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## United Nations Children's Fund

Executive Board

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Item 4 (a) of the provisional agenda\*

### Country programme document

#### Yemen

#### *Summary*

The country programme document (CPD) for Yemen is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$18,100,000 from regular resources, subject to the availability of funds, and \$794,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2024.

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\* E/ICEF/2022/22.



## Programme rationale

1. Prior to the escalation of the armed conflict in 2015, Yemen was already off track to achieving the 2030 Agenda for Sustainable Development. The armed conflict has not only interrupted the country's development trajectory, but also reversed the limited gains that had been made, and Yemen is currently ranked 145 out of 165 countries on the progress made towards achieving all 17 Sustainable Development Goals.<sup>1</sup>

2. The country suffers from one of the world's worst humanitarian crises, with an estimated 23.4 million people (68 per cent of the population), including 12.9 million children and 5.2 million women, in need of humanitarian assistance.<sup>2</sup> The crisis has affected both the delivery of and access to essential services. Over 4 million people, including 2 million children, are internally displaced.<sup>3</sup> Many are in a situation of protracted and multiple displacements, straining their resources and exacerbating vulnerabilities. The influx of large numbers of internally displaced persons (IDPs) puts an additional burden on resources in hosting communities – many of which are conflict-affected with significant humanitarian needs. The coronavirus disease 2019 (COVID-19) outbreak, flooding, locust infestation, overlapping infectious disease outbreaks such as cholera and dengue, and climate-related hazards have further compounded the already dire humanitarian situation.

3. In 2021, armed violence resulted in 769 civilian fatalities and 1,739 injuries, with over 25 per cent being children and women.<sup>4</sup> Landmines, improvised explosive devices and unexploded ordnance continue to claim lives, with 130 civilians killed and 288 injured in 2021,<sup>5</sup> along with disruption to livelihoods and constrained access to humanitarian aid. International humanitarian law continues to be challenged, with schools, hospitals and water services attacked or taken over by armed groups.

4. Yemen has a young population of approximately 31.8 million (51 per cent male, 49 per cent female), with 63 per cent under 24 years of age and 38 per cent under 15 years of age.<sup>6</sup> Around 63 per cent of the population lives in rural areas, down from 68 per cent in 2010.<sup>7</sup> The population is projected to double by 2035.<sup>8</sup>

5. Since 2015, the economy of Yemen has shrunk by more than half. The protracted fuel crisis, which started in June 2020, has had a significant impact, raising the cost of transportation and food, and threatening medical services and the supply of clean water and electricity. In 2021, several shocks combined to further destabilize the country's macroeconomic position and increase the prices of food: a currency collapse in the south, escalating internal monetary policy challenges and restrictions on Yemeni workers in Saudi Arabia, limiting remittances. In 2022, the economy was further challenged by the impact of the Ukraine conflict on fuel and food prices.

<sup>1</sup> Sachs, Jeffrey, et al., *Sustainable Development Report 2021*, Cambridge University Press, Cambridge, 2021.

<sup>2</sup> United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Needs Overview Yemen*, OCHA, New York, 2022

<sup>3</sup> Ibid.

<sup>4</sup> Protection Cluster Yemen, *Civilian Impact Monitoring Project Annual Report 2021*.

<sup>5</sup> Ibid.

<sup>6</sup> Yemen Central Statistical Organization, *Population projections 2020–2025*.

<sup>7</sup> Ibid.

<sup>8</sup> World Bank, *Facing the hard facts in Yemen*, 2012, <[www.worldbank.org/en/news/feature/2012/09/26/yemen-talking-points](http://www.worldbank.org/en/news/feature/2012/09/26/yemen-talking-points)>, accessed 6 June 2022.

6. Before 2015, poverty affected almost half of the population; it now affects an estimated three quarters.<sup>9</sup> Households headed by women and girls are at a higher risk of poverty owing to a lack of work opportunities and low wages compared to men.<sup>10</sup> The World Bank-funded unconditional cash transfer programme delivered by UNICEF covering over 1.45 million families across all districts of Yemen has been essential in preventing a further descent into poverty.

7. Women and girls continue to face significant challenges in access to nutrition and food security, education, health, information and labour force participation, with these gender-based deprivations exacerbated by conflict, insecurity and other shocks.

