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Situation Analysis of Children in Yemen 2014

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Republic of Yemen (Ministry of Planning and International Cooperation) & UNICEF, Situation Analysis of Children in Yemen 2014

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A note on English usage of Arabic terms and words: Different reports use different English spelling or translations of Arabic-based words. In this report, the spelling of governorates is according to Central Statistical Organisation documents, the wording/spelling of armed groups is according to the United Nations Secretary-General’s reports on children and armed conflict, and the titles of legislation are according to the Government’s fourth periodic report to the Committee on the Rights of the Child.

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Foreword

Yemeni children are facing a protracted humanitarian situation, which continues to be exacerbated by political instability, multiple localised conflicts and chronic underdevelopment.

Over half of Yemen's population is affected: 13 million people do not have access to safe water and sanitation, over 300,000 are internally displaced, and children are facing multiple protection risks. Over one million Yemeni girls and boys under five suffer from acute malnutrition. Moreover, women and children are at a higher risk of disease outbreaks due to the breakdown of health services and poor water and sanitation, particularly in rural communities. Ongoing localized fighting has denied tens of thousands of children access to schools.

Though Yemen has made some progress in meeting its obligations towards the fulfilment of children's rights the operating environment remains quite complex. Political, economic and security challenges continue to define how successfully and equitably an integrated development and humanitarian agenda can be its citizens living on less than \$2 a day.¹ Half of the population is food-insecure.² Yemen consistently ranks last in the Global Gender Gap Index. Gender disparities are deeply rooted in cultural traditions, inhibiting women and girls from equal access to basic services, job opportunities and civic participation. Yemen ranks low on the human development index and is unlikely to meet any of the Millennium Development Goals or to achieve the targets of A World Fit for Children.

Against this backdrop, ensuring that children, who constitute fifty per cent of Yemen's population, are at the centre of the national humanitarian and development agenda is crucial for the country's posterity.

The Situation Analysis of Children 2014 the first in fifteen years, is the product of close collaboration between the Ministry of Planning and International Cooperation, the SitAn Steering Committee, consisting of representatives of various government departments working in the social sector, and UNICEF.

This publication analyses the current situation of children in Yemen in terms of realising the rights of children, based on the best available data from various surveys, routine reporting and information available from various sources. In line with a human-rights based approach, the report highlights the immediate, underlying, structure causes of non-realisation of children's rights. It also maps the capacity of various duty bearers, such families, communities, local and national governments to work for the realization of children's rights.

This report sets out the key areas where action is urgently required to enhance financing and strengthen policy. Poverty remains a challenge in Yemen so public and private sectors, institutions, UN organizations, NGOs and INGOs need collective efforts to carry out activities for the wellbeing of women and children, as well as, poverty eradication in Yemen.

UNICEF hopes that the information available in this publication will be of use to various planners, programmers, and policy makers interested in the realisation of children's rights and the situation of equity and disparities in Yemen. UNICEF and the Ministry of Planning and International Cooperation welcomes any suggestions and feedback on this publication so that we could improve the next round of situation analysis to be conducted while designing the next country programme.

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UNICEF Representative

Dr. Mohammed Saeed Al-Saadi
Minister of Planning and International Cooperation

¹ UNDP Yemen, 2010.

² World Food Programme Yemen, Comprehensive Food Security Survey, 2011.

Acronyms and abbreviations

AIDS	Acquired immune deficiency syndrome	GoY	Government of the Republic of Yemen
ANC	Antenatal care	HANCI	Hunger and nutrition commitment index
AQAP	Al-Qaeda in the Arabian Peninsula	HCMC	Higher Council for Motherhood and Childhood
ART	Antiretroviral treatment	HDI	Human development index
AWD	Acute watery diarrhoea	HIV	Human immunodeficiency virus
CDI	Child development index	IDP	Internally displaced person
CEDAW	Committee on the Elimination of Discrimination Against Women	IED	Improvised explosive device
CFSS	Comprehensive food security survey	IHDI	Inequality-adjusted HDI
CMAM	Community-based management of acute malnutrition	ILO	International Labour Organisation
CSO	Civil society organization	IMCI	Integrated management of childhood illnesses
DHS	Demographic and Health Survey	IMF	International Monetary Fund
ECD	Early childhood development	IMR	Infant mortality rate
EDI	EFA development index	IYCF	Infant and young child feeding
EFA	Education for All	JMP	Joint Monitoring Programme for Water Supply and Sanitation (WHO/UNICEF)
EmOC	Emergency obstetric care	JSEA	Joint Social and Economic Assessment
EMIS	Education management information system	KAP	Knowledge, attitudes and practices
EPI	Expanded programme on immunization	MAF	Mutual Accountability Framework
ERW	Explosive remnants of war	MENA	Middle East and North Africa
FGM/C	Female genital mutilation/cutting	MICS	Multiple indicator cluster survey
GAM	Global acute malnutrition	MMR	Maternal mortality ratio
GARWSP	General Authority for Rural Water Supply Projects	MODA	Multiple overlapping deprivation analysis
GCC	Gulf Cooperation Council	MoE	Ministry of Education
GDP	Gross domestic product	MoHR	Ministry of Human Rights
GER	Gross enrolment rate	MoPHP	Ministry of Public Health and Population
GGG	Global gender gap	MoPIC	Ministry of Planning and International Cooperation
GII	Gender inequality index	MoSAL	Ministry of Social Affairs and Labour
GNI/P	Gross national income/product	MPI	Multidimensional poverty
GPE	Global Partnership for Education		
GPI	Gender parity index		

	index	SMART	Standardized monitoring and assessment of relief and transitions
MRM	Monitoring and Reporting Mechanism		
MSM	Men who have sex with men	SUN	Scaling Up Nutrition (Movement)
MTCT	Mother to child transmission (of HIV)	SWF	Social Welfare Fund
MTRF	Medium-Term Results Framework	TFC	Therapeutic feeding centre
NDC	National Dialogue Conference	TFR	Total fertility rate
NER	Net enrolment rate	TIMSS	Trends in International Mathematics and Science Study
NGO	Non-governmental organization	TPSD	Transitional Programme for Stabilization and Development
NHRI	National human rights institution	U5MR	Under-five mortality rate
NMR	Neonatal mortality rate	UIS	UNESCO Institute for Statistics
NSPMS	National Social Protection Monitoring Survey	UNAIDS	Joint UN Programme on HIV/AIDS
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)	UNCT	UN Country Team (Yemen)
ODA	Official development assistance	UNDESA	United Nations Department of Economic and Social Affairs
OECD	Organisation for Economic Cooperation and Development	UNDP	United Nations Development Programme
OHCHR	Office of the United Nations High Commissioner for Human Rights	UNESCO	United Nations Educational, Scientific and Cultural Organization
OTP	Outpatient therapeutic programme	UNFPA	United Nations Population Fund
PIRLS	Progress in International Reading Literacy Study	UNHCR	United Nations High Commissioner for Refugees
PMTCT	Prevention of mother-to-child transmission (of HIV)	UNICEF	United Nations Children's Fund
RMMS	Regional Mixed Migration Secretariat	UPR	Universal periodic review (
SAM	Severe acute malnutrition	UXO	Unexploded ordnance
SFD	Social Fund for Development	WASH	Water, sanitation and hygiene
		WFP	World Food Programme
		WHO	World Health Organization
		WinS	WASH in Schools

Acknowledgements

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Executive summary

1 Introduction to the Situation Analysis

The previous SitAn of children in Yemen by the Government of Yemen (GoY) and UNICEF took place in 1998 (GoY et al, 1998a). This was followed, in 2004, by UNICEF commissioning an update report based on a desk review and focused on several priority areas for children. This present report, therefore, is the first UNICEF-related SitAn of children in Yemen in almost a decade and the first comprehensive GoY/UNICEF review in 15 years.

As Chapter 2 makes clear, this report has been prepared at a critical period in Yemen's transition. It was essential that the situation analysis not occur in a way that was detached from the associated national environment. This has meant that the report needed to be developed and finalized in a collaborative manner with key stakeholders, most notably the more child-relevant GoY ministries and agencies at national and subnational levels and a range of child-focused non-governmental organization (NGO) and civil society organization (CSO) partners. UNICEF and the Ministry of Planning and International Cooperation (MoPIC) have collaborated closely in the planning and execution of the process of report preparation and finalization. This formally occurred through MoPIC's chairing of a steering committee for such purposes, and was complemented by a series of consultative workshops and secondary inputs derived from child and adolescent consultations that informed the context of the situation analysis, followed by feedback on draft reports to strengthen its content and relevance. In this regard, further reference should be made to Annex A.

As a 'stocktaking' of the current status and situation of children in Yemen, this report seeks to support and facilitate national and subnational policy reform and service strengthening. This largely takes place by drawing upon quantitative

and qualitative evidence that enable analytical review which indicates shortfalls, opportunities and priorities by key actors and decision makers.

As such, it may assist in focusing decision-making on accelerating improvement in children's livelihoods, including in the prioritization of national and external resources. One important observation is made in this regard: the primary criteria against which the child's situation may best be understood are those captured within core international, regional and domestic human rights instruments – most importantly, the Convention on the Rights of the Child. This means that the measurement of progress against those formal obligations is a – if not the – central benchmark by which to measure the situation of children in Yemen.

Accordingly, the framework that is described and considered in Chapter 4, which becomes important for informing subsequent chapters, is fundamental to the entire situation analysis. This includes the process of Yemen's periodic reporting to the Committee on the Rights of the Child and related human rights review processes.

In light of the outcomes of the National Dialogue Conference, which ended on 25 January 2014, and the following process of political reform, it is hoped that the situation analysis also assists in informing national public policy for the benefit of children in the post-2014 elections and formation of a post-transitional Government and associated subnational public administrations.

These are principles and priorities that will also inform continuing GoY and UNICEF dialogue, especially in the shaping of formal agreement between the two on upcoming joint country programming. This includes a stronger focus



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on addressing inequity, improved effective linkages between child development and child rights' and the human rights system, ensuring attention to children of all ages up to 17 years, notably, the adolescent girl and boy, and increasing assistance in areas of horizontal (or South-South) cooperation.³

It remains necessary for reasons of efficiency and effectiveness that there is a unified and

rights-based approach to national planning and programming for children, such that the priorities and commitments across agencies or sectors are harmonized within a more coherent and strategic framework. As noted in Chapter 2.3, GoY has in place such a framework with respect to children.

This is similarly the case for the United Nations at a global level. For the United Nations

Box 1.1: A World Fit for Children: Principles and Objectives

1. **Put children first.** In all actions related to children, the best interests of the child shall be a primary consideration.
2. **Eradicate poverty: invest in children.** We reaffirm our vow to break the cycle of poverty within a single generation, united in the conviction that investments in children and the realization of their rights are among the most effective ways to eradicate poverty. Immediate action must be taken to eliminate the worst forms of child labour.
3. **Leave no child behind.** Each girl and boy is born free and equal in dignity and rights; therefore, all forms of discrimination affecting children must end.
4. **Care for every child.** Children must get the best possible start in life. Their survival, protection, growth and development in good health and with proper nutrition are the essential foundation of human development. We will make concerted efforts to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.
5. **Educate every child.** All girls and boys must have access to and complete primary education that is free, compulsory and of good quality as a cornerstone of an inclusive basic education. Gender disparities in primary and secondary education must be eliminated.
6. **Protect children from harm and exploitation.** Children must be protected against any acts of violence, abuse, exploitation and discrimination, as well as all forms of terrorism and hostage-taking.
7. **Protect children from war.** Children must be protected from the horrors of armed conflict. Children under foreign occupation must also be protected, in accordance with the provisions of international humanitarian law.
8. **Combat HIV/AIDS.** Children and their families must be protected from the devastating impact of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).
9. **Listen to children and ensure their participation.** Children and adolescents are resourceful citizens capable of helping to build a better future for all. We must respect their right to express themselves and to participate in all matters affecting them, in accordance with their age and maturity.
10. **Protect the Earth for children.** We must safeguard our natural environment, with its diversity of life, its beauty and its resources, all of which enhance the quality of life, for present and future generations. We will give every assistance to protect children and minimize the impact of natural disasters and environmental degradation on them.

Source: United Nations General Assembly (A/RES/S-27/2, para 7.).

³ South-South cooperation is a broad framework for collaboration among countries of the South in the political, economic, social, cultural, environmental and technical domains. Involving two or more developing countries, it can take place on a bilateral, regional, subregional or interregional basis (United Nations Office for South-South Cooperation 2011 - <http://goo.gl/EquW3p>).

system, this is mainly evident from the 'A World Fit for Children' commitment adopted by the General Assembly's Special Session on Children in 2002. This updated and focused the 1990 Declaration and Plan of Action of the World Summit for Children and elaborated the Millennium Development Goals into a more proactive and comprehensive response to the needs and rights of children.

'A World Fit for Children' was shaped by a number of principles and objectives (see Box 1.1 above) and noted as follows:

It is vital that national goals for children include targets for reducing disparities, in particular those which arise from discrimination on the basis of race, between girls and boys, rural and urban children, wealthy and poor children and those with and without disabilities. (A/RES/S-27/2, para. 25)

It called for Governments to develop and implement national action plans shaped according to the priorities described in its global Plan of Action. These priorities have also been incorporated into UNICEF global planning that shapes country-level interventions. From 2014, this comprises the following seven sectoral areas: health; HIV and AIDS; water sanitation and hygiene (WASH); nutrition; education; child protection; and social inclusion.

Many of these priority areas might have been succeeded by 2015 with a more strategic higher-level focus had the Millennium Development Goals been more forcefully pursued. The Goals focus on a limited number of what are deemed to be the most instrumental priorities for human development, including several goals and targets specific to children. These are discussed in Chapter 3.3, which concludes that one of the goals (maternal mortality) and one of the targets (reversing malaria prevalence) might be achieved in Yemen by 2015.

As disappointing an outcome as this may be, it is not to say that progress has not been made in the situation of children in Yemen. It is also important to note that the Goals include neither human rights-based targets nor attention to the protection of children, which are two of the more central priorities of both 'A World Fit for Children' and programming collaboration

between GoY and its partners, including UNICEF.

The report gives particular attention to the range of shortfalls and priorities for children in Yemen in terms of the range of GoY mandates, including judicial guarantees and technical capacities across areas of domestic law, policies, programmes and services. In its analysis of the situation of children, there are inevitably many areas of overlap across chapters, reflecting the inter-connectedness of children's issues across different sectors. The reader needs to bear in mind the need to make such connections across and between various chapters in better appreciating the policy framework and sometimes more complex nature of appropriate responses. One example is in making connections between the scope of Chapters 3 and 4 with regard to children's rights and children's development, including bearing in mind the Millennium Declaration's explicit reference to development as a human right. (This is even more important given frequent criticism of the associated Millennium Development Goals as lacking a direct rights-based focus. It is in fact more accurate to assert that the Goals cannot be optimized unless they are positioned within a human rights perspective. In too many countries, that has not been the case.)

This leads to the merit of a final comment about the earlier reference to a 'focus on equity with regard to children. Equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias or favouritism. According to UNICEF, inequities generally arise when certain population groups are unfairly deprived of basic resources that are available to other groups. A disparity is 'unfair' or 'unjust' when its cause is due to the social context, rather than to biological factors. ... Gender discrimination and other social, political, and economic forces that systematically deny the rights of specific groups – such as girls, children of minority groups, or children with disabilities – are cause for grave concern from an equity perspective. (UNICEF, 2010b, pp 3-4)

As noted earlier, an important part of the process of preparation of this situation analysis was the series of sector-based workshops, conducted in mid-2013 at the national level and across

Box 1.2: Monitoring results for equity – 10 determinants framework

- I) Enabling environment
 - 1) Societal norms
 - 2) Policy/legal framework
 - 3) Budget/expenditure
 - 4) Institutional management/coordination
- II) Supply
 - 5) Essential commodities/inputs
 - 6) Adequately staffed services, facilities and information
- III) Demand
 - 7) Financial access
 - 8) Social and cultural practices and beliefs
 - 9) Continuity of use
- IV) Quality
 - 10) Quality of services and goods

Source: UNICEF.

five governorates, that collectively involved participation from 20 of 21 governorates (see Annex A). A key component of the workshops was the use of the 10 UNICEF 'equity determinants' (see Box 1.2) to build a more comprehensive picture of current barriers to progress across a range of what participants identified as the 'priority issues' for children within each sector.

An explanatory comment is merited at the outset, however, on the question of ensuring improved equity for children. The parallel provision within the context of the 'progressive realization' of economic, social and cultural rights – including within the Convention on the Rights of the Child – is not a licence to perpetually defer such rights. It is, however, recognition that countries, as parties to such human rights instruments, are unable to rapidly achieve the effective elimination of inequities and other denials of rights. One frequently criticized consequence is that Governments focus initially on maximum quantitative impact that usually means effectively focusing on main population areas. This has meant, on the one hand, stronger progress in, for example, lowering average child mortality rates or expanding access to clean water, but sharpens

urban/rural disparities in the process. A key policy challenge, then, becomes weighing the competing 'opportunity costs' (to reprise a concept first referred to in Chapter 5.4) between the diminishing returns from outlays in urban areas and the high cost overheads of diverting such resources into less populated or more remote areas. That is a policy challenge that needs to be borne in mind in scaling up efforts to reduce and eliminate some forms of inequity.

This is an area requiring more strategic attention in country programming for children in Yemen. It directly links with parallel attention to poverty and its inordinate impact on children as well as to the situation of particularly marginalized and vulnerable populations. These commonly indicate structural and systemic barriers to children's rights, making them often persistent rights-based failures – often especially by the State itself.

For such reasons, this situation analysis of children in Yemen aims to fulfil several purposes:

- to provide a single up-to-date, evidence-based and analytical resource on children in Yemen;
- to focus the associated analysis on a rights-based approach to children (including attention to aspects of inequity and deprivation);
- to serve as a strategic policy advocacy resource with GoY ministries, key donors and primary partners;
- to inform country programming responses in strengthening children's rights;
- to harmonize, to the extent possible, with the agreed outcomes of the National Dialogue and associated constitutional and political reform process; and
- to establish a benchmark reference for subsequent country-level situation analyses of children in Yemen.

These are among the particular priorities of the subsequent chapters, and emphasize the strategic intent of this report as a basis for actions toward more sustainable improvements in the situation of children across Yemen.

Part A provides a larger framework to describe the situation of children in Yemen in a way

that is conscious of the national geopolitical and socioeconomic context. Part B presents the situation of children in Yemen in terms of a range of key sector-based aspects of their rights, well-being and development. Responding to those various needs and shortcomings most commonly occurs through the respective public agencies charged with particular mandates, and Part B attempts to link such primary aspects of child rights with the mandates of those various agencies. This is intended to facilitate associated policy review and service strengthening for children and their principal duty bearers.

The following chapters, especially in Part B, aim to establish the extent of such progress and the shortfalls as a key means of enabling consideration of emerging priorities and current opportunities to accelerate progress for children in Yemen in the immediate short- to medium-term. Each chapter begins with a summary of key issues, opportunities and the range of impediments within each sector. This has been informed primarily by the evidence and analysis within the respective chapter and the collective feedback from sector-based workshops that were held in support of the preparation of this report (see Annex A).

PART A

NATIONAL FRAMEWORK SUMMARY

2. The national environment

Yemen's geographic and demographic frameworks are instrumental in shaping its human environment. Its location between the Horn of Africa and the Arabian Peninsula make it a first destination or key transit point for many people seeking refuge from the humanitarian crises – drought, famine and conflict – and for economic migrants in search of a better life and economic opportunities in neighbouring Gulf countries across the Red Sea. The unification in 1990 of the former Yemen Arab Republic (or North Yemen) and the former People's Democratic Republic of Yemen (or South Yemen), which had contrasting economic and political systems, at the very time when the global focus for intervention shifted to the region, has shaped the volatility of Yemen's emerging national identity and fortunes.

High rates of fertility and population growth, coupled with depleting natural resources, add a sense of urgency to meeting Yemen's multiple challenges. Provided that fertility rates continue to fall and the country continues to sustain remittance payments by Yemenis working abroad remains, good opportunities can emerge for a projected declining dependency rate profile. If matched by improved rural access to services and a halt in the deterioration in income inequality rates, this in turn should dampen rural-to-urban population movement and the socioeconomic tensions that normally accompany such household fracturing and dislocation.

These are among the conditions critical to the future of Yemeni children, especially when moving beyond a historic period of national transition that aims to consolidate the national unification of a quarter century ago. The terrorising actions of essentially external State and non-State entities alike – despite any domestic support for either – and their direct effect on children remain unpredictable factors.

Strong national political leadership rooted in rule of law – and especially international law in accordance with Yemen's obligations under the United Nations Charter – is critical. The civilian uprising of early 2011 depended on the direct support and involvement of many Yemeni women and young people, for whom the current political reform process remains central to Yemen's prospects.

Toward such ends, GoY comprises a series of core ministries and agencies through which the situation of children may be strengthened. This occurs within a constitutional and legal framework that strives to ensure the rights of all children in Yemen, even though there remain impediments and shortcomings in those laws and institutions. The associated reforms of the second transitional period (until the end of 2014) towards national elections and a new Constitution both offer and promise a stronger rule of law and rights-based national framework for fulfilling the legitimate expectations and rights of all Yemenis, especially, of its children.

This is the primary purpose of this present report: in presenting the situation of children in Yemen, to assist in defining the priorities for national actions to improve that situation and the opportunities to which GoY, Yemeni civil society and key international partners – including UNICEF – may collectively commit themselves.

3. The national human development situation

Yemen's economy remains very fragile and vulnerable, especially to external shocks and practices. National dependency upon oil reserves is increasingly problematic as these reserves approach exhaustion, and reliance on foreign remittances is subject to geopolitical factors outside Yemen's control. Water scarcity is critical and its preferential use for



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qat production is untenable; it is also counter-productive to children's livelihoods, is directly adverse to domestic food reliance and increases food insecurity. Domestic energy subsidies are politically sensitive but similarly counter-productive for low-income households, and are an inefficient use of scarce public resources. External assistance is weak, unpredictable and politicized, whether in the form of official development assistance (ODA) or foreign direct investments.

The problem with recurrent public budget levels for key services for children, including health and education, is less about them being inadequate and more to do with them being poorly allocated and utilized.

With respect to public budgeting, it is not only funding levels and inefficient utilization that challenge equitable outcomes, but also the need for attention to improved child-focused monitoring of budget allocations. This would address GoY's own acknowledged weaknesses in this regard and enable improved advocacy and participation in annual budget planning processes. This is an area of current strategic collaboration between the MoPIC and UNICEF. GoY would also benefit from technical South-South cooperation, given the strong expertise in child-sensitive budgeting and monitoring and review in an increasing number of developing countries.

Per capita income rates are very low, especially by regional standards. Correspondingly, household poverty is very high, across both urban and rural populations, with insufficient national income rates to permit high rates of income inequality, although that could be a future consequence of unregulated or unbalanced economic growth. That a sizeable proportion of poor households are not too far below the poverty line suggests that even modest economic growth has the potential to lift many families above the poverty line. However, recent experience also suggests that such gains are unsustainable in the event of further economic downturn.

