

Yemen

Update on the context and situation of children

Yemen is ranked 183 out of 191 countries in the Human Development Index with a score of 0.455 in 2021/2022. Millions of people in Yemen continue to suffer from the compounded effects of more than eight years of armed conflict, ongoing economic crisis, recurrent natural hazards, COVID-19 pandemic, and disrupted public services. More than 80 per cent of the country's population struggles to access sufficient and the right type of foods, safe drinking water and adequate health services. Most public sector employees, including teachers and healthcare workers, have not received a regular salary in years. In 2022, an estimated 23.4 million people, almost three-quarters of the population, including 12.9 million children, needed humanitarian assistance and protection, with over 4 million people, including 2 million children, displaced. Yemen therefore remains one of the world's largest and complex humanitarian crises.

The political environment changed in April after the assumption of power by the Presidential Leadership Council and announcement of the UN-brokered truce. The subsequent six-month period, up to the truce's expiry on 2 October, resulted in decreased civilian casualties and displacement, a steady flow of fuel imports through the Al Hodeidah port and commercial flights through Sana'a International Airport. Nevertheless, localised clashes continued in some areas, and landmines and explosive remnants of war posed heightened risks. Despite extensive efforts, an agreement to extend the truce had not been reached by the end of 2022, but a 'no war, no peace' situation prevails.

The operating environment in Yemen remains extremely complex. Insecurity, bureaucratic impediments, and dual-authority structures pose significant challenges in delivering critical life-saving services to vulnerable children and families. Development and humanitarian partners in Yemen continue to engage with the authorities in Yemen to address these challenges for a sustained, safe and principled delivery of programmes.

Reliable information on the economy is scarce, as official statistics are no longer produced. Competing monetary policies by the two conflicting authorities have resulted in a large divergence of the exchange rate of the Yemeni rial (YER) between the southern and northern governorates. The continued fragility of Yemen's economy exacerbated vulnerabilities among poor families. Largely reliant on imported food and goods, Yemen is extremely vulnerable to fluctuations in global prices. Throughout 2022, pressures on international supply chains, stemming from the crisis in Ukraine, contributed to increased food prices in Yemeni markets. The continued depreciation of the YER resulted in high inflation, meaning a sharp increase in the prices of food, fuel and other basic commodities. The national poverty rate was estimated at about 80 per cent in 2022, up from 49 per cent in 2014.

Impact on Children and Adolescents

Children in Yemen are exposed to multiple deprivations, including constrained access to social services, violence, abuse, exploitation, child marriage and risk of recruitment by the conflicting parties, with a devastating impact on their physical and psychological well-being. Adolescents (10-19 years), an estimated 6.3 million across Yemen, are among the most affected by the protracted conflict. Especially adolescent girls face multiple risks, while boys are also exposed to various risks, including direct involvement in fighting. Adolescents often have very limited access to social services such as health care, education and vocational training, while generally being exposed to poor living conditions.

Yemen's progress towards the Sustainable Development Goals (SDGs) remains constrained:

SDG 2 - Ending all forms of malnutrition: Food insecurity and malnutrition continue to remain of great concern, with pockets of the country experiencing extreme hunger. Yemen has one of the highest child malnutrition rates globally, driven by insufficient food consumption, poor sanitation and hygiene, infectious diseases and conflict. According to the Acute Malnutrition assessment conducted in March 2022, about 2.2 million children under five are acutely malnourished, including over 500,000 children who are suffering from severe acute malnutrition (SAM).

SDG 3 - Ensure healthy lives and well-being for all: Only about 50 per cent of health facilities in the country are functional, negatively impacting service delivery for the most vulnerable children and women. Yemen's neonatal mortality rate is estimated at 28 deaths per 1,000 live births. The under-five mortality rate stagnated over the past decade and was estimated at 59.6 per 1,000 live births in 2020 (55.4 for girls and 63.7 for boys), while the infant mortality rate is estimated at 45.7 deaths per 1,000 live births (41.5 for girls and 49.8 for boys). The immunisation coverage stagnated nationally, with 28 per cent of children under one year missing routine vaccinations. As a result, the country continues to suffer from regular outbreaks of cholera, measles, diphtheria and other vaccine-preventable diseases.

SDG 4 - Ensure inclusive and equitable quality education: Over 2.4 million school-aged girls and boys are out of school, and many of the 870,000 displaced Yemenis have had their education abruptly cut due to multiple displacements. Some 8.5 million school-aged girls and boys require support to continue their education. In 2022, over 2,900 schools were destroyed, damaged or are now being used for non-educational purposes, like providing temporary shelter for internally displaced people (IDPs).