8. The COVID-19 pandemic has further strained fragile national systems, such as health, water and sanitation. By April 2022, over 11,800 cases of COVID-19 had been recorded in the south of the country, including over 2,140 deaths.<sup>11</sup> With the lack of testing capacities, these figures are not a full representation of the infection rates. Under 2 per cent of the population are estimated to be fully vaccinated against COVID-19.<sup>12</sup> In the last quarter of 2021, there was an outbreak of vaccine-derived poliovirus type 2, with 83 cases reported in 16 governorates by May 2022.

9. Key data and statistics across all human development indicators in Yemen are generally outdated and reliant upon estimates and projections.<sup>13</sup> Despite these shortcomings, there is enough evidence to indicate that children in Yemen are exposed to multiple deprivations, such as constrained access to social services leading to poor health, malnutrition and learning deficits, and are at risk of violence, exploitation, child marriage, death or injury from conflict and recruitment by armed actors.

10. The nutrition situation is dire. Around 1.3 million pregnant and nursing women and 2.2 million children are expected to suffer from acute malnutrition in 2022, including 538,000 children with severe acute malnutrition.<sup>14</sup> Micronutrient deficiencies, particularly anaemia, are widespread, particularly among children and women. The high prevalence of chronic and acute malnutrition is underpinned by an interconnected set of structural causes associated with widespread poverty, food insecurity, insufficient access to clean water and sanitation, a high prevalence of diarrhoeal diseases and suboptimal infant and young child feeding practices.

11. It is estimated that one mother and six newborns die every two hours in Yemen owing to a lack of quality of or access to health services.<sup>15</sup> The estimated maternal mortality ratio is 164 per 100,000 live births, the under-5 mortality rate is 60 per 1,000 live births, the infant mortality rate is 46 per 1,000 live births, and the neonatal mortality rate is 28 per 1,000 live births, all of which are among the highest in the world.<sup>16</sup>

12. Existing data indicate low coverage of essential neonatal, child and maternal health services, including vaccinations. Only half of health facilities are functional or

<sup>9</sup> World Bank, World Bank in Yemen, 2021, <[www.worldbank.org/en/country/yemen/overview#1](http://www.worldbank.org/en/country/yemen/overview#1)>, accessed 6 June 2022.

<sup>10</sup> CARE, IASC GenCorp and Oxfam, *From the Ground Up: Gender and conflict analysis in Yemen*, Oxfam, Oxford, 2016.

<sup>11</sup> Johns Hopkins University & Medicine, Coronavirus Resource Center: Yemen overview, <<https://coronavirus.jhu.edu/region/yemen>>, accessed 6 June 2022.

<sup>12</sup> Reuters, COVID-19 tracker: Yemen, <<https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/yemen/>>, accessed 6 June 2022.

<sup>13</sup> United Nations Yemen, *Common Country Analysis (CCA)*, November 2021.

<sup>14</sup> Integrated Food Security Phase Classification, Yemen: acute malnutrition situation January–May 2022 and Projection for June–December 2022, <<http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155480/?iso3=YEM>>, accessed 6 June 2022.

<sup>15</sup> United Nations Inter-agency Group for Child Mortality Estimation, Mortality rates, 2021.

<sup>16</sup> Ibid.

partially functional; and even fully functional facilities are affected by staff shortages, inadequate supplies and equipment, inability to meet operational costs and power outages caused by lack of fuel.<sup>17</sup> The situation is further exacerbated by non-payment of salaries to the public sector health workforce over several years, resulting in demotivation and abandonment of health facilities. With UNICEF support for operational costs, supplies and incentives for staff, over 200 closed health facilities reopened and over 2,000 more continued to function since 2018.

13. Chronic water scarcity, which was already a driver of fragility, has been aggravated by the conflict. Service delivery has become more uneven owing to physical damage, lack of fuel, electrical outages, inadequate revenue collection, water theft, tampering of water meters and high absenteeism among technical staff who have not received full salaries in over four years. Nearly 40 per cent of the population are not accessing basic drinking-water services, and 45 per cent are not accessing basic sanitation services.<sup>18</sup> The capacity to treat wastewater is insufficient and progressively collapsing owing to a lack of maintenance, inadequate management capacities and increasing demand. The deterioration in water and sanitation service delivery, coupled with the increasing water stress, has significantly contributed to the cholera and malnutrition crises.

14. The conflict, combined with the impact of COVID-19 that closed schools for six months in 2021, has taken a toll on children's access to education. An estimated 2 million children of the 10 million school-aged children (aged 5–17 years) are out of school;<sup>19</sup> 64 per cent of teachers have not received a regular salary since 2016, and schools lack adequate supplies of textbooks and other educational supplies. Barriers to education for children include access, with an estimated 2,507 schools unfit for use.<sup>20</sup> Some schools are operating for only one or two hours each day, even when teachers are in attendance. Significant gender gaps persist in enrolment: obstacles to improving access and learning achievement in school include deeply rooted gender-related norms.

