;

IR 4920/A0/05/002/009 Project support costs

 On-track

IR 4920/A0/05/002/010 By 2015, Government has committed to prioritise key child rights issues as per joint country programme and adequate funding is available to support UNICEF humanitarian and development interventions

Progress: There has been a strategic shift towards policy advocacy on Child Rights both at the global and national level especially with the CRC Committee and the National Dialogue Conference. Three key messages have been defined – The Age of the Child, Issue of minorities especially muhamasheen and Water as a fundamental human right. This provides a unique opportunity to influence constitutional agenda for children. There has also been increased engagement around the CRC Confidential Submission by UNICEF, the Concluding Observations of the CRC, promoting the participation of adolescents and facilitating the drafting of an Action Plan on the release and non-recruitment of children by armed forces & groups by the GoY.

Advocacy around nutrition as a chronic under development crisis has continued with coverage at the global and regional level. Highlighting inequities as per the NSPMR and the Baseline Survey amongst the 106 most vulnerable districts in Yemen has enhanced evidenced based advocacy with Government, media, development partners and donors.

UNICEF Yemen has faced a favourable funding environment occasioned largely by the 2011 emergency but with strong spin-offs for the development programme. Funding has essentially tripled as has utilisation. There is also a gradual shift towards longer term funding commitments by donors which has secured satisfactory funds for the rest of the country programme. Growing interest by donors in the Middle East which will need to be further explored.

A comprehensive Resource Mobilisation strategy is in place which provides key tools and recommendations on maintaining current funding levels for the remaining country programme. This includes ensuring an effective balance in the transition from humanitarian to development with traditional and non-traditional donors especially Gulf Governments & charities and the Private sector. National Committees constitute only 1 per cent of the total Country Programme budget and funding opportunities will be further explored with PARMO.

 On-track

IR 4920/A0/05/002/011 Yemen Country Programme 2012-2015, integrated emergency response and Field-level implementation are efficiently planned, implemented and reviewed

Progress:

Finalization of programme rolling workplans (RWP) 2013-2014 for National and Cross-Sectoral was completed by end Jan 2013, and Field Offices by end of Feb 2013). Programme funds decentralisation (Design, roles, pilots, training, funds allocation and roll-out monitoring) was completed for quarter 2, quarter 3 and quarter 4 of 2013. Plans for quarter 1 2014 were also completed and allocated.

The Situation Analysis has been completed in English - including review; final Arabic translation and review is underway and expected to be finalised by end of Jan 2014. Final launch is in total 3 months delayed due to underestimation of time required to do the following: 1) visa for international consultant (2 months); 2) Arabic translation (1 month first version with very poor quality), (another 1 month for second version including detailed review); 3) Feedback from Line Ministries (only on Arabic version) (2 months first version, 1 month planned for second -and final- version). Consultations for the SitAn have included the following: National Sectoral workshops: 100+ participants from Gov., UN and NGOs; Field workshops: 500+ participants (Sana'a, Aden, Hodeidah, Taiz, Sa'ada); Steering Committee and Deputy Ministers Group (all line Ministries).

UNICEF Support to Yemen decentralisation process is on track with the training and workshop with UNSSC completed and priority areas identified. Mapping of decentralisation actors has been completed and during Jan 2014 a detailed plan will be developed with stakeholders (Government, UNICEF, UNDP and other relevant actors as per mapping).

All PCM and CMT Programme Management indicators were prepared monthly and on time with the exception of 1 month (July) which was delayed by 4 days past PCM date.

All Audit Documentation and Questionnaires for Programme were completed. 3 recommendations are managed by the Planning section: (a) PCR and results language: completed through MTR; (b) RWPs activities alignment (to results): to be completed by end Jan 2014; and (c) HACT: Micro-assessment, quality assurance and training plan, all completed.

During 2013, the section coordinated UNICEF inputs to Peacebuilding Fund and Social Services Working Group; participated in technical working group for Mutual Accountability Framework ensuring Nutrition is endorsed as top priority for Yemen during transition period; and coordinated inputs to ensure regular reports to Donor's meeting and Friends of Yemen.

The Mid-Term Review (MTR) is at final stages. MTR Report and revised CPAP to be submitted in January 2014 for final endorsement (RO and Government Steering Committee). Consultations for the MTR included the following: (a) Field Programme Reviews (Sep 2013): 5 field-level review workshops (Sana'a, Aden, Hodeidah, Taiz, Sa'ada); (b) National Sectoral Programme Reviews (Oct 2013): 4 national programme workshops (Health and Nutrition, WASH, Education, Social Policy); C4D integrated across programmes; and (c) Mid-Term Review Plenary: 10 Nov 2013, All Partners with decentralisation as cross-

cutting theme.

The section coordinated UNICEF's engagement with the NDC on 3 key priority issues (age of the child, water and minorities' rights -particularly muhamasheen-); currently all 3 key issues have been incorporated into the dialogue's working groups successfully. The process is set to end by 29 January 2014 and continued by a Constitution drafting process informed by the working groups' recommendations.

