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Draft country programme document**

Yemen

Summary

The draft country programme document for Yemen is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$24,035,000 from regular resources, subject to the availability of funds, and \$28,250,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

*Basic data†
(2004 unless otherwise stated)*

Child population (millions, under 18 years)	11.0
U5MR (per 1,000 live births)*	104
Underweight (% , moderate and severe, 2003)	46
Maternal mortality ratio (per 100,000 live births, 2002/2003)	370
Primary school enrolment (% net, male/female, 2002/2003)*	84/59
Primary schoolchildren reaching grade 5 (%)	76
Use of improved drinking water sources (% , 2002)*	69
Adult HIV prevalence rate (% , end 2003)	0.1
Child work (% , children 5-14 years old)*	—
GNI per capita (US\$)	570
One-year-olds immunized against DPT3 (%)*	78
One-year-olds immunized against measles (%)*	76

† More comprehensive country data on children and women are available at www.unicef.org.

* Data from the 2003 Family Health Survey (FHS) are available and used in the text of this report. The FHS data definitions are not the standard UNICEF accepted definitions for the relevant indicators.

The situation of children and women

1. Yemen is the least developed country in the Middle East, with a Human Development Index Ranking of 151, and is unlikely to meet most of the Millennium Development Goals. More than half of its population is under the age of 18 years.

2. Yemen has signed the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women and aligned its national constitution with these commitments. As acknowledged by the Committee on the Rights of the Child in 2005 in its concluding observations on Yemen's third periodic report, the country has undertaken various institutional and legal processes and adopted several national strategic plans and policies aimed at improving the status of women and children. These include the creation of a Ministry of Human Rights in 2003 and development of national strategic plans for education, gender, HIV/AIDS, poverty reduction, youth and child labour.

3. Social and economic progress have not kept pace with these policy developments. Economic indicators have faltered in recent years and poverty has increased despite the discovery of oil in 1994. More than half of the country's children live below the poverty line. There are increasing disparities in access to social services and income because of downward economic growth and high population growth (3 per cent), rising inflation (13 per cent), high unemployment (12 per cent), lack of private sector development and the slow pace of reform of public finances, fiscal decentralization and service delivery. In a recent report, the World Bank raised serious reservations about the Government's commitment to economic reform, transparency and accountability. The Committee on the Rights of the Child also noted with concern that Yemen did not take all necessary actions to ensure net increases in the allocation of resources for children.

4. In the area of health, the Committee noted the high rate of maternal mortality due to limited access to emergency obstetric care. The under-five mortality rate has not shown any significant decline since 1998. Neonatal mortality, estimated at 37 per 1,000 live births, accounts for almost one half of infant deaths. The main causes are the small proportion of deliveries attended by trained health personnel, the high incidence of low birth weight, low prevalence of exclusive breastfeeding during the first six months and low coverage of tetanus toxoid vaccination among women of child-bearing age. Less than half of infants are fully vaccinated. There are high incidence of diarrhoea and high levels of chronic malnutrition among almost half of children under three years of age.

5. Recent trends in primary education point to a lack of progress, especially for girls. Two thirds of females in the country are illiterate. Despite an increase in gross school enrolment rates from 58 per cent in 1997-1998 to 67 per cent in 2003-2004, the rate for girls was only 52 per cent in 2003. Net enrolment rates indicate that 44 per cent of girls are denied primary education. Disparities exist in terms of both gender and geography. Very few children achieve a satisfactory level of competency due to poor teaching and learning environments. There is also marked disparity for all social indicators between vulnerable communities such as Akhdams (Yemenis of African descent) and the general population.

6. The Committee on the Rights of the Child found that the Child Act No. 45 of 2002 remains in contravention of Articles 37, 39 and 40 of the Convention on the Rights of the Child, especially in the areas of definition of the child, family law and administration of juvenile justice. A very low proportion of births is registered. Violence against children is widely practised in schools, the household and the judicial system, irrespective of gender and location. Evidence from studies shows that 80 per cent of children experience some form of physical abuse in school and 88 per cent at home, at the hands of one or both parents. The lack of reliable data on child trafficking and sexual exploitation remains a serious concern. Child labour is widely prevalent and constitutes about 10 per cent of the total labour force in Yemen, of whom an estimated 12 per cent are aged 6-14 years.