15. Violence, exploitation and abuse affect children of all ages. Adolescents bear much of the burden of the negative coping strategies adopted by families, such as child marriage, child labour and recruitment into armed groups. Harmful practices, particularly child marriage and female genital mutilation, continue to affect girls. In 2021, the United Nations country task force on monitoring and reporting documented 2,748 incidents of grave violations against children, with 92 per cent of the reported incidents verified.

16. While the protracted conflict and economic deterioration have affected the psychological well-being of children, adolescents and their caregivers, Yemen has a limited capacity to provide mental health and psychosocial support.

17. The country programme design was informed by findings from recent evaluations and lessons learned from the COVID-19 pandemic response<sup>21</sup> to

<sup>17</sup> United Nations Office for the Coordination of Humanitarian Affairs, Yemen HerAMS dataset 2020: list of health facilities, <<https://data.humdata.org/dataset/yemen-herams-dataset-2020-list-of-health-facilities>>, accessed 6 June 2022.

<sup>18</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2021.

<sup>19</sup> United Nations Children's Fund, *Education Disrupted: Impact of conflict on children's education in Yemen*, UNICEF Yemen, 2021.

<sup>20</sup> United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Needs Overview Yemen*, OCHA, New York, 2022.

<sup>21</sup> United Nations Children's Fund, *Analysis of Socioeconomic Impacts of COVID-19 on Children in Yemen*, UNICEF Yemen, 2020; *Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: Crisis within a crisis*, UNICEF, 2018; UNICEF Yemen, *Gender Programmatic Review*, June 2020.

strengthen synergies between emergency response activities and long-term development approaches. Based on the identification of the vulnerable populations, the new country programme will prioritize achieving collective humanitarian and development outcomes that reduce needs, risks and vulnerabilities over several years, while ensuring a greater focus on the quality of assistance and an appropriate balance between at-scale actions and targeted approaches to reach those most in need, as well as strengthening monitoring.

18. The truce brokered by the United Nations Special Envoy for Yemen<sup>22</sup> from the period 2 April to 2 June and extended until 2 August 2022, the first in six years, has opened new opportunities for sustainable peace in Yemen. As part of the process, it will be critical that the support to essential social services is sustained and scaled up to meet the urgent needs of the population and prevent the collapse of national systems.

## Programme priorities and partnerships

19. Contributing to all four outcomes of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022–2024 for Yemen, the country programme aims to halt and reverse the deterioration of the situation of children in Yemen by ensuring that: (a) access, quality and gender-responsiveness of essential social services for children and their families, particularly the most vulnerable, are improved; (b) more parents and other caregivers practise healthy, caring and protective behaviours, including using social services; and (c) households and communities are more resilient and better able to resist shocks. Underpinning these aims is a core programming principle that children affected by conflict and displacement are prioritized across all humanitarian and development actions.

20. Building on past experience, approaches will be tailored to address disparities experienced by children in different geographic locations through strengthening convergence between humanitarian and development interventions within the humanitarian–development–peace nexus agenda in Yemen. A combination of mutually reinforcing humanitarian and development assistance approaches will be supported to address both immediate needs and longer-term structural requirements, at national and local levels, including the need to build more resilient communities. UNICEF will continue its phased approach, balancing the strengthening of systems while also supporting direct service delivery and grasping the opportunity offered by humanitarian action to develop more resilient community structures, including through joint United Nations programming initiatives in both development and humanitarian contexts.

21. UNICEF will continue strengthening the gender-responsiveness of the country programme to contribute to the reduction of gender-based discrimination, inequality and violence. This will involve adopting gender-transformative approaches across all programming, with due attention to the prevention of and response to sexual exploitation and abuse. UNICEF will promote actions to empower girls and women and create a more supportive environment to express their views.

22. Building on the positive experiences from the multisectoral collaboration on cholera and COVID-19 responses, UNICEF will expand social and behavioural change strategies, with innovative approaches to promote positive behaviours and

<sup>22</sup> Office of The Special Envoy of The Secretary-General for Yemen, Press statement by United Nations Special Envoy for Yemen Hans Grundberg on the renewal of the United Nations-mediated truce, 2022, <<https://osesgy.unmissions.org/press-statement-un-special-envoy-yemen-hans-grundberg-renewal-un-mediated-truce-0>>; Statement on the truce in Yemen, 2022, <<https://osesgy.unmissions.org/statement-truce-yemen>>, accessed 10 June 2022.

address harmful practices and norms, focusing on parents, caregivers, teachers, children and adolescents.

