

**Report on Progress Made by
the Republic of Yemen Towards
'A World Fit for Children'**

**(‘Plus 5’ Review of the 2002
United Nations Special Session on Children)**

**Republic of Yemen
Presidency of the Council of Ministers
Higher Council for Motherhood and Childhood
in cooperation with UNICEF
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1. INTRODUCTION

This report gives an overview of progress made by the Republic of Yemen between 2002 and 2006 towards the aspirations set out in the 'World Fit For Children' document (WFFC) adopted by the General Assembly of the United Nations on 10 May 2002. The report was prepared by the Yemeni Higher Council for Motherhood and Childhood (HCMC) in cooperation with the UNICEF country office, which provided an international consultant (Marieke Bosman) to facilitate the process.

The reporting process took place over six weeks in November and December 2006. To overcome, within the time available, process constraints related to busy end-of-year schedules of ministries and other organizations and the lack of country-specific WFFC aims and reliable and comparable data on children in Yemen for the 2002-2006 reporting period, it was agreed that the main goals of the WFFC document and the UNICEF guidelines for the report would be used as a starting point. It was also decided to base the report on *stakeholder perceptions* of progress and lessons learned as this was felt to provide a relatively accurate reflection of progress made in the country and to bring out lessons learned. Importantly, it would give people working with and for children and, importantly, children and young people themselves the chance to share their concerns and aspirations.

To make the process as participatory as possible, HCMC and UNICEF, with the help of local and international organizations, drafted a list of key stakeholders and informants. Meetings were held with ministers and key ministry officials. A cross-section of international, academic and civil society organization staff took part in sectoral focus groups. Individual interviews were held with directors of some children's service organizations and with UNICEF staff. Further focus groups and discussions were held with parents, community representatives and people working directly with children. A large number of children and young people from different age groups, circumstances and regions took part in the process through workshops and focus group discussions. The findings were written up by the consultant and reviewed by UNICEF and HCMC. An overview of the methodology and lists of participants and references are at Appendix A, B and C. References and a glossary are in Appendix D and E.

The broad participatory nature of the process and the remarkable willingness for and openness to criticism on the part of all participants created a useful forum in which a large variety of stakeholders contributed and exchanged their experiences with and views on the situation of children in Yemen, which they said was useful, productive and empowering. To ensure continued participation, results of the study will be shared with all participants and others through (child-friendly and other) reports and presentations. A separate report on children and young people's views will also be produced.

This report could not have been written without the hard work of HCMC staff, the support of UNICEF and the remarkably participatory, self-critical and cooperative approach of all participants, Governmental and otherwise. Their honest appraisals have brought out useful ideas for next steps that might be taken by the Yemeni Government and local and international organizations working in Yemen. The report may also act as a modest benchmark for future reporting, whether on the WFFC, the Convention on the Rights of the Child (CRC) or the Millennium Development Goals (MDGs). Most of all, it is hoped that this report will provide a useful and accurate reflection of the efforts made by the Yemeni Government and many other organizations and individuals to create a Yemen and a World Fit For Children.

2. NATIONAL ACTION TAKEN FOR CHILDREN SINCE 2002

2.1 National commitment to the CRC and the MDGs

The Yemeni Government is a signatory to the CRC and the MDGs as well as a range of other conventions which relate directly or indirectly to the wellbeing and development of children. It has adopted new laws and amended existing laws to reflect its signatory obligations. Participants in the reporting process ('participants') almost unanimously agreed that the Yemeni government is very committed to improve children's lives, as exemplified in it signing a range of conventions and drafting dedicated policies and plans, and in commitments made by senior politicians, including the President. Participants said all ministries were aware of the MDGs and the CRC and that many had included them in their planning. HCMC was credited with increasing CRC awareness.

2.2 Familiarity with and views on the WFFC

Familiarity with the WFFC document was considered very limited at all levels. The WFFC goals were viewed as useful and thorough guidelines to address children's basic needs and to help build a better future for Yemen, but only if clear strategies were developed and implemented, and relevant actors cooperated effectively. Some participants felt it might be more useful for Yemen to identify its own specific needs rather than rely on a broad international document. Certain issues were considered sensitive in relation to local values, such as promoting reproductive health awareness in teenagers and issues related to HIV/AIDS and adoption. Some participants felt that the existence of three separate but related documents (CRC, MDGs and WFFC) was confusing; others said that a specific focus on children appeared to ignore children's interdependence with the wider community.

2.3 Incorporation of the WFFC in national legislation, policies and plans

The WFFC is most clearly reflected in the National Children and Youth Strategy (NCYS). Developed by the Government in cooperation with NGOs, INGOs, UN agencies and children and young people themselves in a participatory process held between April 2004 and March 2006, the NCYS provides an integrated, multi-sectoral strategy for children and young people's protection and development. The NCYS process brought out key issues of concern and focuses on these through a life-cycle approach formulated in twelve strategic interventions, complementing gaps in other policies. Some of these are new to Yemen, such as comprehensive early childhood development and urban planning for leisure spaces. Implementation is due to start in 2007. The main aims of the NCYS are:

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| 0-5 years: | i) Strengthening Integrated Management of Childhood Illnesses (IMCI).
ii) Strengthening routine immunization.
iii) Creating a comprehensive national nutrition plan.
iv) Developing a national early childhood development (ECD) programme. |
| 6-14 years: | i) Enhancing inclusive education.
ii) Strengthening and scaling up of school health and nutrition.
iv) Increasing (numbers of) qualified female teachers.
v) Protecting disadvantaged children. |
| 15-24 years: | i) Creating a national youth employment environment and plan.
ii) Strengthening national identity, youth inclusion and participation.
iii) Increasing leisure options and creating child/youth friendly urban planning.
iv) Preventing early pregnancy and reducing the risks of reproductive health. |

Although few broad national plans (such as the Poverty Reduction Strategy 2003-2015, the National Population Plan and national five-year development plans) are specifically WFFC-designed, many of them cover WFFC goals due to a perceived need, Government commitment or reference to the MDGs. There are many other national and sector-specific policies and plans which similarly cover

WFFC targets. Many of these are supported and implemented in cooperation with bilateral, UN or international non-governmental organizations. Some prominent examples are set out below.

2.4 Sector-specific legislation, policies, strategies and plans

1. Health

- The policy on Integrated Management of Childhood Illnesses.
- The policy on Infant Mortality.
- The National Expanded Immunization Programme.
- The National Reproductive Health Programme has made reproductive health, contraceptive and obstetric services free of charge. Women also no longer need a male chaperone to come to health centres.
- A Nutrition Policy is being developed.
- The Directly Observed Treatment policy for tuberculosis.
- Council of Ministers Decree 18 of 2002 on Breastfeeding Substitutes regulates and promotes breastfeeding and prohibits the advertisement of milk formula in clinics and hospitals.

2. Education

- The Basic Education Development Strategy and Programme (BEDP) 2003-2015.
- The Education for All Law which encourages the inclusion of marginalized children.
- Establishment of the Girls' Education Sector (2005) which involves a wide range of measures to promote girls education, including the exemption of girls from primary school registration fees, material incentives for families such as food and stationery, training and retention of female teachers and the building of girls-only classes or schools. Girls education is specifically emphasised in the 2007-2011 Education Plan.
- The Technical Education and Vocational Training Strategy 2005-2015.
- The Literacy and Adult Education Strategy which included the creation of a Government agency for literacy and adult education.