Recent modelling based on 2009 data suggest that even under an optimal scenario, poverty rates would only reduce by nine percentage points by

2020. That assumes development of economic markets that remain highly dubious under global dynamics, and requires that the benefits flow to poor households (not a very realistic policy assumption under most observed outcomes). In fact, in terms of the 4th Socio-economic Development Plan for Poverty Reduction 2011-2015, the two most important priorities in terms of poverty reduction are the strengthening of social protection and the enhancement of good governance. Those priorities have generally been incorporated into the subsequent (and current) national development plan, the TPSD.

For children – as the population most disproportionately impacted by poverty – social protection interventions, and most notably cash transfers whether or not means-tested or targeted, present critical opportunities for tackling poverty. Such responses are additionally critical in their likely delivery of a 'peace dividend' in terms of the analysis undertaken in the United Nations recent conflict assessment. This suggests that the commitments of GoY and its partners to improved social protection measures represent a two-fold investment in national development: at the same time, effectively reducing poverty and strengthening national unity.

National data on the multidimensional nature of poverty indicate that Yemeni households in poverty suffer even marginally higher rates of deprivation. This indicates that primary social services are failing to mitigate the domestic wealth-based constraints of poverty, emphasizing the need to address the quality of and access to the range of services for the well-being and development of children in Yemen.

Comparative indicators of Yemen's extent of coverage of households with services were provided in the 2010 Human Development Report. The table below shows that Yemen has a low-level enabling environment across most indicators that are, in many cases, not remarkable for low human development countries due to so many other countries having even poorer rates. One mitigating factor in this regard is that Yemen has a more dispersed and non-urban population than many of the other countries, so that it also has weaker economies of scale in delivering services and amenities. But it also is

Table 3.1. Comparative indicators of access to services in Yemen

Indicator	Year ¹	Low human development countries		
		Yemen	Yemen's rank ²	Range
Health				
Per capita spent on health (US \$)	2007	104	=5 / 42	17—131
Physicians per 10,000 people	2000-09	3	=3 / 41	<0.5—4
Hospital beds per 10,000 people	2000-09	7	=21 / 40	3—50
Access to information and communication technology				
Phones per 100 people	2008	21	23 / 40	2—73
Population coverage by mobile network (%)	2008	68	18 / 38	10—100
Internet users per 100 people	2008	1.6	=27 / 41	0.2—15.9
Personal computers per 100 people	2006-08	2.8	6 / 19	0.3—10.7
Mobile phone connection charge (US \$)	2006-08	6.0	18 / 30	0.0—84.4
Fixed line connection charge (US \$)	2006-08	85.1	28 / 34	0.0—215.7
Cost for 3 min local fixed line phone call (US \$)	2006-08	1	=1 / 32	1—70
Population without electricity (%)	2008	62.0	8 / 27	47.1—91.9
Notes:				
1. Multiple years means the latest year data are available within that range.				
2. Ordered from 1st rank being the 'best' performing country.				
Source: Human Development Report 2010, "The Real Wealth of Nations: Pathways to Human Development", United Nations Development Programme 2010, Tables 14, 16 and 17.				

likely that a continuing insecure environment is an impediment to improving service coverage, given sporadic attacks on public infrastructure by various tribal or non-State entities and associated weak incentives for foreign investment in such infrastructure.

Improvements in taking a 'multidimensional' approach in measuring national development indicators and trends point to education performance as a key deficit in Yemen's development, with children appearing to be lagging behind Yemeni development performance. This seems to be a key lesson emerging from a combined review of inequality-adjusted data and child development indicators across countries. When progress against the Millennium Development Goals is added to that consideration, the particular shortfalls for Yemen in girls' education and gender-based inequalities become clearer. In brief, Yemen

is unlikely to achieve any of the Goals, with the probable exceptions of those for maternal mortality and the single target of halting and starting to reduce malaria incidence.

The gender dimension of the extremely weak national progress towards the Goals contrasts with the 'significant progress' by Arab countries overall in reducing the gender gap in education (Goal 3), even though accelerated efforts are still required. Of the 22 countries covered in the United Nations Development Programme 2013 report, "The Arab Millennium Development Goals Report: Facing Challenges and Looking Beyond 2015", one half of out-of-school children are from just five countries, including Yemen. The Ministry of Education reports 29 per cent of girls and 12 per cent of boys are out of school at the primary level (ages 6-11 years) and 45 per cent of girls and 22 per cent of boys are out of school at the lower-secondary level (ages 12-14

years) (MoE 2010-2011) . Yemen is unlikely to attain any of the component targets of Goal 3.

The poverty data for Yemen indicate no gender-based disparities between male- and female-headed households, although this appears to be due mainly to the statistically small proportion of female-headed households in Yemen. Even so, evidence points to the policy efficiency of targeting social protection measures to women within households in order to ensure the intended outcomes, especially in benefits to children. There are indications of a deterioration in the situation of women, despite the crucial roles they played in pursuit of reforms, particularly in the 2011 popular protests.

Accordingly, even as women across a number of Arab countries have achieved improvements in their comparative situations, Yemen remains at the very bottom of different global measures of gender equality and women's development. Measures to encourage women's and girls' access and participation do not normally carry significant budgetary burdens. GoY has acknowledged the need to address these inequities in its shaping of the current 4th Socio-economic Development Plan for Poverty Reduction. Women's equal social and economic status are also instrumental in accelerating the development and well-being of their children. This necessarily starts with ensuring equal treatment of girls and boys, especially – for Yemen under current evidence – within primary and secondary schooling. This is already the case across a number of Arab countries, but continues to require stronger political leadership and policy action within Yemen.

Another area that is heavily impacting Yemen's development is the magnitude and multiple faces of its humanitarian challenges. Most Yemenis are affected in some way, and around one in three receive humanitarian aid, across areas faced with poor access to water and sanitation, food insecurity and malnutrition, especially among the high numbers of internally displaced populations, returnees, refugees and migrants. This complex situation has continued to deteriorate with the ongoing entry of people from the Horn of Africa – whether seeking refuge from drought, famine or conflicts or seeking improved economic livelihoods – and

the barriers to using Yemen as a transit point. Many displaced Yemenis and transient and new settler non-Yemenis continue to be caught in highly vulnerable conditions that expose very many children and women to extreme forms of exploitation and life-threatening situations. GoY and its key international partners have sought \$702.3 million to respond to the humanitarian crisis in Yemen in 2013. That response is an important prerequisite to enabling larger efforts toward national political stability.

Within the present difficult but critical transitional period, the adoption of the TPSD is of central importance. It achieves enhanced continuity from previous strategies while balancing both development and emergency priorities. It incorporates costed components alongside implementation and monitoring frameworks that aim to appeal to key donors in their envisaged effectiveness. This is clearly central to successfully moving beyond the scheduled end of transitional Government in February 2014.

Various global development indicators and measurable targets afford Yemen with strong policy and planning opportunities, including in resource commitments. Because Yemen continues to fare so poorly against such measures, it requires stronger national leadership to address the core barriers to such progress. This should include an explicit focus on stronger and more transparent governance; a more comprehensive social protection system targeted to household poverty reduction and children's survival and development; and concerted commitments to gender equality, women's rights and the equal treatment of girls and boys. Improved systems of governance and of gender equality are not heavy burdens on national budgets, and social protection is a sound investment of public resources, especially when parallel opportunities exist for budgetary savings from policies in energy subsidization and other current practices that would enable a sounder basis for national development. These need to be priorities for Yemen in the post-transitional as well as the post-2 period.

4. The national human rights framework

Yemen is a State party to most international human rights instruments, mainly due to the unified nation having committed itself in 1990 to the 'best case' status of respective merging States (notably of South Yemen). Yemen similarly has a comparatively strong record in its reporting obligations under those treaties. The primary concerns are:

- the need for provision within the national Constitution as to these instruments being self-executing (that is, that domestic law provides that ratification by a State is accompanied by full legal effect within domestic law);
- a lack of clarity within the national Constitution that these instruments be incapable of modification outside of the meaning of those international provisions (that is, that international human rights law may be interpreted within the context of sharia, but domestic laws must remain consistent with that international law); and
- a continuing failure by GoY and the Parliament in ensuring that the associated amendments to domestic legislation are adopted to achieve compliance with these treaties.

Of United Nations treaties still not ratified, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families merits endorsement given the special character of migrant workers in Yemen and that the Convention includes several strong provisions (rights and protections) for the children of such workers. GoY's advice of no intention to ratify the International Convention for the Protection of All Persons from Enforced Disappearance is regrettable given that a stronger process of domestic transparency in accordance with that instrument would be an important confidence-building measure in the post-transition period of governance.

The expressed opposition to ratifying the various optional protocols on complaints procedures is an anomalous position by GoY, given that it appears to be on the basis that adequate domestic procedures are already in place. That means that the Government has no

impediment to such ratification and, in fact, is proceeding to do so for the optional protocol to the Convention on the Rights of the Child for a communications procedure. This is similarly the case for Yemen's apparent stance on the non-establishment of a national human rights institution on the grounds that such roles are already being fulfilled by the Ministry of Human Rights (MoHR); this overlooks the key characteristic of such a function being independent of government regulation or influence. However, the GoY has approved a proposal for establishing a National Authority for Human Rights as an independent entity outside the Government.

The other barrier to being a full State party to the United Nations human rights system is Yemen's current opposition to abandoning capital punishment. This is of particular concern with regard to children in view of continued reports of their execution despite assurances to the contrary.

With Yemen's scheduled appearance in early 2014 before the Committee on the Rights of the Child and the United Nations Human Rights Council as part of the universal periodic review (UPR) process, particular attention is likely to be directed to failures to address commitments given during previous reviews. This will include reference to continued shortcomings in reforming domestic laws in various areas of children's rights and protections, including the girl child and traditional practices, action to tackle gender-based violence against girls and women, and reforms in the area of juvenile justice. It is to be hoped that by that time, Yemen's new Constitution will include the necessary provisions and assist GoY in providing stronger assurances of action in accordance with national obligations. Hopefully, GoY will also inform the Council of its agreement to requests for country visits by thematic Special Rapporteurs, especially where such visits have been formally requested.

Inequities for girls are systemic and endemic to varying degrees across the country. This is truer for Yemen than for any other country, even across the region. The latter observation suggests that this is likely an area of particular resistance by male leaders, whether political, tribal or religious. Addressing this will require strong

resolve by GoY and its key partners, alongside stronger and more strategic engagement with local community and religious leaders. In the current context of State party reporting on the Convention on the Elimination of all Forms of Discrimination Against Women and transitional reforms (including of the Constitution), this needs the most urgent attention by GoY in collaboration with its key partners – national and international – and donors. Elements of gender equality also need to be incorporated within the school curriculum in order to better break generational perpetuation. The denial of so many fundamental rights to a large majority of girls in Yemen is the single strongest threat to national compliance with child rights instruments.

Of other marginalized populations, Yemen has a considerable challenge with respect to displaced persons, refugees and migrants, and the unknown size of the Mohamasheen population. All these populations have rights-based guarantees by virtue their minority status and/or their particular vulnerabilities, including the exposure of sizeable numbers of children and women to severe threats of exploitation and violence. There is an absence of a clear national policy framework for responding to internal displacement, resulting in protection gaps and serious shortcomings in ensuring sustainable solutions. The primary response mechanism for GoY and its key humanitarian partners is through the Humanitarian Response Plan.

The Mohamasheen are a significant minority within Yemen, both in terms of their variable population estimates and their comparatively severe vulnerabilities and exploitation. They are afforded particular rights by the United Nations – notably in the provisions for minorities within both the International Covenant on Civil and Political Rights and Child, and the Declaration of the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities – that still requires systematic application by United Nations human rights treaty committees. Their situation as the ‘most marginalized’ population has been stated by GoY within the 2007 poverty assessment. It has also been recognized by GoY in its May 2013 appointment of a Mohamasheen representative to the National Dialogue Conference. However, to date their situation has not been effectively translated into strategic national planning, including across United

Nations agencies (bearing in mind the 2011 call by the Committee on Economic, Social and Cultural Rights for a specific action plan). In the 2010 national human rights survey by MoHR, UNDP and the United Nations Population Fund (UNFPA), the situation of the Mohamasheen was ranked as the third highest human rights priority, after the right of women to work and the right of girls to an education. It is to be hoped that in the forthcoming universal periodic review, the Human Rights Council will afford the Mohamasheen at least as much attention as is given to the small population of religious minorities, especially given that their human rights situation is clearly more precarious. The structurally inequitable situation of the Mohamasheen, including their children, appears to continue to be inadequately understood, especially in terms of responses. The currently pending UNICEF study should be an overdue means of rectifying this situation, including in better ensuring that this population is placed more centrally within all national rights-based action frameworks.

For Yemen, moving toward 2015 and beyond, the situation of vulnerable and marginalized populations is additionally critical within the emerging context of linking aid effectiveness and development strategies. This anticipates development partnerships at national level becoming more attuned to the human rights framework and domestic compliance with international human rights obligations and principles.

In the context of so many shortfalls in the rights of children in Yemen, compounded by continuing threats to national security and stability and the economic and development situation, the appropriate responses are, at one level, issue- and sector-based and, at another, more overarching and strategic and governance-based (‘enabling environment’). The end of the 2012-2014 transitional period is an ideal time to address these latter ‘higher level’ challenges.

Yemen has the basis of a comparatively good participatory landscape for children, with opportunities for improvement that include stronger child representation, better coverage at the level of schools and governorates, and improved knowledge of effectiveness with decision makers. The credible involvement of children and adolescents in the National

Dialogue Conference process suggests that such participation could and should comprise a more mainstreamed feature of a more participatory form of post-transitional governance. This would also be a ‘best practice’ model for many other States, including across the region. This, in turn, opens important an policy space to better reform development coordination mechanisms beyond the current approaches of, for example, Millennium Development Goal planning and Mutual Accountability Framework (MAF) coordination with development partners that would be better aligned with and even driven by national interests and processes. The direct involvement of children and adolescents in that process is a demonstrably valuable aspect of such a reformed model of governance, and partners (including UNICEF) need to focus on means of building such opportunities.

Central to that agenda is the building of an effective child rights monitoring and review system. Current opportunities need to be informed by the imminent periodic review process of the Committee on the Rights of the Child, alongside the establishment of the National Observatory for Child Rights and scope for its mandate to be shaped alongside the parallel child rights roles of MoHR and the Higher Council for Motherhood and Childhood (HCMC). Important early indicators of the Observatory will be the adequacy of resourcing commitments, engagement with CSOs and international partners, and capacities to interact with key GoY agencies on violations. There is also an apparent need to make reporting to the

Committee on the Rights of the Child a more participatory and continuing process, which GoY seems to desire.

This means that the current attention to monitoring and reporting mechanisms for some key areas of children’s rights (grave violations) would be usefully complemented by parallel formal monitoring roles across the broader spectrum of children’s rights. This includes systematic attention to child-focused budgeting and advocacy as well as a unified and rights-based national database with technical support from the Central Statistical Organization. Initial joint technical support and resourcing may be required from key GoY cross-sectoral partners (MoHR, HCMC, MoPIC, Central Statistical Organization) and international partners (UNICEF and others).

It does, however, remain important that there are formal roles in advocacy through to the Office of the President. During the transition period, that Office has supported and enabled improvements in various areas of the child’s situation. This should aim to strengthen the positioning of children’s rights within broader development planning and action, as has been discussed. It needs to include strategic linkages to the post-2015 development agenda, as well as rule of law reforms focused on international human rights compliance and the evolving humanitarian situation as it impacts so many highly vulnerable children.

PART B

SITUATION OF CHILDREN IN YEMEN SUMMARY

5. Child poverty and social protection summary

All reports on the situation in Yemen – whether in terms of human development, economic planning, human rights, the humanitarian crises or the security situation – agree on the importance of tackling poverty. All national plans of action, public policy analyses and strategy plans include provisions designed to reduce household poverty or to ease the impact of poverty on households. A review of the associated knowledge base points to three main observations, which are all fundamental to this chapter: that children suffer disproportionately more from poverty than do others; that the more common economic responses to tackling poverty produce, at best, only tenuous or indirect sustainable impacts on poverty; and that strong gains in poverty reduction have been achieved through various forms of direct cash transfer payment systems.

Social protection measures are fast emerging as an important aspect of public budgetary provisions for the direct benefit of children. This is especially the case for cash transfers, importantly including conditionally-based assistance, as discussed in Chapter 5.4. However, according to GoY, budget outlays for social protection remained well below its 1-per cent target, at an average of 0.4 per cent of GDP for the period 2005-2009 (Committee on the Rights of the Child, 2012, para 41).

The TPSD advocates an “urgent expansion” of social protection programmes, and importantly views social assistance as integrated with both human and economic development objectives (MoPIC, 2013, pp 8 & 22). This is additionally important in terms of budgetary strengthening for children in that it understands such assistance as an investment in Yemen’s own future at the same time as better ensuring the fulfilment of key aspects of children’s rights.

This chapter starts with an overview of poverty and children, including reference to deprivation and inequity, before discussing the role of social protection interventions as an effective response, especially concerning children most affected by poverty. Finally, attention is given to cash transfers as a form of social protection, with general reference to global experience and Yemen’s own important and evolving record in this area. This chapter is thus a child-focused extension of the discussion in Chapter 3.2, which noted the limited character of economic modelling on poverty responses in Yemen, the weak track record of economic measures effectively trickling down to poor households and the policy-related risks of a failure to ensure that the benefits of economic growth are equitably distributed.

Children are more greatly impacted by poverty, and the effects of poverty are usefully understood in terms of the incidence and breadth of different areas of deprivation. The improving evidence base says that one or both of two particular responses are demonstrating policy efficiency: the improvement of access to and affordability of specific services (which intensity of deprivation indicators suggest is not a strong feature in Yemen); and a national system of household cash transfers. Evidence also points to the effectiveness of targeting such transfers to women within households and to harnessing those transfers to child-related deprivations. However, on the latter point, it is also apparent that unconditional cash transfers – payments that are not confined to specific purposes – are efficient on the basis of reduced administrative overheads alongside household decision-making that is in the child’s interests.

UNICEF and the World Bank have recently



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Table 5.1: Key equity-focused observations on challenges and priorities for action (poverty)

<p>Selected indicators</p> <ul style="list-style-type: none"> National poverty rate of 54 per cent (42) (2011 per cent urban, 59 per cent rural), the highest in MENA. High rate of household deprivation (54 per cent) indicates weak impact of support services on poor families. SWF coverage has increased to reach 30 per cent of households across Yemen, but remains inadequate to meet all eligible poor households. Poor targeting (both inclusion and exclusion errors) acts to also preclude many poor households. Many of the poorest children are still under-represented in SWF cash transfers. 								
<p>Equity determinants</p> <table border="1"> <thead> <tr> <th><u>Enabling environment</u></th> <th><u>Demand for services</u></th> <th><u>Service supply & quality</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Widespread poverty especially impacts children, and is exacerbated by high fertility rates Yemen's poverty profile means that many poor households are vulnerable to extreme poverty in a downturn, but able to be lifted out of poverty with improved responses Social protection in the form of cash transfers is a key response </td> <td> <ul style="list-style-type: none"> Scope for better rationalizing current funds may improve efficiency, targeting and beneficiary access Poor birth registration rates hamper the eligibility process Untapped potential to extend conditional cash transfers into other areas of child well-being Very weak access to basic social protection services within populations impacted by the humanitarian crisis </td> <td> <ul style="list-style-type: none"> Problems with targeting to the extreme poor (stronger targeting to the poor) Many beneficiaries do not meet eligibility criteria, largely due to local political interference Cash transfers need to be paid to women/mothers Girls need special targeting to overcome traditional inequitable treatment </td> </tr> </tbody> </table>			<u>Enabling environment</u>	<u>Demand for services</u>	<u>Service supply & quality</u>	<ul style="list-style-type: none"> Widespread poverty especially impacts children, and is exacerbated by high fertility rates Yemen's poverty profile means that many poor households are vulnerable to extreme poverty in a downturn, but able to be lifted out of poverty with improved responses Social protection in the form of cash transfers is a key response 	<ul style="list-style-type: none"> Scope for better rationalizing current funds may improve efficiency, targeting and beneficiary access Poor birth registration rates hamper the eligibility process Untapped potential to extend conditional cash transfers into other areas of child well-being Very weak access to basic social protection services within populations impacted by the humanitarian crisis 	<ul style="list-style-type: none"> Problems with targeting to the extreme poor (stronger targeting to the poor) Many beneficiaries do not meet eligibility criteria, largely due to local political interference Cash transfers need to be paid to women/mothers Girls need special targeting to overcome traditional inequitable treatment
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<p>Notes: Selected indicators and priority responses are primarily derived from this chapter. Equity determinants are mainly informed by the nationwide consultative workshops held as part of the preparation of this report (see Chapter 1).</p>								

established a common ground in developing social protection systems, including as a means of strengthening donor coordination. This views social protection as capable of serving as an effective catalyst for a range of multisector investments needed to address children's multiple needs, including investments in child protection, education, cognitive development, nutrition and health (World Bank & UNICEF, 2013, pp ii-iii). Consistent with earlier discussion, the authors note that investing in children's social protection makes sense not only from a rights perspective, but also from an economic and human development perspective. There are high rates of

return to investing in child development and protection and high costs associated with failing to make these investments (ibid, p. 7).

All key national development reports in Yemen make reference to the central role of a social protection mechanism as a key development intervention, in terms of its role as a direct response to poverty. The 2007 Poverty Assessment Report noted that social protection payments and transfers are increasingly important in addressing poverty, even though there was a need for improved targeting given leakages to the non-poor (GoY, World Bank & UNDP, 2007, pp 15-16). The TPSD includes the

expansion of social protection as one of its six medium-term priorities; this comprises five components, including "expand cash transfers through Social Welfare Fund to assist poorest groups" (MoPIC, 2012, p. 21).

The SWF is already an important component of incomes for 30 per cent of households across Yemen, despite the need for SWF to improve targeting to tackle inclusion and exclusion errors. In fact, SWF in Yemen is more of a conventional pension and disability fund, in that 63 per cent of beneficiaries are elderly and people with disabilities (MoPIC et al, 2013, Table SW.2). Children within the poorest households are still vulnerable to exclusion, due to poor targeting and the need to raise transfer rates. Current SWF cash transfers are far from being adequate to ensure that poor and vulnerable children realize their rights to protection, health, and education. The NSPMS suggests that the most effective method to reduce SWF exclusion error is to target children in the poorest quintiles.

A TPSD-based expansion is an opportunity to also strengthen such targeting, especially to households with children in need. In its report on its mission to Yemen in 2012, the IMF urged "broadening the social safety net and increasing compensation for the poor through well-targeted cash transfers" (IMF, 2012, p. 2).