23. In addition to the already initiated actions to undertake multiple indicator cluster surveys, UNICEF will make additional investments to improve data collection and analysis on the situation of children and women.

24. The humanitarian principles of humanity, neutrality, impartiality and independence will continue to guide the planning and implementation of UNICEF-supported interventions, addressing the needs of children regardless of their geographical location. The Core Commitments for Children in Humanitarian Action will guide the upholding of the rights of children in the context of conflict, natural disasters and public health emergencies. Building on the grievance redressal mechanism established under the unconditional cash transfer programme, UNICEF will expand and support initiatives for complaints and feedback mechanisms to other components of the programme. UNICEF will respond to humanitarian needs by contributing to system strengthening through: (a) the delivery of timely humanitarian assistance as provider of last resort, along with cluster leadership in nutrition, water, sanitation and hygiene (WASH), education and child protection; (b) the strengthening of service provider and community capacities to respond to crises and humanitarian needs; and (c) the systematic application of the principles of accountability to affected populations.

### **Health**

25. Contributing to UNSDCF outcome 4 and in partnership with the World Health Organization, the United Nations Population Fund (UNFPA) and other development actors, this component aims to reduce infant, child, adolescent and maternal morbidity and mortality through ensuring the availability of basic and essential health services, particularly at primary health-care level. While the country programme's focus is children – including adolescents – and given the strong links with maternal health and nutrition, UNICEF will employ a continuum of care approach, linking reproductive, maternal, newborn, child and adolescent health, particularly girls.

26. To ensure the continuity of care, UNICEF will continue to focus on the strengthening of primary health care and community health systems by using the Minimum Service Package (MSP). UNICEF will support the functioning of primary health-care facilities in line with the MSP, including operational costs, essential medicines and supplies, furniture and equipment, infection prevention measures, including provision of safe water supply and medical waste management, along with performance-based payments to health workers. Support will be provided to ensure free referral health care is available for newborns, children and mothers of children with medical complications that need advanced care.

27. An increased focus will be given to bridging the access gap to health services at the community level through expanding the health system and service delivery platforms beyond primary health-care facilities. Building on experiences of deployment of community health and nutrition volunteers, UNICEF will support further scale-up of such deployment to improve access to basic but life-saving services in hard-to-reach areas that otherwise have no access to any form of health care. UNICEF will also build the capacity of community midwives to further improve access to maternal and newborn care.

28. Health emergency preparedness and response activities will include pre-positioning of supplies, capacity-building of the health workforce, supportive supervision and data monitoring. UNICEF will procure and support distribution of vaccines, cold chain equipment and other health commodities, and ensure equitable delivery of routine immunization services through fixed, outreach and mobile

vaccination strategies, along with defaulter tracing. Support will continue to be provided for the COVID-19 vaccine roll-out and its integration into routine immunization programmes and campaigns. The use of the mobile phone app Data4action will be expanded for reporting on vaccine stocks, immunization supplies and fuel across the country. UNICEF will continue to engage communities to increase demand for immunization and overcome vaccine hesitancy.

### **Nutrition**

29. In response to the malnutrition crisis and contributing to UNSDCF outcomes 1 and 4, this component will aim to ensure that more children and women benefit from improved and equitable use of high-impact nutrition interventions to contribute to the reduction of stunting, wasting and other forms of malnutrition, including micronutrient deficiencies. Efforts will be made to improve multisectoral coordination and action to reduce malnutrition, including by promoting greater investment in nutrition system-strengthening approaches by humanitarian actors.

30. Yemen has one of the world's highest rates of stunting, yet the focus of recent programming has been predominantly on the treatment of wasting. In close collaboration with the Food and Agriculture Organization of the United Nations and the World Food Programme (WFP), UNICEF will seek to address malnutrition more comprehensively and deliver nutrition services with a more deliberate focus on preventive measures through community-based social and behaviour change approaches.

31. UNICEF will build on the recent scale-up of community management of acute malnutrition services through mobile and fixed outpatient therapeutic programmes by sustaining the existing services while improving their quality. Investments will support expanding the service delivery platforms beyond the health-care system and adopting social protection schemes to reduce financial barriers to accessing treatment services of severe acute malnutrition.