3. Protection

Involvement of children in armed conflict and the removal of landmines:

- The optional CRC protocols on the involvement of children in armed conflict and landmines were ratified by Yemen in 2004.
- Changes to the Military Crimes and Punishment Law are being endorsed at the time of writing to forbid children under 18 from involvement in armed conflict or military punishment.

Child labour:

- The Labour Law is being amended to raise the legal working age. Amendments made in 2004 prohibited certain kinds of work for those aged between 14 and 18. A National Plan to tackle the problem and several studies will be carried out in 2007.

Children in conflict with the law:

- Juvenile Care Law 24 of 1992 is being amended at the time of writing to, *inter alia*, raise the age of criminal responsibility and abolish the death sentence for those under 18 and to ensure that all children in conflict with the law are sentenced in juvenile courts and, if necessary, are held in juvenile centres with clear regulations on family visits, holidays, transfers and personnel qualifications.
- Republican Decree 28 of 2004 arranges for the establishment of juvenile courts.
- A new Department for Children's and Women's Rights Affairs has been set up in the Ministry of Justice (MOJ).

Disabled children:

- Law 2 of 2002 established the Fund for the Rehabilitation and Care of Disabled People and Law 59 of 2004 regulates management and income of the Fund.

Other children in difficult circumstances:

- Child Right's Law No 45 of 2002 is being amended at the time of writing to, *inter alia*, provide mothers with custody of boys and girls up to age 13, criminalise female genital mutilation (FGM), create a children's ombudsman and increase penalties for child abuse.
- Family Status Law No 20 of 1992 is being amended at the time of writing to raise the legal age for marriage for men and women to 18.
- Crime and Punishment Law No 12 of 1994 is being amended at the time of writing to criminalise sexual and other exploitation of children; the sale, trafficking or kidnapping of children; the use or sale of children's organs or images; and cruel or inhumane treatment.
- Republican Decree No 48 of 1991 is being amended at the time of writing to make sure that if children are born in prison this is not registered, to create neonatal facilities in women's prisons and to consider the child's best interest in deciding where a child born in prison should live.

4. HIV/AIDS

- The National Strategy for the Control and Prevention of HIV/AIDS was completed in 2003 is a multi-sectoral strategy, endorsed by the Government. It was reviewed in 2006 to cover WFFC goals such as mother-to-child transmission and voluntary counselling and testing.
- A law on patient confidentiality is being drafted by the Ministry of Human Rights and the National Population Council.

2.5 Concerns and lessons learned

Most elements of the WFFC appear to be covered in a range of different laws, plans and policies (whether or not specifically WFFC-designed). Sectors that were considered 'orphans' by many participants were affordable clean drinking water, sanitation and nutrition, which did not have specific policies or plans in place.

Participants commended the Government for its obvious commitment to children and young people. Many wondered, however, whether enough was being done to translate such legislation and policies into practical change on the ground. 'Are strategies being implemented, how and to what extent? What indicators of progress are being used?' In their view, a range of constraints impede the effective translation of national Government commitment into real changes in children's lives. These constraints are set out in the following chapters.

3. RESOURCES ALLOCATED TO CHILDREN SINCE 2002

3.1 Introduction

Disaggregating national resource allocations according to WFFC targets is problematic because government and ministry budgets do not disaggregate resources allocated to children and young people. This section therefore presents change in overall ministry budgets over the reporting period and reflects participants' perceptions of the use of such budgets. International donor support and human resources are also discussed due to the importance given to these resources by participants.

3.2 WFFC-targeted resources

The NCYS is the only national plan with specific reference to the WFFC. Its budget will be financed partially by the Government, UN agencies and INGOs. Fundraising will take place in early 2007.

3.3.1 Government financial resource trends for children

Table 1 shows changes in ministry budgets related to children; table 2 shows the percentage of government spending on each sector between 2002 and 2004. Although a general increase is noted, ministry allocations should be viewed in the context of high inflation and population growth.¹ MOH and MOE said 2007 budgets would increase substantially, the former by 20%.

Table 1. Government expenditure by public agency (million riyals), 2002 – 2006²

	2002	2003	2004	2005	2006
Ministry of Health	20,818	27,279	42,688	34,081	43,879
Higher Council for Motherhood and Childhood	1,120	1,304	1,064	1,379	652
Ministry of Youth and Sports	2,171	3,301	2,817	2,753	4,305
Ministry of Education	100,738	106,556	119,076	136,881	139,404
Ministry of Technical Education and Vocational Training	2,861	4,247	3,628	4,353	10,625
Literacy and Adult Training Organisation	128	175	312	250	279
Ministry of Social Affairs	1,271	981	1,275	1,351	1,611

Table 2. Public expenditure by function as % of overall Government expenditure, 2002-2004³

	2002	2003	2004	2005
Health	4.01%	3.92%	5.24%	-
General education	16.69%	13.7%	13.38%	16.37%
Social protection	0.45%	0.31%	0.43%	-

3.3.2 Government financial resource trends: constraints and lessons learned

None of the participants, Government or otherwise, felt that Government resources allocated to children were sufficient. Firstly, the enormity of unmet needs in Yemen and the difficulty in ensuring equitable distribution of public services (a relatively new phenomenon in Yemen) in a country with a poor, fast-growing, young population living in more than 120,000 hamlets in very mountainous, inaccessible terrain requires considerable additional expenditure. Participants said that too few resources were being allocated to health, nutrition, sanitation and water, early childhood development, protection issues and to the skill development of young people. One participant

¹ Inflation in 2004 was 12.5% (Yemen, the Middle East and North Africa, Europa Books, 2006), and population growth was 3% for 2004 (General Demographic Indicators, Population Census 2004, provided by UNICEF office San'a).

² Bulletin of Government Finance Statistics, Ministry of Finance, 4th Quarter 2006.

³ Ibid, 4th Quarter 2004. Education figures are from Educational Indicators of the Republic of Yemen, Stages and Various Types, 2004-2005, Ministry of Education.

pointed out that many Government and other projects appeared to address symptoms rather than root causes of problems. Many participants hoped that recent pledges made by countries of the Gulf Cooperation Council would be partially used for the benefit of children and young people.

Secondly, participants said current resources were not used effectively.⁴ A major part of most ministry budgets is spent on salaries⁵. Budgets are often not discretionary but centrally allocated, reducing ministry and local planning flexibility. Procedures for the release and spending of funds are said to be slow, complicated and subject to corruption. National distribution of funds is uneven, with a larger percentage targeted towards the non-poor or areas with fewer people with unmet basic needs.⁶ Administrative decentralisation has not yet been followed by sufficient fiscal decentralisation, although in cases where it has, distribution at the district level appeared more equitable. Participants felt that a more equitable service distribution focusing on remote and rural areas was not only fairer but was also likely to reverse urbanization⁷, encouraged by the lack of services in rural areas.

