

## Yemen 2007 – 2011

### I. Progress on key indicators

| Indicator  | Value        | Year      | Value                     | Year      |
|--|--------------|-----------|---------------------------|-----------|
| Child population (millions, under 18 years)        | <b>11.0</b>  | 2004      | <b>12.1</b>               | 2009      |
| U5MR (per 1,000 live births)                       | <b>104</b>   | 2004      | <b>66</b>                 | 2009      |
| Underweight (% , moderate and severe)              | <b>46</b>    | 2003      | <b>43</b>                 | 2003      |
| (% , urban/rural, poorest/richest)                 |              |           |                           |           |
| Maternal mortality ratio (per 100,000 live births) | <b>370</b>   | 2002/2003 | <b>370<sup>a</sup></b>    | 2002-2003 |
| Primary school enrolment (% net, male/female)      | <b>84/59</b> | 2002/2003 | <b>79/66</b>              | 2008      |
| Primary school attendance (% net, male/female)     |              |           |                           |           |
| Survival rate to last primary grade (%)*           | <b>76</b>    | 2004      | <b>73</b>                 | 2006      |
| Use of improved drinking water sources (%)         | <b>69</b>    | 2002      | <b>62</b>                 | 2008      |
| Use of improved sanitary facilities (%)            |              |           | <b>52</b>                 | 2008      |
| Adult HIV prevalence rate (%)                      | <b>0.1</b>   | 2003      |                           |           |
| Child labour (% , children 5–14 years old)         |              |           | <b>23</b>                 | 2006      |
| Birth registration (% , under 5 years)             |              |           | <b>22</b>                 | 2006      |
| (% , male/female, urban/rural, poorest/richest)    |              |           | <b>22/22, 38/16, 5/50</b> | 2006      |
| GNI per capita (US\$)                              | <b>570</b>   | 2004      | <b>1,060</b>              | 2009      |
| One-year-olds immunized with DPT3 (%)              | <b>78</b>    | 2004      | <b>66</b>                 | 2009      |
| One-year-olds immunized against measles (%)        | <b>76</b>    | 2004      | <b>58</b>                 | 2009      |

\*Data refer to primary school children completing grade one who reach grade 5.

a 210 deaths per 100,000 live births is the adjusted 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

## **II. Progress on key MTSP indicators 2007 – 2011**

### Focus Area I – Young child survival and development

- National development plan includes targets for scaling up improved family and community care practices for mothers and children.

### Focus Area II – Basic education and gender equality

- Education sector plans include specific measures to reduce gender and other disparities.

### Focus Area III – HIV / AIDS and Children

- HIV/AIDS education at least in parts integrated into the national curriculum at the secondary level.

### Focus Area IV – Child Protection from violence, exploitation and abuse

- Government takes measures to implement the UN Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime.

### Focus Area V – Policy Advocacy and Partnerships for Child Rights

- Country/country office produced a major thematic study or analysis relating to children and women;
- Children's views on development issues systematically sought during the period.

## UNICEF Yemen: Consolidated Results Report (Programme Cycle 2007-2011)

| <b>Summary Results Matrix: Government of Yemen – UNICEF Country Programme, 2007 – 2011</b> |  |  |  |   |
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| 1. Basic Education and Gender Equality   | 1.1 By 2011, increased access and equity in basic education with at least 80% of boys and girls reaching grade 6. Current baseline enrollment for males 73% and females 56%. Completion of primary education baseline 76% <sup>1</sup> | 1.1.1 Geographic and gender differentiated net enrolment rates and completion rates<br><br>1.1.2 Minimum level of learning achievement at mid term and end of Country Programme period   | 1.1 School fees were abolished for grades 1-3 (boys) and 1-6 (girls) in 2008. Net enrolment rate has increased from 70.3% (M)/59.5% (F) in 2007, to 77.6% (M)/62.4%(F) in 2009.<br><br>The contracting of an additional 377 female teachers in rural areas contributed to higher girl enrolment in the schools where they are employed. Nationally the female enrolment percentage per 100 males is 73 compared to 88 percent in the programme locations.<br><br>The Child Friendly School initiative piloted in 120 schools benefitting around 50,000 children and 1,606 teachers has contributed to an improved learning environment and increased involvement of students and | While enrolment of girls is gradually increasing, the situation is still challenging in rural areas and for girls of poor families.<br><br>Some governorates picked up the contracted female teacher initiative and are supporting recruitment of more female teachers through local funding.<br><br>The child-friendly school initiative is not yet mainstreamed into the school system. However, some schools copied and started implementing on own support.<br><br>Lack of operational funds in schools restricted their ability to cover day-to-day needs and improve the learning environment. The capitation grant provided to CFS schools has been very successful in addressing this.<br><br>Number of ECD programmes in the country is very low,                                |

<sup>1</sup> All targets are applicable to five targeted Governorates. All baseline figures in the column 1 are National and from Family Health Survey 2003, Central Statistical Organization.