32. UNICEF will continue to support and expand the network of community health and nutrition volunteers, strengthen their linkages to primary health-care facilities and improve the supportive supervision model. UNICEF will continue to support the provision of micronutrient supplementation for children under 5 years of age and pregnant and lactating women through routine primary health-care services and adopt innovative community-based approaches to prevent anaemia in adolescent girls.

33. Based on the findings of a 2021 evaluation of the Infant and Young Child Feeding programme, UNICEF will scale up coverage, with an emphasis on improving exclusive breastfeeding for children under 6 months of age and complementary feeding for infants aged 6–23 months.

### **Education**

34. This component will contribute to UNSDCF outcome 4, aiming to support overcoming key barriers preventing children and adolescents, especially girls, to access basic education and have improved learning outcomes. Working in close partnership with the United Nations Educational, Scientific and Cultural Organization and WFP, programming will focus on increasing access to formal and alternative education, including in emergencies, improving teaching and learning, especially in basic education, and strengthening the education system through improved planning, management, data collection and budgeting.

35. UNICEF will aim to progressively ensure improved access to education at the pre-primary and primary levels. Support will be provided for enrolment of children, the procurement and equitable distribution of teaching and learning supplies, the rehabilitation of schools, including WASH facilities, the expansion of classrooms and

the construction of temporary learning spaces. Additional efforts to promote access, particularly for girls, will include working with school management and local leaders on ensuring safe, protective and healthy schools. To allow access to learning for those in hard-to-reach and remote areas including internally displaced children, alternative learning modalities will be supported, including non-formal, distance and home-based learning where necessary.

36. To improve the quality of education, including teacher performance and learning outcomes, UNICEF will provide incentives and allowances to retain teachers and school-based staff who are in areas where regular salary payments have not been provided for many years, and will continue with development partners to advocate the full reinstatement of teacher salaries nationwide. Support will be provided for professional development of teachers and education personnel, particularly through in-service training.

37. UNICEF will strengthen institutional capacities for data generation to inform evidence-based planning, budgeting, monitoring and coordination, aiming to ensure education delivery is inclusive, safer, resilient to crisis and more gender-responsive. UNICEF will continue to co-lead the education cluster and the education in emergencies technical working group.

### **Child protection**

38. Contributing to UNSDCF outcomes 2 and 4, this component aims to address and prevent violations of children's rights to protection from violence, abuse and harmful practices. UNICEF will continue to invest in expanding the availability of frontline workers, accelerating the integration of child protection into other sectors and engaging community-based structures to prevent and respond to violations, while also ensuring timely emergency service provision.

39. UNICEF will support the development and operationalization of a child protection plan of action. UNICEF will continue to support the referral and provision of critical services to the most vulnerable children through the case management system. These services include provision of victim assistance, individual counselling, family tracing and reunification, legal aid, temporary shelter, education, medical services and birth certification. Social welfare and justice systems, schools and health facilities will be key platforms to prevent and respond to cases of abuse, gender-based violence and harmful practices, particularly child marriage and female genital mutilation. UNICEF will support community-based psychosocial support for children, adolescents and their caregivers. Social and behavioural change strategies – including risk education on explosive ordnance – will promote a safe and protective family and community environment.

40. Under the Children And Armed Conflict agenda, in collaboration with the Office of the United Nations High Commissioner for Human Rights and the Office for the Coordination of Humanitarian Affairs, UNICEF will support the implementation of related action plans and continue to monitor the six grave violations within the United Nations country task force on monitoring and reporting, advocate the end of violations and release of children from armed forces and armed groups, and support their safe reintegration. As part of the UNFPA-UNICEF Global Programme to End Child Marriage, UNICEF will continue to advocate and support national and community engagement to end child marriage.

### **Water, sanitation and hygiene**

41. Contributing to UNSDCF outcomes 1 and 4, UNICEF will pursue a dual-pronged approach for increasing WASH coverage responding to emergency needs while promoting stronger links with development programming. This component will



transition from system preservation to system-strengthening, not limiting interventions to rehabilitation but extending them to include system upgrades and expansion to serve more people.

42. This programme component will continue to focus on securing continued access to safe drinking water through the rehabilitation and augmentation of climate-resilient water supply systems in rural and urban locations, supporting the regular operations and maintenance, alternative energy options and emergency interventions in IDP sites and host communities following population displacement. UNICEF will support the rehabilitation and sustainable operation of damaged wastewater treatment plants and ensure availability of gender- and disability-friendly emergency latrines. Learning from recent experience with the cholera response, UNICEF will expand efforts on improving poor sanitation. Hygiene promotion will continue in high-risk areas using appropriate communication approaches, complemented with the provision of hygiene kits.