The World Bank cites the common problem of fragmentation across ministries and donors in social protection programmes at country level (World Bank & UNICEF, 2013, p. 2). Yemen's current system comprises three primary mechanisms that are being well coordinated, even if administrative and financial difficulties persist. This provides good opportunities for minimizing fragmentation and optimizing administrative efficiencies and results-based effectiveness.

According to UNICEF, cash transfers are a key component of a range of measures required for the social protection of children (alongside, for example, comprehensive legal and social protection frameworks and measures that focus on especially vulnerable children and early childhood care). These transfers are aimed at combating poverty and demonstrate immediate benefits in such areas as improved

food security, dietary diversity and nutritional status, as well as increased investments in the child's education, empowerment of poor households through greater freedom of choice and reduced stigma, and as an effective safety net instrument in emergencies (UNICEF, 2008, pp 23-29). These observations are also true for Yemen.

6 . Health summary

The life and survival of the child, surely the most fundamental of indivisible human rights, is integrally linked to the health of the child. Although the national Constitution is silent on the right to life and survival, it commits itself to such guarantees within international law. However, the Arab Charter on Human Rights states that, "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life" (Article 5). The Constitution provides that health care is a right for all and commits Yemen to the expansion of free health services (Article 55).

As described in Chapter 3.3.1, life expectancy is the primary global proxy indicator of national health status. Trend data for Yemen alongside average data for the least developed countries and for Arab States -both of which include Yemen- shows three main observations: Yemen's life expectancy is below the former and above the latter State groupings; the trends are positive (improving); and there is an indication that Yemen has been trending since 2000 more towards the higher Arab States rate. The latter observation is even more notable in view of levels of migrant and refugee populations over that period.

If the trends appear to be positive, the challenges are multiple, serious and urgent. They require an effective health management system. Yemen is faced with considerable challenges in establishing and maintaining a national health service. The momentum initiated by MoPHP in 2008 through the first phase of its Joint Health Sector Review enabled the preparation and adoption of a national health strategy, but it – like all public services across the country – suffered a setback in 2011 with the civil unrest and conflict as well as the effects of global

Box 6.1: Fourth 5-Year Health Development and Poverty Alleviation Plan 2011-2015 (part 1)

General Objective 1: Reduce morbidity and mortality rate among mothers, children and newborns

1. Increase use of family planning modern devices by 40 per cent
2. Reduce MMR to 135 per 100, 000 live births and NMR to 20 per 1,000 live births by 2015
3. Mainstream gender issues in the health system policies and strategies
4. Reduce the infant mortality and morbidity rate to 36 per 1,000 live births and U5MR to 42 per 1,000 live births
5. Improve health and medical services for children and adolescents
6. Promote school health programmes

General Objective 2: Reduce incidence of infectious and non-infectious diseases

1. Reduce deaths caused by malaria to 1 per cent of registered cases
2. Reduce HIV prevalence to less than 0.2 per cent
3. Reduce incidence of tuberculosis in the society
4. Reduce bilharzias infection
5. Epidemiological disease control
6. Enhance health services with health quarantines
7. Reduce the incidence of eye diseases in society, particularly cataract cases
8. Eliminate leprosy as a social health problem
9. Strengthen and improve environmental and occupational health
10. Reduce rabies mortality

General Objective 3: Raise Efficiency of Treatment Services

1. Ensure safety of blood tests and services as well as blood derivatives
2. Develop existing central labs and laboratories in large and medium-size hospitals in the capital and provinces
3. Easy access to diagnostic services (X-ray, ultrasound, CT, MRI)
4. Extend and improve quality of emergency health services
5. Reduce morbidity and mortality by casualties and violence
6. Promote psychological health services and addiction cases
7. Reduce the morbidity and casualties through medical camps
8. Treat diseases caused by cancer and tumours
9. Extend services provided by specialized cardiovascular treatment centres
10. Extend services by specialized centres on nephrology and urinary system treatment
11. Improve delivery of health and medical services at hospitals

General Objective 4: Extend health services and raise health awareness

1. Extend basic health services coverage from 68 to 75 per cent and improve service quality
2. Raise health awareness among community members over population and health issues

General Objective 5: Promote the health system performance (institution- building)

1. Promote and constantly update the health system institutional capacities
2. Support independent hospitals including authorities
3. Secure necessary skills to assist service delivery
4. Activate and update the health information system
5. Provide medicine and health technology
6. Develop and activate the social health insurance system
7. Promote community role in managing and financing of health services
8. Improve quality of health services, ensure patient safety and provide full set of health services
9. Develop and activate administrative, financial and technical performance.

Source: MoPHP, 2011, p. 10

contraction and rising commodity prices. The objective of the health sector review was

to redesign and update the national health strategies and policies on a basis that consider future trends and directions of the health priorities on the national and international levels, assuring a national health system improvement to be capable of providing comprehensive, effective, and safe health services that take quality, equity and equality principles and criteria into account, ensuring sustainability requirements, and meeting expectations of various beneficiaries sectors (MoPHP, 2008, p. 10).

The National Health Strategy was adopted in 2010 for the period 2010-2025. It has been supplemented by the Fourth Five-Year Health Development and Poverty Alleviation Plan 2011-2015 (see Box 6.1), along with various health sector-specific strategies that include the National Neonatal Strategy 2011-2015, the Reproductive Health Strategy 2011-2015 and the National Strategic Framework to Combat HIV and AIDS 2009-2015. The considerable changes since 2011 emphasize the challenges facing public agencies such as MoPHP in the implementation of these important plans and policies.

Yemen's health system comprises four tiers:

- specialized central hospitals;
- district and governorate inpatient facilities that include diagnostic and curative services;
- a nationwide system of community-level health centres;
- health units and outreach services that improve local access.

Presently there are 4,162 health utilities in Yemen: two referring hospitals; 54 general hospitals' 185 district hospitals; 873 health centres; 3,007 health units; and 41 health complexes (MoPHP 2013). They are ostensibly staffed with physicians and paramedics who cater to the needs of the entire country, but who effectively reach a mere estimated 64 per cent of the population. A number of health centres are closed due to lack of doctors or equipment.

The JSEA describes the current situation as follows:

[Health] centers, which are often understaffed and under-resourced, especially in rural and remote areas, consistently rely on humanitarian agencies and charitable organizations for the continued provision of services. Many factors contributed to the substantial increase in the number, magnitude and impact of communicable and vaccine preventable disease outbreaks, including: the disruption of social services including water and sanitation; limited vaccination coverage due to lack of access as well as disruptions to the cold chain; and high food and fuel prices.

In addition to Government Health Centres, Yemen possesses a number of Private Health Facilities, though assessments are needed to determine how many of these meet basic service capacity standards. Even before the crisis, the 2010 baseline of utilization of these centers reflected a stark inequality of per capita outpatient rates, ranging from 0.58 to 2.7 contacts per year depending on the geographic area in the country. While 0.58 is quite low, the rate of 2.7 is quite high compared to other crisis countries. Exact data for service utilization specifically for hospital service utilization is either absent or unreliable, though estimates put the range at less than 15 and less than seven clients a day respectively. (JSEA, pp 86-87)

The multiple and interconnected nature of so many constraints in the health sector was illustrated in the wake of the 2011 conflicts. This emphasizes the complexity of tackling supply and quality issues but the necessity of doing so.

The lack of adequate trained staff across the country, insufficient funding, high turnover of human resources, and lack of medicine, electricity, fuel, compounded with the outbreak of epidemics such as measles, malaria, and water-borne diseases/cholera and general lack of coordination and guidance pushed the

already weak health system beyond its limit. In addition to these challenges, the doubling of costs of commodities negatively impacted the sector's ability to provide adequate services and coverage to a population that increasingly could not afford even that which was available. (JSEA, p. 87)

The impact of disruptions to electricity supplies continues to be a major concern even compared to the post-2011 situation. The JSEA reports that, for Yemeni enterprises, electricity supply problems rank second only to corruption as a major constraint, and electricity subsidization policy acts to increase inequitable outcomes for households (ibid, pp 130 & 173). In its view, electricity supply is "even more of a problem today due to repeated and extended power outages and increased power shedding in urban areas" (ibid, p. 174). This continues in particular to impose a large cost on the quality of health and education services for children, especially when combined with poor generator back-up facilities and associated problems with fuel supplies.

As GoY has noted, budgetary data are limited. The WHO provides annual data for government expenditure on health. This data shows a decline since around 2003 on a per-capita basis and a halving of health's share of government outlays from 8.5 per cent in 1999 to 4.3 per cent since 2007.

This is a very low allocation, compared, for example, with the African Union's continental health strategy target of at least 15 per cent of public government expenditure to health. And it is, additionally vulnerable given comparatively high dependency upon external sources and ODA. The share of total health expenditure from external resources grew from 1 per cent in 1995 to 9.2 per cent by 2004 and had declined to 4.2 per cent by 2011. ODA disbursements to Yemen rose from \$17.9 million in 2000 to \$63.2 million in 2010 (in constant 2009 terms).⁴ Furthermore, there are concerns about the allocation of public budgets and substantial reliance on private household spending. The health budget has been characterized as "an imbalanced

allocation of government funds with excessive spending for investment purposes and highly insufficient budgets and expenditures for recurrent costs" (Holst & Gericke, 2012, p. 201). At least one half of total health expenditure is private out-of-pocket spending, with almost half of that being for treatment outside of the country (ibid). Yemen's health budget situation is one of marked underinvestment in its population underpinned by the insecurities of external dependency and over-reliance on household spending that leaves behind many poor households, even as Yemen has displayed progress across a number of health indicators for children accompanied by many persistent shortfalls in targets.

Bearing in mind such constraints and uncertainties, this chapter reviews the health situation of children in Yemen, from neonatal survival to adolescent health status. It should be read in conjunction with other chapters including, for example, those concerning nutrition (Chapter 7) and WASH (Chapter 9).

Quantifying and identifying trends in the current situation of mothers and children in Yemen, and identifying trends is vulnerable to data weaknesses and the volatility of the broader national situation and its impact on health services. Continuing health system problems, poverty and conflict, low benchmarks upon which to build, poor public budgetary levels (or, at least, their disbursement), and lost momentum in sustaining recent efforts all conspire to thwart the achievement of the necessary levels of child health standards. These add up to formidable challenges to Yemen's health system, especially in maintaining already fragile services. However, the general health framework has evidently been strengthened in terms of system-based planning and strategies and the building of countrywide services and technical capacities. Current national health strategies include articulated performance targets against which progress may be measured. Even so, there is continuing dependency on technical, developmental and donor partners, as well as marked disparities in service standards and basic health indicators across urban/rural populations and different governorates.

Table 6.1: Key equity-focused observations on challenges and priorities for action (health)

<p>Selected indicators</p> <ul style="list-style-type: none"> • U5MR has made good progress in declining to 77 by 2011, but an NMR of 32 means that 42 per cent of under-five mortality occurs in the first month (mainly first 2-1 days) of life. • One in three maternal deaths are of teenage females (even though adolescent fertility rates are declining, they remain the highest across MENA). • Beyond the neonatal period, over 50 per cent of under-five deaths are due to pneumonia and diarrhoea (easily preventable causes) that are linked to poor nutrition and water quality. • EPI coverage remains suboptimal (e.g., below 80 per cent for measles and below 90 per cent for other antigens). • Although low (0.2 per cent), HIV prevalence has increased, with primary drivers that threaten women of reproductive age and newborns, and less than one in five reported HIV cases receive ART coverage. 								
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<p>Priority responses</p> <ul style="list-style-type: none"> • Stronger focus needed on neonatal/maternal services, including skilled birth attendance, improved ANC and universal EmOC coverage. • Family planning services and reproductive health rights need scaling up, to address high TFR, high adolescent TFR and high MMR. • EPI and IMCI coverage must be improved and sustained • Mental health services for children and early screening (within integrated ANC/post-ANC services) for disabilities need closer attention. • PMTCT coverage – including of voluntary testing and access to ART – needs strategic expansion in areas with concentrated epidemics, as does knowledge of preventive behaviours. • An adolescent health strategy needs to be adopted and implemented. • Numbers of female health professionals need to be increased countrywide. 								
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report (see Chapter 1).</p>								

⁴ WHO online database via <http://apps.who.int/gho/data/node.main.475?lang=en> (accessed 1 September 2013).

Child and maternal mortality show improvements in their steady declines. However, the neonatal component of under-five mortality exhibits only small improvement and is now a major component requiring more concerted attention if the U5MR is to be more markedly reduced.

The MMR is displaying a trend towards compliance with the Millennium Development Goal 5 target, which would be a very impressive outcome in global terms, except that caution is required with this statistically difficult measurement. Adolescent mothers are especially vulnerable in a country with high rates of both early marriage and teenage fertility. In addition, improved progress in the employment of female medical and paramedical staff within health facilities would assist in the better coverage of more women, including adolescents, of reproductive health age.

The risk remains of outbreaks of life-threatening diseases, and may even be increasing since 2011, including for such preventable conditions as AWD, measles and polio. It is evident that Yemen must tackle its suboptimal vaccination levels for children. This is especially important given the continued periodic outbreaks of measles, for example, and the continued threat of exposure to new incidences of polio that is at elevated risk due to population movements from the Horn of Africa into Yemen and high rates of undernutrition. Improved and sustained immunization coverage is among the interventions that are critical to ending preventable child deaths – which in Yemen include high mortality rates linked to pneumonia and diarrhoea – that is the focus of the global call to action of “A Promise Renewed”, which GoY has signed.⁵

Yemen’s low (0.2 per cent) HIV prevalence rate actually represents an increase and is a general challenge in MENA countries because other regions have begun reverse the spread of HIV. Male same-sex transmission shows evidence of being a concentrated HIV epidemic in Yemen, and is one primary means of transmission to women of reproductive age, with associated risks of transmission to the newborn child.

National planning and response have been positive but vulnerable to disruption and reversal, partly due to comparatively high resource overheads that are at risk under competing resource demands of being viewed as a cost rather than an investment. There is an urgent need to increase ART coverage – currently less than one in five reported cases – and testing and detection levels.

Adolescent health needs mainly concern sexual and reproductive health rights, knowledge and practice, psychosocial and mental health services and parental and social appreciation of the importance of positive leisure time usage. In addition, there is a valuable opportunity to put in place an adolescent health strategy that elaborates goals within the current Health Development and Poverty Alleviation Plan and consistent with the recommendation of the Committee on the Rights of the Child. Mental health services need to be responsive to the impact on children and adolescents of the various forms of conflict and trauma.

One aspect of national policy impacting children in Yemen is that there is no shortage of sector-based national policies and strategic frameworks. These plans and their targets commonly experience severe performance shortfalls, as was reported in the health sector, which at least – to its credit – carried out a detailed review of performance (MoPHP, 2010, Chapter 2). MoE has undertaken similar internal reviews. The question is the extent to which such performance reviews lead to institutional reforms in the subsequent planning period.

Reviews such as this invariably emphasize management weaknesses that cascade to local service difficulties. For that review of the 2006-2010 health sector plan, MoPHP reported that the health system-based targets (comprising the first of its six objectives) that were met were in planning functions and partner coordination; across those objectives, problems in human resources, physical standards and budgets were frequently recurring barriers (ibid). This appears to be more of a public sector norm rather than an exception, and emphasizes the need for improvements in management capacities and in service-wide coordination. It extends to the

quite limited extent to which HCMC has been able to monitor national progress for children and women across sector-based and national development strategic plans, which has been partly but not solely due to lack of resources and data (i.e., it also indicates some weak capacities within HCMC).

7. Nutrition summary

Yemen is described as having a “dismal track record” on nutrition, attributed to the combined effects of entrenched structural problems such as food insecurity, insufficient access to clean water and adequate sanitation, and poverty, coupled with the need for behavior change in areas such as infant and young child feeding and caring practices (JSEA, p. 79).

This, at the same time, emphasizes both the poor nutrition situation in Yemen and its interdependence with the scope of other chapters in Part B. Nutrition-focused responses are critical but cross-sectoral efforts are necessary for sustainable progress. This extends from basic through to immediate causes where Yemen suffers serious challenges through each dimension of the factors threatening nutritional status.

Those basic and underlying causes include environmental, economic and sociopolitical factors, with poverty having a central role. Although addressing general deprivation and inequity would result in substantial reductions in undernutrition and should be a global priority, major reductions in undernutrition can also be made through programmatic health and nutrition interventions (Black et al, 2008, p. 243).

This report takes a similar approach in considering the cross-sectoral and structural aspects of children’s vulnerabilities, so that reference should also be made to chapters that consider poverty and the other chapters of Part B.

The nutritional status of the population is a core indicator of the Millennium Development Goal 1, which provides that the proportion of people who suffer from hunger be halved between 1990 and 2015. The main specific indicator is the proportion of under-five year-old children

who are underweight. As indicated in Table 3.3, the nutrition-based Goal is deemed unlikely to be achieved, although the national Millennium Development Goal report by the World Bank includes no progress data on underweight targets. Nevertheless, current global data show that Yemen has the second poorest rate of moderately and severely underweight children in the world, at 43 per cent of the population of under-five year olds (Timor-Leste has a rate of 45 per cent). However, Yemen’s rate for severe underweight children is the highest in the world, at 19 per cent (Timor-Leste is next, at 15 per cent) (UNICEF, 2013a, Table 2. That is, one in five young children in Yemen is severely underweight.

An impediment in tackling improved nutrition standards in Yemen has been that “nutrition has not been sufficiently mainstreamed into health care in the past” (UNICEF, 2013b, p. 40). Neither the National Health Strategy 2010-2025 nor the third health strategic plan make any explicit reference to child nutrition or to human resource requirements for such responsibilities. In the latter, the goal of controlling common child diseases due to malnutrition and respiratory system infections had an indicator of extending integrated child health strategy coverage, and the current (fourth) health strategy plan includes no nutrition-based goals or indicators (MoPHP, 2010, pp 10 & 54). According to the accompanying discussion in the current plan, the goal of reducing child mortality is the current proxy means of ensuring that malnutrition has been reduced (ibid, p. 21).

This is at least an important acknowledgement that, although child mortality is not statistically attributed to malnutrition, child malnutrition is recognized as an important causal factor. In 2008, it was reported that the global proportion of under-five mortality attributable to child and maternal undernutrition had declined to 35 per cent; in 2013, that proportion was reported to have increased to 45 per cent (Black et al, 2008, p. 254; Black et al, 2013, p. 16). Undernutrition can be deemed the cause of death in a synergistic association with infectious diseases; if the undernutrition did not exist, the deaths would not have occurred. All anthropometric measures of undernutrition were associated with increased hazards of death from diarrhoea, pneumonia, and measles; the

⁵ See <http://www.apromiserenewed.org/index.html>.

association was also noted for other infectious diseases, but not malaria (Black et al, 2013, p. 12).

The situation of children in Yemen cannot progress without an explicit focus on child nutrition. Malnutrition may take the form of over sufficient, insufficient or poorly balanced dietary

intake. The first form (commonly associated with obesity), is not a concern in Yemen, so the focus of this report is on undernutrition.

As has been described, child nutrition indicators in Yemen are among the worst in the world. Yemen has the highest proportion of severe underweight children in the world and the

second highest (at 58 per cent, by one percentage point) rate of stunting, which is the single main anthropometric indicator for children. It is likely that those rates have deteriorated further since 2011. Surveys in 2012 established that acute malnutrition in children is well above the WHO 15 per cent threshold of critical in some areas (more than double that rate in Al-Hodeidah).

Yemen's stunting rates are of particular concern, as they carry such long-term consequences through the school years and into adulthood. While many of the conditions adversely impacting nutritional status – domestic conflicts and political instability, international food prices and economic pressures, domestic oil and water resource challenges – are beyond the control of households, many opportunities exist at the household level to sustainably improve the nutritional standards of children. Infant and young child feeding practices – starting with the early initiation of breastfeeding and exclusive breastfeeding for the first six months – need to be significantly improved. Household expenditure patterns – especially of the most food insecure families – need to be adjusted in terms of nutritional value, including diversity.

The National Food Security Strategy brings together the key emerging themes in articulating the priorities for sustainable national progress. To make a real difference, all people's behaviors must change. This means information and awareness-building campaigns, which usually target women, must involve men as well, because of their decision-making power in allocating household resources and their leading role in Yemen's patriarchal society. These campaigns should focus on educating the public about five major topics: (1) family planning, (2) qat consumption, (3) breastfeeding practices, (4) nutrition, and (5) women's empowerment (MoPIC & IFPRI, 2011, p. 3).

The poor situation of newborn well-being and survival – and the opportunities that exist to ensure improved outcomes – need to be understood in the context of Yemen being the tenth largest recipient of donor assistance for newborn care, measured in terms of the value of ODA to maternal, newborn and child health activities that reference newborn activities. This

represents 20 per cent of such ODA to Yemen and translates to \$9 per newborn in Yemen (Save the Children, 2013, p. 53).

A key concern has been the reference to Yemen's "dismal track record" in prioritizing child and maternal nutrition within national health planning. The national health strategy needs upgrading to integrate the wide range of issues related to specific nutrition interventions. This needs to include resource requirements. It also needs to incorporate community-based preventive nutrition responses, such as infant feeding practices, hygiene promotion and improved safe water treatment and excreta disposal, among other improved household practices. The national code of marketing for breastmilk substitutes requires reinforcement that includes implementation capacity. These directions appear to be receiving improved focus within current transitional planning, notably within the Transitional Plan (2012-2014) for MoPHP. This includes explicit objectives of:

- reducing the prevalence of severe acute malnutrition among IDPs and host communities; and
- improving the quality of maternal, neonatal and child health services care in conflict areas.

Those objectives are accompanied by a number of highly relevant and priority activities and timeframes that integrate responses through the use of SMART surveys, CMAM and IYCF services and therapeutic feeding and outreach nutrition activities, linked to ANC and health education awareness that includes attention to IDPs and other vulnerable communities. This adds up to a welcome acceleration and focusing of priority interventions that better link in GoY's work with partners and augur well for Yemen's strategic responses in accordance with its membership in the SUN Movement.