SDG 5 - Gender: Yemen currently ranks 178 out of 189 countries in the Gender Inequality Index, showing huge gender disparities.

SDG 6 - Water and sanitation for all: More than 17.8 million people, including 9.2 million children, lack access to safe water, sanitation and hygiene (WASH) services. Limited access to WASH is associated with an increase of contamination by diseases such as cholera, dengue, and COVID-19. Inadequate access to soap and other hygiene items combined with water scarcity elevates the risk of communicable disease outbreaks.

SDG Target 16.2 Ending abuse, exploitation, trafficking and all forms of violence against and torture of children: Between 2015 and the end of 2022, more than 11,000 children have been killed or maimed as a result of the conflict in Yemen, according to the UN Country Taskforce on Monitoring and Reporting Grave Violations against children – an average of four a day since the escalation of the conflict in 2015. As these are only the UN-verified incidents, the true toll is likely to be far higher.

Major contributions and drivers of results

In 2022, UNICEF mobilised over US\$ 465 million (from 80 funding sources) through a broad range of partnerships, in addition to funds carried over from 2021. The actual expenditure for 2022 was US\$ 561 million. The resources mobilised for the Humanitarian Action for Children (HAC) appeal amounted to almost US\$ 190 million or 39 per cent of the appeal target of US\$ 484 million. In 2022, UNICEF continued to operate in Sana'a and five Field Offices covering 21 governorates, with 297 national and 86 international staff members.

Following the launch of the 2022-2024 United Nations Sustainable Development Cooperation Framework (UNSDCF), a new UNICEF Country Programme for 2023-2024, prepared in consultation with national authorities in Yemen, was approved by the Executive Board in September 2022.

Goal Area 1: Every child survives and thrives

In 2022, UNICEF supported the strengthening of Primary Health Care (PHC) service delivery in Yemen by scaling up the Minimum Service Package (MSP) from 2,000 to 2,600 PHC facilities, representing 52 per cent of the total number of PHC facilities across Yemen. UNICEF focused on providing life-saving interventions through community-based activities and on sustaining access to Primary Health Care at community and facility level.

About 5.5 million mothers and children received primary health care services through UNICEF support, including high-quality specialised referral care in hospitals. Life-saving medicines, vaccines, and health supplies worth USD 48 million were procured and distributed to ensure the continuity of life-saving services, covering over 80 per cent of the total needs in Yemen. Over 4,200 PHC facilities were provided with vaccines and supplies for the Integrated Management of Childhood Illnesses (IMCI). A total of 3.4 million children were reached through three rounds of polio campaigns and six rounds of Integrated Outreach sessions were completed to cover essential health services for the most vulnerable.

To enhance the Primary Health Care system, UNICEF supported the training of 1,700 health workers in maternal and newborn health interventions, IMCI and other areas. A total of 88 community midwives (CMWs) graduated in 2022 and 160 enrolled for a three-year pre-service training to improve access to healthcare for those in hard-to-reach areas. About 61,000 mothers and 25,000 newborn babies with medical complications received quality referral care in hospitals. In addition, UNICEF procured Personal Protective Equipment for 22,000 health care providers and 3,060 were sensitised on Infection Prevention and Control.

During 2022, UNICEF continued to support the scale-up of the Community-based Management of Acute Malnutrition (CMAM) programme. About 300,000 children with SAM benefitted from Outpatient Therapeutic Programmes (OTP) and in collaboration with the Ministries of Health and six implementing partners the number of OTP sites increased by about 100 to a total of 4,622 by the end of 2022. For the second year in a row, the quality of SAM treatment remained above the SPHERE standards with a 90 per cent cure rate, while the coverage of SAM treatment services in Yemen remained high at 92 per cent.

During the year, three million caregivers of infants (0-23 months) received counselling on appropriate infant and young child feeding (IYCF), while about 1.5 million pregnant and lactating women (PLW) received iron supplementation.

Goal Area 2: Every child learns

Throughout 2022, UNICEF contributed to strengthening the education systems in Yemen and continues to enhance partnerships and coordination mechanisms with the education stakeholders in key sector forums, such as the Local Education Group (LEG), the Development Partners Group (DPG), and the Education Cluster. Significant partnerships included the World Bank and the Global Partnership for Education (GPE) through the Restoring Education and Learning project (REAL), and the European Commission for the delivery of quality education services.