Regarding gender Mainstreaming, the Gender AWP was successfully completed (Gender Core Group and TOR established; RO Gender Advisor training to Core Group completed; Gender Review completed with Report including Action Plan for 2014-2015).

PCR 4920/A0/05/050 Yemen's policy environment, legislation and systems are strengthened to protect and promote children's rights, especially the most disadvantaged.

IR 4920/A0/05/050/001 Enhanced support for disadvantaged and marginalized children and families to demand & use social protection systems and participate in decision-making processes affecting them (Social Protection Demand)

IR 4920/A0/05/050/002 Increased national capacity to provide access to inclusive systems that protect children and adolescents from poverty and promote social inclusion. (Social Protection Access)

IR 4920/A0/05/050/003 Strengthened political commitment, accountability and national capacity to budget for protection and promotion of child rights (Child Budgeting)

IR 4920/A0/05/050/004 Strengthened political commitment, accountability and national capacity to legislate & plan for protection and promotion of child rights. (Child Rights)

PCR 4920/A0/05/070 Government and other partners at central and governorate level are undertaking equity focused, and evidence informed planning, monitoring and evaluation.

IR 4920/A0/05/070/001 Government at central and governorate levels has the capacity to undertake equity focused and evidence informed planning.

IR 4920/A0/05/070/002 Increased capacity of government and partners to effectively monitor programme implementation in compliance with HACT.

IR 4920/A0/05/070/003 Child focused knowledge is generated, disseminated and used to ensure evidence based programming.

IR 4920/A0/05/070/004 Increased capacity of UNICEF and Government line ministries to effectively mainstream gender equity in programme design & implementation.

IR 4920/A0/05/070/005 UNICEF Field Offices have appropriate capacity (human, funds, management systems) to deliver and monitor programme effectively.

PCR 4920/A0/05/080 UNICEF is positioned as a Leading Child Rights Advocate in the humanitarian and development landscape, with adequate funding in support of the country programme.

IR 4920/A0/05/080/001 Programme sections are supported with evidence based advocacy efforts (SitAn, base line, SPMF) in the promotion of children rights especially the most vulnerable.

IR 4920/A0/05/080/002 Increased capacity of media to report ethically on the rights of children (both boys and girls).

IR 4920/A0/05/080/003 Increased participation of children and adolescents in the promotion of child rights with equitable involvement of both boys and girls.

IR 4920/A0/05/080/004 Increased contribution to resource mobilisation efforts in support of the country programme.

PC 3 - Empowerment for children's rights

On-track

PCR 4920/A0/05/003 By 2015, rights holders and selected duty bearers use expanded capacities and services to ensure sustained realization of the rights of vulnerable girls and boys

Progress: In 2013 greater focus of the Empowerment pillar has been on capacity building and systems strengthening of government and other partners to effectively engage with communities. 125 national level personnel were trained as ToTs on integrated C4D package for YCSD, 21 health education managers from 11 governorates trained in C4D strategic planning and monitoring, C4D national master trainer's team established comprising 21 professionals. In the WASH sector, 89 national level staff from Government and NGOs have been trained as TOTs on Hygiene Promotion while 398 district staff from Education, Social work and community based organizations were trained as Hygiene Promoters. A qualitative KAP survey was conducted in 106 districts that provided some

A package of IEC materials, have been developed or updated the National Handbook on Basic Health Education Messages, a Flip Book for Community Volunteers, and flyers on maternal and child health. A WASH hygiene promotion resource book is currently under review in coordination with the WASH Cluster

At Community level, 2047 Community Volunteers were trained on interpersonal communication skills, 765 religious and community leaders were oriented on YCSD.

In Child Protection, 5,950 children/adolescents (2812 boys; 3,138 girls) were reached through peer educators on life skills and 99,545 adults (female: 44,507 men: 55,038) adults received key messages on Mine Risk Education. 53 Water Committees were trained from Ibb, Taiz, Hodaida and Saada governorates. In whole, approximately 14 per cent of targeted households (569,578 adults) were reached with critical life-saving, care and protection messages through a mix of communication approaches

On-track

IR 4920/A0/05/003/001 By 2015, 50 per cent of water committees and water providers in targeted districts promote improved hygiene

practices and safe water handling in their communities.

Progress:

80 per cent of annual target achieved. Water and Sanitation committees established and trained on ownership, operations and maintenance of WASH services. (51 water committees established)

- 1,077 family latrines (800 in Abyan and 277 in Hajjah) and another 472 rehabilitated reaching a total of 1,549 families (10,843 persons).

- 250,000 people benefited from WASH hygiene kits which include jerry cans (20 litres), soap (250grams), plastic buckets with lids, Ceramic water filters etc.

- Conducted 3 ToT trainings for hygiene promotion with cooperation from WASH cluster (65 trainers)

- 398 hygiene promoters from education office, social/health workers, and community volunteers trained on integrating WASH and nutrition.