3.4.1 Donor financial resource trends for children

Participants expressed their appreciation for the considerable bilateral, UN and INGO funding and technical assistance provided to Yemen and felt this had helped the Government and NGOs to make progress and learn. It was not possible to obtain accurate overall figures for development aid to Yemen as there is currently no mechanism to track all grants made and not all donors work through or declare their donations to the Government. The World Bank gives figures of US\$264.8m for 2000 and US\$251.9m for 2004.⁸

3.4.2 Donor financial resource trends: constraints and lessons learned

A first major constraint to official development aid trends are changes in or delays to donor pledges, which hampered effective planning and implementation. It was also felt that far too much foreign funding was spent on meetings, conferences and strategy development rather than on practical assistance and implementation. Participants said that much aid allocation appeared donor-driven, focusing on particular issues (such as AIDS, water and immunization) at the expense of other pressing needs such as sanitation. Regular changes in donor foci affected sustainability. Participants felt development finance could be used more effectively, sustainably and appropriately if donors were more careful in their (financial) monitoring and if they empowered local communities and target groups to themselves identify and address their needs, and to institute a central 'funding basket' rather than earmarking funds in advance. It was also seen as preferable to run small pilot projects in poor regions and to expand these only if they proved successful rather than initiating large, expensive projects not previously tested in Yemen. Some participants were also concerned about the long term sustainability of public service provision and development work in Yemen given its current dependence on donor funding and petroleum revenues.

3.5.1 Human resource trends for children

No detailed figures for human resources in child-related sectors were obtained during the study. The following are some indicators for the education sector.

⁴ A 2005 International Monetary Fund appraisal was critical of Government management of public expenditure, saying that little had been done to improve internal control, budget execution or fiscal reporting. Yemen, The Middle East and North Africa 2006, Europa Books, London 2006.

⁵ 74% of the basic education budget is spent on recurrent costs (74%), 90% of which is spent on salaries. Notes on the Implementation of the (BEDS) Partnership Agreement, MOE, 2006.

⁶ Republic of Yemen Country Social Analysis, World Bank 2006. Another World Bank study found that public spending on education, in contrast to some other sectors, favoured poor households. World Bank, Yemen Poverty Update, 2002.

⁷ Urbanisation is increasing by 7% per year. Poverty Reduction Strategy Paper, Ministry of Planning, 2003.

⁸ <http://devdata.worldbank.org>.

Table 3. Human resources in education, 2003/2004⁹

Level	Total teachers	Female teachers	Male teachers	Total students
Pre-primary	1179	1141	38	17993
Basic and Education	173434	38471	134963	4,072,294

Table 4. Human resources in health¹⁰

Births attended by skilled health staff (% of total)	27 (2003)
Physicians per 1,000 people (overall)	0.3 (2004)
Physicians to patients, Jouf Area, 1999	1: 82,453
Physicians to patients, Aden City, 1999	1:1,643

3.5.2 Human resource trends for children: constraints and lessons learned

Without exception, all participants in the reporting process said that the quantity and quality of administrative and technical human resources allocated to children at all levels in the Government and in NGOs is insufficient and hampers effective development for children. Various reasons were given for this situation. First of all, there are problems in recruiting and distributing qualified staff in Yemen. Educated, experienced staff are hard to find and are often urban residents unwilling to work for low government or NGO salaries or in remote rural areas. Government officials lack motivation due to low salaries, weak accountability and ineffective management. Hours worked are short and there are many 'ghost workers' who receive salaries but are not productive.¹¹ Most specialisations related to children have low social status and are not taught in higher education. Recruitment procedures are not effective and subject to corruption.¹² Female staff are particularly underrepresented, especially in rural areas due to the scarcity of well-educated women, a bias in recruitment procedures and attitudes towards 'suitable' working hours and tasks for women. Several ministries (MOE, MOH and MOJ, for example) are making concerted efforts to change this situation.

A large number of Government and NGO staff are said to be untrained or experienced in their field and in-service training is often not available or limited to one-off, short courses. Capacity building is not usually linked to systematic performance improvement.¹³ Recent considerable efforts at capacity building by various organizations are appreciated but could be improved by providing more practical technical skills to middle and junior level personnel working directly with children rather than focus on senior level staff management skills. Participants also asked that UN agencies and INGOs made sure that trainees were able to translate their learning into practice – success of training courses often appeared to be measured in terms of the number of people finishing courses rather their impact on children's lives. Lessons learned from earlier courses should be taken into account in planning for future efforts.

Participants said there would be no change in the human resource situation and in corruption if the low salary scale of people working with children was not addressed. 'If all you are able to think about is how to put food on the table, how can you focus on your job?', as one teacher put it.

⁹ Educational Indicators of the Republic of Yemen 2004/2005, Ministry of Education.

¹⁰ <http://devdata.worldbank.org> and Poverty Reduction Strategy Paper, Ministry of Planning, 2003.

¹¹ In 2000/2001, for example, there were 5,885 teachers on MOE books who did not teach, and many more who did not work full-time but received full-time pay. MOE is making concerted efforts to deal with this problem.

¹² Despite a shortage of Government teachers, a considerable number of trained teachers remain unemployed.

¹³ In 2000, for example, 60% of Government teachers only had only received primary education and two years training. A capacity building programme is addressing this issue. Poverty Reduction Strategy Paper, Ministry of Planning, 2003.

4. MONITORING PROGRESS FOR CHILDREN SINCE 2002

4.1 Initiatives to monitor WFFC and MDG progress

A range of ministries, UN agencies and INGOs are monitoring various development indicators related to children. MDG targets are monitored by the Ministry of Planning. HCMC provides a central coordination body for the monitoring of all issues related to children. It actively follows up, coordinates and advocates on child development with various ministries and carries out studies and projects. Participants said the HCMC had become more effective but was still hampered by incomplete cooperation from some ministries and international organisations, insufficient funding, staffing and capacity and the quality of studies, reporting and data.

4.2 Household surveys undertaken

The most recent household and other nation-wide surveys date from before the reporting period.¹⁴ Statistics collected since that time generally relate to specific samples or regions. The completion of Yemen's next household budget survey and its first multiple indicator cluster survey in 2007 will aid future WFFC monitoring. Overall surveys becoming more sensitive to protection issues; in the 2004 census, data was collected on disability for example.

4.3 Improvements in routine reporting systems and use of data in planning processes

All ministries involved in work with children have planning, follow-up, reporting, research and statistics departments. Constraints in these departments are set out below. Participants felt that there was a growing concept and culture of monitoring and evaluation (M&E) in ministries and NGOs encouraged through learning from international partners. There are also several initiatives underway to improve Governmental M&E and information systems which will benefit WFFC progress monitoring. The Ministry of Planning is about to pilot a Development Information Database. MOH is developing a Health Information System, has a Deputy Minister for Planning and some of its donor-funded programmes are said to have rigorous M&E systems. Both MOE and MOH hold joint annual reviews with partners using results for future planning. BEDP has led to improvements in educational reporting, statistics and planning. In 2008 MOE will open a Centre for Measurement and Evaluation. It is also piloting an Educational Information Management System with donor support. MOSAL's Social Fund for Development is said to have a very good M&E system which could be used as a model for other MOSAL activities. MOJ is setting up a database on children in conflict with the law in cooperation with MOSAL and the Ministry of Interior.

4.4 Reports to the Committee on the Rights of the Child

Yemen signed the CRC in 1990 and submitted Government reports in 1994, 1997 and 2003 and alternative reports in 1995, 1998 and 2004. Concluding observations for the most recent report were released in June 2005. Save the Children Sweden is working with the Government (through HCMC) and the NGO Coalition for Children's Rights to review reporting to date, develop procedures to ensure follow-up on recommendations and to improve future reporting. The participatory WFFC process reflected in this report and this report itself will be used to prepare Yemen's annual CRC progress report.