In 2022, UNICEF supported the functionality of schools and child-friendly learning environments by providing school grants to 7,447 schools, benefitting about 3.7 million children. Teachers' incentives were provided to 30,736 teachers and 2,163 Rural Female Teachers. The provision of incentives to these female teachers in conservative rural areas, where there is an acute shortage of female teachers, is designed to increase the enrolment and retention of girls in these areas. Furthermore, UNICEF's support during emergencies ensured access to learning for the most vulnerable, with 776,314 children (48 per cent girls), accessing learning opportunities during 2022.

The programme continued to support the provision of quality, sustainable access for 776,314 children (48 per cent girls) through remedial classes and protection services (6,128 children), the provision of 100 temporary learning spaces, benefitting 2,600 children (47 per cent girls), the rehabilitation of WASH facilities in 277 schools (benefitting 208,113 children), the provision of school supplies, benefitting 38,472 children, and school materials, including 319,177 school bag kits and 37,000 'schools-in-a-box'. A total of 13,815 teachers were trained in safe school protocols, psychosocial support, active learning, school management, and classroom management in 15 southern and northern governorates. In addition, financial and technical support was provided for organisation of national examinations for over 513,300 Grades 9-12 students.

In addition, in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), and the Ministry of Education (MoE) the programme finalised Phase 1 of the Education Management Information System (EMIS) Strategic Roadmap in Aden. This enhanced the capacity to generate and use reliable data for evidence-based system-wide planning for the education sector. During 2022, a desk review of the situation of Youth and Adolescents was completed and a comprehensive institutional capacity assessment of the education authorities, including a detailed and costed capacity development plan has been initiated.

UNICEF supported the successful completion of the 2021/2022 Education Survey in 15 northern governorates, a first since 2016. The Education Survey provides updated data and crucial evidence for education sector planning. UNICEF supported the MoE to undertake stakeholder consultations in preparation for the Transforming Education Summit (TES), presentation of the outcome of the consultation during the pre-summit, and participation of the ministerial delegation in the TES meeting in New York in September.

Goal Area 3: Every child is protected from violence and exploitation

In 2022, UNICEF through various partnerships supported the provision of essential child protection services and care for over one million children at risk. A total of 4.2 million children were reached through Mine Risk Education (MRE), while support was also provided for critical case management services, birth registration, psychosocial services through Child-Friendly Spaces (CFS) and responding to gender-based violence (GBV), child marriage and female genital mutilation (FGM). The Monitoring and Reporting Mechanism (MRM) on children and armed conflict was strengthened for evidence-based advocacy with parties to the conflict to ensure that children are protected and prioritized.

Overall, the child protection environment remained constrained in Yemen, with bureaucratic impediments and deeply rooted social norms intensified by the conflict. Therefore, as a mitigating strategy, as much as possible child protection interventions are integrated in other sector responses to reach the most vulnerable children.

In April 2022, Ansa Allah signed an Action Plan with the UN to protect children and prevent grave child rights violations in the context of the conflict. This Action Plan commits the authorities and their forces to comply with the prohibition of the recruitment and use of all children in armed conflict, including in support roles. It includes provisions to prevent the killing and maiming of children, and protect health and education facilities, and their personnel. At the same time, the implementation of a dedicated Action Plan and Roadmap progressed in Aden. Throughout the year, UNICEF supported the MRM on children and armed conflict in Yemen.

In 2022, UNICEF provided Mental Health and Psychosocial Support (MHPSS) to 419,170 individuals, including 352,765 children (49 per cent girls), contributing to improving the overall well-being of these children and their caregivers. This was accomplished by strengthening the capacity of service providers and supporting partnerships with other sectors such as education and health. MHPSS was

provided in health facilities, schools, community centres and camps for IDPs.

UNICEF also continued to provide life-saving Explosive Ordnance Risk Education (EORE) for a total of 746,321 conflicted-affected people, including 576,244 children (45 per cent girls) and 170,077 adults (40 per cent women). UNICEF worked with other UN agencies, authorities as well as national and international NGOs to address and prevent harmful social norms and practices. During 2022 UNICEF and UNFPA continued to implement a Joint Programme to end child marriage and a Joint Programme to end FGM, reaching 160,150 adolescents and adults (33 per cent girls, 33 per cent boys, 22 per cent women and 12 per cent men) who received knowledge and enhanced their capacity on GBV risk mitigation and 29,305 adolescents (82 per cent female), including GBV survivors, who received multi-sectoral assistance.