It is therefore encouraging to note that, early in the second transitional period, the Government adopted Cabinet Decree No. 91 of 2013 concerning the necessary measures to address widespread malnutrition in the country. The Decree requires the development, adoption, financing and incorporation into government plans and programmes of a "comprehensive national strategy for nutrition which involves all concerned actors and which defines causes,

Table 7.1: Key equity-focused observations on challenges and priorities for action (nutrition)

<p>Selected indicators</p> <ul style="list-style-type: none"> • 43 per cent of under-five children in Yemen are underweight (19 per cent are severely underweight, the highest rate in the world). • Stunting is at alarming rates (58 per cent, 2010 global estimate) and appears to be getting worse (stunting carries longer-term consequences for children and is impacted by a range of factors including maternal nutrition and poor water quality). • Yemen has, regionally, the lowest rates of infant feeding practices, with 30 per cent early initiation of breastfeeding and 12-10 per cent exclusive breastfeeding over the first six months. • Between 2009 and 2011, the proportion of Yemeni households suffering food insecurity grew from 32 to 45 per cent, with the proportion in extreme insecurity almost doubling (12 to 22 per cent, 27 per cent rural). • Only 5 per cent of households consume adequately iodized salt. • Household expenditure on fruit, vegetables, pulses and dairy (combined) averages 8 per cent, the same as for qat. 								
<p>Equity determinants</p> <table border="1"> <thead> <tr> <th><u>Enabling environment</u></th> <th><u>Demand for services</u></th> <th><u>Service supply & quality</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Low early and exclusive breastfeeding practices rates (weak advocacy for best practice) • Stunting in children continues at very alarming rates that indicate inadequate national strategic responses • The National Food Security Strategy is not (yet) achieving necessary behaviour change at household level, and needs stronger macro-policy leadership on qat and population factors, and in the integration of child and maternal nutrition in national health system and related planning and policy documents. </td> <td> <ul style="list-style-type: none"> • Harmful customary practices re: early infant feeding • View that stunting is a national genetic norm • Harmful domestic decision-making in budgeting for food vs. buying qat and other health and education priorities • Vulnerability of girls and young children with last/ least access to food at mealtimes • Severe food insecurity in IDP and refugee populations </td> <td> <ul style="list-style-type: none"> • Need for improved coverage in vitamin supplementation and implementing lack of quality control measures, poor food inspection and lack of law enforcement measures in relation to food fortification • IYCF and CMAM interventions need to be scaled up in coverage, better targeting and quality • Improved focus needed on the targeting of therapeutic feeding programmes, including to ensure that they are both functioning and reporting </td> </tr> </tbody> </table>			<u>Enabling environment</u>	<u>Demand for services</u>	<u>Service supply & quality</u>	<ul style="list-style-type: none"> • Low early and exclusive breastfeeding practices rates (weak advocacy for best practice) • Stunting in children continues at very alarming rates that indicate inadequate national strategic responses • The National Food Security Strategy is not (yet) achieving necessary behaviour change at household level, and needs stronger macro-policy leadership on qat and population factors, and in the integration of child and maternal nutrition in national health system and related planning and policy documents. 	<ul style="list-style-type: none"> • Harmful customary practices re: early infant feeding • View that stunting is a national genetic norm • Harmful domestic decision-making in budgeting for food vs. buying qat and other health and education priorities • Vulnerability of girls and young children with last/ least access to food at mealtimes • Severe food insecurity in IDP and refugee populations 	<ul style="list-style-type: none"> • Need for improved coverage in vitamin supplementation and implementing lack of quality control measures, poor food inspection and lack of law enforcement measures in relation to food fortification • IYCF and CMAM interventions need to be scaled up in coverage, better targeting and quality • Improved focus needed on the targeting of therapeutic feeding programmes, including to ensure that they are both functioning and reporting
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<p>Priority responses</p> <ul style="list-style-type: none"> • Nutrition planning needs formulation of multidisciplinary approach to reduce undernutrition, improved mainstreaming within national health efforts, especially community-based nutrition interventions. • IYCF practices – commencing with early initiation of and exclusive breastfeeding – needs accelerated responses. • Micronutrient supplementation, especially for women and young children, and food fortification including salt iodization, need to be sustained and expanded to achieve universal coverage. • GoY's membership in the SUN Movement needs strong commitment and implementation consistent with Cabinet Decree No. 91 of 2013. 								
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.</p>								

responses and the relevant implementing agencies” (Republic of Yemen, 2013). A multisectoral plan in accordance with SUN standards has now been drafted and costed.

The necessary levels of partner support – including from key donors – are now more timely than ever, not only in the context of the nutrition situation for children in Yemen being at its most dire, but also in the context of this more strategic approach to addressing that situation. This also makes the current elaboration of the investment case especially timely for so many children in Yemen. This reflects global work to inform post-2015 priorities, for which it has been estimated that the implementation of a bundled set of interventions that reduce the prevalence of stunting would provide an economic benefit-to-cost ratio of 15, and much higher if its conservative assumptions were relaxed (Hoddinott, Rosegrant & Torero, 2012, p. 42).

Those interventions focus on vitamin A, iron, iodine and zinc deficiencies. The extremely high proportion (95 per cent) of Yemeni households that lack adequate iodized salt intake is both a serious threat and a sound opportunity. There are “overwhelmingly high” benefits from universal salt fortification. This simply reflects the fact that measures to address child survival and well-being represent sound economic investments in addition to being fundamental rights of the child, and that Yemen stands to derive strong benefits from the recent momentum of the transitional health planning, including SUN Movement membership, and early signs of improved national coordination and planning, including in resource commitment and funding flows.

8 Education summary

The national Constitution includes a state responsibility for education that is in general conformity with international human rights law. The relevant provision is as follows.

Education is a right for all citizens. The state shall guarantee education in accordance with the law through building various schools and cultural and educational institutions. Basic education is obligatory. ... (Article 54)

Besides being a right and compulsory (obligatory), additional duties of the state are to ensure that primary education is free and provided on the basis of equal opportunity (Convention on the Rights of the Child, Article 28.1). The latter is assured in Yemen by virtue of Article 41 of the Constitution, which guarantees equality of all citizens in all rights and duties (which means, inter alia, that all girls and all children from marginalized populations have such education rights and that the state carries the duty to ensure that this is the case).

The right to a free basic education is provided within national legislation. The Public Education Act No. 45 of 1992 includes

principles and provisions guaranteeing the child’s right to education. Article 6 affirms that basic education is a fundamental human right guaranteed and facilitated by the State for all individuals. Article 7 provides for the establishment of schools in the Republic that are adequate to fulfil the educational requirements at all stages of education and considers that a school is adequate to take in all students if it is equipped with libraries and supplied with all other educational inputs. Article 8 also provides that education is free at all stages and is guaranteed by the State, which is progressively realizing this principle in accordance with a Cabinet-approved plan. Under article 9, it is incumbent on the State to achieve social justice and equal education opportunities, taking into account the socioeconomic circumstances that might stand in the way of some families when it comes to enrolling their children in education. Article 14 states that the educational policy must focus on striking a balance in the education system and achieving fairness in the distribution of education services and resources among governorates and districts, in addition to achieving decentralized education management. Pursuant to article 18 of the Act, basic education is “a unified general education for all pupils in the Republic of Yemen. It lasts nine years, is compulsory and admits pupils from the age of six”. (Committee on the Rights of the Child, 2010, paras 308 & 309)

The Ministry of Education manages education

at pre-school, basic education and general secondary education levels. The Supreme Council for Education Planning is chaired by the Prime Minister and includes eight Ministers with education-related mandates, and has a coordination and oversight role, including its increasing recent efforts in consolidating education data.

GoY has adopted a number of policy strategies that seek to improve the implementation of such legal guarantees, especially to achieve universal basic education, to close the gender enrolment gap and to improve education quality. These include the:

- National Basic Education Development Strategy (2015–2003);
- National General Secondary Education Strategy (2015–2007);
- National Strategy for the Development of Vocational and Technical Education (-2004 2014);
- National Strategy for the Development of Higher Education in Yemen (2006); and
- National Children and Youth Strategy.

GoY has also adopted the National Strategy for Literacy and Adult Education and has prepared a National Strategy for Early Childhood Development (2011–2015). Progress has also been directed to improving the linkages between these many strategies. A current primary sector-wide strategy document is the education plan developed by GoY and its development partners: the Medium-Term Results Framework for 2013–2015 (MTRF) (see Section 8.4).

UNESCO does not have similar annual trend data for education. Table 8.1 compares Yemen’s budgetary commitments to education to average rates for MENA countries and for low-income countries.

These data suggest that Yemen is above the averages for comparable countries on a GNP basis but below those averages as a proportion of government expenditures, the latter being of concern because it suggests a substantial decline from high levels for Yemen as other countries are increasing such shares for education. In 1980, both north and south Yemen were allocating 16 per cent of government expenditure to education and this had risen to over 20 per cent by around 1987 (at least for the Yemen Arab Republic: corresponding data not available for People’s Democratic Republic of Yemen) (UNESCO, 1990, Table 3). Since 2003, education’s share of expenditure has fluctuated around the 14–17 per cent range.

Two main ‘shocks’ to the government’s budgets since 2008 have been the contraction in Yemen’s economy and public expenditure (see Chapter 3.1) and the decline in external donor funds. Government expenditure on education fell by 18 per cent between 2008 and 2009 and by 12 per cent between 2010 and 2011, however GoY quarantined the education budget from such cuts and its share of total government expenditure increased from 13 per cent in 2008 to 19 per cent in 2011 (MoPIC et al, 2013, p. 32; data source differs from that used in Table 8.3). However, between 2009 and 2010, direct aid

Table 8.1: Public expenditure on education, 1999 & 2010 (%)

	Total public expenditure on education			
	As % of GNP		As % of total government expenditure	
	1999	2010	1999	2010
Yemen	6.3	5.6	19.6	17.7
Low income countries	3.2	4.3	14.5	17.1
Arab states	5.5	4.5	..	16.7

Source: UNESCO, 2012, Table 11. Figure in italics is for 2000; ‘..’ indicates no data.

Table 8.2 Key equity-focused observations on challenges and priorities for action (education)

<p>Selected indicators</p> <ul style="list-style-type: none"> • Pre-primary education is almost entirely school-based and is available to less than 1 per cent of that age group of children, is mainly fee-paying (private sector) and is fully urban • According to UIS data, NER in basic education remains low (78 per cent in 2012-2011), with poor gender equity (0.81 F:M ratio), and appears to be deteriorating for both boys and girls since 2010 • Basic education enrolment – mandatory from age 6 – does not peak until 11 years, and even then only at 84 per cent • Yemen is unable to meet any of its EFA goals (or Millennium Development Goal education targets) with inequities being a key barrier to improved performance (this is also true for Yemen's HDI) • Just 29.5 per cent of teachers are female (77.3 per cent in private schools are female) • 21 per cent of children 14-6 years (compulsory school age group) are out of school – representing an estimated 1.14 million children, of whom 69 per cent are girls • According to UIS data, 36 per cent of students entering first grade will not reach Grade 6 • Comparative assessments of academic learning rank Yemen the lowest of all participating countries 								
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<p>Priority responses</p> <ul style="list-style-type: none"> • Access to effective pre-primary education is a high priority for poorer households and for building timely enrolment and retention in basic education • Stronger actions are required to encourage and enforce timely enrolment (closer to 6 years) • Girls' education participation and retention demand stronger leadership and commitment, matched by local engagement towards changed practices • Measures to recruit trained female teachers need strengthening and sustaining, especially across rural areas 								

- Measures to incentivize teachers to stay in rural and semi-rural schools beyond 2 years as urban migration is seriously affecting continuity in these areas
- Conditional cash transfers present opportunities in leveraging improved school enrolment/attendance and girls' access
- Education sector plans (including MTRF and GPE) need to more systematically include children with special needs
- Physical infrastructure needs substantially improved investment
- Yemen should remain a participant in TIMSS (and also join in PIRLS), especially in the absence of adequate national assessment mechanisms
- MTRF implementation merits strong commitment by MoE partners and donors
- Improved supervision (professional development) and monitoring and evaluation (formative and summative assessments of learners, teachers and whole-school) at the district and governorate levels
- Improved education management information system (EMIS) processes and mechanisms that can provide meaningful, relevant and timely data about the education outcomes, services and supply
- Common monitoring and evaluation mechanisms for piloting and testing new initiatives in the field with different international actors in order to identify effectiveness and efficiency of such initiatives for scaling through policy development or expansion activities
- Revision and improvement of curriculum and textbook development and review processes to ensure that learning outcomes are relevant and meet labour market requirements
- Support for teacher training system that responds to pre-service and in-service needs, prepares teachers for respectful and effective teaching and learning activities

Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report, for which reference should also be made to Chapter 1.

to education in Yemen fell sharply from \$107 million to \$82 million, with corresponding funds for basic education falling from \$63 million to \$53 million (UNESCO, 2012, Annex Table 3).

Even though Yemen is meeting acceptable levels of outlays on education, it has been seen that this has been accompanied by commonly sub-standard physical environments of schools and very poor educational outcomes for children. That indicates, in turn, that Yemen is deriving very poor returns on its education investments.

This chapter commences with attention to pre-school and early childhood learning, proceeds to describe the progress toward universal basic education, and then reviews the situation of equity and of quality within education, before returning to a consideration of the current planning and reform situation. The particular focus of this chapter is on the period through to the end of basic education that would, ideally, extend to 15 years of age. However, with most Yemeni children commencing basic education four to five years later than is provided for, the period of basic education not only covers most Yemeni children but is also where the overwhelming focus is currently directed in order to progress the national education system.

First, it is important to note that the events of 2011 represented a setback to basic education in Yemen: by the time of the new school year in September 2011, more than 150 schools were occupied by either armed forces (34 schools in Sana'a) or IDPs (76 schools in Aden and 43 schools in Abyan) and some schools remained inaccessible or closed due to conflict-based security concerns, affecting 100,000 children (MoE, 2013a, p. 19). This has sharpened the urgency and relevance of the acceleration of reforms and strategic planning during the current transitional period, as characterized by the TPSD in general and the Global Partnership for Education (GPE) programme and MTRF in particular.

The impact of disruptions to electricity supplies continues to be a major concern even compared to the post-2011 situation. The JSEA reports that, for Yemeni enterprises, electricity supply problems rank second only to corruption as a major constraint, and electricity subsidization policy acts to increase inequitable outcomes for households (ibid, pp 130 & 173). In its view, electricity supply is "even more of a problem today due to repeated and extended power outages and increased power shedding in urban areas" (ibid, p. 174). This continues to impose a large cost on the quality of, in particular, health

and education services for children, especially when combined with poor generator backup facilities and associated problems with fuel supplies.

9. Water, sanitation and hygiene summary

Water and sanitation are among the most serious challenges confronting Yemen's development. With particular regard to children, the primary

commitment is the target included within Millennium Development Goal 7: between 2000 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation will be halved.

As referred to in Chapter 3.3.2, Yemen is considered to unlikely to achieve its water and sanitation targets under the Goals. Progress towards the sanitation targets has been insufficient and progress toward the water targets has regressed. These are aspects

Table 9.1: Key equity-focused observations on challenges and priorities for action (WASH)

Selected indicators		
<ul style="list-style-type: none"> Yemen's water resources are rapidly depleting, with annual usage exceeding supply by 0.9 billion cubic metres, and just 2 of 15 groundwater basins in the country are self-sustaining. Just 8 per cent of Yemen's water usage is municipal, including domestic consumption; 48 per cent goes to qat production. The rate of access to improved drinking water sources was 55 per cent in 2011, down from 66 per cent in 1990. Coverage of water piped to premises improved from 12 per cent in 1990 to 26 per cent in 2011. 29 per cent of households must walk at least 30 minutes to fetch water, likely imposing heavy burdens on at least 1 million women and girls. Daily water consumption averages just 29 litres per person, indicating that at least 1.5 million children may already be below minimum basic water consumption standards. Just over half (53 per cent) of households had improved sanitation facilities by 2011, and open defecation remains the practice in at least 20 per cent of households. Almost half (47 per cent) of schools are built without any WASH facilities. Fewer than 8 per cent of households properly treat their water, whether or not it is from an improved source. 		
Equity determinants		
Enabling environment	Demand for services	Service supply & quality
<ul style="list-style-type: none"> Overdue, inadequate progress in safe water and improved sanitation coverage Weak institutional capacities and budgets for national leadership There is a need to embrace water policy in the framework of natural resource management in the public interest Counterproductive policy in water management, with qat production diminishing household water share Unsustainable water depletion rates and falling aquifer levels due to excessive abstraction. None equitable access to water supply and ownership of water resources. Increased rates of water related conflicts. 	<ul style="list-style-type: none"> Harmful cultural practices in sanitation, especially affecting post-pubescent females Unacceptable household practices re open defecation especially among children and in treatment of infant faeces Impact on women and girls in water fetching roles Poor knowledge and practice in hand-washing prior to food handling and after toilet usage High costs to many of the poorest households in purchasing water Corresponding low rates of per-capita water consumption with direct impact on health and hygiene. 	<ul style="list-style-type: none"> Poor maintenance of water sources and supply networks Very weak WASH standards in schools Local management needs stronger parental/household participation to strengthen priority-setting This needs to better link WASH in schools and in communities Urgent need for improved water and sanitation access within refugee and displaced communities

Priority responses

- TPSD identification of water as one of three current priority issues needs articulation as an immediate set of strategic actions.
- WASH-related planning and responsibilities need to be reformed and better aligned and coordinated.
- Accelerated installation of piped water to premises is necessary, including in terms of the burden on females.
- Recognition of the need to prioritize access to and use of water in accordance with the best interests of the population needs concerted leadership and legal enforceability
- Water facilities and supply networks require improved maintenance and upgrading.
- Attention is required to improved domestic hygiene practices, including safe excreta disposal, hand-washing and water treatment.
- WASH in Schools initiatives, required not only for hygiene purposes but also for education goals, need stronger commitment and action, and to be accompanied by community engagement.
- Access to water and sanitation facilities by refugees and IDPs needs improved response.
- WASH humanitarian interventions must be well integrated in the WASH programme, promote sustainable solutions and strengthen emergency preparedness.
- Building national and local WASH capacities including the development and revision of policies, strategies and setting of standards and guidelines.

Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.

considered in additional detail in the following sections.

GoY acknowledges, during the transitional period, that water management is one of the three complex issues demanding immediate response. The other two, population growth and the qat dilemma, directly impact the necessary WASH response framework.

Domestic water usage constitutes a small and potentially declining share of total usage, leaving children additionally vulnerable to life-threatening diseases, dangerously low water consumption levels and very poor sanitation standards and hygiene practices, in the home and at school. These threats indicate the wider cross-sectoral importance of WASH standards. A recent analysis by UNICEF attributes the main causes of undernutrition among children under five years of age to the high levels of maternal malnutrition and low birth weight. Stunting and underweight are strongly linked to high rates of diarrhoea. In turn, respiratory complications, diarrhoea and fever are strongly linked to sanitation standards, hygiene practices and safe and piped drinking water (UNICEF, 2013f).

Access to water from improved sources has declined over the past 20+ years, despite improvements in water piped to homes in rural areas. The even greater decline in access to other water sources reflects the rate at which

aquifer levels are depleting. Poorer households are even harder hit by the high costs of privately purchasing additional water supplies. Less than 3 per cent of households that are dependent on unimproved water adequately treat that water. Open defecation remains the practice for more than 20 per cent of the population and appears to be higher for young children, and hygiene standards including proper hand washing remain weak, even where such practices are understood. Across many rural areas of Yemen where open defecation is practised, it may well be the case that it is the associated low levels of proper hand washing that represents the primary hygiene risk factor, but both poor practices need to be addressed. Few schools have access to safe water, and most lack suitable sanitation facilities, with consequences for student health conditions and attendance, especially for adolescent girls.

This means that children suffer a range of serious vulnerabilities that include inequitable situations for large numbers countrywide, such as:

- the adverse impact on girls and their education of obligations in water fetching and carrying;
- the high cost of water for, in particular, poorer households dependent upon expensive private suppliers;
- the increased vulnerabilities of children in poorer households to readily preventable

life-threatening risks including AWD, cholera and other water-borne diseases;

- the risks to infants in households with unsafe water due to breastmilk substitute feeding practices;
- the negative impacts on girls' education and hygiene in view of large numbers of schools having inadequate or no sanitation facilities or water for hand washing;
- the threats of poor sanitation standards to contamination of local water springs, wells and aquifers; and
- the increased risks to children's health of poor child excreta disposal and open defecation practices combined with weak hygiene practices.

More recent WinS initiatives by GoY and its development partners merit concerted support, but continue to face strong barriers, including evidently weak government commitment in the face of many national priorities. Such initiatives, importantly, position responses to school WASH requirements within a broader community context that builds commitment and strengthens sustainability.

Perhaps the most important global indicator of the importance of WASH beyond 2015 is that the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda has urged that it be elevated from one of 21 targets within eight goals to one of 12 goals in its own right, with accompanying targets that better acknowledge the central place of children within water and sanitation standards:

- a. provide universal access to safe drinking water at home, and in schools, health centres, and refugee camps;
- b. end open defecation and ensure universal access to sanitation at school and work, and increase access to sanitation at home
- c. bring freshwater withdrawals in line with supply and increase water efficiency in agriculture and
- d. recycle or treat all municipal and industrial wastewater prior to discharge. (High-Level Panel of Eminent Persons on the Post2015- Development Agenda, 2013, p. 42; targets to 2030 to be determined)

These are all of direct and urgent importance to the situation in Yemen, and attest to the

validity of recent efforts at reform and capacity-building at national through local levels. Despite such efforts, technical capacities and coordination across the ministries and agencies responsible for different aspects of water and sanitation remain in need of urgent reform and strengthening.

The sanitation situation is dire. This includes "a critical institutional gap in rural sanitation, including schools: there is no official institution responsible for water, sanitation, and hygiene in schools" (Social Fund for Development et al, 2012, p. 6). So is the water situation. A particular concern is that, as water stocks deplete, where are cuts to usage to be made?

With municipal (including household) shares of water consumption of 8 per cent, any further downward pressure will be catastrophic for people's well-being. Qat production in Yemen is increasingly untenable let alone, as shown in Chapter 7.4, detrimental to household expenditure patterns – especially in low-income families – and to the nutritional status of children. In the absence of strong national political leadership and associated policy measures, the two primary pressures will be to further reduce water for human consumption and to further curtail the use of water for hygiene purposes such as hand-washing. Household water shares need to and must increase, especially given low per-capita consumption rates. Yemen may already have 1.5 million children below the lowest minimum consumption threshold that also puts most of the population immediately at risk of insufficient water consumption. But water shares for productive food-based agriculture must also increase, even as national water demand far exceeds depleting supplies and huge allocations continue to be assured for qat production.

Nationally appropriate and sustainable water resource management and domestic and schools-based sanitation policies are in urgent need of concerted implementation, and must be complemented by action to reduce population growth. This needs to give effect to the national Constitution's rights-based guarantees that conform to Yemen's international obligations.

This still all remains conditional upon substantial reforms to national administration

and planning in WASH that strengthens resource commitments and effective coordination through governorate and district levels. Progress in conventional (modern) water and sanitation systems has basically only kept pace with population growth. Yemen's urban and rural communities have used suitable traditional technologies for centuries. With the promise of bringing modernization to the water sector, such technologies have been widely abandoned. Good examples of traditional but also ecological technology are dry sanitation (latrines) and rainwater harvesting. Most Yemeni communities today seem to be caught in an uncertain situation with regard to water and sanitation, while losing resilience and their traditional tools and being unable to harness modern conventional systems.