4.5 Constraints and lessons learned

Despite improvements, participants said that M&E was still largely restricted to some (but not all) donor-funded projects and that considerable work needed to be done to improve M&E and effective data collection in ministries and NGOs. This would require a culture of responsibility, accountability and participation, which could be encouraged, *inter alia*, by donors being more rigorous in imposing

¹⁴ The most recent Poverty Survey was carried out in 1999, a family health survey in 2003, the demographic household survey in 1997 and the most recent census in 2004.

and verifying M&E procedures related to their projects. The effective participation of beneficiaries and civil society and young people in all stages of planning, implementation and evaluation were seen as particularly important.

Continuous monitoring and follow-up were said to be weak in nearly all programmes and projects. Even when central level systems are relatively good, such as in MOE, field-level monitors often do not have the skills, understanding, resources or tools to document progress. Indicators may not be clear or clearly communicated by the central level. Staff in charge of monitoring and data collection may simply not have a budget for field visits, or the skill or authority to support staff to improve the quality or impact of work or to elicit learning. There is still a culture of 'inspections' and (disparate) form-filling focused on fault-finding, numbers, activities and accounts.

Project plans often fail to include M&E as an integral, continuous component and M&E is often carried out as a separate activity by implementers or by foreign experts with limited exposure to Yemeni. It was felt that (positive or negative) learning from such evaluations was not clearly articulated, fed into further planning or effectively shared with other organizations, leading to repetition of the same problems, mistakes and unproductive projects. This was said to be true for most Government, NGO, INGO and UN organizations.

Participants felt it would be useful if separate, independent M&E departments were set up in ministries and NGOs carefully merged with old structures to avoid conflict and duplication. M&E staff and field implementers needed to be trained on how to plan and carry out monitoring and evaluation.

NGOs felt it would be useful if MOSAL, which is responsible for monitoring their work, expanded its current role of issuing permits and collecting annual narrative and financial reports into providing qualitative technical support and monitoring.

4.6 Data and use of data: constraints and lessons learned

Although data collection is said to be improving in Yemen, up-to-date, comparable, disaggregated national statistics are not available. Available data is said to be unreliable for a number of reasons. Systems of data collection are weak, with plenty of scope for human error or inconsistencies. Staff are not well-trained, there is little computerization, and access for data collection is problematic, particularly in rural areas. Issues such as limited birth and death registration impede collection of data on infant, child and maternal mortality ratios. The absence of routine blood scanning or zero prevalence studies and fears about patient confidentiality hamper insight into HIV/AIDS prevalence. Linking of data collection to regulations for salaries, restocking medical supplies or minimum requirements of numbers of students per school drives figures upwards.

Participants said that a considerable amount of data is being collected but that there appeared to be lack of clarity about why it was being produced. Often statistics ended up as overall figures, rarely widely and clearly published or effectively used to analyse and address the most pressing needs and problems of children and young people. To achieve this it was necessary for sufficient numbers of key staff to be trained and supported by computerisation and for communities and target groups to be involved at all levels.

5. PARTNERSHIPS FOR CHILDREN AND CHILDREN'S PARTICIPATION SINCE 2002

5.1 Major partnership initiatives and alliances

Participants felt that there had been a perceptible improvement in coordination on all levels over the past few years and that this was starting to lead to better projects, increased numbers of volunteers, and a transfer of skills and project ideas between organisations. A range of formal national partnership initiatives have been set up since 2002.

- The Technical Committee for Reproductive Health (2004)
 - *A partnership between MOH and various NGOs.*
- BEDP Donor Coordination Committee (2002)
 - *Donor – MOE coordinating body.*
- The Network To Combat Violence Against Children (2005)
- The National Network for the Care of Children in Conflict with the Law (2005)
 - *Both the above networks were set up by HCMC and involve Governmental, local, UN and international partners coordinating research, advocacy and planning.*
- The National NGO Coalition on Children's Rights
 - *National body involving 65 NGOs which advocates and coordinates on children's rights and development and writes the alternative CRC report.*
- The National Task Force for HIV/AIDS.
 - *Inter-ministerial committee.*
- The Disabled People's Union (2002)
 - *Involves 65 NGOs for disabled people.*
- Nama' (Development) Network of Charitable Societies
 - *Umbrella organizations involving 40 NGOs.*
- Shaima Network For Violence Against Women (2003)
 - *Works on domestic violence, street children and reproductive health.*
- The National Committee on Female Genital Mutilation (FGM)
- Network for Girls Education
 - *Involves MOE, other ministries and UN Agencies. Sets up local councils to support girls' education.*

Three networks are in the process of being set up. HCMC is setting up a network on safe motherhood which will focus on issues such as mothers' rights, literacy, education and health. Networks on street children and orphans are being set up by groups of NGOs. Many donor-funded projects are implemented through local partnerships and networks. Examples include local World Health Organisation (WHO) inter-sectoral support teams, parent associations set up in schools by MOE and a partnership between UNICEF and MOSAL to raise awareness on HIV/AIDS amongst juveniles, orphans and street children. Many projects partner with local religious leaders, which is viewed as very effective especially in terms of awareness raising. There is also a great deal of informal, spontaneous coordination on legal and practical issues between individual staff members of different international and local organizations.

5.2 Constraints and lessons learned

Participants said that one of the main constraints and potential strengths of child development work was effective coordination at all levels. Most organizations were said to still work in their own 'wadi' (river valley) with little understanding of the practical benefits of partnership. Joint identification of needs, interventions and division of roles was felt to aid effective use of scarce financial and human resources and expertise. This 'partnership culture' could to be encouraged through increased formal partnerships, capacity building, centralized collection and publishing of development information, as

well as the creation of cooperation departments in ministries. Participants were concerned about the financial sustainability of current networks.

Private sector involvement in child development is still limited, although there are promising initiatives in girls' education and in raising taxes on commercial products for the benefit of MOSAL welfare funds. The media are involved in various awareness campaigns and provide constructive criticism although their role could be expanded further. Participants said more should be done on administrative and particularly financial decentralization and to encourage community participation (religious and tribal leaders, local councils, NGOs etc). Pro-active community involvement and mutual self-help are an integral part of Yemeni and Muslim culture and are not a right but also make projects much more appropriate and sustainable. Participatory programming, encouraging volunteerism and changing community outlooks from passive, charity-based to pro-active, rights-based developmental attitudes would help encourage active participation.

5.3 Children and young people's participation

A number of initiatives have been undertaken to encourage the participation of children and young people. The Children's Parliament was set up in 2002 by a local NGO. It is elected bi-annually by secondary school children, holds monthly sessions, meets decision makers and represents a range of governorates and interest groups. A similar organization, the Youth Consultative Council, was set up for young people. The development of the NCYS involved young people through the National Youth Advisory Committee (NYAC), which will also be involved in the monitoring of its implementation. The National General Youth Union is involved in projects and advocacy on a range of issues of concern to young people, particularly employment. The Scouting Movement, an NGO, is credited with nationwide awareness raising and leadership and volunteering skill development of young people. MOE is planning to reactivate the role of student councils in secondary schools. There are also a range of UN, INGO and NGO projects in Yemen which include children and young people in project aspects or consultation. In UNICEF projects, young people are acting as peer educators, developing and passing on key messages and life skills and children follow up on immunization of younger children. WHO involves children in school health committees and CARE and the World Bank involve children and young people in planning and consultation.