7. The prevalence of HIV/AIDS in Yemen is estimated to be low but is rising, and poses a significant risk to the illiterate and unemployed, especially young people whose high-risk behaviour is also increasing. An influx of refugees from countries with high prevalence rates and the lack of a surveillance system may have contributed to the growing prevalence.

8. Yemen is one of the world's most water-starved countries. Only 16 per cent of urban areas and 7 per cent of rural areas have access to a safe drinking water resource. The availability of water resources is further affected by the cultivation of Qat, a local green herb chewed by the majority of the population as a stimulant.

9. Against this backdrop of a faltering economy and rising poverty, Yemen faces gaps in institutional capacities caused by the gradual erosion of public service-delivery institutions and infrastructure, a poorly-motivated and low-paid civil service and a lack of well-trained human resources such as female medical staff and female teachers. As noted by the Committee on the Rights of the Child, one major aspect of institutional ineffectiveness is the lack of a fully functional planning, monitoring and evaluation system that can systematically track violations of children's rights. This leads to weak decision-making.

10. Tribal norms and traditions enmeshed in governance structures not only result in a relative lack of transparency in budgetary priorities and allocations, but also contribute to mismanagement of resources. Deeply rooted cultural attitudes give rise to widespread gender discrimination and contribute to weak civil society, leading to the inability of women, children and marginalized groups to demand their rights. The fragile political situation in Yemen is often shaken by tribal conflicts. Corruption is another serious problem at all levels of government. The Government's institutional capacity to respond to emergencies is also limited.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

11. In collaboration with the central Government and local councils, the country programme provided decentralized, sustainable, quality service delivery in basic education, health, nutrition, water and sanitation in 30 disadvantaged target districts, representing about 10 per cent of Yemen's population, through community-based structures. This included installation of 69 rural water schemes with a cost-recovery component, benefiting nearly 250,000 people, and an increase of 15 to 44 per cent in girls' enrolment in the 30 target districts.

12. Juvenile justice systems were brought into conformity with international standards in selected districts and governorates to enforce protection policies for children in conflict with the law. Nine juvenile courts were established and are fully functional and providing legal remedy to juvenile offenders.

13. A national HIV/AIDS strategy was operationalized in partnership with the Government, the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria and bilateral partners.

14. The Government mobilized a large number of volunteers for eight national polio campaigns which were critical to managing the polio outbreak in early 2005, the largest in recent years. The campaigns covered 100 per cent of children under five years of age in Yemen. UNICEF provided polio vaccine for the campaign and also supported social mobilization efforts.

15. A conceptual approach for early childhood development was launched, targeting government authorities, academia and private institutions.

Lessons learned

16. The 2004 mid-term review of the country programme showed that the involvement and participation of local council members and communities, especially young people, empowers them and improves awareness, ownership, efficiency, monitoring, implementation and sustainability of all projects. This should be complemented by the development of human resources, advocacy and social mobilization. For example, it was clear that the training and participation of local communities and district councils contributed significantly to sustaining the rural water schemes while reducing the per-capita cost of capital investment. Convergence of effort and a set of proven complementary intervention will be one of the main features of the new country programme.

17. An evaluation of the child development project funded jointly by the Government, UNICEF and the World Bank/International Development Association showed that institutional processes should be simplified for better implementation, especially in the context of decentralization. Projects with multiple layers of institutional processes should be avoided. The complementary roles of each partner helped to accelerate implementation and served to demonstrate the decentralization policy in action. The lessons learned from the extensive evaluation of this project will be the main vehicle for scaling it up in the new country programme.