10. Child protection summary

The right of the child to protection cuts across all aspects of children's rights. It brings to the fore the wide range of duty bearers – from government and international partners through families and communities – that carry obligations across a similarly wide range of serious and often criminal violations of those fundamental rights. Unlike in the previous chapters of Part B, this also means that the scope of priorities coming within a consideration of child protection may be more diverse and may vary between countries – often due to existence of different social norms and cultural traditions that are detrimental to children – and may vary over time

The 1998 SitAn addressed five populations of "children in especially difficult circumstances": working children; children living and/or working on the street; institutionalized children (including those in conflict with the law); children with disabilities; and children from marginalized groups. The 2004 SitAn focused on the girl child, 'juvenile delinquents', orphans, refugees, child labour, children with disabilities, 'akhdam' and street children. This present chapter reflects changes both in global understanding – such as in the inclusion of justice for children – and in national conditions, by including stronger attention to aspects of violence against children, more extreme forms of exploitation and conflict-based protection rights.

Compared to previous chapters, many of the rights violations covered in this chapter are less transparent and more difficult to detect. They often concern threats and risks that are sporadic in their occurrence, complex in their root causes and appropriate responses and concealed or ignored in their nature or frequency. This makes many forms of abuse or exploitation in this chapter difficult to quantify as well as to respond to in a timely manner.

This chapter commences with attention to family and community-based priorities in the improved protection of children, starting with the most instrumental of means of protection that impacts the scope of the larger report: the assurance of the child's identity through her or his birth registration.

The extent of protection priorities for children – and especially the most vulnerable – is an important indicator of, as well as barrier to, the equity of national development. It reveals the depth – or lack of depth – of national commitment not just to children's rights but to human rights in general.

This is so even though Yemen has a quite strong legislative, policy and institutional framework for child protection purposes, alongside more recent initiatives by GoY, including via the HCMC and MoHR. But it continues to lack technical capacities and resource commitments and is hampered by overdue reforms to legislation and enforcement in important areas. Primary drivers of so many of the more common and persistent child threats and vulnerabilities require individualized responses that need skilled case-based assessment and management. But GoY's limited child protection responses remain primarily institutional in practice. Community-focused and family-based social work technical capacities are essential but such personnel remain scarce. Such professional responses need to emphasize family support and empowerment that promotes acceptance of and practices in child protection, and awareness of the consequences of neglect and abuse of the child, including in fuelling risks of their vulnerabilities to living or working on the streets, to exploitative and hazardous forms of child labour and to trafficking.

Table 10.1: Key equity-focused observations on challenges and priorities for action (child protection)

<p>Selected indicators</p> <ul style="list-style-type: none"> • Yemen has the lowest rate of birth registration across MENA countries, and just 25 per cent for children under five years of age (CRA 2013). • Birth registration is 10 times higher for the richest (50 per cent) than the poorest (5 per cent) quintile. • An estimated 600,000 children under age 18 are single or double orphans, and about one in five are in households receiving SWF assistance. • Early marriage has been declining but appears to be stuck at around 10 per cent of females under age 15. • There is no law prescribing a minimum marriage age (Algeria, Egypt, Libya, Morocco, Oman, Somalia and United Arab Emirates stipulate 18 years). • FGM/C remains high in parts of Yemen (17 per cent of 49-15 year-olds and 15 per cent of 14-0 year-olds). • 97 per cent of FGM/C occurs in the home, and 73 per cent takes place before the infant girl is one month old. • 25 per cent of 9-2 year-olds have at least one form of disability. • Of juveniles accused of an offense, 98 per cent are male and 73 per cent are dealt with in juvenile courts (in nine governorates). • Yemen's use of seven years as the minimum age of criminal responsibility is the lowest (with some other countries) in the world, and contrasts with the Committee on the Rights of the Child minimum standard of 12 years. • Child labour (14-5 years) is 23 per cent, compared to the 9 per cent MENA average, and Yemen is the only country in MENA where the rate for girls exceeds that for boys. • 83 per cent of child labour is unpaid (97 per cent girls, 70 per cent boys). • 30,000 children aged six years and older are estimated to be living and/or working on the streets (85) (2008 per cent boys, 15 per cent girls) of whom 60 per cent do both. • Three parties – Al-Houthi, Ansar Al-Sharia and GoY forces – are on the United Nations Annex I list of parties that “recruit or use children” in armed conflict, with 84 cases documented between July 2011 and March 2012. • In the same period, the United Nations documented 135 children killed and 429 children maimed due to conflicts 								
<p>Equity determinants</p> <table border="1"> <thead> <tr> <th><u>Enabling environment</u></th> <th><u>Demand for services</u></th> <th><u>Service supply & quality</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Failure to legislate GoY reforms to improve child protection in critical areas of vulnerability • Weak birth registration system • Formal and informal service fees, including bribes and corruption, and its impact on service access • Inadequate understanding of the situation of Mohamasheen children, impeding a relevant national strategic response • Continuing reports of child recruitment to armed forces, despite recent progress towards its curtailment • Important opportunities opening in MRM, including with other armed groups </td> <td> <ul style="list-style-type: none"> • Girls at special risk of harmful traditional practices (mainly early marriage and FGM/C) • widespread gun culture leading children to carry weapons and use of children in revenge killings • Vulnerabilities in child abuse and violence in domestic, community and school settings • Stigmatization (shame) drives responses to children with a disability • Widespread household practices of child labour that includes hazardous work, such as agricultural pesticide handling </td> <td> <ul style="list-style-type: none"> • Lack of standards of alternative care institutions and their regulation and monitoring • Poor local systems in, e.g., birth registration, child labour regulation, social welfare services and case management, services in strengthening family capacity to protect children (including economic empowerment) • Inadequate justice system, including policing practice, judicial procedures and sentencing options • Services to children with a disability lack coherence and are very limited • Mixed contamination of explosive devices in civilian areas and the proliferation of unconventional explosive devices means long-term risks to many children and requires ongoing education and response services </td> </tr> </tbody> </table>			<u>Enabling environment</u>	<u>Demand for services</u>	<u>Service supply & quality</u>	<ul style="list-style-type: none"> • Failure to legislate GoY reforms to improve child protection in critical areas of vulnerability • Weak birth registration system • Formal and informal service fees, including bribes and corruption, and its impact on service access • Inadequate understanding of the situation of Mohamasheen children, impeding a relevant national strategic response • Continuing reports of child recruitment to armed forces, despite recent progress towards its curtailment • Important opportunities opening in MRM, including with other armed groups 	<ul style="list-style-type: none"> • Girls at special risk of harmful traditional practices (mainly early marriage and FGM/C) • widespread gun culture leading children to carry weapons and use of children in revenge killings • Vulnerabilities in child abuse and violence in domestic, community and school settings • Stigmatization (shame) drives responses to children with a disability • Widespread household practices of child labour that includes hazardous work, such as agricultural pesticide handling 	<ul style="list-style-type: none"> • Lack of standards of alternative care institutions and their regulation and monitoring • Poor local systems in, e.g., birth registration, child labour regulation, social welfare services and case management, services in strengthening family capacity to protect children (including economic empowerment) • Inadequate justice system, including policing practice, judicial procedures and sentencing options • Services to children with a disability lack coherence and are very limited • Mixed contamination of explosive devices in civilian areas and the proliferation of unconventional explosive devices means long-term risks to many children and requires ongoing education and response services
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<ul style="list-style-type: none"> • Inadequate national framework for monitoring and responding to the needs of refugee, migrant and displaced children, including unaccompanied and separated children (integration within broader national policy and planning) 	<ul style="list-style-type: none"> • Household poverty as a driver of many vulnerabilities, including children moving onto the streets, growing risks of child trafficking, organ trade, 'tourist' marriage 	<ul style="list-style-type: none"> • Formal responses to MRM and grave violations require stronger local actions and coordination • Community dialogue/engagement and empowerment in addressing social norms and values detrimental to certain child rights are needed for sustainable response in addressing especially traditional harmful practices
<p>Priority responses</p> <ul style="list-style-type: none"> • Strengthening social welfare systems by identifying minimum package of social welfare services and case management for all vulnerable children. This should include policy development and needed structures at national and sub-national levels. • The reform and restructuring of the national birth registration system needs to include decentralized provisions, linkages between civil registration and public health facilities, and adoption of a digital system. • Adoption and implementation of child rights and juvenile justice laws are required with special focus on child-friendly procedures, promoting the alternative care and non-custodial measures, with particular attention to girls' rights, the minimum age of criminal responsibility and the minimum age of marriage, age of child recruitment, age of child labour. • Further advancing progress in eliminating harmful practices affecting girls – early marriage and FGM/C – need more concerted national commitment linked with local engagement with key leaders, i.e., religious and community/tribal leaders. • Measures to ensure appropriate procedures for establishing the child's age in judicial proceedings are welcome and need to be standardized, especially where the death penalty may be misapplied. • The MRM framework established by the Security Council in resolution 1612 merits strong and continuing support and commitments by GoY, UNICEF and key partners. • Child labour laws and regulations are in need of more systematic implementation and prosecution, with wider nationwide coverage, matched by stronger assistance to children living/working on the streets, especially targeted to younger children and to opportunities for family reunification. In addition, there is an urgent need to offer livelihood activities including cash transfer and income generation to enable and empower the children and their families economically. • Recent detection and prosecutions for child trafficking and the growing organ trade need to be more rigorously undertaken, including bilateral cooperation. This to include also the increased number of unaccompanied migrant children from the Horn of Africa. • Special or stronger efforts are required in the protection, restoration and monitoring and reporting of schools and health facilities exposed to conflict. • The child-focused and rights-based global post2015- proposals (High-Level Panel) require active advocacy and support by GoY, UNICEF and key partners. 		
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.</p>		

There is a common view that a range of public policy and service frameworks are insufficiently responsive to the different conditions that may exist across different governorates and areas. This is particularly evident with child protection responses in view of local variations in norms and practices, especially for more complex but effective continuum-of-care interventions, such as in prevention, protection, rehabilitation and reintegration. Improved local relevance of responses needs to be less reactive and more focused on proactive/protective and supportive

mechanisms to vulnerable families and communities that are focused on empowering and strengthening their capacities. In turn, this would serve to mitigate many current risk factors in making children more vulnerable to multiple forms of violence, abuse and exploitation.

Most children in Yemen are victims of a combination of vulnerabilities whose main drivers may be either inherent to domestic or community practices commonly shaped by social norms, or else external to such local

community conditions, such as geopolitical factors or demand-driven sources of exploitation. Despite legal requirements that this be done, Yemen appears to have by far the lowest rates of birth registration in the MENA region, with very high variations across governorates. The more comprehensive attention to this issue in 2013 by GoY and key partners – especially UNICEF – is a strong indicator of impending improvements in this critical area of children's rights and, especially, of their protection.

Levels and forms of domestic violence against children include many forms of corporal punishment that cross into criminal assault (at least if such actions were inflicted upon adults). Efforts to tackle such violence and abuse of children encounter resistance in view of perceived parental and other duty bearers' 'rights', especially when defined as 'discipline'. This is further exacerbated by law enforcement and judicial practices that effectively sanction or tolerate such abuse. This, in turn, acts to dissuade complaints from being lodged, even in an area of potential serious injury to the child that is commonly concealed within the place of the abuse (such as the home or school).

As is the situation across many areas of child protection and justice for children, overdue law reform continues to be delayed by Parliament's deferral of consideration of important legislative reforms approved by the Cabinet of the transitional Government. This is certainly the case with threats to the protection of girls, including harmful traditional practices, with Yemen now not even having a minimum age of marriage for girls, to their considerable detriment. Similar to the practice – that varies in prevalence across Yemen – of FGM/C, the necessary responses require appropriate legislation and, at least as importantly, effective engagement with affected households, practitioners, health workers, community and religious leaders and children themselves in order for measures towards elimination to be sustainably effective. Following the National Team's report, drafting was finalized for the proposed 15 laws including the unified child rights law. That draft has been finalized, but has not yet been submitted for advocacy towards Parliamentary ratification. Such actions have also been prioritized through the NDC process in support of adoption by the Parliament.

For children with a disability, the knowledge base remains inadequate because children have diverse forms of disability that require diverse responses. Primarily, however, children with a disability need improved and more equitable (with other children) access to opportunities and to fundamental rights such as an education and the acquisition of livelihood skills. GoY's ratification of the Convention on the Rights of Persons with Disabilities – and its communications protocol – is a positive step, but improved knowledge and stronger priorities in public policy responses remain necessary. This will become an increasingly urgent priority with the physical and psychological consequences of mines and UXOs beyond the end of conflict and the longer-term trauma suffered by many children affected by protracted exposure to military actions, shelling of civilian areas and threats of drone attacks and airstrikes.

The justice system continues to fall well short of international human rights obligations and standards, especially for children. 'Severe mistreatment' during arrest and interrogation, arbitrary detention outside of sentences, detention with adults, and inadequate use of rehabilitative alternatives to detention continue despite some very welcome improvements in the juvenile justice system in recent years. Critically, there are three issues of particular concern as serious breaches of the Convention on the Rights of the Child and broader human rights requirements. First is the minimum age of criminal responsibility that is still set at 7 years and should be at least 12 years. Second is the treatment of children from age 15 years within the adult criminal justice framework. And third is the continued vulnerability of too many children sentenced to the death penalty in the context of the common absence of adequate proof of age and manifestly defective procedures for judicial determination of the child's age when the death penalty is applicable. Contrary to GoY assurances to the Human Rights Council, there are various estimates of the number of children who remain vulnerable to – and in fact are verified as having been subjected to – the death penalty or to remaining under sentence of death, so that current proposed reforms by the Office of the President and the Supreme Judiciary Council may be overdue but remain welcome in their progress toward implementation. The

Ministry of Justice has formed a specialized medical committee within Juvenile Justice that visits children who have been sentenced to the death in Yemen.

The complex, diverse and extensive nature of the more extreme forms of violence and exploitation of children in Yemen has in recent years at least benefited from markedly improved monitoring, reporting and review mechanisms. The two Optional Protocols to the Convention on the Rights of the Child, on children in armed conflict and on the sale of children – and their periodic reporting and review processes are complemented by the MRM framework, with Yemen a party to all three processes. The procedures for the ILO child labour conventions and the Palermo Convention – and its first Protocol that Yemen needs also to ratify – further strengthen the national system of independent monitoring and accountability against global standards. Child labour is widespread and is overwhelmingly unpaid, with high levels of child labour in dangerous and hazardous work, especially in agriculture. This primarily requires improved enforcement of laws and regulations for child labour and associated prosecutions, and needs stronger accompanying measures of support to street children in view of economic conditions being a key factor in driving so many children into highly vulnerable conditions.

The same is true for trafficking of children, especially given extreme threats to these children and the difficulties of detection. However, some recent cases of arrest and prosecution demonstrate a capacity to duly respond despite legislative shortcomings – as has similarly been demonstrated with the organ trade – although these actions have been minimal in terms of the apparent extent of the problem. Stronger efforts remain necessary, including through bilateral, regional and international coordination and cooperation between countries of origin, transit and destination to combat child smuggling and trafficking (including of migrant unaccompanied children from the Horn of Africa) resulting in the effective prosecution of perpetrators and the protection of victims. This has been made more feasible since GoY's acknowledgement of the existence of human trafficking in Yemen.

Serious breaches persist across all areas of grave violations against children, although United Nations-led reforms at the global level have considerably improved the national monitoring and response framework, supported by constructive engagement between international partners (including the Special Representative of the Secretary-General for Children in Armed Conflict) and GoY and key armed groups toward improved protection of children from recruitment and use. This will, hopefully, also lead to improved measures of protection for schools and hospitals that have been vulnerable to attacks by all sides in continuing conflicts. Regrettably, even if such dialogue can lead to reduced conflicts in Yemen, large numbers of children will remain vulnerable to the continuing risks of mines, UXOs and ERWs, indicating the continuing need for national and subnational attention in the diverse area of grave violations and child protection activities.

One further promising development at a global level is in current post-2015 planning. It has been commonly noted that the Millennium Development Goals were not only "rights free" (even if fulfilment of most of those Goals served such purposes) but that they lacked any explicit attention to child protection priorities. The recent report of the post-2015 High-Level Panel introduces welcome changes in this regard (see Box 14.1). Of 12 proposed goals, three of them include child protection indicators that appear to be intended as specific targets: eliminating child marriage and violence against girls and women; the provision of free and universal legal identity (including birth registration); and all four indicators of the goal to ensure stable and peaceful societies, including rights-based justice systems (High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013, Annex II).

Together with the opportunities for national transformation beyond the end of the transitional period and the stronger global monitoring and reporting frameworks for serious threats to child protection, children in Yemen should hopefully begin to see some tangible improvement in their clearly highly vulnerable situation of widespread denial of protection in so many areas of their rights.



Map of Yemen
 This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

PART A

NATIONAL FRAMEWORK

2. The national environment

This chapter briefly describes the broader situation of Yemen in order to position the report's presentation of the situation of children. It acknowledges that Yemen's history, geography, demography and political and cultural characteristics are of direct relevance to both shaping and understanding the children's rights and development framework. In doing so, this chapter's scope leads to the description of the human development and human rights frameworks of, respectively, Chapters 3 and 4, as a means of proceeding to the more comprehensive situation of children within Part B. Taken together, Chapters 3 and 4 address the core overarching policy and action structure – or structures, to the extent that improved linkages and coordination remain necessary – for children and adolescents in Yemen.

2.1 Demographic overview

Yemen has a varied geography, with vast areas of arid coastal and mountainous lands. Its land area of 528,000 square kilometres includes coastal plains and highland areas in the west, highlands in the east and desert expanses in the east. The central highlands – including the national capital, Sana'a – comprise a plateau at over 2,000 metres elevation. Highland water evaporates before it can reach the coast, and water resources are scarce.

Located at the southern boundary of the Arabian Peninsula, Yemen is strategically

positioned between East Africa and the Middle East/South Asia, and the sea passageway between the Mediterranean and Red Seas and the Indian Ocean. Its national environment and geopolitical history are dominant factors in many of the persistent and current challenges to national development, exacerbated by rapid population growth and volatile migratory movements between, in particular, the Horn of Africa and Saudi Arabia (see Chapter 3.6).

The national population was estimated to be 25.6 million people in 2012, of whom 51 per cent are under age 18 years and 17 per cent are under five years of age (UNDP, 2013a, Table 14; UNICEF, 2013a, Table 6). Yemen's population growth rate more than halved between 1990 and 1995 (3.4 per cent) and 2010 and 2015 (2.3 per cent), assisted by its still high TFR, which declined from 8.24 to 4.15 children per woman over the same period.⁶ While Yemen's growth rate is within the range for countries in the MENA region, its TFR remains the region's highest (Figure 2.1). However, Yemen's TFR has now converged with the higher range for those other countries. An important factor has been the declining – although still high – adolescent fertility rate, as is shown in Figure 2.2.⁷ The national population is forecast to exceed 60 million people by 2050.⁸ High population growth has been acknowledged in the TPSD as one of three priority ("vital") issues confronting Yemen's development potential, the other two being "the qat dilemma" and water depletion (MoPIC, 2012, pp 40-1).



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⁶ UNDESA United Nations Department of Economic and Social Affairs online database, via <http://esa.un.org/unpd/wpp/index.htm>, accessed 1 September 2013.

⁷ MENA comprises Algeria, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

⁸ United Nations Population Division, Probabilistic Population Projections available via http://esa.un.org/unpd/ppp/Figures-Output/Population/PPP_Total-Population.htm (accessed 1 September 2013).

Figure 2.1: Total fertility (children per woman) for MENA countries (2010-2015 estimates)

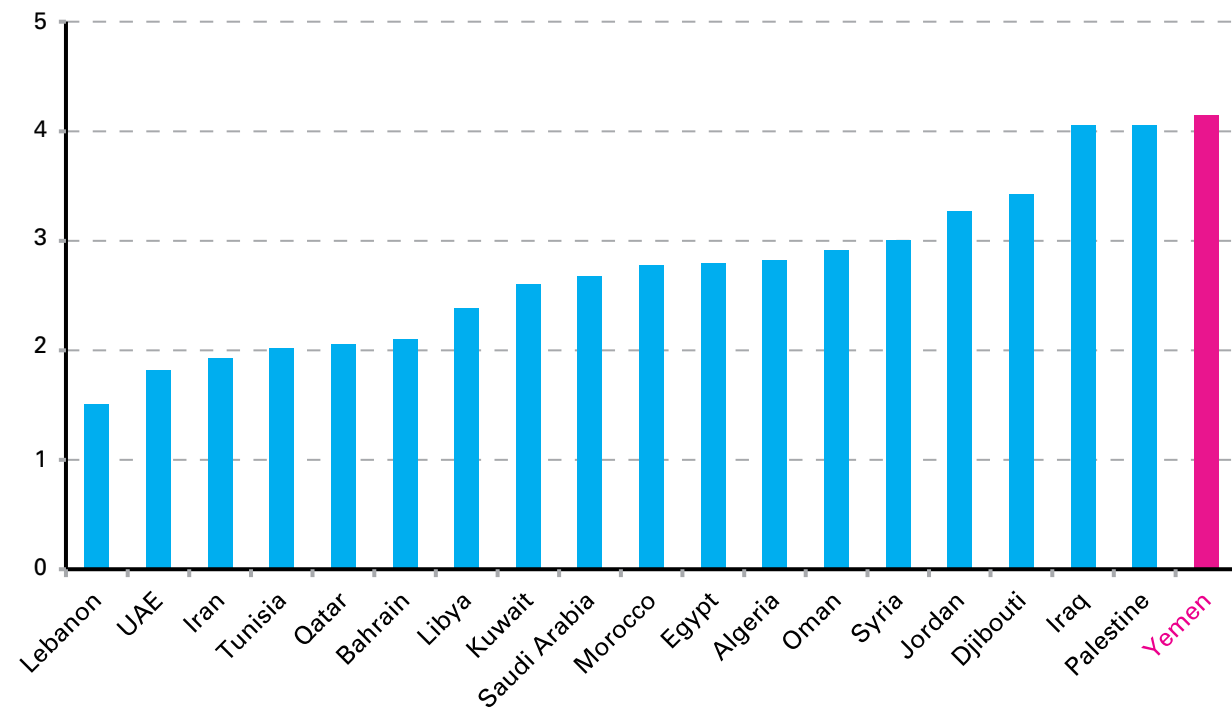
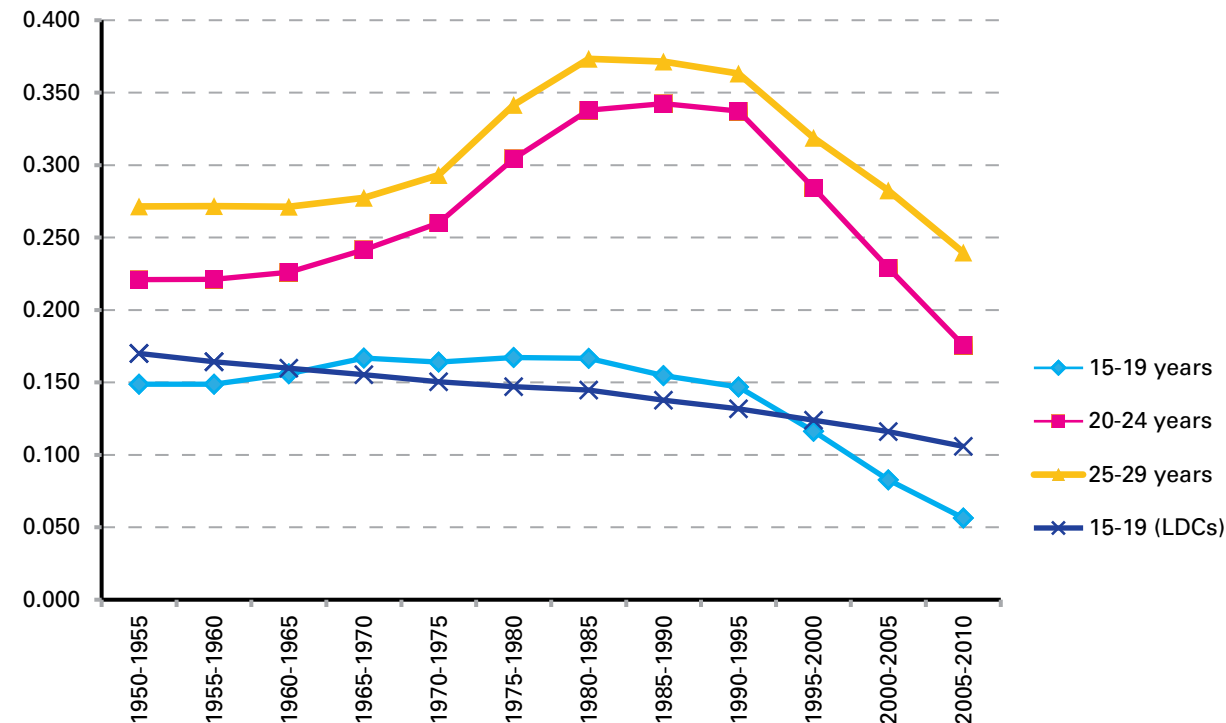


Figure 2.2: Trends in age-related fertility rates in Yemen (% , 1950-1955 to 2005-2010)



The declining TFR is also a factor in the increase in Yemen's median age to at 17.4 years, which means that, more than half of the population is under 18 years of age. The increasing median age also means that Yemen's very high dependency ratio – the proportion of the non-working to the working age population – has been declining (almost 20 points between 2000 and 2012) (Table 2.1). This indicates an improving potential for strengthening household living standards, provided that economic conditions improve or social protection interventions are strengthened (or, more likely, both).