43. UNICEF will also support the rehabilitation and installation of water supply and sanitation systems and ensure hygienic surroundings in schools and health-care facilities.

44. As part of the resilience strengthening shift, national and subnational institutional capacity development will be supported, focussing on improved systems management, operations and maintenance around the protection of groundwater and superficial water resources, adaptation to deteriorating water quality, and use of disaster-resilient water and sanitation technologies.

45. UNICEF will continue supporting WASH humanitarian coordination, preparedness and response at the national and decentralized levels. This will include response to emergency needs, including safe drinking water and adequate sanitation, along with essential supplies to the most vulnerable, particularly IDPs, host communities and others affected by conflict or high levels of disease outbreaks and malnutrition.

### **Social policy**

46. Contributing to UNSDCF outcomes 3 and 4, this component aims to ensure that children in Yemen, at a time of increased humanitarian needs and likely increased multidimensional poverty, are able to access integrated social protection in a scaled-up, shock-responsive and sustainable manner. A specific focus will be on the most vulnerable, including children with disabilities and socially excluded children.

47. UNICEF, in collaboration with the International Labour Organization and the United Nations Development Programme, will support the development of a scenario-based framework for a national social protection system, including strengthening coordination structures, information systems, payment management and grievance mechanisms.

48. Within the response to the socioeconomic impact of multiple crises that are faced by vulnerable families, UNICEF will continue to support efforts to deliver and build national capacities for managing the World Bank-supported unconditional cash transfer programme, including scaling up the Cash Plus initiative to strengthen linkages of unconditional cash transfer beneficiaries to basic services.

49. UNICEF will continue to strengthen the quality and coverage of additional social protection programmes that target the most vulnerable children, including children with disabilities, through a combination of social assistance benefits to address multiple immediate needs and link families to basic social services.

50. Notwithstanding the constraints to collecting reliable data, UNICEF will build on existing monitoring initiatives with partners to continuously update evidence on the socioeconomic context and the situation of children and will enhance the capacity of authorities to analyse and utilize the information to improve the coverage and quality of services for the most vulnerable children.

#### **Emergency coordination and rapid response**

51. To respond to the needs of suddenly displaced children and families, in collaboration with UNFPA and WFP, UNICEF will continue to ensure rapid response mechanism activities, providing critical life-saving assistance, including emergency water and sanitation, food and nutrition, health services and psychosocial care.

52. While UNICEF will primarily respond to humanitarian needs through its humanitarian response plan, the country programme will focus on the strengthening of the national delivery and coordination systems to sustain effective results generated through its humanitarian response.

53. Stronger collaboration will be promoted with authorities to deliver, support and coordinate the humanitarian response. Together with the Office for the Coordination of Humanitarian Affairs, cluster co-lead agencies, humanitarian agencies and civil society organizations, the use of child-centred and risk-informed planning will be prioritized.

#### **Programme effectiveness**

54. This programme component will support programme planning, monitoring, evaluation, external communication, gender programming and social and behavioural change strategies, along with operational support to programme delivery, including field offices management. To ensure that resources are efficiently managed, UNICEF will use risk-management approaches and oversight on partnerships, supplies, funds and contribution management.

### **Summary budget table**

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources<sup>a</sup></i>	<i>Total</i>
Health	1 600	129 800	131 400
Nutrition	1 600	118 700	120 300
Education	1 700	51 500	53 200
Child protection	1 750	21 500	23 250
Water, sanitation and hygiene	1 750	68 000	69 750
Social policy	1 300	383 500	384 800
Emergency coordination and rapid response	100	1 000	1 100
Programme effectiveness	8 300	20 000	28 300
<b>Total</b>	<b>18 100</b>	<b>794 000</b>	<b>812 100</b>

<sup>a</sup> An additional \$600 million (\$300 million yearly) is anticipated to be raised in other resources – emergency.

## **Programme and risk management**

55. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are described in the organization's programme and operations policies and procedures.

56. The country programme will be coordinated, implemented and monitored as part of the UNSDCF. Potential risks to the programme include increased insecurity and conflict leading to even more constrained access to populations in need; limited partner capacity; the country's vulnerability to natural disasters, primarily droughts, floods and epidemics; diversion of resources and funding; the resistance of some religious leaders to the protection of children and women; and a failure to mobilize sufficient resources. UNICEF will mitigate these risks through the systematic application of risk-informed programming and management, third-party field monitoring of programmes, strengthened engagement with key traditional leaders and broadening of partnerships with non-traditional donors and funding sources. Environmental and social safety risks, child safeguarding and risks of sexual exploitation and abuse will be mitigated through implementation of prevention and response plans for staff and partners.