18. Even with successful development of human resource capacities, objectives cannot be achieved if public sector institutions or infrastructures are weak, too centralized or poorly managed. Reform of public service institutions and human resources, including better monitoring and fiscal decentralization, must be an integral part of effective service delivery projects.

The country programme, 2007-2011

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	9 854	15 000	24 854
Basic education and gender equality	4 567	9 000	13 567
Child protection and HIV prevention	3 125	3 250	6 375
Social policy, planning, monitoring and evaluation	2 567	1 000	3 567
Cross-sectoral costs	3 922	—	3 922
Total	24 035	28 250	52 285

Preparation process

19. The preparation process benefited from *Yemen's Strategic Vision 2025*, adopted by the Government in 2000, and the needs assessment undertaken for achieving the Millennium Development Goals. The proposed programme uses a life-cycle approach and builds on the mid-term review. The concluding observations of the Committee on the Rights of the Child in 2005 added depth to the analysis of the situation of children and women and were the subsequent basis for determining the programme's priorities.

20. Within the context of a harmonized programme process, the country programme formulation started with the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF), both of which are consistent with the Third Five-Year National Development Plan for Poverty Reduction (2006-2010), which is based on the Millennium Development Goals. The United Nations Country Team prepared the CCA/UNDAF in consultation with government departments and national and civil society organizations. UNICEF played a key role in this process by contributing to social sector analysis from a rights-based perspective, focusing on children and women. UNICEF undertook

several consultations in-house and with the Government to ensure full integration of ideas from the public sectors.

21. A joint strategy meeting was organized by the Government to review the UNDAF and the draft country programmes of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP). The meeting focused on the objectives and sustainability of the interventions.

Goals, key results and strategies

22. The overall goal of the country programme is to assist the Government of Yemen in the progressive and full realization of the rights of children and women within the framework of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Third Five-Year National Development Plan for Poverty Reduction (2006-2010).

23. By the end of 2011, the country programme expects to contribute to achieving the following results in the five targeted governorates, covering close to 40 per cent of the total population and a child population of 3.5 million: (a) at least 80 per cent of children fully immunized in all districts; (b) at least 50 per cent of families adopt appropriate child-care practices, with access to services and resources ensuring better parenting and infant feeding; (c) access to safe water with improved awareness on personal hygiene and sanitation increased by 20 per cent; (d) at least 50 per cent of obstetric emergencies are managed with quality emergency obstetric care services; (e) increased access and equity in basic education with at least 80 per cent of boys and girls reaching sixth grade; (f) improved capacities of the Government, local institutions and communities for creating a protective environment for children; (g) 70 per cent of high-risk children and youth in two major urban centres are empowered with HIV/AIDS life-skills education; (h) increased availability of data disaggregated by geographic location and gender for improved planning and monitoring of the Millennium Development Goals and national development plan; and (i) during emergencies, all affected children have access to life-saving interventions.

24. These key results will be achieved through development of the human resource capacities of relevant government partners, especially at the district and local council levels, of local non-governmental organizations (NGOs) and of community groups in hard-to-reach areas, with a focus on improving local capacities for data collection, planning, implementation, monitoring and assessment across all social service sectors, including disaster preparedness.

25. The ongoing advocacy campaign on legislative policy reform will be sustained through technical assistance and broadening of partnerships, including with academic institutions and NGOs, to create a protective environment for children through continued improvement of national laws, their enforcement at the local level and mobilization of communities for behavioural change on such issues as gender-based violence and corporal punishment.

26. Joint United Nations programme interventions will be enhanced by thematic and geographic convergence in the five targeted governorates for addressing disparities, especially in the areas of water and sanitation, nutrition, girls' education, early childhood development and emergency obstetric care. Experience from the

field will be translated into effective policy advocacy at the central level. Working with local institutions with direct disbursement to decentralized units is expected to improve local ownership and efficiency of programme inputs.