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|   |   |  | <p>parents through the establishment of student councils, and father and mother councils.</p> <p>The Getting Ready for School programme has demonstrated several positive programme impacts, including a 32 % increase in on-time enrolment among children participating in the pilot. Efforts have been made to improve the quality of education including Support to decentralize training system and to training of all headmasters and teachers grades 1-6 as well as training 113 supervisors and principals the new training approaches</p> | <p>hence coverage is limited.</p> <p>Improvements are needed on government capacity in data collection and statistics since this will help for better planning and policy development and address the issue of conflicting data and sources.</p>  |
| 2. Young Child Survival and Development   | <p>2.1 By 2009, 80% children are fully immunized in all districts of 5 targeted governorates. Current baseline 45%</p> <p>2.2 By 2011, 50% of families adopt appropriate child care practices with access to services and resources ensuring better parenting and infant feeding.</p> | <p>2.1.1 % of &lt;1 children fully immunized against measles</p> <p>2.2.2. Number of children exclusively breastfed</p> <p>2.2.3 % of babies born with low birth weight</p>  | <p>2.1 EPI coverage: 86% national and over 90% in supported governorates by the end of 2010</p> <p>2.2 National nutritional strategy developed and finalized in 2010. 157 OTP and 15 TFC are fully functional in 15 governorates. 16,500 SAM cases were enrolled in the CMAM services representing about 11% of the</p>   | <p>2.1 Outreach activities contributed to raising the national EPI coverage by 27%. National EPI coverage is effected by the very low coverage in conflicted affected governorates especially Sa'ada which reported 20% coverage in 2010.</p> <p>2.2 Establishment of a Nutrition and Food Security working Group in 2010, reflects along with the national strategy, a welcome but late recognition of the problem of</p>  |

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|   | <p>2.3 By 2011, access to safe domestic water with improved awareness on personal hygiene and sanitation increased by 20%. Current baseline for coverage 54%</p> <p>2.4 By 2009, 50% of obstetric emergencies are managed with quality emergency obstetric care services through trained personnel</p> | <p>2.3.1% coverage of improved water supply</p> <p>2.3.2 % of household practicing hygienic behavior</p> <p>2.4.1 Proportion of deliveries conducted by comprehensive and basic emergency obstetric care</p>  | <p>estimated SAM case load.</p> <p>Increased fortified food consumption, &gt; 90% for oil, and flour&gt;75%</p> <p>An IDD scale-up plan was finalized targeting all sixty factories in the country to introduce an appropriate iodization technology and to intensify supervision/ monitoring of salt production sites.</p> <p>2.3<br/>At least 62,850 people in rural areas have access to improved water supply through the construction of 13 water schemes (12 % increase in coverage in targeted districts)</p> <p>Improved WASH facilities in 30 schools serving 12,500 students (60% of them are girls). Hygiene promotion introduced in 84 schools targeting 35,000 school children.</p> <p>2.4<br/>Community Based MNC adopted in 2010 as a national strategy to accelerate reduction of</p> | <p>malnutrition. In part through UNICEF advocacy, malnutrition is recognized as a priority in the 4th Development Plan for Poverty Reduction (2011-2015). Other key facilitating factors include adequate funding, and the adoption of the nutrition cluster coordination approach.</p> <p>Awareness raising and data collection on early initiation of breastfeeding is difficult, as around 80% of the deliveries take place at home. UNICEF interventions to promote breastfeeding also have been limited, as a result of the loss of key dedicated staff, as well as redirection of funds to support the establishment of the CMSAM programme. This last shift reflects a change in programmatic focus from infant feeding to improving maternal health and reducing maternal mortality through EMOC programme in selected districts.</p> <p>The iodized salt monitoring system is available at production site only; consumption monitoring at the household level does not exist.</p> <p>The main constraint is the absence of a functioning Nutrition Information System providing timely information.</p> |