Among the constraints has been a weak enabling environment for rural sanitation, WASH in Schools and water safety and security. This is being addressed through the strengthening of GARWP, exploring the possibility of seconding staff to government and capacity building and the development of a water and sanitation strategy.

 Constrained

IR 4920/A0/05/003/002 By 2015, 50 per cent of communities in targeted districts are equipped with knowledge and skills on critical maternal and child survival practices.

Progress:

In 2013 greater focus has been on capacity building and systems strengthening of government partners to effectively engage with communities. 125 ToTs trained on integrated C4D package for YCSD, 21 health education managers from 11 governorates trained in C4D strategic planning and monitoring, C4D national master trainer's team established comprising 21 professionals, C4D training module for CVs and HW (IPC) developed, qualitative KAP study completed for evidence on key YSCD, National Handbook on Basic Health Messages under review, 4 posters on MNHC revised.

At Community level, 2047 Community Volunteers trained on IPC, 765 religious and community leaders oriented and approximately 569,578 individual adults reached with the integrated package of messages through a mix of communication approaches.

 Constrained

IR 4920/A0/05/003/003 By 2015, 70 per cent of boys and girls in targeted formal and non-formal basic education programmes have acquired basic life skills.

Progress:

Working with Curriculum section of MoE, life skills is planned to be included in the curriculum. A new Lifeskills Expert is expected to be recruited within the next three weeks to provide the necessary support in this area. This will help accelerate work in this area.

 Constrained

IR 4920/A0/05/003/004 By 2015, boys, girls and duty bearers in targeted districts mobilize their communities to collectively address key child protection issues (child marriage, child recruitment and crime prevention).

Progress:

Ground work towards a comprehensive community based module towards empowerment of adolescents has been laid through the launch of WASL project in which efforts are being made in raising the profile of adolescents and raising their issues, needs and aspirations towards a future Yemen which is in line with the national dialogue process. Through 53 trainers, in 10 selected governorates, voices of 1,500 adolescents were captured where a draft outcome document was developed which was the basis of discussion at the first National conference for Children and Adolescents. This conference gathered 80 selected adolescents who further shared their needs, issues and future aspirations and developed a set of recommendations for actions to policy makers and practitioners. Various adolescents led creative initiatives were held in all 21 governorates by 840 trained adolescents.

As for conflict affected areas 330,310 people, including 233,765 children (girls: 99,062, boys: 134,703) and 99,545 (female: 44,507 men: 55,038) adults received key messages on the hazards of mines and UXOs, how to avoid this risk and to whom they can report. Reported and verified reports of child victims of mines, UXOs and ERWs have reduced compared to 2012 where 85 child casualties (74 boys, 11 girls) were reported and verified in 2012 due to mine and UXO/ERW whereas in 2013, this has fallen to 29 children (25 boys, 4 girls). This can be attributed to the extensive de-mining operations and MRE in the southern governorates of Aden, Lahj and Abyan.

IR 4920/A0/05/003/005 Project support costs

PCR 4920/A0/05/060 Adolescent girls and boys, mothers and fathers, and community leaders in 106 districts adopt 11 key life-saving, care and protective behaviours for children and women

IR 4920/A0/05/060/001 Government departments (HEC, MoI mother and Child Programme) local authorities and partner NGOs in 106 target districts have improved capacity to design, implement, monitor and evaluate community-level C4D interventions

IR 4920/A0/05/060/002 C4D Health and Nutrition: Enhanced support for mothers, fathers, caregivers, and community leaders to adopt improved health and nutrition care practices.

IR 4920/A0/05/060/003 C4D WASH: Support to communities is leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene.

IR 4920/A0/05/060/004 C4D Education: Parents of children under 6 years and community leaders in 106 districts have adequate knowledge and skills for on-time enrolment of both girl and boy children into formal schooling.

IR 4920/A0/05/060/005 C4D Child Protection: Adolescent boys and girls, parents and other duty bearers have knowledge and skills to

prevent and respond to child marriage, child recruitment and seek birth registration services.

PC 800 - Cross-Sectoral costs

 On-track

PCR 4920/A0/05/004 Cross Sectoral costs

Progress:

Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2012

 On-track

IR 4920/A0/05/004/001 Salaries

Progress:

Although office ensures that all positions are fully funded but grants expiration date and budget shortfalls at the WBS level caused most of the delays of payroll processing. However, office always ensures that FAR (Funding Analysis Report) is generated prior to payroll scheduled deadlines.

 On-track

IR 4920/A0/05/004/002 Operational expenses

Progress:

Ensure Sana'a office as well as zone offices are fully functioning and UNICEF assets and properties are well managed.

 On-track

IR 4920/A0/05/004/003 Communication, Planning and Training

Progress:

In 2013, This IR will be deactivated, and a new IR for communication will be created under the Evidence PCR.

Rationale:

- i) Communications needs a specific result to drive towards with concrete indicators (available if you need them) for the Results Assessment Module (RAM) and an IR to manage its funds in VISION.
- ii) Planning needs a specific result to drive towards with concrete indicators (available if you need them) for the Results Assessment Module (RAM) and an IR to manage its funds in VISION.