Yemen's dependence upon remittances from Yemenis working in other countries (primarily Saudi Arabia) remains important in this regard, accounting (UNDP, 2013a, Table 11). The Ministry of Finance estimates that it is between 4 and 5 per cent of national GDP (Ministry of Finance 2014). Those workers comprise a considerable proportion of emigration, along with immigrants from nearby countries (primarily within the Horn of Africa) who use Yemen as

a transit country (again, largely to move on to Saudi Arabia). Figure 2.3 illustrates the national economic and household livelihoods significance of remittances, which stood at a net inflow of \$1.05 billion in 2011. The increase in outflows since 2007 appears to be more than offsetting the increase in inflows in the same period (apart from a spike in 2010).

Yemen remains a predominantly rural population, with an estimated 72 per cent of the population living in more than 133,000 settlements across its governorates, beyond main urban centres and their service networks. See Figure 2.4 for the population distribution by governorates. Protracted conflicts since 2004 in both the north and the south have left an estimated 340,000 people displaced, and have made humanitarian interventions to heavily marginalized and vulnerable populations more difficult (UNCT & GoY, 2011, p. 2). Population growth rates and population concentration across dispersed rural and remote areas mean that an additional 700,000 spaces within health

Table 2.1. Population characteristics

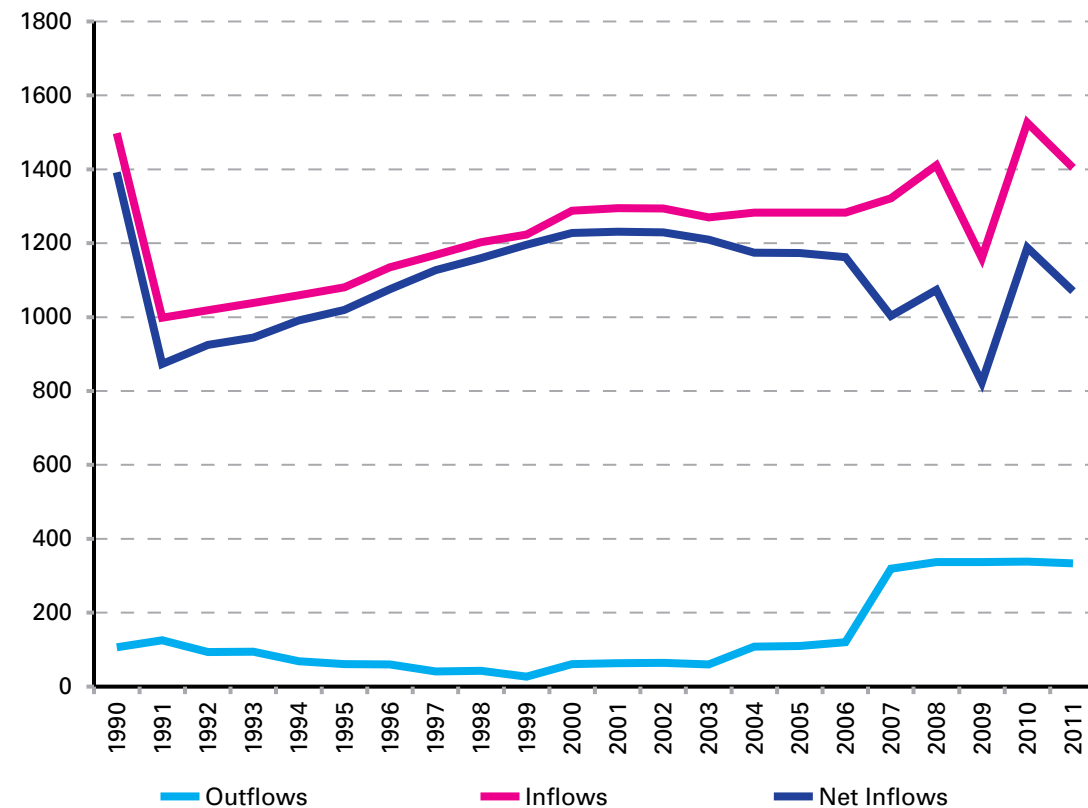
	Median age (years)		Migration			Dependency ratio ¹	
	2000	2010	% of population (2010)		Net migration rate ² (2005/10)	2000	2012
			Emigration	Immigration			
Yemen	15.5	17.4	4.7	2.1	-1.2	105.6	86.4
Arab States³	20.6	23.3	5.4	8.0	3.3	72.3	59.7
Low Human Development Countries⁴	18.4	19.8	2.8	1.6	-1.5	85.2	75.5

Notes:

- Ratio of the sum of the under-15 and 65 and over populations per 100 of the 15-64 population.
- Ratio of the difference between the number of immigrants and emigrants to the average population during the period, expressed per 1,000 people.
- Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.
- Countries – including Yemen – in the lowest quartile of countries ranked according to their HDI.

Source: UNDP (2013), Tables 11 & 14.

Figure 2.3: Migrant remittances, Yemen, 1990-2011
(Thousands of United States dollars)



and education services and 300,000 extra jobs need to be created each year (ibid., p. 2).

The GoY National Population Strategy (2001-2020) had sought to balance population and economic growth, including in order to meet the increasing demand for services (Save the Children, 2012, p. 1). However, these are elusive goals, quite apart from political pressures and natural resource constraints, especially given that population growth of 3 per cent per annum largely offsets annual economic growth of 4 per cent (see Chapter 3.1) and that the 4.6 per cent urbanization rate must be weighed against likely higher fertility rates in non-urban areas (WFP, 2012, p. 10).

The situation of Yemen's natural resources is generally raised in later sections, notably the position of oil within the national economy (Chapter 3.1) and of water and its impact on children (Chapter 9). UNDP has summarized

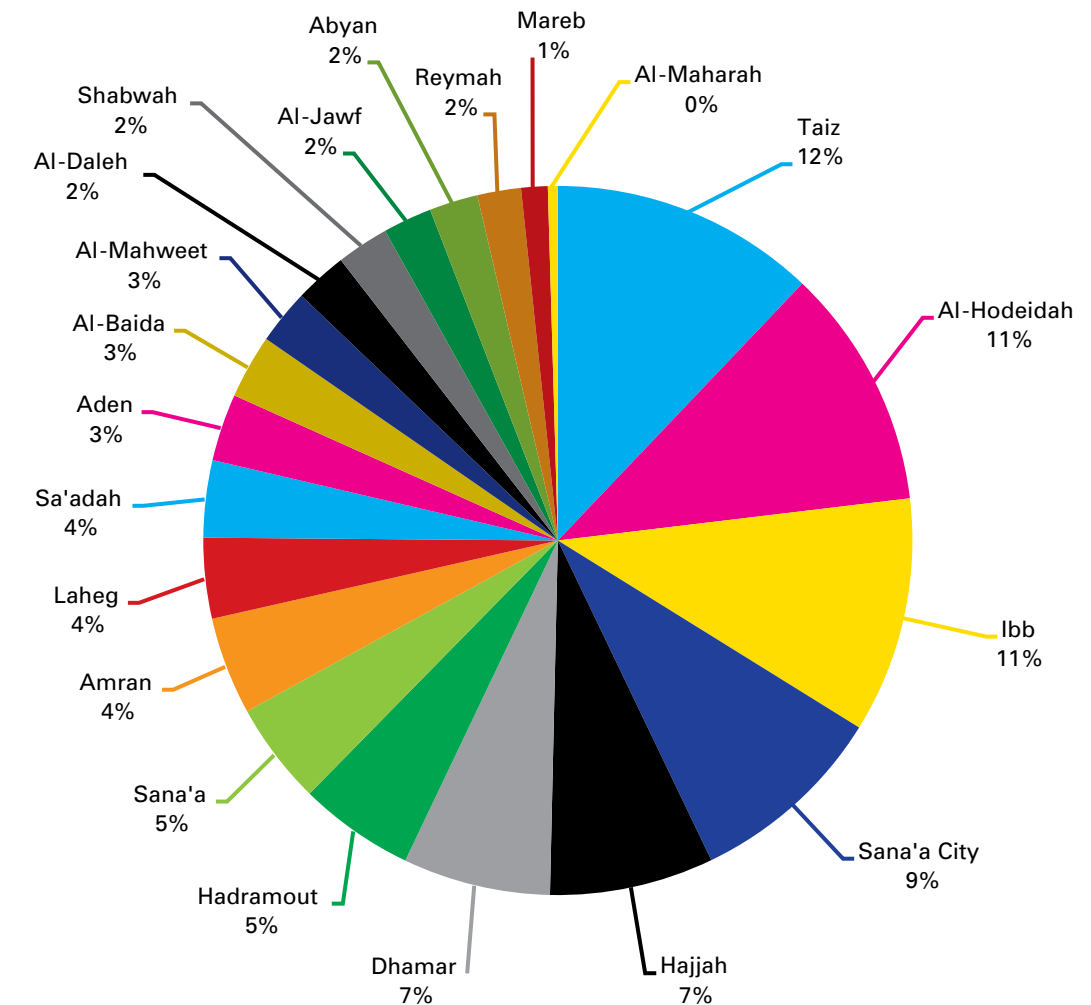
the associated environmental challenges as being "due to scarce resources, vulnerability to natural disasters and human-made crisis. ... Climate change will have an impact on food security, water, agriculture, environmental sustainability, fisheries, gender and public health, affecting the overall capacity of Yemen to achieve development and reduce poverty" (UNDP, 2011, para 6).

2.2 National political overview

This section very briefly refers to recent national history and political developments leading up to current conditions (primarily concerning the period 1990 to 2011), within the context of informing the later discussion.

The seeds of modern-day Yemen were sown with the establishment of the independent and autonomous states of South Yemen in November 1967, after 128 years of British rule,

Figure 2.4: Population distribution by Governorates (2012)



and North Yemen in 1962, after 44 years of post-Ottoman feudal rule and Imam rule. Following an occasionally tense but relatively stable co-existence between the two, the People's Democratic Republic of Yemen (formerly South Yemen) and the Yemen Arab Republic unified as the Republic of Yemen on 22 May 1990, albeit following several conflicts in the preceding years and most notably during the 1986 civil war in the south.

Ali Abdullah Saleh, the former president of the Yemen Arab Republic since 1978, was selected through consensus agreement to lead the newly unified country, with Ali Salim al-Baidh, the former President of South Yemen, as Vice President. It was an uneasy alliance between two leaders who "rushed into unity

without a durable settlement", especially the terms of what was understood would be equal governance and power-sharing between the northern and southern political power bases (International Crisis Group, 2013a, pp 5-6). Unification thus carried with it an ambitious but weakly considered need to unify differing political and social systems that provided for differing forms of resource utilization and distribution and land management practices. This was overlaid with a complex pattern of tribal relationships and wider regional geopolitical ambitions and interests that have been evident in the progressive weakening of national human security and of household livelihoods.

As if securing a new national identity and

solidarity was not hard enough, external pressures were imposed from the outset, with the harsh response to Yemen's opposition in the United Nations Security Council to non-Arab intervention in Iraq's invasion of Kuwait. This quickly led to the expulsion in 1990 and 1991 of Yemeni workers from Saudi Arabia and Kuwait, with its serious economic impact (see Figure 2.3).

Multiparty parliamentary elections were held in 1993 (installing a new coalition Government but leading to the withdrawal from the Government of the Vice President), followed by Presidential elections in 1997, 1999 and 2006, with President Saleh returned to power both times. In 1994, civil war broke out over north/south factors that continue to destabilize national unity to the present time. In 2000, 17 United States military personnel were killed in an attack on an American warship in Aden, with two direct consequences: President Saleh's commitment to join the United States so called 'war on terror' and the United States commencement of missile and, subsequently, drone attacks on Yemeni soil.

In January 2013, the United Nations Special Rapporteur on the promotion and protection of human rights and fundamental freedoms while countering terrorism launched an inquiry into the civilian impact of the use of drones and other forms of targeted killing, for the purpose of making recommendations to the General Assembly later in 2013.⁹ In August 2013 – as their frequency increased during an increase in national insecurity – the NDC voted "overwhelmingly" that drone strikes in Yemen be criminalized (Eldemellawy, 2013).

At a national level from around 2000, the military, security and intelligence forces were transformed into more politically factionalized and partisan institutions that were more professional and qualified, but they were established in the context of intense intra-regime competition. Ultimately they were accountable to their commanders only and were perceived by many citizens as personal property, rather than forces loyal to the nation. (International Crisis Group, 2013a, p. 10)

In 2004, the Al-Houthi rebellion commenced. By 2012, the conflict had led to United Nations reports of the recruitment and use of children as soldiers by the government (see Chapter 10.5.1). With the taking control of broad areas in the south by militants from Al-Qaeda in the Arabian Peninsula (AQAP) and various other sectarian, tribal and regional divisions, the overall national political and security situation remains complex and volatile. The United Nations 2013 conflict assessment identifies four "conflict-specific drivers"

- the Southern Separationist Conflict that stems from the perceived shortcomings of the 1990 unification with regard to equal north/south political and economic treatment, but also including intra-south tensions;
- the Al-Houthi-Salafist Conflict that is rooted in ideological and material causes and remains difficult to understand, but appears motivated by the promotion of Salafist religious ideology, the defence of Al-Houthi ideology and competition over control of the territory and associated material gains, each of which serve to drive the recruitment of young people, including children/adolescents, to each side;
- Al-Houthi-Islah Conflict that has been poorly examined but increasingly appears to revolve around a competition for recruiting young people including children/adolescents, as well as a resistance to perceived growing religious conservatism given Islah's links with Salafists and Wahabists, thus also leading to concern about wider regional interference; and
- Extremist Group Violence and Conflict that primarily refers to AQAP and Ansar al-Sharia that are viewed as drivers of terrorism-related violence and radicalization of recruits, with AQAP support viewed as a desperate response to widespread insecurity of household livelihoods rather than being ideologically based (UNCT, 2013, pp 52-43).

It is apparent that a direct consequence of

such "conflict drivers" is multiple forms of active recruitment of young people, including children, to various movements and ideologies and even militant interests. The 2013 conflict assessment for the United Nations Country Team (UNCT) in Yemen noted that this is a likely consequence, especially in rural areas, of poor education levels (ibid, p. 40). However, the actions of such groups and increasing demands for sounder national directions may also have led to a growing political awareness and interest among many Yemeni children and young people who aspire to sustainable and constructive new directions for the country.

This appears to have been the positive face of the growing public disenchantment that found new avenues for expression with the onset in January 2011 of youth-led popular mass protests across a number of countries in the region, alongside violent clashes and armed conflict. Yemen was no different, with "many Yemenis calling for greater freedoms, an end to corruption and respect for rule of law" (Human Rights Council, 2011, para 64). In the face of these overwhelmingly peaceful protests, the killing and repression of many civilians fractured the solidarity of the Government as well as of the military leadership. A delegation from the Office of the United Nations High Commissioner for Human Rights visited Yemen in mid-2011, with GoY assistance, in order to assess the human rights situation. It reported its "alarm" at "the deteriorating humanitarian situation, which is negatively affecting most Yemenis, but in particular the poorest and most vulnerable, such as children, [internally displaced persons] and refugees" and noted "a need for international, independent and impartial investigations to take place" (ibid, paras 70 & 74). Its report included reference to multiple violations against children.

Children have reportedly been subjected to the same extreme violence as many adults, including killings, injury, suffocation from gas, torture, arbitrary detention, and/or recruitment by security forces. Furthermore children have been forced out of schools, used in demonstrations, or killed, wounded and displaced by the fighting. (ibid, para 56)

Continuing protests and demonstrations against President Saleh and an eventual high jacking of the protests by mainstream opposition led to a negotiated agreement through the engagement of the United Nations and the Gulf Cooperation Council (GCC).¹⁰ This culminated in the signing of the Transition Agreement ('the GCC Agreement') on 23 November 2011.

The signatory parties agreed on a cessation of hostilities and the start of a two-year transition process. The first phase of this transition period (December 2011–February 2012) was marked by the formation of a Government of National Unity in early December, and the departure of President Saleh on February 23, 2012. (JSEA, p. 2)

This included the granting of temporary power to then Vice President Hadi, who assumed the Presidency pending elections in February 2012 in which he was elected to the Presidency. This commits the President to a two-year period of transition (second phase) marked by the drafting of a new Constitution, reform of military and security forces and the hosting of a National Dialogue (see Box 2.1). This will culminate in the conduct of national Presidential and Legislative elections under the new Constitution, scheduled for February 2014.

It is important to note that the popular uprisings from early 2011 involved many young Yemenis, and that the resultant transitional process of political reform formally includes many children and young people. Although unfolding conditions remain uncertain, the process of developing a new Constitution is underway, the National Dialogue formally commenced in March 2013 and major changes to the military leadership began in April 2013.

With respect to the multiple drivers of conflict within Yemen, some reference to the tribal system is required. Some areas of Yemen are reported to be undergoing a "rapid deterioration in the traditional tribal system", due to sheikhs moving to urban areas, perceived corruption, patronage networks shifting power and disengaged young people (Al-Dawsari, Kolarova & Pedersen, 2011, p. 11). This is

⁹ See Office of the High Commissioner for Human Rights news release dated 22 January 2013, at <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=12943&LangID=E>. There was no further update to progress as at mid-September 2013.

¹⁰ The GCC comprises Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates. Although Yemen is not a member, it is granted limited participation in some activities.

Box 2.1: Summary of Government of Yemen Transition Plan 2012-2014

The general goal of the TPSD, covering the period 2012 – 2014, is to “restore political, security and economic stability and enhance state building”.

A ‘Transitional Program Priorities and Resources Summary Matrix 2012 – 2014’, showing the short term as well as medium term priorities, is accessed through the link below.

The third of the short-term priorities is “Meet urgent humanitarian and material needs (reconstruction programme). One of the three funding modalities suggests channelling resources for these needs through the United Nations Consolidated Appeal. Total cost required for meeting humanitarian and material requirements in the TPSD is approximately \$750 million annually.

In addition to the short-term/urgent and medium-term economic priorities, the TPSD addresses the requested total resources and gaps in funding and outlines the issues and mechanisms of implementation.

The link below shows the TPSD 2012-2014 Summary Matrix:

<http://www.mpic-yemen.org/yemenc/images/stories/PDF/yemenecg/TPSD%20Priorities%20and%20Resources%20Summary%20Matrix.pdf>

Source: OCHA, 20113, Annex VI.

leading to shifts across most communities in the “level of respect for tribal customary law”, to declining respect for codes of behaviour and for tribal safe havens, and an escalation of revenge killings (ibid, p. 23; UNCT, 2013, p. 29). Such dynamics are seen as having impeded unification – tribal affiliations are relatively weaker in the south – and the development of a sense of national identity (UNCT, 2013, p. 36). As a result, “many Yemenis continue to view tribal governance as a second-best option and would prefer effective and corruption-free state systems instead” (ibid, p. 29). However,

as the lack of government authority and tribal conflicts in some areas not only deters private sector operations but also results in no functioning health services and school non-attendance, there remains a need to build links with respected community members and with women, given their traditional roles that equip them to fulfil important conflict resolution and mediation functions (Al-Dawsari, Kolarova & Pedersen, 2011, pp 13-6 & 32-3). See Annex C for a summary of relevant features of the 2013 UNCT assessment. That report concludes that development assistance must be seen as not only material support but also as a form of communication that attempts to signal a break with the past and create opening for dialogue among elites and ordinary citizens – including women, youth, and civil society – throughout the country. (UNCT, 2013, p. 67)

2.3 Governance and political reform overview

The Republic of Yemen is a member of the United Nations, the IMF and World Bank, the League of Arab States and the Organization of Islamic Cooperation. It is an observer to the World Trade Organization and the Organization of American States, and participates in the Non-Aligned Movement. It has been a member of the United Nations since unification in 1990, including membership of the Security Council in 1990-1991.¹¹

Unusually across the region, Yemen is a republic, with a popularly elected President as the Head of State, supported in turn by a Consultative (Shura) Council whose 111 members are appointed by the President from across Yemeni society on the basis of their qualifications and expertise. The President appoints the Vice President, subject to a two-thirds majority vote of the parliament. Yemen has a unicameral parliamentary system comprising a House of Representatives whose members are elected for six year terms at national elections across 301 single-member constituencies. The Government of the day rules while the Prime Minister – as the Head of Government – maintains the confidence of the House of Representatives. Primary

government decision-making occurs via the Council of Ministers, which is defined as “the highest executive and administrative authority of the State” (Constitution, Article 129).