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|   |  |  | <p>maternal and new born mortality. HBMNC was introduced to 25 districts in the targeted governorates. The National Reproductive Health strategy 2011-2015 integrates the HBMNC Programme as the main strategy to achieve MDG 5.</p>   | <p>2.3<br/>The participatory approach adopted in WASH has contributed to creating ownership. The water schemes are managed by local water committees, and cost recovery is applied. Constraints faced include the lack of reliable water sources, delays in government contribution to the project, access limitations due to security situation, conflicts over water sources, land, and projects between tribes and families.</p> <p>2.4<br/>The Adoption of the HBMNC strategy as a main component in the National RH Strategy 2011-2015 was an important achievement of UNICEF strong advocacy efforts in 2009 and 2010. Funding shortage for the MNH strategy has been a major constraint.</p>   |

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| 3. Child Protection   | 3.1 By 2011, national policies, legislative reforms and capacities of the government, local institutions and communities for creating protective environment for children developed | <p>3.1.1 % of high level public functionaries including parliamentarians at national and local level trained and oriented on child protection issues</p> <p>3.1.2 Annual Policy Content Review on legislations pertaining to Child Protection</p>   | <p>3.1<br/>15 national laws and legislations related to children have been revised to be in line with international standards. Amendments of national legislation on child protection and child rights issues have been approved in 2008 by the cabinet and submitted to Parliament for approval.</p> <p>1600 child protection officers, law enforcement officials and social workers were oriented and equipped with skills and capacities on child protection and child justice issues, including in emergencies</p> <p>Quality legal representation was provided to over 4000 children in contact with the law.</p> <p>National strategy on birth registration approved by the cabinet in 2008. Awareness raising and advocacy campaign and capacity building at both governorate and central level took place, with participation of community outreach teams, contributing to</p> | <p>Active engagement of a wide range of stakeholders including religious and community leaders, grassroots organization and children themselves has strengthened child protection advocacy efforts, while decentralization of the programme has facilitated the implementation of these effective community-based interventions.</p> <p>National technical capacity and funding for child protection is limited.</p> <p>Lack of reliable disaggregated data on child protection issues has hampered programming and advocacy activities. Situation analyses on the status of child protection are often weak, limiting possibilities for policy advocacy.</p> <p>Partly as a result of political instability, progress on legal reform is slow and difficulties are faced in obtaining approval by the Parliament especially the age of criminal responsibility, age of child marriage and FGM/C.</p> <p>The Governmental capacity is limited in monitoring violence, abuse and exploitation due to lack of expertise and the fact that these issues are culturally condoned and denied. Measures are geared toward providing immediate</p> |

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|   |   |   | <p>the issuing of 1.2 million birth certificates.</p> <p>Community-based interventions for FGM/C abandonment established in high prevalence areas.</p> <p>A National Strategy and Plan of Action on combating child trafficking was developed, approved by the Cabinet in 2007, and integrated into the National Strategy for Children and Youth. A comprehensive review of the programme was conducted and lessons learnt and recommendations will be incorporated in the new CP.</p> | <p>response but not towards prevention.</p>   |

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| 4. HIV/AIDS & children  | 4.1 By 2010 70% of the high risk children's and Youth groups in five major urban centers are provided services and imparted with HIV/AIDS life skills education | 4.1.1 % of children and youth aware of and know how to prevent HIV  | <p>4.1 The National Strategic Framework to Combat HIV has been reviewed, where community-based interventions and outreach to most-at-risk populations is clearly stated as one of the priorities</p> <p>National guidelines on VCT endorsed, 5 youth friendly VCT services established.</p> <p>National PMTCT guidelines developed, 4 pilot PMTCT pilot sites established.</p> <p>Life-skills and peer education framework finalized and endorsed by the government.</p> <p>274,000 young people in and out of schools, including those residing vulnerable neighborhoods, street children, children in juveniles care centers and orphanages reached with life-skills and peer education activities. Follow-up assessments on community and school based peer education interventions in Aden in 2008 indicated an</p> | <p>Procurement services related to the Global Fund Grant has absorbed major time and resources, due to very poor supply management in the Ministry of Health.</p> <p>Coordination between the primary health sector and the population sector is weak, though this coordination is essential to institutionalize primary prevention for PMTCT.</p> <p>The National Strategy for Children and Youth Action Plan was approved by the Cabinet in 2007. This strategy has a clear focus on youth participation, civic engagement, peer education, and HIV community based interventions.</p> <p>The National Strategy for Children and Youth Action Plan that was approved by the Cabinet in 2007, has a clear focus on youth participation, civic engagement, peer education, and HIV community based interventions.</p> <p>The commitment of the Ministry of Youth to endorse the Life-Skills and Peer Education Manual is an important step towards institutionalization of life-skills and youth participation at national level.</p> |