 On-track

PCR 4920/A0/05/800 Programme Support

Progress: Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2012

 On-track

IR 4920/A0/05/800/001 Governance and Systems

Progress: The office ensures participation of wider range of staff members from different categories in governance and decision making via office committees. Issues and standing topics that discussed during the management team meetings and decisions were timely shared with all staff. Care was taken to staff related issues at the JCC meetings.

 On-track

IR 4920/A0/05/800/002 Financial Resources and Stewardship

Progress:

Effective and efficient Management and Stewardship of Financial Resources

 On-track

IR 4920/A0/05/800/003 Human Capacity

Progress:

HR has put in place monthly tools and indicators that are presented to CMT to monitor recruitment timeline, PER completion, Staff leave balances, consultant contracts, etc.

IR 4920/A0/05/800/888 HR

Effective Governance Structure

The Country Management Team (CMT) continues to play a key role in reviewing office management performance and laying out clear strategies and guidelines for the overall implementation of the Country Programme. During 2013, the CMT met every month to review and decide on key indicators related to programme strategies; budget implementation; programmatic and operational initiatives; human resources (HR) and recruitment issues; donor relations and trends; advocacy; communication and fund-raising; emergency preparedness and response; supply management; equity and gender; priorities; and staff association issues. A review of EPRP/disaster risk reduction and Enterprise Risk Management (ERM), as well as follow-up on audit recommendations, are also a part of the CMT agenda.

Another key governance structure supporting the effective performance of the programme is the monthly Programme Coordination Meeting (PCM), attended by all professional programme staff, and the chief of operations. The PCM reviews a standardized set of monthly programme indicators, including those related to financial implementation, and proposes corrective measures concerning programme management and performance. Discussion during the PCMs has also helped to increase synergy and identify opportunities for cross-sectoral collaboration.

A Conference call is also held with the field offices on a weekly basis with participation of both programme and operations staff.

Both the CMT and PCM review programme implementation and achievements/constraints, with particular emphasis on cross-sectoral issues where coordination is an essential component; and review and assess performance on operational matters such as DCTs, budget implementation, supply and travel. The office has also set up innovative, cross-sectoral working groups to provide effective coordination, implementation and monitoring of programme results around the three programme pillars of Equity, Evidence and Empowerment. Other statutory bodies such as the Joint Consultative Committee (JCC), Contract Review Committee (CRC), Property Survey Board (PSB), Project Cooperation Agreements Review (PCA) Committee, Central Review Bodies (CRB), Local Learning Committee (LLC), ICT Governance Team, and the Local Salary Survey Committee (LSSC), are running effectively in the office.

In addition, focal points for peer support and for sexual exploitation, harassment and abuse of authority have been set up in the office to provide guidance to staff members.

Vision work processes and terms of agreement were updated in 2013 and a private company was hired to carry out the work processes during the year. Training sessions were also conducted in Vision for new staff and field offices.

The Audit conducted early this year has rated the YCO as satisfactory in terms of Governance, pending closure of certain recommendations.

Strategic Risk Management

YCO conducted a Risk Control and Self-Assessment in 2013, reviewing its risk profile and risk control library in line with the new guidance and then shared it with all staff. The office will continue to monitor high risks as well as medium-to-high risks through the CMT every month.

The country office has undertaken several initiatives to improve emergency preparedness, such as regularly updating information in the Early Warning-Early Action system. From experience in responding to previous emergencies, UNICEF mapped out strategic areas in which it has a comparative advantage, to provide assistance in case of an emergency. These were categorized as interventions in the first eight weeks after a disaster and those in the recovery, reconstruction and transition phases.

For each intervention area and response phase, key supplies (mostly through long-term agreements with suppliers) and information, education and communication materials were identified to ensure rapid and well-targeted emergency response. The office has also worked closely with government ministries and potential

donors to lay the groundwork for more rapid needs assessments for women and children, to related requests for assistance, and for securing timely and appropriate levels of funding.

To further enhance its capacity to maintain critical operational functions and deliver services during emergencies, YCO regularly updates its Business Continuity Plan (BCP), and the Disaster Recovery Plan for ICT to assist during crises. These two complement and support the office's Emergency Preparedness and Response Plan.

Information Technology Core Systems to support the BCP were identified and implemented and the office is MOSS compliant. To ensure continuity of critical functions, all relevant staff have been given access to UNICEF resources (Lotus Notes, Vision and other ICT resources) through remote access (Citrix and CISCO/VPN).

Security enhancement was undertaken in the field offices of Aden, Haradh, Hodeidah and Taiz in close coordination with assessments done by UNDSS. In the head office in Sana'a, security measures are also being taken, including reinforcing the extremities of the building as well as the basement safe room area and preparing the third floor to be used as additional office space.