The Constitution – as amended in 2001 – also provides for the establishment of local authorities (“administrative units”) through enabling legislation, duly governed by elected local councils. This presently structures such local authorities as 21 governorates and one municipality (centred on the capital, Sana’a). The governorates are, in turn, subdivided into 333 districts and further into 2,210 subdistricts and almost 40,000 villages. The governorate structure is presently subject to Constitutional review during the transition period, including in the context of the National Dialogue and consideration of alternatives, including a federated system. By 2013, non-State entities are key political parties within some areas of Yemen – notably, for example, in Sa’ada governorate – and could therefore be deemed to be partially outside the authority of the of the national Government.

The judiciary operates independently of the Government and the Parliament, and is governed via the Supreme Judicial Council established by the judiciary, with sharia as the main source of law. Many judges are religious scholars as well as legal authorities. The Supreme Court is the highest court.

The national Constitution was amended by a public referendum in February 2001. Some of its relevant provisions include:

- Islam is the state religion and Islamic sharia is the source of all legislation (Articles 3 & 2);
- Yemen adheres to the United Nations Charter, the International Declaration of Human Rights, the Charter of the Arab League and the “Principles of International Law which are generally recognized” (Article 6);
- The first of three principles of the national economy is Islamic social justice in economic relations (Article 7);
- All natural resources are owned by the State for “exploitation for the common good of the people” (Article 8);
- Equal opportunities for all are guaranteed in areas of political, economic, social and

cultural activities (Article 24);

- Yemeni society is based on social solidarity, based on justice, freedom and equality under the law (Article 25);
- The family is the basis of society, built on religion, customs and love of the homeland (Article 26);
- “The State shall protect mothers and children, and shall sponsor the youth and the young” (Article 30);
- “Women are the sisters of men. They have rights and duties, which are guaranteed and assigned by sharia and stipulated by law” (Article 31);
- Education, health and social services are basic social pillars and shall be provided by the State and society (Article 32);
- “Citizens are all equal in rights and duties” (Article 41);
- “Every citizen has the right to participate in the political, economic, social and cultural life of the country” (Article 42);
- “The State shall guarantee judicial assistance to those who cannot afford it, according to the law” (Article 49);
- Education is a right of all citizens and basic education is obligatory (Article 54);
- The State shall guarantee health care as a right for all citizens, and will expand free health services and health education (Article 55);
- The State shall guarantee social security for all in cases of illness, disability, unemployment, old age and the loss of support (Article 56);
- The House of Representatives shall ratify international treaties and conventions (Article 92), once approved by the Council of Ministers that also has responsibility for preparing the national economic plan and annual budgets (Article 137); and
- The Judiciary is an autonomous authority, with the Supreme Court as the highest judicial authority (Articles 153 & 149).

While various Constitutional provisions merit scrutiny and discussion in terms of their consistency with international human rights law, this will be limited within later chapters to areas of current priority in children’s rights, given that Yemen is presently in the process of drafting a new Constitution. Anticipating discussion in Chapter 4, however, it is apparent that international human rights obligations may

¹¹ Prior to unification, North Yemen held membership from 1947 and the People’s Republic of South Yemen was admitted in 1967.

be modified under national law to the extent that sharia law appears to prevail where there is determined to be a contradiction between the two. As will be discussed later, this is evidently the case in some areas where reservations have been attached to State ratification of such instruments even though they concern fundamental rights provisions, as well as in reversing the provision for domestic law to apply where it meets a higher standard than the international legal obligation. For now, these are matters requiring prompt review in the context of the newly drafted constitutional provisions.

At the level of the government administration, there are a range of ministries and other agencies with mandates that especially impact children. These include:

- Higher Council for Motherhood and Childhood (HCMC)
- Ministry of Education (MoE)
- Ministry of Public Health and Population (MoPHP)
- General Authority for Rural Water Supply Projects
- Ministry of Human Rights (MoHR)
- Ministry of Justice
- Ministry of Social Affairs and Labour (MoSAL)
- Social Welfare Fund (SWF)
- Ministry of Planning and International Cooperation (MoPIC)
- Central Statistical Organisation
- Ministry of Finance
- Ministry of Law
- Ministry of Local Administration
- Social Fund for Development
- Civil Registration Authority

Most of these agencies are referenced in subsequent chapters in terms of services to and responsibilities for children's rights, welfare and development. They include agencies that primarily coordinate and provide sector-specific services, such as child protection and welfare, education, health and water and sanitation, as well as several agencies that fulfil more overarching planning and coordination functions that impact the situation of children more broadly. Brief descriptions of the responsibilities of the key agencies with respect to primary oversight and mandate concerning the welfare and development of the child follow.

2.3.1 Higher Council for Motherhood and Childhood

The HCMC was established in 1999 to monitor national implementation of the Convention on the Rights of the Child and other child-related instruments, to ensure the coordination of the maternal and child-related activities of GoY ministries and other national and subnational public agencies, and to promote cooperation between government and other partners in advancing children's rights. Its mandate includes developing policy guidance and measures to further children's rights and to improve the national knowledge and information base on the situation of children. (Committee on the Rights of the Child, 2004, paras 16 & 17) It "works with the Ministry of Human Rights to follow up and monitor the implementation of national programmes relating to child rights" (Committee on the Rights of the Child, 2013a, para 26).

2.3.2 Ministry of Human Rights

MoHR was established in 2003 in order to raise the national profile on human rights, and to work with relevant partners in raising public and institutional awareness of public and private rights and freedoms. It receives and investigates complaints, which may include referral to the appropriate authorities for remedial action, and visits prisons and other custodial and detention facilities to ensure no one is being held illegally and to check on prisoner conditions. (Economic and Social Council, 2009, p. 4) MoHR is responsible for coordinating the Government's human rights reporting obligations under the United Nations system.

A 2010 human rights awareness survey reported that almost half of Yemenis had heard of MoHR, of whom just over half considered that it was doing a good job. Of those who lacked confidence in MoHR, the primary reason given was to do with it being viewed as 'pro-Government' (MoHR, UNDP & UNFPA, 2011, Section VI). This may or may not have been a view shaped by a more generalized view of government ministries. It is, however, important to note that this survey occurred prior to the civil unrest and transitional administration from 2011, as well as the appointment of the current

Minister who is known to be independent of the former regime and strongly focused on strengthening the national human rights framework.

2.3.3 Ministry of Planning and International Cooperation

MoPIC is a key coordinating ministry in areas of social and economic planning and liaison with international donors. It undertakes economic research, develops social development strategies and encourages private sector investment, and also monitors national progress against economic and social development goals, including with attention to global and regional conditions. MoPIC participates in financial budget preparations and implementation with development partners, including in pursuit of poverty alleviation, and compiles and analyses data for economic planning purposes.

2.4 National Dialogue and political transition

The National Dialogue Conference has been one of the key elements of the Transitional Government moving towards the proposed (end of 2014) constitutional referendum and Presidential and parliamentary elections. The NDC is complementary to the TPSD and restructuring of Yemen's security and defence forces, and instrumental in the development of the new national Constitution, which, it is proposed, will be put to a referendum of the people. It is a broadly participatory and representative process – 30 per cent of representatives are women and 20 per cent are young people – that seeks to establish a new social contract for Yemen. This is an especially challenging undertaking following such deep social and political divisions and religious tensions.

The core areas of focus by NDC working groups include transitional justice, State building and good governance, rights and freedoms, and development. Alongside efforts to reach consensus on so many issues, there have

been entrenched divisions such as seeking solutions for problems related to the position and treatment of the south, and how to keep southern delegates engaged in the dialogue process due to what has been described as the NDC's "legitimacy deficit in the South" (International Crisis Group, 2013b, p. 3). This has been overlaid with a difficult trade-off to ensure a relatively peaceful transition process that has left "established elites ... play[ing] a key role in reforming the very system they helped to create [that] has both stymied the transition and fuelled scepticism toward it" (ibid, p. 8).

The comprehensive broad-based engagement in the NDC has therefore been a delicate but important dimension of political reform and transition since 2011. The direct engagement of children and adolescents has attempted to ensure that key issues and priorities for children are neither ignored nor side-lined.

The 'special entities' working group is primarily developing measures to address the rights of children and other vulnerable populations. By August 2013, it was giving particular attention to constitutional and legislative recommendations concerned with the HCMC, studies on children and the criminalization of all forms of violence against women.¹² This followed the UNICEF presentation to the NDC in May 2013 of a range of issue-based 'fact sheets' concerning such areas as education, health, nutrition, rights and freedoms, the State and the Constitution, and WASH. The main areas where the NDC has made progress on the situation of children concern the following themes: maternal and child health; basic education; WASH; social protection; juvenile justice; community and family protection; violence and child exploitation; and marginalized groups. It remains unclear how these priority areas will be reflected in the new Constitution and legislative reforms. For UNICEF, the three primary issues being advocated on are the legal age of the child, Mohamasheen and water access.

¹² See report at NDC website at <http://ndc.ye/news.aspx?id=1717> (accessed 1 September 2013).



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3. The national human development situation

A more structured global framework for human development began with the publication by UNDP of the first annual Human Development Report in 1990 – the same year as the establishment of a unified Yemen. An important characteristic of human development is the understanding that economic development is a means towards human well-being rather than an end in itself. An early lesson learned from the measurement of human development progress at country level was that economic wealth may – or may not – lead to improved human conditions, so that many countries considered less economically advanced were able to achieve strong progress in various areas of human development. This mainly required good political leadership and people-focused resource management.

The following sections present the situation of the national economy and review the nature of poverty and inequality in Yemen. The broader situation of the Millennium Development Goals and of women is followed by reference to the national development planning process in Yemen, including humanitarian planning as an important means of ensuring that many of the most vulnerable people in Yemen remain connected to a range of basic development opportunities.

3.1 Economic conditions

Yemen has had barely 20 years to integrate two distinctly different economic, legal and military/security systems, severely hampered by the early repatriation of large numbers of working-age Yemenis from other Gulf States, very limited international aid flows and the 1994 civil war and continuing conflicts, culminating in the changes stemming from the January 2011 uprising. To move beyond a largely subsistence domestic economy, Yemen has had to rely on its oil sector, which comprises 60 per cent of government revenue and over 90 per cent of export revenues. This makes Yemen's economy fragile, given a volatile global energy market, the depletion of oil reserves and ongoing disruptions at oil production facilities.

This has meant that national oil production has declined substantially since early 2007. In 2011, the consumer price index leapt 19.9 per cent and the economy suffered a 12.7 per cent drop (measured as real GDP) (IMF, 2013, Table 8). That drop is evident in Figure 3.1, which primarily demonstrates the extent to which Yemen's population varies from its Arab neighbours in general wealth levels. It also indicates that the gap between Yemen and the Arab States' average is slowly widening while that between Yemen and low human development countries is narrowing; in both cases this is due to averages of the Arab States and low human development countries increasing while Yemen's rate has stagnated and has more recently been decreasing. By 2011, annual GDP per capita was one quarter of the average for all Arab States, measured in 2005 currency in terms of purchasing power parity (UNDP human development database).

The share of total tax revenue to GDP has fallen since unification, from 10 per cent in 1992 to 7 per cent by 2009, including a "drastic reduction" in indirect taxes (World Bank, 2012a, p. 10). Nevertheless, the IMF has reported signs of post-2011 progress in the wake of the transitional reforms. "Inflation fell substantially and the exchange rate stabilized at pre-crisis levels, while foreign exchange reserves increased significantly" (IMF, 2013; attached statement). Importantly, non-hydrocarbon revenue has exceeded estimates due to strengthened government collection efforts (IMF, 2012).

However, the projected decline in government expenditures is more than offset by even larger declines in external grants. According to 2009 data, net per capita ODA to Yemen of \$21 is half the average for all low-income countries (\$45) and for MENA countries (\$41) (World Bank, 2012b, Table 5). This has been described as "very low when compared with levels of assistance received by other low-income countries" and "negatively affected by political developments since the first Gulf War" (World Bank, 2012a, p. 10).

[ODA] allocations are far below the levels required to address the special needs of Arab countries, particularly [least

developed countries]. ... ODA in the Arab region is marked by high volatility. Sudden spikes are almost always conflict-related and/or due to political stances of donors. ... The strikingly low per capita ODA for Yemen, US\$18, stands out within ODA targeting [least developed countries] LDCs. (United Nations & League of Arab States, 2013, p. 45)

Once again, this underlines the importance of foreign remittances, which have also been politically impacted.

Figure 3.2 illustrates Yemen's fluctuating rates of foreign direct investment. Almost certainly, the recent low rates are a reflection of internal instability and poor security, such that a successful transition in 2014 ought to see those rates improve. However, Yemen will likely remain vulnerable to geopolitical fluctuations due to the significance of direct assistance and investments from Saudi Arabia and other Gulf States.

A key drain on public outlays is the continuing

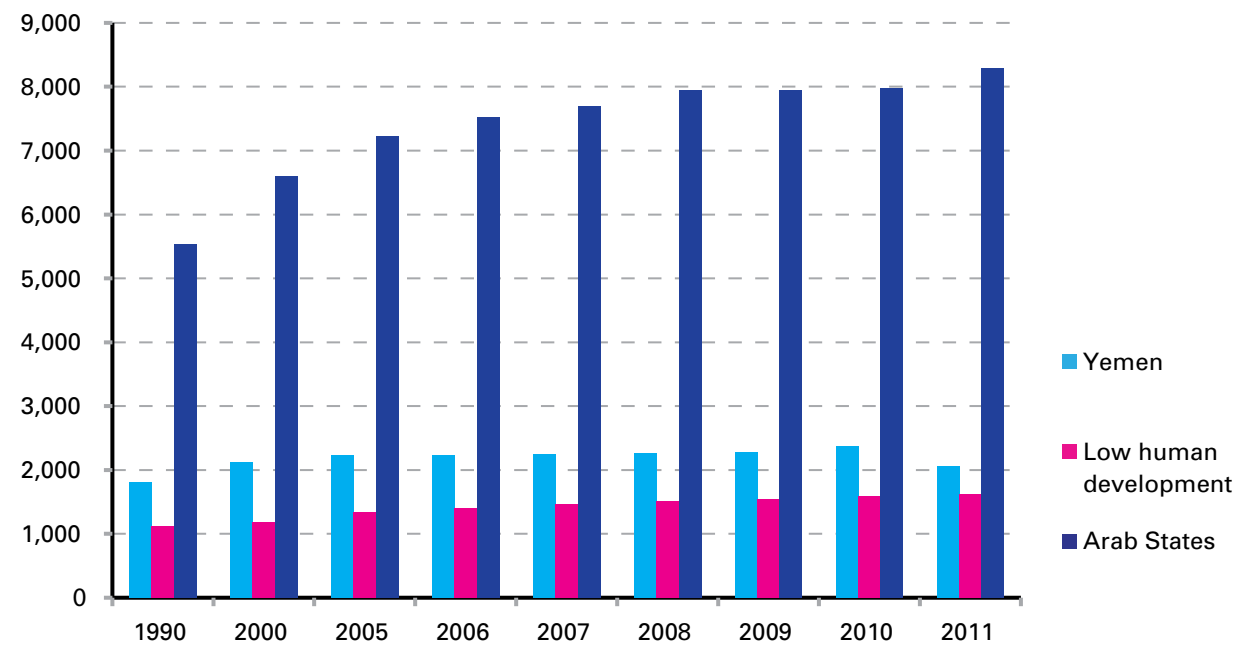
subsidization of domestic energy supplies, which represented around 9 per cent of GDP in 2012.

Energy subsidies are not targeted and create major economic distortions and opportunities for corruption. In particular, these generalized subsidies benefit mainly the rich—since they consume most fuel and electricity—and provide incentives for overconsumption, inefficiencies, and smuggling. Furthermore, they exacerbate Yemen's critical environmental problems by artificially reducing the cost of pumping scarce underground water. (IMF, 2013, p. 16)

A second drain on the public budget is Yemen's globally high wages bill, at around 11 per cent of GDP. This has less to do with cutting salaries or reducing the paid workforce, and more to do with eliminating "ghost workers" and "double dipping" as well as civil service reforms to improve service efficiency (ibid, pp 6 & 14). Illustrating the adverse consequences for family livelihoods in maintaining high and ineffective public subsidies, the IMF has also advocated as follows:

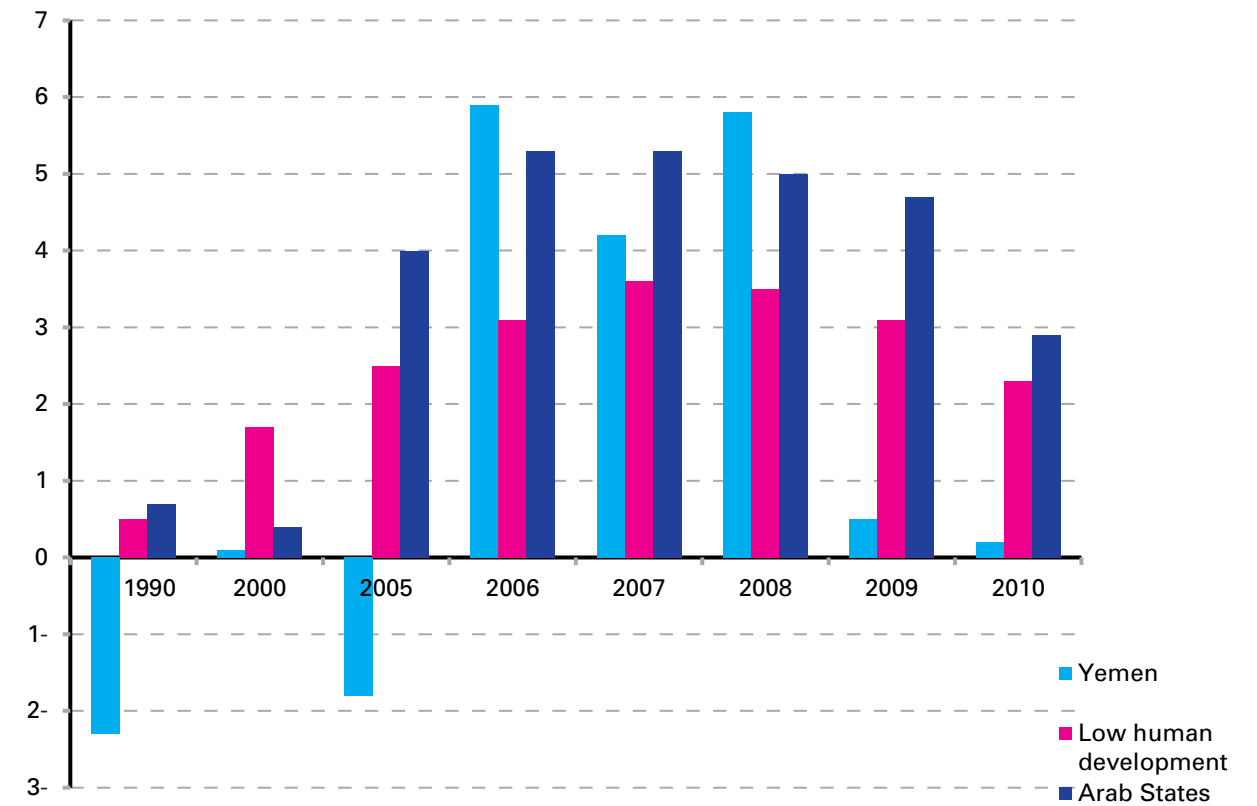
To further improve governance and

Figure 3.1: GDP per capita (2005 PPP \$)



Source: UNDP online database, at <http://hdrstats.undp.org/en/tables/default.html> (accessed 1 September 2013)

Figure 3.2: Foreign direct investment, net inflows (% of GDP)



Source: UNDP online database, at <http://hdrstats.undp.org/en/tables/default.html> (accessed 1 September 2013)

transparency, the authorities are encouraged to further [reduce fuel subsidies] and launch other reforms to increase efficiency in the energy sector, while broadening the social safety net and increasing compensation for the poor through well-targeted cash transfers. (IMF, 2012)

The relevance of strengthening social protection mechanisms and the social safety net is discussed further in the next section and in more detail in Chapter 5.

Also critical in this regard is the need to strengthen agricultural productivity as an important means of improving food security and also to move beyond that sector into more productive industrial and service sector opportunities. Two important impediments in this regard are: (a) manufacturing and

industrial expansion are vulnerable to high-cost imports of economic inputs (as is the building and construction sector); and (b) Yemen is on a very low base in this regard. Manufactured exports represented a mere 2 per cent of total merchandise exports in 2006, compared to the average for low-income countries of 56 per cent (World Bank, 2012b, Table 5). This represents a big challenge to the Yemeni economy, with its continuing dependence on the energy sector and associated energy subsidies, and its parallel focus of scarce resources, most notably water, on qat production.

With around one in seven working Yemenis employed in its production and distribution, qat is an important component of the Yemeni economy. One half of all small-scale farming is of qat, although most is produced on large-scale farms that not only use around 40 per

cent of available national water reserves but also rely on energy subsidies for associated irrigation. This represents an enormous drain on productive food production, accelerates the depletion of already scarce water resources and creates the conditions for negative social and health consequences. It also appears to have negative impact on low-income households, with qat production concentrated in high-income households but qat expenditure appearing to be at some cost to the livelihoods of low-income families. (JSEA, pp xxix & 38)

One key indicator of development is the proportion of the workforce within the formal economy (public and private sectors). The informal workforce in Yemen was estimated to be 91 per cent in 2011, much higher than all other countries in the MENA region; 97 per cent of employed 15-24-year-old Yemenis work in the informal sector. Contrary to the pattern across other countries in the region, the rate of informal employment by women is higher than for men in Yemen (ibid, p. 32). The youth and gender profile of informal employment is especially problematic for their young families and children at a critical period of their development.

These are among the economic factors that merit continuing review, as the current volatility of domestic and regional political economy mean that Yemen's economy will continue to experience strong challenges and fluctuations, albeit not as great in the event of improved fiscal and social stability through and beyond the 2014 elections.

The difficulties in an analysis of public sector budgeting for children are primarily threefold:

- a substantial dependency upon external funding that has become increasingly unpredictable;
- fluctuating national (and global) conditions that may render data for recent years a weak predictor of the current situation; and
- "genuine difficulties... in identifying the amount of funding delivered by the Government for children's activities and programmes" (Committee on the Rights

of the Child, 2012, para 40).

Public financing is dependent upon the Government's revenue base, which itself is impacted by a low tax revenue rate (compared to regional standards) and low but improving recovery of hydrocarbon-based revenues. It is weakened by inefficient and inequitable energy subsidization policy and public expenditure has been increasingly skewed toward security and defence purposes and strained by wage payments to "ghost workers" that GoY is now tackling (IMF, 2013, para 24, Figures 2 & 3). This means that the public budget has been contracting but is projected to start growing from 2013. This means that GoY is now entering a period of improved fiscal space to better address human development priorities and, in particular, the needs of children.