Despite these initiatives, all participants and particularly young people themselves said that participation at all levels in the Government, UN agencies, NGOs or INGOs was still far too limited and largely symbolic and that few organizations, including the UN, provided funds for true participation. Young people had clear ideas about how this might be changed. They felt they needed to be given the rights and skills to be involved at all levels and that adults needed to be encouraged to accept and facilitate children's participation. Children and young people also had a range of ideas on how they could help bring about change in their lives and their country. The NYAC is setting up a Youth Observatory that would monitor child development. There was an idea of a national suggestions box for children. Primary school children felt that they could identify children with problems and help them with their learning. Adolescents felt they were well positioned to raise awareness about various issues at home, in the community and at school through cultural activities, seminars, the local media or school radio. Other ideas included setting up groups to befriend marginalised children, monitor hospital standards, provide first aid at school, write letters to decision makers and organize activities to help children and young people speak out. To help bring this about all organizations and adults needed to put their words into action and provide adequate support and funds for the real participation of children and young people. As one adolescent put it: 'young people may be much better able to help their country than adults. But you have to give us the chance.'

6. ACHIEVEMENTS FOR CHILDREN SINCE 2002

6.1 Overall progress towards WFFC and MDG targets

Although considerable efforts have been made by the Government, UN agencies, INGOs and NGOs to help children and there are good examples of successful projects and results, overall progress remains limited, there are great discrepancies between different areas of the country¹⁵ and the Yemeni Government is unlikely to meet the 2015 MDG targets.¹⁶ The following sets out stakeholders perceptions on progress made by Yemen, occasionally supported by small sample or anecdotal evidence. It should be noted that participants included Government and other stakeholders, and that most of the perceptions were remarkably similar and honest. All progress was said to be limited and participants stressed the need for increased efforts on all WFFC goals with a particular focus on remote, rural and poor urban areas. Participants made a number of useful suggestions for priorities for the next five years which are set out in chapter 7.

6.2 Promoting healthy lives

Participants felt that some progress had been made in **reducing infant, under-five and maternal mortality ratios**. They said small samples and anecdotal field evidence showed a small decrease mortality ratios which they attributed to donor-supported Government immunization campaigns, particularly on polio, measles and tetanus,¹⁷ the building and rehabilitation of clinics and hospitals in some areas, free family planning and obstetric services, and awareness raising in which religious leaders had played a crucial role. (A few people also mentioned the provision of malaria nets.) Nevertheless, mortality ratios of mothers and children were still considered too high: in one rural focus group every single participant knew at least one mother who had died in childbirth over the past five years. 100 out of 1000 children still die before reaching their fifth birthday.

Women in particular felt progress had been made in terms of **access to reproductive health**. A larger number of services and organizations are now active in this field and there is more popular acceptance of family planning. Free reproductive health services and a small increase in female health workers has helped take-up; in one clinic intrauterine device (IUD) take up had risen by 20-30 per week and use of the contraceptive pill was also growing. A slight decrease in the population growth rate from 3.5 to 3.01 may also indicate that access to reproductive health is improving.¹⁸

Participants felt that far too little attention had been given to **under-five malnutrition and low birth weight** and that this continued to be a very major problem in Yemen, even though the Government is working on a 'triple A' nutrition and iron, folate and iodized salt programmes. **Access to sanitation and safe and affordable drinking water** were said to have improved somewhat: some (donor-supported) projects have led to a slight expansion in the sanitation network but overall attention to sanitation lacked coordination. Provision of safe drinking water was expanded but not sufficient and in some areas was subject to severe cuts (sometimes up to weeks) resulting in people paying high prices for private sector supplied water or children walking long distance to collect water.

Despite the introduction of some early childhood programmes such as the IMCI, participants felt that there was no real development of **national early childhood health development programmes**.

¹⁵ For example, whereas in Aden girls enrolment for 2004/2005 stood at 48%, in Sa'adah it was only 26%. Girls Education in the Republic of Yemen, MOE, 2006.

¹⁶ Republic of Yemen Country Social Analysis, World Bank 2006. Source: Ministry of Planning, 2003, MDG progress report for Yemen.

¹⁷ After an outbreak of polio in 2005, the Government immunized over five million children through a concerted campaign with international and UN partners.

¹⁸ Figures provided by HCMC.

Development and implementation of national health policies for adolescents were felt to be absent; participants hoped the NCYS would change this. Some work had been done by the Ministry of Youth and Sports on the development of playgrounds and sports centres, including for women.

6.3 Providing quality education

It was very clear that all participants feel that efforts made to **eliminate the high gender disparities in primary and secondary education** were a real achievement. The Government has made girls education a national priority and has implemented a range of initiatives to support girls' enrolment. The Girls' Education Department, in cooperation with its local departments, donors, religious leaders and local communities is increasing community awareness, training female teachers, providing girls with educational supplies and free registration and building separate girls' schools or classes for girls. Participants said girls enrolment was on the rise. In Sanhan, outside San'a, numbers of girls went up from 2,800 to 3,600 in one year; in the rural area of Zaida (Hodeida Governorate) numbers had gone up from 15,364 to 18,670 in one year.¹⁹ Ministry figures showed an increase in girls net admission to grade 1 from 37.3 in 2004 and 54.79 in 2005.²⁰ Participants were very positive about these changes and said attitudes to girls' education are definitely changing.

A slight **reduction in the number of primary-age children who are out of school and an increase in net primary school enrolment** was also noted. MOE figures show an increase in overall enrolment to basic education from 63.2% in 2001/2002 to 77.2 in 2004/2005. This was attributed to the provision of school materials to children, the waiving of school fees (especially for girls) and the rehabilitation, expansion and building of new schools, particularly in poor urban and rural areas. Parents and young people thought the increase in private schools was positive. Some improvements had been made in **ensuring the needs of all children for education** through laws on inclusion and provision of education to, for example, juveniles, but far more needed to be done, particularly for poor, rural, working and street children.

Participants were also positive about **levels of adult literacy**. They said the Government has made concerted efforts to improve literacy through establishing an independent Department for Literacy as well as literacy centres in a range of governorates. Women and literacy teachers in particular spoke of excellent take-up of literacy classes among women in poor areas. They said a slow reduction was taking place in illiteracy and there was a growing conviction of the need of female literacy. 'Men and women know that mothers need to read and write to help their children.'

The quality of education were still very weak with little change over the past few years despite efforts and commitment to improving the curriculum; expansion of teacher training courses; school building, rehabilitation and equipment; and improvements in supervision through development of capacity and standards.

Participants said that Government commitment to **early childhood care and education** was promising. Young experts and teachers had been trained, an ECD resource centre and some more kindergartens have been set up. San'a University is developing an ECD diploma.

6.4 Protection against abuse, exploitation and violence

Participants felt that despite efforts made, protection issues were given too little attention and resources and that efforts focused mostly on urban areas. Solutions to protection issues are still

¹⁹ Figures provided by local MOE personnel working on girls' education.

²⁰ Annual progress report on the implementation of the National Basic Education Development Strategy, Ministry of Education. Source: Hamood Naji, Evaluation level implementation of Basic Education Strategy, 2004.

often seen in terms of institutionalization and material support provision rather than rights- and community based solutions and strategies to tackle root causes.