Relationship to the national priorities and the UNDAF

27. The proposed country programme is based on the Third Five-Year National Development Plan for Poverty Reduction; *Yemen's Strategic Vision 2025*; and the UNDAF. The expected key results are derived from and will contribute mainly to human development outcomes and the UNDAF outputs. The proposed country programme will contribute to the *Strategic Vision 2025*, which aims to make Yemen a middle-income country by 2025 and to improve human resource capital. The Government's draft strategy for children and youth, launched on 19 February 2006, is another framework for social development. The country programme will support the Government's decentralization programme and various policy initiatives for poverty and disparity reduction.

Relationship to international priorities

28. The proposed country programme is guided by the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women and follows a human rights-based approach to programming. The expected key results are based on the national development plan, which aims towards achievement of the Millennium Development Goals. The programme is fully aligned with the Goals, the UNICEF medium-term strategic plan and the aspirations of *A World Fit for Children*. The programme will pay special attention to social policy advocacy, a key area not only for improved monitoring of the national development plan and the Millennium Development Goals but also for improving the transparency and accountability of public institutions at all levels. Without addressing the menace of corruption, Yemen is not expected to make any significant socio-economic progress.

Programme components

29. **Young child survival and development.** The programme will strengthen the coverage and quality of basic health-care services to address the main causes of high infant and child morbidity and mortality. The programme will improve access to and utilization of life-saving interventions. Based on lessons learned from the current country programme, integrated community-based interventions will be expanded to help families to adopt appropriate practices for maternal and child health, better parenting, infant feeding and care-seeking. Specific attention will be given to the integration of community-based communication interventions and the institutionalization of monitoring systems to measure progress.

30. In close collaboration with the World Health Organization (WHO) and the Global Alliance for Vaccines and Immunization, the child health component will continue to support the expansion and strengthening of routine immunization activities with a view to eliminating measles and maternal and neonatal tetanus and maintaining polio-free status. Ongoing provision of services for integrated management of childhood illnesses will be supported by community-based interventions for prevention and case-management of malaria, diarrhoea and acute

respiratory infections, with a special focus on marginalized and underserved population groups.

31. The maternal and newborn health component will improve emergency obstetric care services by upgrading delivery facilities and referral services for emergency obstetric cases, with a view to reducing high maternal and neonatal mortality rates. More home deliveries will be assisted by trained community midwives, with close monitoring of child and maternal health during the first month. Referral services for emergency obstetric cases will be improved between the three levels of health-care facilities. Access and timely utilization of obstetric services will be promoted, especially among marginalized and underserved population groups through a human right-based approach. The existing partnership with UNFPA and WHO will be strengthened through a joint programme to ensure complimentary services.

32. In collaboration with WFP and WHO, the nutrition component will promote such best practices in child nutrition as immediate breastfeeding after delivery, exclusive breastfeeding for up to six months, improved feeding and child-care practices with special emphasis during illnesses, and focusing on the nutritional status of women of child-bearing age and lactating women. The ongoing fortification programme for flour, cooking oil and salt will be improved, especially through social marketing for achieving better coverage. Vitamin A supplementation will continue until access to fortified cooking oil becomes universal. The community-based approach to early childhood care, growth and development will be expanded in selected communities, closely linked to interventions promoting early learning and readiness for school.

33. The safe water and personal hygiene component will focus on household water security and sustained good hygiene practices to help reduce the incidence of water-borne diseases. In collaboration with UNDP, this component will continue to expand water schemes to include proper water resource management such as conservation and tariffs for long-term sustainability. It will also ensure provision of water and sanitation facilities in primary schools and health facilities. Hygiene education will be integrated with other community-based interventions promoting young child survival and development. This intervention will be complemented by school health programmes, including de-worming of school children.