UNICEF and partners reached over 19,000 children with critical case management services, including 4,896 children (32 per cent girls) at risk and in contact and conflict with the law as well as 14,759 children (36 per cent girls) with multiple and critical child protection needs. With UNICEF's support, birth registration services have been made available in all governorates of Yemen. In 2022, a total of 212,147 children (45 per cent girls) received birth certificates through regular, routine birth registration and outreach campaigns.

Goal Area 4: Every child lives in a safe and clean environment

During 2022, UNICEF continued to pursue a dual pronged approach of linking humanitarian and development programming. Under the humanitarian programming, UNICEF provided immediate access to water and sanitation in the conflict context and responded to disease outbreaks, while as part of development programming, UNICEF supported interventions that strengthened the resilience of local systems and the capacities of local communities to achieve more durable and cost-effective results.

In 2022, a total of 2.9 million people benefitted from the UNICEF-supported rehabilitation of 71 water and sanitation systems across Yemen. UNICEF reached 6.6 million people, including about three million children, with life-saving assistance, including safe drinking water, sanitation services and WASH supplies. Beyond the humanitarian response, UNICEF also reached 6.1 million people with improved access to water and sanitation services.

UNICEF supported the continuity of WASH services through rehabilitation and maintenance of existing public infrastructure in rural and urban areas, and the extension of services to IDP camps. Life-saving WASH services were provided to 435 IDP camps, benefitting almost 360,000 people - this included water trucking and water point installations in Marib, Aden, Taiz, Hodeida, Hajjah, Al Jawf and several other locations. Emergency latrines and sewer networks were rehabilitated or constructed for about 63,000 IDPs in 124 camps in areas most affected by the conflict, such as Marib, Al Jawf, Hajja, Aden, Hodeida, Taiz and some other locations. In rural settings that are continuously affected by waterborne diseases and suspected cholera cases, UNICEF installed small-scale solar panels to sustain water pumping for the affected communities.

About 2.2 million people were reached with critical sanitation interventions through operational support, including fuel, for wastewater treatment plants in urban and peri-urban settings in 15 cities.

UNICEF led several strategic initiatives for capacity strengthening of WASH sector institutions at the national and sub-national levels. The partnership established with the Water and Environmental Centre (WEC) of the University of Sana'a is promising and important for ongoing capacity building support.

In addition to leading the WASH cluster, UNICEF continued its leadership of the WASH Development and Resilience Partners Coordination Group for Yemen. UNICEF also supported inter-cluster coordination between the WASH and nutrition clusters by providing technical guidance and follow-up

with WASH partners to prioritise the districts with high SAM rates. In addition, UNICEF enhanced the field level cluster coordination for the WASH response in Marib and Taiz by deploying additional field cluster coordinators.

Goal Area 5: Every child has an equitable chance in life

An important part of UNICEF's priorities remained the focus on the delivery of life-saving cash assistance and rebuilding and strengthening national social protection institutions and system with increased child focus.

In 2022, UNICEF with support from the World Bank, provided unconditional cash transfers to 1.4 million households, impacting over nine million people, who used the cash mainly for food and health care. UNICEF also further strengthened national social protection systems and institutions, including the Social Fund for Development (SFD) and the Social Welfare Fund (SWF). The SWF and the Handicap Care and Rehabilitation Fund (HCRF) were supported to implement an integrated social protection and services scheme (Cash Plus) which reached 229,923 beneficiaries. UNICEF also supported social protection actors with evidence for informed decision-making, technical assistance and effective sector coordination.

UNICEF continues to prioritise children with disabilities. A case management system at the HCRF was established with support from UNICEF. As a result, about 9,682 persons with disabilities were supported through case management and referrals. In addition, one Humanitarian Cash Transfer payment cycle was successfully delivered, supporting 13,066 households/families with children with disabilities, reaching 14,249 children with disabilities (42 per cent girls). Cash assistance helped them and their families to alleviate some of the socio-economic impact of the ongoing multiple crises, including the extended impact of COVID-19.

In terms of systems strengthening, UNICEF continued to support the national social protection consultative committee (SPCC) to play its role as a key national advisory platform on social protection. Supporting the development of a national social protection framework is another example of systems strengthening.

UNICEF also supported evidence generation as a key enabling factor for decision-making. The Ministry of Planning was supported in preparing and publishing 12 editions of the Yemen Socio-Economic Update (YSEU) as an essential national source of social and economic information in country. The focus of these editions was on socio-economic issues affecting programming for children and poor vulnerable people such as: malnutrition, livelihoods support, internal displacement, opportunities for entrepreneurship, economic recovery and reconstruction priorities, development financing, climate change and its impact on food security, multi-dimensional poverty, and economic fragility in Yemen.