To protect children from armed conflict and ensure compliance with international human rights law the Government has banned the carrying of firearms in San'a and by children and a national NGO is working to reduce the use of weapons.²¹ The Ministry of State on Fighting Landmines works on awareness and demining.

Participants said that there was more knowledge and understanding about various protection issues due to effective awareness campaigns and the media. The Government appeared committed to **protecting children from all kinds of abuse, neglect, exploitation and violence**. Laws had been issued and NGOs had been set up and encouraged to work in this field. Yet protection issues were not sufficiently addressed in overall national plans and resource allocations

The problem of sexual abuse and exploitation is now talked about more openly in Yemen and HCCM is carrying out a study on this subject. The Government has recognized that there is a problem of child trafficking to neighbouring states. It has set up two reception centres for returned trafficked children, tightened border controls, drafted laws to address trafficking and is coordinating with neighbouring countries to address the issue.

Participants felt some progress had been made to **improve the plight of children living under especially difficult circumstances**. The Fund for the Rehabilitation and Care of Disabled People has provided equipment, medical, educational, employment and financial support to over 90,000 disabled people.²² Centres for disabled children set up in partnership between the Government and NGOs have increased. Inclusion and community-based rehabilitation, though still limited, are expanding with Government support. New and amended laws address issues related to juveniles. Children in conflict with the law are now held in juvenile rehabilitation centres, where family visits are encouraged. In cooperation with NGOs three new centres for boys have been set up in Mukallah, Aden and Hadramaut and two for girls in Aden and San'a. Women judges and lawyers are being appointed, and each court has two government paid lawyers to defend juveniles. Training courses have been provided to workers in juvenile homes, police officers, lawyers and judges. The Government has increased the number of orphanages in cooperation with NGOs. Laws to raise the legal age of marriage²³ and a study on FGM by a national committee as well as NGO efforts to eliminate this practice in partnership with religious leaders should help to further improve the protection of girls.

Participants said awareness is increasing on the plight of street, working and marginalized '*akhdam*' children and they commended the Government's establishment of two homes for street children in cooperation with NGOs and some smaller projects by NGOs, but said that much more needed to be done, especially on the root causes of these rapidly increasing phenomena. Legislative **measures**

²¹ By some estimates there may be as many as three times as many privately owned weapons as people in Yemen, making it one of the most heavily armed populations in the world. Certain parts of the country are still mined as a result of earlier conflicts. Republic of Yemen Country Social Analysis, World Bank 2006.

²² Source: Director of the Fund, Ministry of Social Affairs.

²³ Between the 1994 and 2004 census, the mean age of first marriage for girls went up from 20 to 22. Source: 2004 Census. In a baseline study, 20% of women in 18 poor rural districts had been married before age 15. UNICEF, Baseline Survey 2001 & 2004, Child Development Project.

taken to abolish the worst forms of child labour urgently needed to be translated into practical projects and programmes that would help to reverse this growing problem.²⁴

6.5 Combating HIV/AIDS²⁵

Participants said much work had been done on **establishing targets to reduce HIV/AIDS prevalence and to challenge negative stereotypes**. A National Strategy had been developed and there were considerable funds and trained people in place to implement it. Two testing facilities had been set up. Extensive awareness raising had been done in schools and the community in cooperation with international organizations, the media, religious leaders and young people themselves. HIV/AIDS was no longer a total taboo, although there was still a need for considerable additional awareness raising.²⁶

Participants felt unable to comment on **reductions in mother-to-child infections or strategies for support to children with or orphaned by HIV/AIDS** as no figures are available.²⁷

6.6 Factors impeding progress for children

Participants said that effective development for children was impeded by the following factors.

- Yemen's mountainous geography and dispersed demographic distribution.
- Limited and ineffective use of financial resources for children.
- Insufficient quantity, quality, distribution and use of human resources.
- The absence of higher education courses in child-related and paramedical professions.
- Insufficient translation of national policies into palpable change at the community level due to corruption, low salaries, and lack of planning, implementation and M&E skills, particularly at the local level.
- Insufficient horizontal and vertical cooperation.
- Wide-spread corruption at all levels.²⁸
- Unequal access to depleting water resources.²⁹ This not only affects children's health, but in some areas also their (and in particularly girls') education and safety. To collect water from distant wells they may be taken out of school and walk long distances, sometimes at night.
- Reduced accountability of duty bearers and increasing concentration of economic and political power due to interrelated causes including high population growth and inflation, lack of employment opportunities, water scarcity in rural areas, corruption, and the integration of

²⁴ The Poverty Reduction Strategy Paper indicates an annual increase in child labour of 6.4% between 1994 and 1999, with 95% of working children being rural and girls making up 51.4%. In a survey of 18 districts, 32% of girls and 13% of boys aged 5 to 14 were working. Baseline Survey 2001&2003, Child Development Project, UNICEF and HCMC.

²⁵ There are no figures on the prevalence of HIV/AIDS in Yemen due to the lack of routine screening and the stigma attached to HIV/AIDS. However, there is high (23.5%) Hepatitis B zero prevalence and mortality which gives some indication about the potential for the spread of HIV/AIDS. Source: UNICEF office San'a.

²⁶ The facilitator noted that even people who had received or were doing awareness training on HIV/AIDS still had negative stereotypes about HIV-positive people. In an 18 district survey in 2003, 50% of respondents had never heard of AIDS. Baseline Survey 2001&2003, Child Development Project, UNICEF and HCMC.

²⁷ MOH says detected case of infants with HIV/AIDS have gone up from 4 cases in 1998 to 58 cases in 2006. MOH, figures provided for the report.

²⁸ Yemen is considered one of the five most corrupt states in the Middle East and North Africa region and ranks 103 on a worldwide scale. The World Bank Corruption Perceptions Index and the World Bank SDI suggest that corruption has in fact increased over the last decade, from 50 points on the scale in 1998 to 33 in 2002 (with 1 being most corrupt).

²⁹ The per capita water availability rate in Yemen is only 150m³ as opposed to 1,250m³ in the Middle East and 7,500 for the world at large. In the Western half of Yemen rates are as low as 90m³ per capita. Republic of Yemen Country Social Analysis, World Bank 2006. Source: World Bank, March 2005 'Republic of Yemen: Country Water Resources Assistance Strategy'. At present rates of extraction the area will be dry in 50 years. In an 18 district survey, it was found that in the Dhale area drought requires the bringing in of trucked water for eight months of the year. (UNICEF)

traditional and modern government and economic systems. The resulting poverty particularly affects and marginalizes women, children and young people.³⁰

- The production and consumption of *qat* (a mild stimulant) by an estimated 70% of men and 30% on a daily basis. *Qat* uses up to an estimated 20 million man hours per day and absorbs 16% of Yemen's scarce water resources. At least 5-10% of family budgets is spent on *qat*, reducing families' ability to purchase nutritious food, prices of which have gone up partially due to the replacement of traditional agriculture and livestock products by *qat*.³¹ *Qat* use is said to be on the rise among young people, partially in response to the lack of leisure and employment opportunities. Side effects of the use of *qat* mentioned by participants included low motivation in staff, reduced parental time for children, domestic violence and some mentioned possible transmission of negative ideas through *qat* chewing sessions.
- Regional and internal instability.
- Dependency of the national economy on oil production and fluctuating oil prices.³²
- Ignorance, illiteracy and certain negative customs and traditions which lead to a lack of understanding of, cooperation for and discrimination of certain children and young people.