In line with Vision, most of the office work processes were reviewed, finalized and shared with staff, taking into account internal risk management control. The office has already started using a risk-informed approach in its locally developed Standard Operating Procedures and simplification of business processes, furthermore the Office is undertaking a study with a private company to enhance all work processes and procedures, and ensure full adherence of all staff to these instructions.

UNICEF has maintained a minimum readiness level for 20,000 people for emergency responses throughout the country. All pre-positioned emergency supplies are strategically located in the three warehouses managed by companies on behalf of UNICEF, in Sana'a (central), Hodeidah (north) and Aden (south).

End-user supply monitoring is being jointly conducted with programme and supply staff, with the active involvement of the field staff, and is well-received.

Evaluation

The evaluation function and related analytical activities were severely constrained throughout 2012 as a result of the continuing conflict and instability thus restricting movement and access to districts. Opportunities arose to expand the function throughout 2013. The M&E section guided the planning, design and implementation of three critical independent evaluations throughout 2013 as follows:

1. Evaluation of the community based maternal and newborn care (CBMNC) programme. The maternal (365 per 100,000 live birth) and neonatal (37 per 1,000 live birth) mortality rates) in Yemen remain unacceptably high. Only 14 per cent of pregnant mothers attend antenatal care (four visits), 80 per cent of deliveries take place at home and 36 per cent with skilled attendance. To address these high rates of mortality it is essential to provide a continuum of care. Maternal and neonatal health care should be available starting at home up to the health facility (health unit, health centre and referral hospitals) and during pregnancy, at and following birth. The CBMNC programme focuses on empowering communities and families providing essential care to mothers and newborns at home with the community midwives (CMWs) at the front line to provide the CBMNC package. Before going to scale, an evaluation of the programme is necessary to draw lessons and provide inputs for the expansion plan. The inception report has been reviewed and the exercise is currently moving to the field phase.

2. An independent Evaluation of Humanitarian Response (EHA) in the South. The conflict in Abyan Governorate escalated in 2011 amidst growing dissent and violence in the southern governorates of Yemen and terrorist attacks fuelled by the presence of Al-Qaeda. A ceasefire declared in July 2012 in Abyan brought some lull to the fighting. The ceasefire has led to renewed attempts at entry into the affected governorate that had previously remained inaccessible to humanitarian actors. With the dual focus on learning and accountability, the EHA is examining UNICEF's performance in responding to the Abyan crisis at country level within the context of its programme of cooperation with the Government of Yemen as well as

through partnerships with local and international non-governmental organizations. The inception phase of this exercise is now complete.

3. External review of UNICEF's ongoing and planned programme to meet emergency and early recovery needs in Sa'ada and Harad/Hajjah.

UNICEF has been supporting the protracted emergency in Hajjah/Harad since 2009. Similarly an assistance programme has also been delivered in Sa'ada since 2010, however this is gradually expanding as of 2012 with improved access. The bulk of the interventions remain focused on emergency rather than recovery and development, particularly in Harad. The external review will advise on how better UNICEF could position itself to manage the transition away from humanitarian support to an enhanced recovery and developmental interventions in both locations.

The multi-year IMEP has been modified to scale up evaluation activity in 2014-2015. This continued commitment to organizational learning through a robust evaluation function will be reflected in the new CPMP.

Effective Use of Information and Communication Technology

Given the continued emergency situation and political unrest in country, connectivity continues to be a major concern. This is particularly true in light of the poor public ICT infrastructure in the country, and sudden outages of services as a result of sabotage against public communication and electricity infrastructure. Therefore YCO has made connectivity issues a priority and bandwidth for field offices has been improved based on available service in each governorate. Additionally, alternative options such as VSAT satellite internet have been deployed. This has resulted in noticeable improvements in field offices' connectivity and has achieved less than 1 per cent downtime in YCO.

Users' mobility has also become an important factor for accessibility to systems due to the implementation of alternative working modalities, when staff can be expected to work from home. Therefore the office has provided all UNICEF users with broadband internet access through USB-Based Internet modems.

In terms of hardware and ICT equipment, all servers, network and telecoms equipment comply with recent UNICEF standards and MOSS requirements. All YCO staff have been equipped with a standard UNICEF laptop, provided with VHF handheld devices for emergency communications and each field office has been provided with two Thurayya satellite phones.

The ICT section also has been committed to keeping YCO in line with global UNICEF ICT project roll-outs and systems upgrades and successfully implemented all ICT projects this year, achieving 100 per cent completion status.

The section has provided users with needed support and orientations. This is demonstrated through an average of 0 per cent outstanding calls and support, while maintaining the increased demands for daily users support and administrative tasks resulting from programme expansion.

For effective communication, ICT also has been leading and advocating for the effective use of available services such as WebEx, Skype and VOIP on-net teleconferencing which resulted in better utilization rate on these services and therefore reduced the cost, time and eliminated security limitations for travelling to hold these meetings.

ICT has been also effectively participating in programme activities related to ICT through providing advice on best technological solutions and specifications required for programme delivery or partners' requirements. In addition, ICT is participating in office forums such as monthly meetings to enhance collaboration of ICT with different programmes.