57. The overall assumption of the country programme is that humanitarian needs will remain high across all sectors, and long-term development efforts and strategies are required to support national systems and prevent their collapse. It is also assumed that enough resources will be mobilized to fund implementation of the country programme.

## **Monitoring and evaluation**

58. The integrated results and resources framework and costed evaluation plan form the basis for programme monitoring and reporting. These will be reviewed with partners during mid-year and annual reviews, following which adjustments may be made. Real-time monitoring will be undertaken to inform timely changes to implementation, and quality oversight of humanitarian information systems will be strengthened. UNICEF will work with other United Nations agencies to monitor UNSDCF progress, strengthen routine monitoring systems and undertake key surveys, including the multiple indicator cluster survey. Feedback from targeted populations will be captured through focus group discussions and mainstreaming of accountability to affected populations throughout the programme.

59. Key evaluations, as outlined in the annexed costed evaluation plan, will analyse the effectiveness and sustainability of programme interventions and emergency responses and will be used to enable evidence-based decision-making.

## Annex

### Results and resources framework

#### Yemen – UNICEF country programme of cooperation, 2023–2024

<b>Convention on the Rights of the Child: Articles 2–40</b>
<p><b>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</b></p> <p><b>Outcome 1:</b> By 2024, people in Yemen, especially women, adolescents and girls and those in the most vulnerable and marginalized communities, benefit from better, equal and inclusive access to nutritious food, sustainable and resilient livelihoods and environmental stability.</p> <p><b>Outcome 2:</b> By 2024, people in Yemen, especially women, adolescents and girls and those in the most vulnerable and marginalized communities, experience more rights-based good governance, comprised of effective people-centred, equitable and inclusive gender and age-responsive improved public services, and rule of law.</p> <p><b>Outcome 3:</b> By 2024, people in Yemen, especially women, adolescents, girls, and those at risk of being left behind, become more resilient to economic shocks by increasing their income security and access to decent work.</p> <p><b>Outcome 4:</b> By 2024, people in Yemen, especially women, adolescents, girls and those at risk of being left behind, will experience strengthened social protection and social services, which are people-centred, evidence and needs-based, equitable, inclusive and gender and age-responsive.</p>
<b>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</b>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
4	<b>Health</b> More neonates, infants, children, including adolescents, and women benefit from improved access to and use of quality and equitable health	(a) Neonatal and (b) child mortality rates (a) B: 28; T: 27 (b) B: 59; T: 55  Percentage of surviving infants who received the	Multiple indicator cluster survey (MICS)  MICS	National and subnational health system capacity strengthened to prepare, prevent and respond to public health emergencies, including outbreaks of communicable diseases.	Health authorities  United Nations agencies  Non-governmental	1 600	129 800	131 400