6.7 Factors facilitating progress for children

Participants said that the following positive factors help in making progress for children.

- All those working in this field say that the urgent and obvious needs of children and young people are a strongly motivating factor in their work.
- Religious and cultural values of solidarity, generosity, reconciliation and integrity.
- The presence of some committed, capable people in key positions.
- Finance and capacity building provided by donors.
- Increased cooperation and partnership.
- Decentralisation.
- Donor and NGO advocacy with decision makers.
- The participation of traditional leaders, local councils and communities, and, importantly, children and young people themselves in identifying and solving their own needs.
- Commitment of the President and the Government to issues such as girls' education.
- The growth of and support to the NGO sector.
- Increased awareness and changes in traditional attitudes.
- The involvement of women at all levels.
- An evolving understanding of childhood and community-based interventions.

³⁰ The cost of living index for food and non-alcoholic beverages (based on November 1999 = 100) went up from 127.62 in 2002 to 177.20 in 2004. Yemen, The Middle East and North Africa 2006, Europa Books, London 2006

³¹ Yemen, The Middle East and North Africa 2006, Europa Books, London 2006 and the Republic of Yemen Country Social Analysis, World Bank 2006.

³² 70% of Government revenue is derived from petroleum. Yemen, The Middle East and North Africa 2006, Europa Books, London 2006.

7. SUMMARY AND LESSONS LEARNED

1. Report writing process

The participatory process leading to the writing of this report was considered useful by all participants and brought out a range of perceptions and suggestions. It is hoped that both the process and the report itself can be used for future processes measuring progress for children.

2. National action taken for children since 2002

The Yemeni Government is committed to the CRCs and MDGs and has translated these into a wide range of national policies and programmes. The WFFC is not widely known but its goals are considered useful and suitable for Yemen. WFFC goals are reflected in the NCYS. Many other national plans include WFFC goals but are not specifically WFFC designed. These include the IMCI, the National Expanded Immunization Programme and the National Reproductive Health Programme in health and BEDP, the National Strategy for Girls Education and the Literacy and Adult Education Strategy in education. Significant legal amendments have been made on the age of criminal responsibility and legal marriage, the involvement of children in armed conflict and criminalizing the exploitation and abuse of children. A Fund for the Rehabilitation and Care of Disabled People has been set up and a national HIV/AIDS strategy drafted.

3. Resources allocated to children since 2002

Government resources for child-related ministries have risen over the reporting period but remain limited, especially in the context of high population growth and inflation. Government resources are considered insufficient in view of the geographic realities and the enormity of needs of children in Yemen and are not used effectively due to corruption and ineffective procedures, distribution and decentralization.

Donor assistance is greatly appreciated but could be used more effectively by donors not reneging on or delaying their pledges, spending more on actual practical project implementation and by empowering target groups to identify and solve their own needs with donor resources allocated accordingly. Smaller pilot projects were recommended before starting any major projects.

The human resource situation is considered weak in terms of quantity, quality, use and distribution. Recruitment and retention of staff is difficult, especially in terms of women and in rural areas due to the scarcity of trained people and weak motivation due to low salaries and ineffective management. Capacity building could be improved by focusing on middle and junior personnel directly working with children and by helping trainees translate their learning into action. Tackling salary levels and corruption were seen as key human resource priorities.

4. Monitoring progress for children since 2002

Various organizations monitor MDG and CRC progress. HCMC plays a central role. No recent nation-wide surveys have been undertaken; two are due to be completed in 2007. An INGO works with the Government and NGOs to improve CRC reporting. Despite a growing M&E culture in ministries and the establishment of new systems and departments, overall M&E is considered weak. Reasons given include lack of accountability, inefficient systems and information flows, limited field skills and resources, and lack of proper planning and learning from previous evaluations. M&E might be developed by rigorous donor examples, staff training, participatory methods and independent M&E mechanisms.

5. Partnerships for children and children's participation since 2002

A number of partnerships have been set up including the BEDP Donor Coordination Committee, the National Network for the Care of Children in Conflict with the Law, the National NGO Coalition on Children's Rights and the Disabled People's Union. There is also much project-related, local and informal coordination and promising private sector, media and community participation initiatives. Effective coordination is seen as crucial for effective development and could be encouraged through further coordination, capacity building, central coordinating efforts and community involvement.

Children and young people participate in a number of initiatives, including the Children's Parliament, the Youth Consultative Council, the National Youth Advisory Committee, the National General Youth Union, the Scouting Movement and some projects. Participation is still considered far too limited and symbolic and not enough financial support is given to expand children's involvement. Children and young people want to see change and have useful ideas on how they might identify and solve their own problems. To achieve this they need acceptance and facilitation from adults, funding from donors and skill development for young people.

6. Achievements for children since 2002

Considerable efforts have been made by stakeholders but overall progress remains limited and the Yemeni Government is unlikely to meet the MDG targets for 2015.

6.2 Promoting healthy lives

Participants perceived some progress in the reduction in infant, under-five and maternal mortality ratios but ratios were still considered too high. Access to reproductive health was felt to have made good progress, with women being particularly appreciative. Participants felt that far too little attention had been given to under-five malnutrition and low birth weight and that this continued to be a major problem in Yemen. Access to sanitation and safe and affordable drinking water had improved but much more attention was needed. The development of national early childhood development programmes and national health policies for adolescents were considered too limited.

6.3 Providing quality education

Efforts to eliminate high gender disparities in education were highly commended. Participants said that there was also a slight increase in net primary school enrolment. They were positive about results in adult literacy, especially in women. Quality of education was still considered very weak despite some efforts made. Government commitment to early childhood care and education was promising. Some improvements had been made in access to education for all children but more needed to be done.

6.4 Protection against abuse, exploitation and violence

Protection was felt to receive too little attention, especially in rural areas. Action had been taken to protect children from armed conflict and ensure compliance with international human rights law. Awareness and acceptance of protection issues had increased and the Government had taken initiatives to protect children from all kinds of abuse, neglect, exploitation and violence, such as through legislation and cooperation with NGOs. Protecting children from sexual exploitation and trafficking of children are being worked on. The plight of children living under difficult circumstances has been addressed through the Fund for the Rehabilitation and Care of Disabled People, the establishment of various centres and some community-based initiatives, staff training and legislation. More needs to be done to tackle the rise in numbers of poor, street, working and marginalized '*akhdam*' children and the root causes of these phenomena. Positive legislative measures to abolish the worst forms of child labour need to be translated into action.

6.5 Combating HIV/AIDS

Much work has been done on establishing targets to reduce HIV/AIDS prevalence and to challenge stereotypes. A National Strategy had been developed and extensive awareness raising had been done. More is needed, particularly to reduce mother-to-child infections and to support children with or orphaned by HIV/AIDS.

6.6 Factors impeding progress for children

- Yemen's mountainous geography and dispersed demographic distribution.
- Limited and ineffective use of resources for children.
- Insufficient quantity and distribution of human resources.
- The lack of higher education courses in child-related and paramedical professions.
- Limited ability to translate national policies into change at the community level.
- Insufficient cooperation at all levels.
- Corruption.
- Rapidly decreasing and unequal access to water resources.
- Economic problems and increasing poverty.
- Qat production and consumption. Regional and internal instability.
- Dependency of the national economy on petroleum revenues and fluctuating oil prices.
- Ignorance, illiteracy and certain customs and traditions.