34. In support of Millennium Development Goals and Education for All, the **basic education and gender equality** programme aims to increase equitable access to and completion of quality basic education targeting the most vulnerable groups. The programme will ensure that girls complete sixth grade in the five targeted governorates and that children score satisfactorily on minimum learning achievement tests. This will be done through: (a) sustained advocacy with local leaders, parents and communities to promote universal enrolment; (b) encouraging mothers and caregivers in selected districts to effectively prepare children for schooling; (c) advocacy for increased budgetary allocations to the education sector; (d) improved education management information systems; (e) improved teacher training and distribution and school supervision; and (f) involvement of parent-teacher associations in school affairs and improved child-care practices. UNICEF will continue to forge partnerships with the German Agency for Technical Cooperation (GTZ), Netherlands Development Cooperation, the Department for

International Development (United Kingdom), the World Bank, and the Social Fund for Development (a government institution).

35. Interventions of the basic education component will aim at gender parity in enrolment, with focus on specific needs of local communities and broadening partnerships between local communities, schools and education offices. The programme will focus in improving school environments through expansion of school infrastructures to reduce classroom crowding, and making schools more proactive and child-friendly through training of school staff and teacher, improved supervision, timely distribution of textbooks and targeting the most disadvantaged areas. The negative impact of Qat will be addressed through targeting of school children.

36. Innovative mechanisms will be explored to meet the demand for female teachers in rural communities. Within the context of the existing 'education sector partnership declaration' between the United Nations system, donors and the Ministry of Education, better coordination will be promoted with the Ministry of Finance, the Ministry of Local Administration and the Ministry of Civil Service at central and local council levels so that necessary mechanisms are established for such routine issues as budgetary provision for infrastructure expansion and new teachers, especially females, on a regular basis.

37. The early childhood care and development component will be closely linked to the basic education and the young child survival and development programmes. It will expand the community-based approach to improve child-care practices and to prepare children for schooling. Standards for monitoring developmental goals and school readiness will be developed to promote early childhood development. This intervention is also expected to assist in schooling at the prescribed age to improve net enrolment.

38. **Child protection and HIV prevention.** The programme will strengthen the protective environment for all children and young people through advocacy, policy refinement, legislative reforms and the development of national capacities to monitor, analyse and report violations of child protection rights. Local, regional and civil society partners will be mobilized to strengthen family and societal attitudes and practices that promote child protection. Community-based approaches to strengthen the capacities of families and communities to prevent abuse and monitor and protect children will be developed as a model of a protective environment in selected districts. Children and young people in urban centres will contribute to their own development and protection through HIV life-skills education and services.

39. The juvenile justice and legal protection component will promote alternative measures to deprivation of civil liberty for children in conflict with the law. The programme will continue to strengthen the protective environment by raising awareness of crime prevention among children and through continued legal reforms and enforcement of the juvenile justice system for children in conflict with the law. This component will promote community-based alternatives to detention and set juvenile justice standards.

40. The elimination of child trafficking component will support interventions to prevent children from being trafficked and reintegrate children who have been trafficked through strengthening legal instruments, including the penal code and

other legislation, to ensure that traffickers and families who facilitate the trafficking processes are brought to justice. This component will build the skills of local officials, families and communities to ensure that victims of trafficking receive immediate and integrated services including reunification with their families. In selected districts, children at risk of being trafficked will be targeted by educational and economic opportunities as preventive measures.

41. A universal birth registration system will be institutionalized. Advocacy efforts will focus on making birth certificates free and compulsory for all children. A family- and community-friendly birth registration system will be piloted in selected districts for scaling up elsewhere. The partnership for these interventions will include the Ministries of Interior, Justice, and Social Affairs.

42. Based on the principle of the “three-ones”, the HIV prevention component will support the implementation of the national HIV/AIDS strategy through life-skills-based education, mobilizing the most vulnerable groups of youth, school children, marginalized groups, school drop-outs and unemployed young adults. Appropriate information on HIV/AIDS, including information on voluntary and confidential testing and counselling, will be provided to high-risk groups in urban centres.

43. In coordination with the young child survival and development programme, this component will also support the universal application of safe injection practices and blood safety through proper use of injection equipment and blood screening for transfusion, and explore strategies to prevent mother-to-child transmission of HIV. This component will be implemented with the national HIV/AIDS control programme in close partnership with UNFPA, WHO and the Global Fund.