Fund-raising and Donor Relations

UNICEF Yemen has faced a favourable funding environment occasioned largely by the 2011 emergency but with strong spin-offs for the development programme. Funding has essentially tripled as has utilisation. There is also a gradual shift towards longer term funding commitments by donors which has secured satisfactory funds for the rest of the country programme. Growing interest by donors in the Middle East which will need to be further explored.

A comprehensive Resource Mobilization strategy is in place which provides key tools and recommendations on maintaining current funding levels for the remaining country programme. This includes ensuring an effective balance in the transition from humanitarian to development with traditional and non-traditional donors especially Gulf Governments and charities and the private sector. National Committees constitute only 1 per cent of the total country programme budget and funding opportunities will be further explored with PARMO. 100 per cent of donor reports were submitted on time during 2013, however, one was resubmitted following amendments, bringing the total to 98 per cent submitted on time. A donor report checklist and approval mechanism has been introduced to ensure that reports meet quality standards.

YCO surpassed its OR ceiling in 2013, mobilizing US\$57,561,721 in ORR against a planned amount of US\$22,875,141. Additionally, 52 per cent of UNICEF's humanitarian appeal for US\$81,583,795 was reached. Grants that expired on or before 31st December 2013 were 100 per cent utilized, with a total balance of US\$6,291.

The office holds monthly programme coordination meetings to review and monitor use of funds and reminders are sent to programme staff several months in advance of expiry dates to ensure as far as possible that funds are used effectively.

Management of Financial and Other Assets

The internal audit in Yemen took place in March this year and the Operations section was rated satisfactory pending closure of certain recommendations. One recommendation was made related to asset management, which was rated as medium and has already been closed by the office. The office has experienced a good funding environment and in fact has expanded the reach of its programme and the planned funding as a reflection of this. The office continues to use a series of indicators to measure implementation and ensure efficient use of funds against planned results.

Management of contributions continues to be transparent and all allocations and reallocations are carried out in a consultative manner with a series of supporting documentation to ensure adherence to donor conditions and accurate reporting. Those sectors that do not receive direct funding are allocated a small proportion (standard percentages agreed through the CMT) of all OR and most ORE funds. These are also reflected in all proposals. The RR funds are allocated based on analysis that considers the likelihood of receiving OR funds directly, the expenditure of RR funds in the previous year and the planned results for the given section. This allows for a weighting in favour of sectors that have high implementation rates, are less likely to receive direct OR funds and those with larger programmes. Together this allows for the cross-sectoral components of the office to plan accordingly.

Bank reconciliations operate efficiently as does the cash forecast process (although there is always room for improvement). Liquidations of cash assistance have proved problematic; the office has undertaken crucial measures to reduce outstanding DCT over 6/9 months, before the end of each year.

In terms of the key indicators, 98 per cent of allocated RR was spent (US\$9,281,854 out of US\$9,462,589); 80 per cent of ORE (US\$47,090,485 out of US\$58,542,198) and 64 per cent of ORR (US\$37,094,747 out of US\$57,561,721). Four grants in 2013 were extended, again largely due to administrative hurdles posed by the new operating system; and DCT over nine months stands at 2 per cent although it was considerably higher at different times during the year.

As of 14th January 2014, expired funds in 2013 stands at 710,000. However the actual figure will be closer to 50,000 once some anomalies have been rectified in the system.

Through the Operations Management Team, UNICEF continues to actively engage in order to identify means of making efficiency gains and achieving cost savings. Examples include the phone system whereby the UN has negotiated free inter-office calls and preferential rates. The use of Long-term Agreements for procurement and services is also being expanded in order to cut down on transaction costs.

The country office has initiated the implementation of HACT by investigating the possibilities of conducting a macro-assessment of the public financial management systems; undertaking micro-assessment of partners; developing and implementing a plan for assurance activities in the form of financial spot checks, programmatic monitoring and scheduled audits.

The country office took the lead in reconvening the ExCOM HACT group. The group reviewed the Macro assessment from 2008 and considers it to be valid until there are new Public Financial Management (PFM) studies to base a new Macro assessment on. UNICEF took the lead in briefing the RC and drafting the two official letters to the Government of Yemen. One letter was on the HACT roll out and one was on the issue of the validity of the Macro Assessment from 2008. A PFM study by the World Bank is planned for 2014, the ExCOM agencies are planning to undertake another Macro Assessment once this has been published. The micro assessments of all partners above US\$100,000 (65 partners) have been planned out 2014-15. The country office has already developed these TORs for Micro assessments to be conducted and has advertised for a public accounting firm to undertake the first stage of the micro assessments.

The country office has developed a Quality Assurance Plan based on best practices from other country offices that include financial spot checks, programme monitoring and scheduled audits. The Quality Assurance Plan focuses on building the capacity of partners in the area of financial management.

The country office has developed a training plan based on best practices from other country offices of both UNICEF, ExCOM agencies and Government and NGO partner staff. The training of UNICEF Staff has been completed.