6.7 Factors facilitating progress for children

- The urgent and obvious needs of children and young people.
- Religious and cultural values of solidarity, generosity, reconciliation and integrity.
- The presence of some committed, capable people in key positions.
- Finance and capacity building provided by donors.
- Increased cooperation and partnership.
- Decentralisation.
- Donor and NGO advocacy with decision makers.
- Participation of beneficiaries and communities.
- Government commitment.
- The growing NGO sector.
- Increased awareness and changes in attitudes.
- The involvement of women.
- An evolving understanding of childhood and community-based interventions.

8. TOWARDS A YEMEN FIT FOR CHILDREN: PRIORITIES FOR 2007-2011

8.1 Introduction

As part of the participatory process participants were asked for their priorities for children and young people over the next five years. These priorities are set out below. Priorities mentioned by adults and children are in italics. Priorities mentioned by children only are set out separately.

8.2 Overall priorities

- *Further reduce population growth and discrimination against women and girls.*
- *Address the root causes to children's problems: poverty, unemployment, access to services and lack of understanding and awareness: 'help families so they can help their children.'*
- *Enforce and implement laws and strategies.*
- *Increase financial resources for children.*
- *Improve planning, implementation and monitoring and evaluation.*
- *Increase good quality, well-staffed and equipped health, education and protection facilities supplied with sanitation, water and electricity.*
- *Raise salaries and lay off elderly and inactive staff.*
- *Sanction corruption and improve accountability and management.*
- *Support and expand the NGO sector.*
- *Pay particular attention to remote, rural and poor urban areas.*
- *Increase the numbers of trained staff (especially females) in all sectors related to children.*
- *Set up permanent courses for child-related and paramedical professions.*
- *Continue current efforts for children.*
- *Ensure the involvement of communities and children and young people in all projects.*
- *Make children aware of their rights.*

8.3 Priorities in health

- *Expand accessible primary, mother and child, and specialist facilities in all areas.*
- *Increase the quantity and quality of health workers and ensure 24 hour staffing of facilities.*
- *Waive cost-sharing for the poorest people, for complicated operations and serious illnesses.*
- *Reduce the use of qat, drugs and tobacco, especially by young people and women.*
- *Provide affordable, healthy and clean food to children and young people.*
- *Fight malaria.*
- *Raise awareness on health, especially among rural and illiterate women.*
- *Work on rubbish collection and management and on pollution.*
- *Teach a mother in each area on first aid.*

In addition to the priorities in italics above, children and young people's priorities are to:

- *Involve the private sector in supporting health care.*
- *Improve medical colleges.*
- *Enforce laws on the selling of out-of-date, addictive or dangerous medicines, especially to children and young people.*

8.4 Priorities in education

- *Reduce student numbers per class and abolish the shift system.*
- *Provide all children with free school stationery, books and uniforms.*

- *Make all levels of basic education free and compulsory for all children from age six.*³³
- *Reduce drop out rates, particular of girls at higher levels.*
- Provide girls with alternatives to distant universities (local colleges, on-line learning, etc.)
- *Improve school health and hygiene and provide first aid by involving students.*
- Increase partnership between schools, parents, NGOs and the community.
- Expand literacy training for women and provide centres with books and better salaries.
- *Change the curriculum: improve quality and methods, address traditional gender images and make the curriculum suitable to children's lives, interests and their and labour market needs.*
- *Make sure school books are in school at the start of the school year.*
- Provide enough and suitable education materials.
- Train teachers on how to work with slow learners.
- Work on school nutrition.
- Activate the role of social workers.
- Expand public early childhood education provision.
- Provide extra-curricular activities outside school hours and during the long summer holidays.
- *Stop automatic upgrading, cheating, discrimination and favouritism by teachers.*
- *Improve early childhood education and provide more kindergartens.*

In addition to the priorities in italics above, children and young people's priorities are to:

- Make the internet available to children and help them to use it constructively.
- Stop teachers from hitting children.
- Monitor food being sold in and outside schools to children.
- Provide computers, labs, libraries, sports and increased opportunities for play in all schools.
- Plant trees and flowers in school grounds.
- Make schools colourful and attractive and tidy and well-organised.
- Provide scholarships to higher education for promising poor young people.

8.5 Priorities on protection

- Reduce early marriage
- Provide leisure and sport facilities to all children to avoid delinquency.
- *Develop a clear, national agenda, plan and budget for all child protection agencies.*
- *Raise awareness about dangers to children and their rights to protection issues.*
- Make disability a cross-cutting issue in all programmes.
- Separate homes for abused girls and girls in conflict with the law.
- *Enforce laws against relatives or strangers who commit crimes against children.*
- Train and monitor police to avoid abuse in police stations.
- Provide vocational and other training opportunities to street children.
- Increase residential centres and community-based and inclusion approaches.
- Change attitudes from care to rehabilitation.
- Redefine the concept of an orphan.
- Stop people carrying weapons.
- Pay particular attention to girls in difficult circumstances.
- Promote birth registration.³⁴

³³ At the moment, only 20% of children start school at the stipulated age of six years. UNICEF, MDGs in Yemen, media presentation, 2005.

³⁴ For a number of reasons birth registration in Yemen is very low. In an 18 district survey, only 11% of children were registered. Parents did not know about registration, said it cost too much and took too much travel. Baseline Survey 2001 and 2003, Child Development Project, UNICEF and HCMC.

- Address the issue of foreigners coming to Yemen for ‘tourist marriage’.³⁵
- Provide more (day care) rehabilitation centres for disabled children.

In addition to the priorities in italics above, children and young people’s priorities are to:

- Keep or re-integrate children into their families through mediation and work with parents.
- Monitor borders to stop child trafficking.
- Increase fostering for orphans and street children.
- Stop physical punishment in school and at home through clear laws.
- Give all children a chance to play and learn.
- Respect children and listen to them.

8.6 HIV/AIDS

- *Provide routine, free, confidential testing for HIV/AIDS.*
- *Increase awareness on the transmission and consequences of HIV/AIDS and on how to deal with people with HIV/AIDS, including in schools and remote rural areas.*
- *Monitor and collect data on the spread of HIV/AIDS, especially in high risk groups.*
- *Provide medical care and income generating projects to those with HIV/AIDS.*
- Address the root causes of HIV/AIDS transmission: train health workers and midwives, improve hospital hygiene, screen all blood and address poverty and young people’s leisure options and risk behaviour.
- Cooperate with neighbouring states.

8.7 Conclusion

The participatory process that led to the writing of this report has given a considerable number of duty bearers, community members and children and young people the chance to express their views on progress and priorities for children and young people in their country. Most participants were very keen to know what would happen with the information and views they had given. They wanted to know the results of the process, but they were particularly interested in whether duty bearers, and in particular the Government and UN agencies, would take their views into account. It is hoped that their views and ideas and their energies and capacities will be taken into account by all duty bearers so that together they can help create a Yemen fit for all its children.

³⁵ This new phenomenon involves foreigners, usually from neighbouring countries, coming to Yemen. They ask for a (poor) girl’s hand in marriage, which is consummated, and then return to their country leaving the girl behind.