SBC as well as Risk Communication and Community Engagement (RCCE) interventions were integrated in programme interventions to promote positive practices and address information needs of vulnerable communities, including during outbreaks of cholera, measles, polio and COVID-19.

In 2022, UNICEF led a UN inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) Network, which pro-actively reinforced the coordination of collective efforts to address prevention, response and assuring accountability on PSEA.

UNICEF also led the inter-agency coordination of Accountability to Affected Populations (AAP), training frontline workers on community engagement principles and AAP commitments for humanitarian partners. In 2022, UNICEF also supported and promoted beneficiary complaints and feedback mechanisms. Assistance was provided to hotlines managed by the Ministry of Health and

Population (MoPHP), whereby health professionals responded to peoples' queries, concerns, provided referral support and medical consultations on COVID-19 and other vaccines. A total of 65,230 calls were responded to through these hotlines in 2022. In addition, community volunteers and religious leaders were supported by UNICEF to establish a platform for two-way communication using WhatsApp, engaging approximately 100,000 people.

UN Collaboration and Other Partnerships

In 2022, UNICEF worked closely with the United Nations Country Team (UNCT) in implementing the 2022-2025 UN Sustainable Development Cooperation Framework, while UNICEF continued to partner with other UN agencies in both humanitarian and development programming to enhance UN coherence and effective coordination.

In the health sector, UNICEF worked closely with the World Health Organisation (WHO) and the United Nations Population Fund (UNFPA) under the stewardship of the MoPHP and local authority counterparts. The World Bank, Global Alliance for Vaccines and Immunisation (GAVI), the European Union (EU), the United Kingdom and the Kingdom of Saudi Arabia remain the major donors to sustain the gains at PHC level.

UNICEF collaborated with the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and WHO on food security and nutrition assessments and jointly supported the release of the Integrated Food Security Phase Classification (IPC) and Acute Malnutrition assessment findings in March 2022. UNICEF worked closely with WHO and WFP in jointly implementing CMAM services and ensured the seamless referral of children within different treatment programmes. In July 2022, implementation started of the three-year UN Programme ‘Joint Actions for Food Security and Nutrition’ (PROACT), a new partnership between UNICEF, FAO and WFP.

During 2022, UNICEF and UNFPA continued to implement a Joint Programme to end child marriage and a Joint Programme to end FGM, reaching 160,150 adolescents and adults with risk mitigation initiatives to address gender-based violence, including awareness messages and increased engagement of men and women to prevent FGM in their communities. UNICEF also supported the Central Statistical Organisation in developing the National Gender Statistics Framework, an important step in strengthening gender and social statistics in Yemen.

UNICEF co-chaired the UN Country Task Force on Monitoring and Reporting (CTFMR) on grave violations against children in Yemen.

The partnership with the World Bank continued to grow in strength. Additional financing was finalised under the Yemen Emergency Human Capital Project (EHCP), a partnership between the World Bank, UNICEF, WHO and the UN Office for Project Services (UNOPS) initiated in 2021, supporting investments in nutrition, health, WASH and other areas. Additional financing was also negotiated for the unconditional cash transfer programme and under the REAL project, a partnership between the World Bank, UNICEF, WFP, Save the Children International and the GPE; the partners are supporting continuity of learning in seven governorates in Yemen. A joint programme providing education sector-wide support funded by GPE with UNICEF together with UNESCO, WFP and the MoE as partners was successfully closed.

Strategic partnerships with national authorities, local organisations, religious leaders, women’s and youth groups, UN agencies as well as national and international non-governmental organisations were sustained throughout 2022, including on community engagement and Accountability to Affected Populations, and RCCE for outbreak responses.

Lessons Learned and Innovations

A number of lessons learned and challenges identified in 2022 were taken into account in the development of UNICEF’s 2023-2024 Country Programme for Yemen, which focuses more on integrating various programme interventions and enhancing cross-sectoral approaches to maximise quality results for children in the country.

Humanitarian funding in Yemen remains constrained. In 2022, partners accelerated the discussion on more integration of the humanitarian and development programmes factoring in the chronic situation in Yemen. This integration was a key discussion point in the UN Senior Officers' Meeting in Brussels where UNICEF co-led the session on the humanitarian-development nexus. UNICEF remains an active partner in various forums for the nexus, including the Yemen Partners Group.