Supply Management

The supply function of Yemen Country office (YCO) remains the focal point for provision of the best advice possible to programme staff on the supply and logistics component of the country programme. The supply throughput is still considered large and focuses mainly on regular programme with a component of emergency intervention and procurement services to the Government of Yemen.

YCO has issued 103 SOs with a total value of US\$24,907,964.72. There were 56 locally sourced SOs amounting to \$5,598,578.09 and 47 offshore SOs accounted for \$19,309,386.63. The office has also processed 48 institutional contracts worth \$1,273,004.46.

The Supply Chain Management Strategic Plan was prepared at the beginning of the year to develop and maintain a strategic management framework for efficient and effective supply operations to meet programme objectives.

One of the strategies developed was strategic and category sourcing through the use of LTAs to rationalize the supply base and optimally source goods and in-country logistics services. The approach has not only helped to simplify procurement of other categories with both lower and higher dollar value but high order frequency such as office supplies, a number of essential categories from programme (YCSD, Basic Education supplies) were also considered.

Thirty-two LTAs were completed and agreed with different suppliers and service providers. With continued involvement in downstream logistics operations for high visibility health products on behalf of the Government of Yemen, flexibility and risk management were also introduced in the tendering process for outsourced logistics services. The result was a new set of framework agreements, Standard Operating procedures (SOPs) and Key Performance Indicators (KPIs) which have equipped YCO to respond to the challenges in the country.

The YCO logistical support is quite heavy and complex. The office supports the Government through third party service providers in customs clearance, storage and secondary distribution of supplies up to beneficiary level. The current model of collaboration is constantly evolving and is hardly predictable, with a number of risks to the organization. UNICEF has been playing unprecedented roles (for example, engage in distributing supplies not procured or stored by UNICEF and customs clearance for shipments not consigned to UNICEF). YCO has embarked on ongoing risk assessment in reviewing the current and foreseeable risk factors, including potential impact on UNICEF as an organization. The assessment is centred on both current and future supply chain collaboration.

While there have been remarkable achievements, the supply chain in YCO is associated with a myriad of disruptions to programme delivery. YCO has experienced extended delays in customs clearance leading to charges levied by the shipping companies, lack of access to some parts of the country leading to delivery delays, deviations and hi-jacking of trucks.

In light of these risks, plans are underway to provide intensified support to build the capacity of in-country logistics and supply chain management of the Government especially the Ministry of Public Health and Population (MOPHP) at the beginning of 2014. An exit strategy will be developed in consultation with the Ministry to ensure smooth transfer of these responsibilities.

Human Resources

Forty-six temporary positions had been established by the end of 2013, out of which 30 have been filled. The office made giant strides towards gender parity, with the current number of women amongst the national staff exceeding 50 per cent. Gender disparity amongst internationals remains high though, with 33 per cent women (67 per cent men) so recruitment of qualified females in the IP category remains a priority.

The office established a Training/Learning Plan with a view to providing learning opportunities to all categories of staff. This included using mixed learning approaches such as stretch assignments, external training, e-learning and WebEx sessions. Throughout the year, 39 external and in house training opportunities (12 international; 15 local; 7 online; and 5 in groups) were approved. Weekly staff training was also established and 4 two-hour sessions have been conducted. An induction programme was also organized for new staff members upon arrival.

All staff members have been orientated on the e-Pas/PAS process. A PER monitoring system is in place and by the end of May, the office had achieved 100 per cent completion rate for 2012 PERs. The office has also put in place a checklist to guide supervisors and supervisees on their proper completion.

Leave balances were rigorously monitored by management to ensure a work life balance for staff; staff were regularly encouraged to take leave. Compressed working modalities were introduced for staff in Sa'ada to allow them to get out of the emergency duty station on a regular basis. One staff retreat was organized by the staff association as an opportunity for social interaction among staff. Implementation of office improvement plans to address global staff survey issues is closely monitored by management and staff association, and actions taken are shared with regional office on a regular basis. Staff wellbeing and staff concerns are given due attention and monitored through JCC.

The office is committed to UN Cares and the 10 minimum standards on HIV in the workplace. The office collaborated with UNAIDS in training staff on UN Cares, while sensitization sessions on HIV and AIDS were organized in Aden, Hodediah and Taiz office locations.

In February 2013 the office elected five peer support volunteers, two in Sana'a and three in the field. The office also recruited two local staff councillors to release staff stress.

Efficiency Gains and Cost Savings

YCO has implemented a number of strategies and actions as detailed below:

1) Pursue and increase use of alternative learning and training modalities for staff (without compromising on priority staff learning needs);

In the context of the Country Programme development, YCO conducted a staff competency and capacity assessment and identified priorities for common and local training opportunities;

E-learning is being used as a preferred training tool as opposed to training that would involve international travel;

The office has and will further increase the use of web seminars to enhance knowledge of staff in selected areas.