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|   |  |  | improvement in the knowledge of the targeted youth about the correct methods of HIV transmission/prevention as well as in the transmission/prevention misconceptions in comparison to 2005 baseline data, which was best illustrated with the increase in knowledge about condom use as a method of HIV prevention among in and out of schools young people: 28.5%→ 42.2% in target communities, 49.4% → 65.4% in target schools).   |   |
| 5. Policy, advocacy and partnership for children's rights                           | <p>5.1 By 2009, increased availability of disaggregated data by geographic location and gender for improved planning, resource allocation better policy advocacy and monitoring of CRC, MDGs and 3rd National development plan and poverty reduction</p> <p>5.2 By 2008, in declared emergencies 100% of children will have access</p> | <p>5.1.1. Number of districts with local level development plans</p> <p>5.1.2 Number of surveys with dis-aggregated social indicators</p> <p>5.2.1 % of children reached during declared</p>   | <p>5.1 The results of MICS 2006 used for MDG reporting, and DPPR monitoring. Improved data collection on key indicators from target districts.</p> <p>The Ministry of Planning used DevInfo to integrate indicators from the five year national Development Plan for Poverty Reduction and the MDGs. Yemen is making gainful use of DevInfo technology through a</p>   | <p>5.1 The relatively late publication of the MICS results and delay in start of DHS points to the inherent limitations in organizational and management capacity to undertake large-scale surveys in Yemen, including weak coordination and unhealthy competition amongst agencies involved in the conduct of surveys.</p> <p>Although adoption of DevInfo has been met with much enthusiasm from practically all social ministries, indicated by frequent training requests, more effort needs to be</p>  |

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| UNICEF MTSP Focus Area  | Key Results Expected ( restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD) | Key Progress Indicators (state the indicator , baseline and most recent status: use the <u>same</u> indicators and baselines contained in the original Summary Results Matrix approved by the Board and show the latest available value for each indicator, stating the years for the baseline and latest value) | Description of Results Achieved (a brief, precise description of aggregate achievements for each Key Result contained in column 1)  | Constraints and facilitating factors (a brief and precise description for each Result description in column 4)  |
|   |   |  | <p><b><i>** In several programmatic areas, results achieved reflect a shift in country context that modified the programme focus. As a result, some expected results received less attention in order to address unanticipated, emergent issues. We have reflected these new programmatic efforts as results achieved, even in cases where they were not expected at the outset of the CP and spelled out in the SRM 2007-2011.</i></b></p>   | <p><b><i>** The country programme experienced several overarching constraints in three areas: access to conflict-affected populations, limited inter-sectoral cooperation, and difficulties over data. For a number of key sectors, no routine data is available and the latest surveys were in 2003 or 2006, well before the start of the last CP cycle. Moreover, data reliability and lack of age and gender disaggregated data contribute to difficulty in monitoring and assessing outcomes.</i></b></p> <p><b><i>In addition, in many instances, Key Results Expected were not fully defined with baselines at the outset of CP 2007-2011. In these cases, we have endeavored as much as possible to indicate progress by identifying the achievement of key programmatic milestones.</i></b></p> |
|   | to life saving interventions.   | emergencies  | <p>series of databases, which make up DevInfo Yemen, and is available on the web.</p> <p>A preliminary draft of a training manual on planning for basic social services was developed and shared with the UNDP decentralization team.</p> <p>5.2<br/>An estimated 90% of children affected by the Hadramout floods were provided access to life saving interventions.</p> <p>UNICEF supported over 100,000 IDPs and vulnerable host communities affected by the conflict in Sa'ada (at least half of them are children), through provision of basic humanitarian WASH services. Moreover, nutritional supplies were provided to all conflict affected governorates covering an estimated 70% of malnourished &lt; 5 children.</p> | <p>placed on defining the institutional capacities to support these activities for sustainability particularly at governorate and district levels.</p> <p>The development of training manuals on planning for basic social services and training for local councils were disrupted as it was linked to the UNDP supported decentralization project, which did not materialize until 2011.</p> <p>5.2<br/>Continued restricted humanitarian access is the main constraint faced in providing assistance to populations affected by the Sa'ada conflict.</p>  |