44. The **social policy, planning, monitoring and evaluation** component aims to strengthen the institutional capacities of partners at all levels to continue building positive social policies for poverty and disparity reduction. Because Yemen is a traditional society with strong tribal lineages, the central Government is often at odds with tribal demands which frequently contradict its social and economic policies. The programme aims to: (a) strengthen the central and local governments in policy initiatives, local planning and monitoring systems to operationalize the national decentralization plan for poverty and disparity reduction, in consultation with local authorities; and (b) mainstream international conventions and observations of relevant international committees in planning and monitoring of at least half of all public programmes so that the Government’s international commitments are fulfilled.

45. The social policy and planning component will enhance capacities for data collection, processing, analysis, monitoring, and the use of data for planning, programming and implementation across all social sectors, including disaster preparedness and emergencies. Support will be provided to ongoing efforts in health and education information management systems. UNICEF will work closely with government partners on evidence-based management to advocate for improved social policy and budgetary allocations, especially at the governorate level, so that social policies are effectively translated into action plans. The programme will monitor budgetary allocations for the social sectors, disease prevalence and childhood morbidity and mortality through sentinel sites.

46. The community readiness component will strengthen the capacities of local institutional and community leaders to understand the rights and needs of children

and women, based on local information and data, so that local planning and monitoring processes are strengthened. UNICEF will continue to work with local and district councils to develop and refine their planning, monitoring and evaluation skills so that provisions of social services, especially child and maternal health services, basic education (enrolment and completion), birth registration and community water schemes are provided equitably to the target communities.

47. UNICEF will assist relevant government institutions in monitoring progress towards the Millennium Development Goals and other international commitments including the Convention on the Rights of the Child and its Optional Protocols, the Convention on the Elimination of all Forms of Discrimination against Women and the International Labour Organization Convention on Child Labour. UNICEF will support implementation of laws which Yemen has already adopted and drafting of new legislation that is compatible with international standards.

48. **Cross-sectoral** costs will cover activities including advocacy and information services to priority programme interventions, providing appropriate supplies and logistics and building the UNICEF emergency response capacity.

Major partnerships

49. Partnerships with national authorities, local government, development partners and NGOs aim to support social and economic reform processes, including the Government's decentralization aspirations and service delivery to the most vulnerable groups. UNICEF will strengthen partnerships with civil society organizations and the media to promote, monitor and build awareness of children's and women's rights. Joint programming will be strengthened with UNFPA, WFP and WHO. UNICEF will continue to liaise with bilateral and multilateral donors to ensure better policy advocacy and more effective resource mobilization within the framework of simplification and harmonization of the United Nations system. The country office will continue to work with National Committees for UNICEF, the international financial institutions and donors. Working with children and youth will be enhanced to ensure that programmes are based on their experiences.

Monitoring, evaluation and programme management

50. The Ministry of Planning and International Cooperation is the focal point for coordination with the United Nations system. UNICEF will collaborate with other United Nations agencies, the Central Statistical Organization, the National Population Council and technical departments of various ministries in using *DevInfo* to monitor the Millennium Development Goals and poverty-related indicators.

51. A five-year country programme results matrix and integrated monitoring and evaluation plan will be developed. Given the decentralized nature of the country programme, which will be implemented in five governorates, plans will also be developed at the governorate level. Programme monitoring will be maintained through regular field visits, annual reviews and specific sectoral evaluations. Their findings will be used to develop subsequent annual work plans as part of decentralized results-based programme management by the five UNICEF field offices, coordinated by the country office in Sana'a.

52. Joint annual reviews will ensure that programme interventions are implemented as planned. A mid-term review of the country programme will take

place in 2009 to ensure that the country programme is maintaining the right strategic direction. An UNDAF evaluation in mid-2011 will assess the overall performance of the UNCT, including processes and achievements of joint programming.