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	services and practices, including in humanitarian situations.	first dose of the measles-containing vaccine. B: 83% T: 90%		More children under 1 year of age and women of reproductive age receive all recommended vaccines.	organizations (NGOs) Civil society organizations (CSOs)			
		Percentage of live births attended by skilled health personnel (home and facilities) B: 39% T: 42%	MICS	The health systems in Yemen are better able to provide quality health services at the facility and community levels to vulnerable mothers, newborns and children, including adolescents.				
1 and 4	<b>Nutrition</b> More children, adolescent girls and women in Yemen, particularly those most vulnerable, benefit from high impact, multisectoral, quality nutrition services and adopt improved nutrition practices, including in humanitarian situations.	Percentage of children under 5 years of age who are wasted B: 9.9% (girls 8%; boys 10%) T: 9% (girls and boys)	Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey	National and subnational service capacities to prevent wasting and treat children with acute malnutrition are strengthened, including during emergencies.	Health authorities United Nations agencies NGOs CSOs	1 600	118 700	120 300
		Percentage of children who received minimum acceptable diet B: 11.5% (girls 11.5%; boys 11.5%) T: More than 12% (girls and boys)	SMART survey	Yemen demonstrates a strengthened environment for multisectoral coordination, monitoring and delivery of high-impact nutrition interventions and the adoption of appropriate practices.				
		Prevalence of anaemia among non-pregnant, non-lactating women of reproductive age B: 71% T: 65%	SMART survey					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
4	<b>Education</b> More children, including adolescents, particularly girls, access equitable and inclusive quality education opportunities and are learning and acquiring skills for the future, including in humanitarian situations.	Out-of-school rate for girls and boys of primary and lower secondary school age B: 50% (girls 47%; boys 53%) T: 35% (girls and boys)	Ministry of Education National Statistics Yearbook	The education system has strengthened capacities to deliver inclusive and quality basic education, particularly for the most vulnerable children and adolescents, particularly girls.  More children and adolescents, particularly girls, benefit from basic quality formal, non-formal or alternative learning opportunities through UNICEF support.  The quality of teaching and learning is improved for children and adolescents.	Education authorities  United Nations agencies  NGOs  CSOs	1 700	51 500	53 200
		Completion rate for basic education (9 years) B: 55% (girls 47%; boys 62%) T: 65% (girls and boys)	Ministry of Education National Statistics Yearbook					
		Gender parity index B: 0.85 T: 0.9	Ministry of Education National Statistics Yearbook					
2 and 4	<b>Child protection</b> Children, including adolescents, and women are safer and better protected from violence, abuse, exploitation and harmful practices, including in humanitarian situations.	Number of children who have experienced violence, exploitation, abuse and neglect reached by health, social work or justice/law enforcement services annually B: 20 000 T: 30 000	Case management database	Child protection systems have strengthened capacities to improve children's access to justice, case management and birth registration.  More children, including adolescents, and women at risk benefit from better quality preventive and protection services through UNICEF support.  Parents, caregivers, children, including adolescents, and their communities are better	Child protection authorities  United Nations agencies  NGOs  CSOs	1 750	21 500	23 250
		Percentage of grave child rights incidents verified and documented from all the reported incidents B: 92% T: 95%	Monitoring and reporting mechanisms database					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				equipped to reduce risks and prevent and respond to violence, abuse and exploitation, and address harmful social norms.				
1 and 4	<b>Water, sanitation and hygiene</b> More children, including adolescents, and women, especially the most vulnerable, benefit from improved access to equitable use of safe drinking water, sanitation and hygiene practices, including in humanitarian situations, and live in a safe and sustainable climate and environment.	Proportion of population using at least basic managed drinking water services <sup>a</sup> B: 60.7.5% T: 62.55%	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)	Sector stakeholders have strengthened capacities to effectively deliver water, sanitation and hygiene (WASH) services in a sustainable environment.	WASH sector authorities United Nations agencies NGOs Private sector CSOs	1 750	68 000	69 750
		Proportion of population using at least basic sanitation services <sup>a</sup> B: 54% T: 56%	JMP	More children, including adolescents and their families, benefit from safe water supply services and improved practices through UNICEF support.				
		Proportion of population with a hand-washing facility with soap and water B: 49.5% T: 51.5%	JMP	More children, adolescents and their families benefit from safe sanitation services and improved practices through UNICEF support.				
3 and 4	<b>Social policy</b> More children in Yemen and their families who live in income and multidimensional poverty access adequate social protection and social services, including in humanitarian situations.	Number of children covered by national social protection systems B: 7.8 million T: 8 million	Social protection database	Authorities and their partners demonstrate strengthened capacities to generate, analyse and use data to reduce multidimensional child poverty.	Social protection authorities United Nations agencies	1 300	383 500	384 800
		Number of individuals reached with humanitarian Cash Plus interventions annually	Humanitarian actor reports	National and subnational authorities demonstrate increased capacities to deliver integrated, gender-sensitive and				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		B: 2.1 million T: 2.1 million		shock-responsive social protection.				
	<b>Emergency coordination and rapid response</b>	Percentage of most vulnerable displaced and affected people receiving rapid response mechanism kits within 72 hours of trigger  B: 70% T: 100%	Rapid response mechanism sub-cluster reports	UNICEF effectively delivers critical rapid emergency responses to children and families in humanitarian situations.  UNICEF fully meets its cluster coordination responsibilities.	Emergency response authorities  United Nations agencies  NGOs  CSOs	100	1 000	1 100
	<b>Programme effectiveness</b>	Percentage of country programme results on track or achieved: (a) outcomes and (b) outputs  B: (a) 80%, (b) 90% T: 100% each	Insight	Planning, monitoring and research  Communication and partnerships  Social and behavioural change  Cross-sectoral approaches		8 300	20 000	28 300
	<b>Total resources</b>					<b>18 100</b>	<b>794 000</b>	<b>812 100</b>