To holistically address the needs of children in Yemen, during 2022 substantial efforts were made towards programme integration to improve impact and service coverage. For example, as part of the EHCP, WASH services were delivered as a package at both facility and community levels. Programmatic intersects between child protection/education and health included integrated approaches to provide psychosocial support to children and their caregivers through health facilities and schools. Vulnerable children were identified by experienced social workers who regularly visited health facilities and referred children to be provided with critical child protection services.

These integrated approaches helped to maximise results for children, providing quality services while accessing more vulnerable children. However, putting in place such integrated programmes requires an extended period of coordination and harmonisation across multiple sections. This remains challenging to implement with short-term funding and certain conditionalities of available funding.

In the area of social protection and inclusion, working with and through existing systems such as the Social Welfare Fund and the Handicap Care and Rehabilitation Fund resulted in better access and responsiveness to the needs of the most vulnerable children and their families. However, there is a need to continue investing in partners' capacity in the coming years. While cash assistance has a powerful impact on the survival and thriving of children, the needs are huge so there is a need to scale up linkages between unconditional cash transfers (UCTs) and services for a more effective response to children's needs and also to scale up UCTs to cover additional vulnerable groups.

The multiple crises in Yemen led to a further deterioration of the already challenging situation of vulnerable groups such as the Muhamasheen, a minority faced with caste-based discrimination, and children with disabilities. This highlighted the need for an integrated multi-sectoral social protection response to multi-dimensional poverty and vulnerabilities, hence the importance of the Cash Plus approach.

External communication is central to UNICEF's advocacy and during 2022 UNICEF provided a broad range of interviews and content to local and international media outlets. The engagement of young people in the development of UNICEF's advocacy products has been critical to provide a clear venue for their participation and engagement.

Restrictions on RCCE, particularly in the northern governorates, remained a major challenge throughout 2022. These restrictions included impounding supplies (such as the toolkits of community volunteers and reusable face masks), obstructing certain community engagement activities, such as Mother-to-Mother clubs in some locations, as well as the reluctance of authorities in Sana'a to explicitly mention COVID-19 in RCCE interventions. One of the lessons learned is the need to further strengthen the role of religious and community leaders in RCCE to address misconceptions derived from distorted religious beliefs that affect the adoption of promoted practices or vaccination acceptance.

The continuous collaboration between the different clusters and UNICEF programme teams at central and field office level continued to be important for timely and effective emergency planning and preparedness. Under UNICEF's cluster leadership, the focus remained on ensuring an integrated response to meet needs rather than a siloed sectoral approach.

Evidence generation activities continue to show that health professionals are highly trusted by their communities. The mobilisation and integration of trained medical doctors and midwives to engage their community and respond to their concerns contributed to addressing various rumours and misconceptions, especially about vaccines. Where mobilised and provided a platform, young people often become agents for social and behaviour change within their own community, encouraging their peers and families to adopt positive practices.

In 2022, nine SMART (Standardised Monitoring and Assessment of Relief and Transitions) surveys were conducted in various governorates with UNICEF support, providing critical information for programming. In addition, data collection and analysis for the Multiple Indicator Cluster Survey (MICS) was completed in the southern governorates, while by year-end teams of interviewers were trained for data collection in the northern governorates, scheduled for the first quarter of 2023.

During 2022, UNICEF Yemen completed an evaluation of the Infant and Young Child Feeding (IYCF) programme and an evaluation of the Rapid Response Mechanism (RRM). Another four evaluations continued and an evaluative review, an evaluability assessment and a Yemen evaluation stakeholder mapping exercise were completed. All the large evaluations commissioned in 2021 made use of evaluation reference groups, which included staff from external partners and donors.

Faced with continuing challenges to access certain parts of the country, UNICEF Yemen has inverted the contractual relationship between national and international evaluation firms, so that national firm takes the lead. This arrangement contributed to reducing bureaucratic impediments, while providing both firms the opportunity for evaluation capacity development as part of the evaluations. Evaluation contracts with individual consultants are being phased out and replaced by contracts with larger evaluation teams that can produce quality evaluations while at the same time provide evaluation capacity development opportunities to team members during evaluations.

The basic banking environment continued to be challenging for providing smooth financial support services due to liquidity and the unstable local currency exchange rate, especially in the southern governorates of Yemen. UNICEF Yemen continued to review and enhance capacities to efficiently process high-risk programme payments. The registration of banks with the Central Bank of Yemen (north and south) still remains an issue.