2) Increased usage of alternatives to international travel for meetings and conferences;

YCO has and will continue to use web-conferences for information sharing as an alternative to meetings involving travel and expensive phone conversations with regional and head offices.

All International consultant travels are on economy class, to reduce the cost of travel and any exceptions to this must be approved by the Representative.

3) Mitigation of the impact of (rising) inflation on recurring operating costs by entering into fixed-price Long Term Agreements (LTA) with relevant parties;

- LTA office landlord (rental contract for all offices)

- LTA for printing supplies

- LTA office equipment maintenance

- LTA travel agencies

- LTA for Logistics (transportation and clearing)

- LTA for security (on-going with UN)

4) Saving on office running costs

Reduce office vehicle running costs by streamlining the use of vehicles through the renting of cars in field offices when this is more cost-effective, and the establishment of contracts for car maintenance.

5) Pursue efficiency gains on utilities

YCO has managed and will continue to reduce significantly all costs of utilities, telephones, and other services by using electrical timers, using VOIP, SKYPE, controlling gas consumption and timely servicing of the office equipment.

Changes in AMP & CPMP

The AMP 2014 will be informed by the programmatic shifts and management adjustments resulting from the MTR 2013. In line with recommendations from the audit, the 2014 AMP will have only five strategic office priorities, three for operations and two for programme. These priorities in turn will be reflected across staff members' PER priorities for 2014 and will be the five priorities for the Representative for the year.

The AMP will also consolidate several annexes attaching all key office documentation (workplans, programme and operations memos, committee memberships and TORs etc.) to serve as a key office management document for the year.

Summary Notes and Acronyms

BCP - Business Continuity Plan

BEGE -Basic Education and Gender Equality

CBMNC -Community Based Maternal and Newborn Care

C4D -Communication for Development

CEDAW - Committee on the Elimination of Discrimination against Women

CMAM - Community Management of Acute Malnutrition

CMWs - Community Midwives

CPAP - Country Programme Action Plan

CPMP - Country Programme Management Plan

CMT - Country Management Team

CRB - Central Review Bodies

CRC - Convention on the Rights of the Child

CSO - Civil Society Organization
 DCT - Direct Cash Transfer
 EHA - Evaluation of Humanitarian Response
 EMIS - Education Management Information System
 EPRP - Emergency Preparedness and Response Plan
 ERM - Enterprise Risk Management
 FAO - Food and Agriculture Organization
 GCC - Gulf Cooperation Council
 GCT - Gender Core Team
 GII - Gender Inequality Index
 GPE - Global Partnership for Education
 GoY - Government of Yemen
 HACT - Harmonized Approach to Cash Transfers
 HCMC - Higher Council for Motherhood and Childhood
 HDI - Human Development Index
 HEC - Health Education Centre
 HRC - UN Human Rights Council
 ICT - Information, Communication Technology
 IDP - Internally Displaced Person
 IMEP - Integrated Monitoring and Evaluation Plan
 JCC - Joint Consultative Committee
 LLC - Local Learning Committee
 KPIs - Key Performance Indicators
 KAP - Knowledge, Attitudes and Practice
 LSSC - Local Salary Survey Committee
 LTA - Long Term Agreements
 M&E - Monitoring and Evaluation
 MDGs - Millennium Development Goals
 MOPHP - Ministry of Public Health and Population
 MoHR - Ministry of Human Rights
 MRM - Monitoring and Reporting Mechanism
 Muhamasheen 'Marginalized ones'
 MRE - Mine Risk Education
 MTR - Mid Term Review
 MoPIC - Ministry of Planning and International Cooperation
 NDC - National Dialogue Conference
 NDHS - National Demographic Health Survey
 NER - Net Enrolment Rate
 NGO - Non-Governmental Organization
 NSPMS - National Social Protection Monitoring Survey
 PCA - Project Cooperation Agreement
 PCM - Programme Coordination Meeting
 PSB - Property Survey Board
 PFM - Public Financial Management
 ORE - Other Resources Emergency
 ORR - Other Resources Regular
 RR - Regular Resources
 RWP - Rolling Work Plan
 SAM - Severe Acute Malnutrition
 SUN - Scaling Up Nutrition
 SEM - Socio-Ecological Model
 SOP - Standard Operating Procedure
 SRSR - Special Representative to the Secretary General
 TOR - Terms of Reference
 TOT - Training of Trainers
 U5MR - Under-5 Mortality
 UNDP - United Nations Development Programme
 UPR - Universal Periodic Review
 WFP - World Food Programme
 WHO - World Health Organization
 YCO - Yemen Country Office

Document Centre

Other Publications

	Title
1	National Social Protection Monitoring Survey in Yemen
2	UNICEF Yemen Baseline Survey Report
3	Birth Registration Study
4	The Future We Want

Lessons Learned

	Title	Document Type/Category
1	Integrated approach to reduce high levels of undernutrition	Lesson Learned
2	Integrating IYCF with EPI to increase coverage of services	Innovation
3	Changing the way teachers are trained to ensure a better learning environment in child friendly schools	Lesson Learned