For at least the last seven years, budgetary spending on health and education has more than doubled. However, GoY budgetary data display some sizable discrepancies between allocations and actual expenditure. Since 2004, health expenditure has fallen increasingly short of its budget allocations, reaching a 28 per cent underexpenditure by 2011 (the corresponding rate for education was 6 per cent), so that the rate of spending increase in both sectors could have been even greater. This likely indicates weaknesses in budget management and planning within the Ministry under conditions of budgetary growth and associated limitations in fiscal absorptive capacities. The WASH-related social allocations are confined to the Ministry of Water and Environment and are omitted as they are merely a part of public budgetary allocations to that sector that indicates the fragmented nature of WASH resourcing, planning and service provision.¹³

It therefore appears that two notable areas of budgetary weakness are adversely affecting children: shortfalls in institutional management and planning of budgets (in terms of allocated funds); and weak efficiencies in terms of service outcomes and quality. These seem to be stronger features of budgeting for children at present than the actual budget allocation levels.

The primary requirement in strengthening budgeting for children is the adoption of a recurrent monitoring framework. This would assist GoY in improved future reporting to the Committee on the Rights of the Child, but more importantly enable periodic reviews of trends in sector-based allocations. This may be well placed within MoPIC in order to ensure strong central governmental advocacy, fit within the HCMC mandate or, as some degree of autonomy may be deemed important, the new National Observatory for Child Rights, but it will require adequate resourcing and technical capacities. It should progressively extend into such complementary activities as establishing and maintaining a database, preparing inputs to the annual GoY budget planning process and developing participatory mechanisms to allow the voices of children and key child rights partners to be heard in working towards more child-responsive public budgeting.

As budgeting for children is an area in which a number of countries (commencing, notably, with post-apartheid South Africa) have acquired considerable experience, this is a potentially productive opportunity for GoY to initiate South-South cooperation. Encouragingly, this is also an area in which MoPIC – with UNICEF – is presently commencing preparatory work.

3.2 Poverty and deprivation

In general, country-based poverty analyses aim to identify characteristics that may best enable targeted responses. The weakness of poverty data for Yemen need not be an impediment to action, given that targeted poverty reduction measures – with an exception to be discussed later – are less critical in a country where household poverty is so prevalent and countrywide. An important qualification is that – linked to that exception – poverty responses must necessarily be directly linked to the situation of the population most adversely and inequitably impacted by poverty: children.

3.2.1 Measures of poverty and inequality

The concurrent depth and breadth of poverty is evident from two indicators: comparative

poverty rates; and rates of income inequality. This is further dependent upon the threshold levels used. Conventionally within global measures, a person is deemed to be living in poverty when living on less than \$2 per day and to be in extreme poverty if the rate is less than \$1.25. The 2002 national poverty study used a different measure, based on affording a specific daily calorific intake, and the 2005-2006 national poverty study – from the Household Budget Survey – utilized a monthly per capita rate of approximately YR 5,500.

From that 2005-2006 study, the World Bank reports that 7 million Yemenis (almost 35 per cent of the national population) were living below that national poverty line (GoY, World Bank & UNDP, 2007, para 1.7). Using the international poverty lines, 18 per cent were living on less than \$1.25 per day and 47 per cent on less than \$2 per day (again, 2005 data) (World Bank, 2012c, Table 2.8). Of note are urban/rural data disaggregations of the national rates, which show two features: the gap is unremarkable by global standards; and the reduction in poverty rates since the 1998 data occurred almost entirely at the urban level (ibid, Table 2.7). However, poverty "is deeper and more severe than in other MENA countries" although there is such a concentrated clustering in wealth terms of poor households that "perfect targeting of poverty-alleviating transfers" would require just 4 per cent of GDP "in order to lift everyone out of poverty" (GoY, World Bank & UNDP, 2007, para 1.8). But this also means that even a small economic downturn will move many households into poverty.

The rates are and remain high, and may now be even higher given that the data precede the global financial crisis and its consequences for domestic food prices, as well as the impact of recent turmoil and unrest. More recent estimates put poverty at 54 per cent due to the events of 2011, given a sharp decline of 17 per cent in household expenditure and a greater increase in urban than rural poverty rates, to 42 per cent for urban and 59 per cent for rural areas (JSEA, pp 10 & 12). This may indicate that the earlier gains made in urban household poverty were at margins that kept those families vulnerable to even a small downturn. There are policy observations to be made concerning the percentage point difference for the country

¹³ The budgetary data are those provided by MoPIC to UNICEF (September 2013).

data between the population living below the \$2 and \$1.25 per day rates.¹⁴ While 43 (of 124) countries have a higher \$2 poverty rate than Yemen, 54 have a higher rate at the extreme (\$1.25) cut-off. Yemen has a higher proportion than most countries of its poor population living within the \$1.25–\$2 range, even though it still has a significant proportion below that level (close to one in five people). This suggests that, for Yemen under current conditions, effective poverty reduction responses need not involve technically or administratively complex elements of targeting or means testing. However, given the earlier observation of poverty reduction being focused within urban areas between 1998 and 2005, it is important that the urban/rural poverty gap not widen further as it will fuel renewed subnational tensions and stimulate a rural to urban drift that will strain service demands and urban underemployment and further regional tensions. At the same time, it is necessary to note considerable differences across rural areas of Yemen. The governorates with the highest concentrations of poverty are (in descending order) Amran, Shabwa, Al-Baidha, Al-Jawf, Hajjah and Lahj – all of which exceed 47 per cent. Sana’a City and Al-Mahrah governorates have the lowest poverty rates, under 15 per cent (GoY, World Bank & UNDP, 2007, Table 1.4).

The global measure of income inequality is the Gini coefficient. This is an index between zero (absolute equality for all members of a country) and unity (1.0: all wealth is concentrated in one or very few hands). The Gini measure for Yemen is calculated to have been 0.357 in 1998, which is generally perceived as within an acceptable range (GoY, World Bank & UNDP, 2007, para 1.20). But comparatively low income inequality means something quite different in a wealthy country than it does in an income-poor country like Yemen, such that most people and households are similarly adversely impacted.

The Yemen Poverty Assessment report observes that the ‘very poor’ benefitted more than did the ‘average poor’ from the growth of the period 1997 to 2005, evidenced by the fact that the poverty gap index decreased more than the poverty headcount (ibid, para

1.16). But this occurred at a structural cost, with a growth in income inequality, including an estimated growth in the Gini coefficient to 0.411 (ibid, para 1.20). This carries immediate consequences for children. For example, school enrolment rates may have ‘surged’, but they decreased for the poorest quintile (ibid, para 1.24). A part of the reason is likely to be that public education expenditure subsidies favour wealthier households, public health services are not targeting the poor and only one fifth of petroleum subsidies reach the poor (ibid, paras 33, 1.26 and 1.40).

The Fourth Five-year Socio-economic Development Plan for Poverty Reduction (2011–2015) was approved in February 2011. It contains four priorities: (a) stimulating economic growth and reducing unemployment; (b) strengthening social protection; (c) accelerating progress towards the Millennium Development Goals; and (d) enhancing good governance. Secondary concerns include the building of development partnerships; Yemen’s integration into the GCC; women’s empowerment; improving infrastructure; increasing development (including local, balanced development); implementing a reform agenda; and results-based monitoring and evaluation. UNDP has subsequently noted the need for a review of the plan in view of subsequent deterioration in Yemen’s macroeconomic and fiscal situation.

Soberingly, and consistent with the aforementioned economic stimulus modelling that would yield – at best – minor poverty reduction, the World Bank has observed that the current tenuous improvement in “per capita growth rates are not sufficient to permit a sustained reduction in poverty” (World Bank, 2012a, p. 7). This points to an effective vicious cycle, to the extent that poverty – and inequity, but probably not as critically in Yemen given the proportion of the population already impacted by poverty – is a driver of the conditions (conflict, internal wars and insurgencies) that inhibit if not prevent measures to tackle it. Chapter 5 will take this up further concerning children, and with reference to data from the recent NSPMS.

3.2.2 Multidimensional poverty and deprivation

Fortunately, however, poverty analysis has been moving away from a conventionally economic focus, in large part due to the economic stimulus of various sectors often failing to demonstrably impact poverty (and even more so, inequality). The above-cited modelling considers poverty being addressed by focusing on economic development within the agricultural, industrial and service sectors. In 2010, UNDP introduced improvements to quantitative poverty measures that are also better linked to qualitative aspects, notably with the addition of the inequality-adjusted HDI (the IHDI), the multidimensional poverty index (MPI) and the gender inequality index (GII).

The third and the first measures are taken up, respectively, within the following two sections. The MPI is a composite of shortfalls (“deprivations”) across 10 household indicators (see Chapter 5.2). There is a crucial conceptual understanding in this shift towards “multidimensional” poverty: the evidence demonstrates that poverty disproportionately impacts children and that poverty responses need to focus on women as the primary carers of families. This has also been a finding of Yemen’s poverty assessment, which found that Female-headed households do not display any difference in poverty incidence compared to male-headed households. However, they exhibit different consumption patterns: when women are the heads of households, they spend proportionately less on adult consumption goods (such as tobacco and qat) and more on education than male-headed households (GoY, World Bank & UNDP, 2007, p. 21).

Across most countries, female-headed households are statistically poorer than male-headed households. The absence of a statistical gender difference in this regard in Yemen is likely due to just 5 per cent of Yemenis living in a household headed by a female. That low rate is too small a sample size to conclude that any difference is significant (ibid, para 1.44). Of course, it is also likely to reflect overall widespread poverty, so that such a gender discrepancy would emerge if there were more female-headed households and/or that more

households were lifted out of poverty. This remains important in considering poverty and deprivation, given that women are more likely to influence the household patterns of multidimensional poverty across the 10 statistical indicators.

For Yemen, the MPI is estimated to be 0.283 (using 2006 data), translating to a multidimensional poverty rate of 53 per cent. That is, 53 per cent of Yemenis are suffering deprivation in at least one third of the weighted indicators. (Not only is the use of 2006 data little more than indicative in 2013, given changes in the intervening period, but the MPI estimate omits one indicator for which data were not available: nutrition, a key priority in Yemen).

Comparative indicators of Yemen’s extent of coverage of households with services were provided in the 2010 Human Development Report. Table 3.1 shows that Yemen has a low-level enabling environment across most indicators that are, in many cases, not remarkable for low human development countries due to so many other countries having even poorer rates.

One mitigating factor in this regard is that Yemen has a more dispersed and non-urban population than many of the other countries, so that it also has weaker economies of scale in delivering such services and amenities. But it also is likely that a continuing insecure environment is an impediment to improving service coverage, given sporadic attacks on public infrastructure by various tribal or non-State entities and associated weak incentives for foreign investment.

For the present time and given data limitations, the use of the MPI is primarily indicative in shaping policy responses to household poverty.¹⁵ The key points are the renewed emphasis on addressing the key manifestations of poverty as a means of raising people above the poverty level. Most important is tackling the associated primary deprivations for children. This will ensure the sustaining outcomes that appropriate poverty reduction measures may deliver as an efficient investment in national development and well-being.

As noted in the previous section, the IMF has advocated strengthening the social safety

¹⁴ See <http://data.worldbank.org/indicator/SI.POV.DDAY> and World Bank, 2013, Table 2.7.

Table 3.1: Comparative indicators of access to services in Yemen

Indicator	Year ¹	Low human development countries		
		Yemen	Yemen's rank ²	Range
Health				
Per capita spent on health (\$)	2007	104	=5 / 42	17—131
Physicians per 10,000 people	2000-09	3	=3 / 41	<0.5—4
Hospital beds per 10,000 people	2000-09	7	=21 / 40	3—50
Access to information and communication technology				
Phones per 100 people	2008	21	23 / 40	2—73
Population coverage by mobile network (%)	2008	68	18 / 38	10—100
Internet users per 100 people	2008	1.6	=27 / 41	0.2—15.9
Personal computers per 100 people	2006-08	2.8	6 / 19	0.3—10.7
Mobile phone connection charge (\$)	2006-08	6.0	18 / 30	0.0—84.4
Fixed line connection charge (\$)	2006-08	85.1	28 / 34	0.0—215.7
Cost for 3 min local fixed line phone call (\$)	2006-08	1	=1 / 32	1—70
Population without electricity (%)	2008	62.0	8 / 27	47.1—91.9

Notes:

- Multiple years means the latest year data are available within that range.
- Ordered from 1st rank being the 'best' performing country.

Source: UNDP (2010), Tables 14, 16 and 17.

net and use of cash transfers to the poor as important components of Yemen's economic recovery (IMF, 2012, p. 2; IMF, 2013, p. 38). This is the exception referred to at the outset of this section. Yemen is well placed in this regard, given critical lessons learned from other countries in the provision of cash transfers as well as the national foundations that already exist that may be developed and built upon. This is taken up further in Chapter 5.

3.3 Human development and the Millennium Development Goals

A review of the human development situation of a country is necessarily a review of the sums

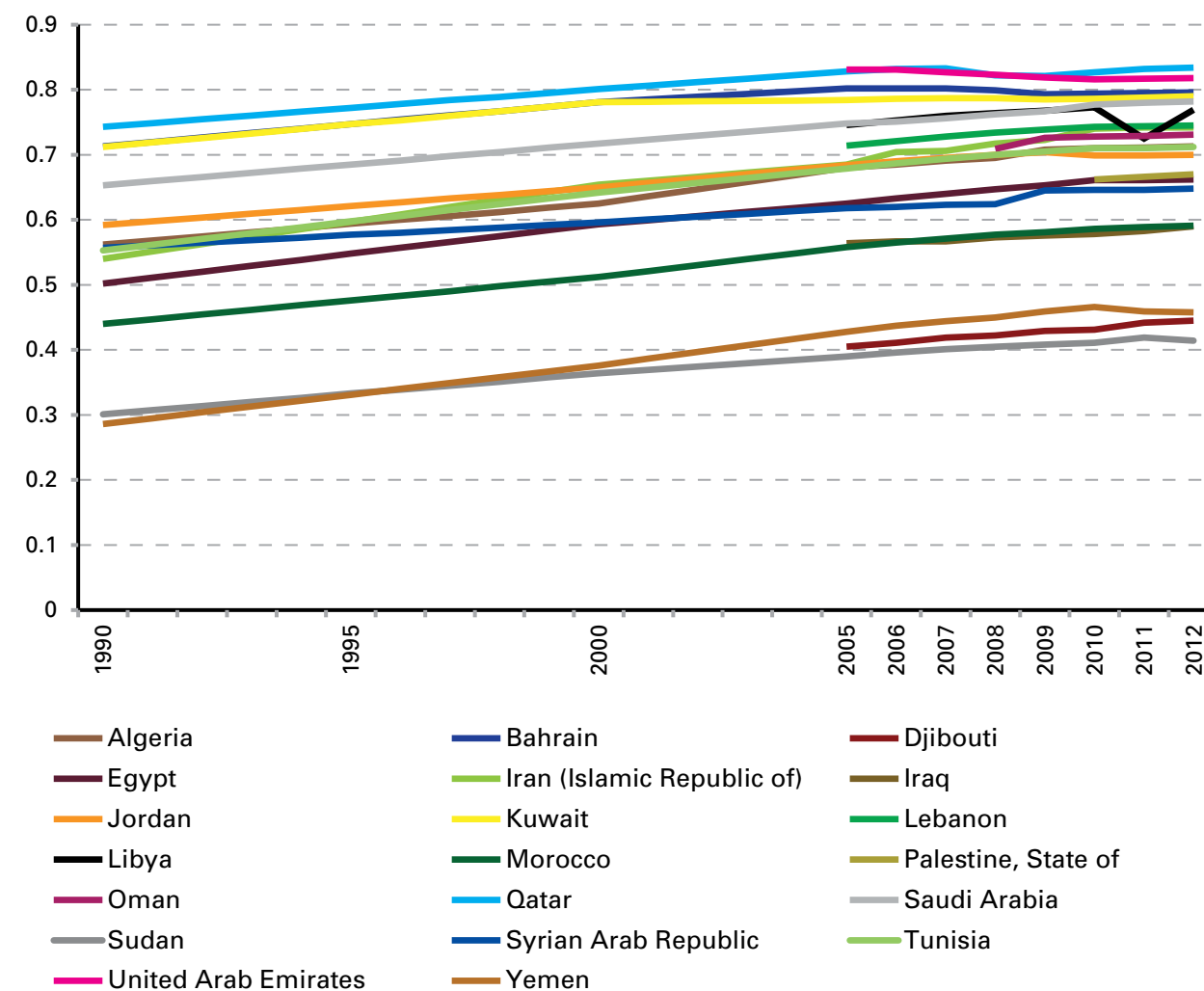
of its parts. For children in Yemen, that is the particular focus of Part B. The measurement of human development generally occurs with reference to the framework of the UNDP HDI, which is a composite of indicators concerning life expectancy (a proxy measure of health levels), education (a combination of actual and expected years of schooling) and income (gross national income (GNI) per capita).

3.3.1 Human development indicators

By 2013, Yemen's measure of the HDI was 0.458, meaning that it was ranked 160 of 186 countries. As is apparent from Figure 3.3, Yemen's human

¹⁵ National Demographic and Health Survey (DHS) reports are one of the primary three inputs to MPI calculation, so that the forthcoming DHS will be important in this regard, as will the inclusion of nutrition data for analytical purposes. See the 2013 Human Development Report for current national poverty data, including the MPI and international (\$1.25/day) and national poverty line data for Yemen and 103 other countries (UNDP, 2013a, Table 5).

Figure 3.3: Trends in HDI rates for MENA countries (1990-2012)



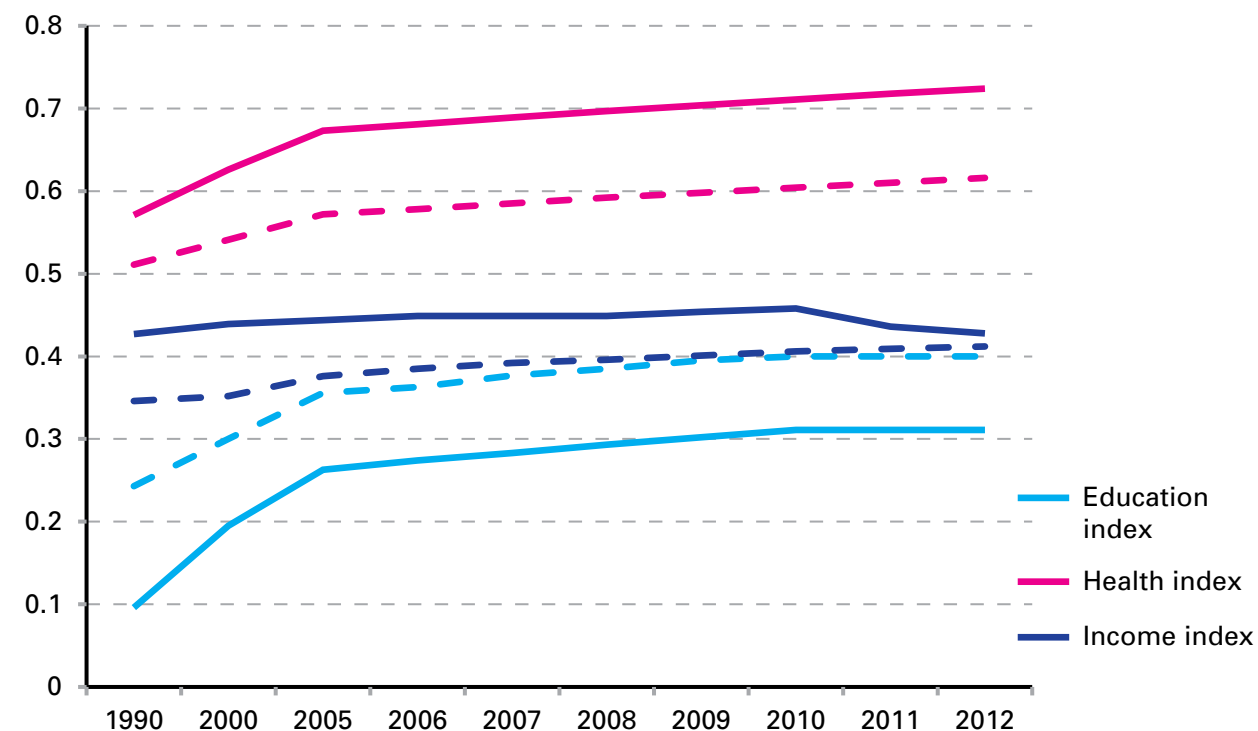
Source: UNDP HDI database at <http://www.unicef.org/infobycountry/index.html> (accessed 1 October 2013). Note: Data are only for those years shown on the x-axis.

development levels have remained well below those of the other Gulf States; the other MENA countries with HDIs similar to Yemen's – Sudan and Djibouti (HDI value only since 2005) – are outside the Gulf.

Along with Sudan's, Yemen's HDI shows a more recent negative tendency. The trends for the

individual components of the index illustrate (Figure 3.4) that Yemen is performing more strongly on the health index, has steadily lost its advantage over the average for low human development countries in terms of its income level, and remains well below that average on education performance.

Figure 3.4: Trends in HDI component indices



Yemen: solid lines; Average of low human development countries: broken lines.
 Source: UNDP human development database, at <http://hdrstats.undp.org/en/tables/> (accessed 1 May 2013).
 Note the change in the x-scale from 2005.

Assuming that Yemen will continue to strengthen its efforts in health performance and that income levels in the post-transition period will resume steady growth, it is the low and evidently stagnating education index that is of particular concern.

The introduction by UNDP from 2010 of the IHDI affords further insights into the character of human development at country level, primarily comparative to other States. Table 3.2 presents the associated indicators for 2012 for Yemen and the average for the low human development countries.

It is statistically inevitable that all countries witness a negative change in their HDI component indices when adjusted for inequality. The notable policy points concern the comparative magnitude of that deterioration and the differences in those reductions between the

components. Once again, the most significant deterioration is in the education measure, which halves when adjusted for inequality. However, it is important to understand that the measure of inequality-adjusted education relates to years of schooling of the adult population, so that current practice – which may, for example, reduce gender disparities in schooling – is not factored into the adjusted indicator. By contrast, the education component of the HDI combines both the average schooling of the population and the expected years of schooling of the under-18 population. It is likely that the IHDI will be more useful as a national indicator as the series improves.

Another potentially useful human development indicator is the child development index (CDI). This was introduced by Save the Children in 2008 and updated in 2012 (Save the Children, 2012a). It is similar in its components and methodology

Table 3.2: Inequality-adjusted human development indices (2012)

		HDI	IHDI	% change
Yemen	Education	0.311	0.156	-49.8
	Health	0.724	0.541	-25.1
	Income	0.428	0.353	-17.6
Low human development countries	Education	0.400	0.246	-38.7
	Health	0.616	0.395	-35.7
	Income	0.412	0.307	-25.6

Source: UNDP human development database, at <http://hdrstats.undp.org/en/tables/> (accessed 1 October 2013)

to the HDI with two important differences: First, it is specifically related to children, substituting the HDI's use of life expectancy, education and income with composite measures of health, education and nutrition. These concern, respectively, a child's chances of dying before her or his fifth birthday, of not enrolling in school and of being underweight. Secondly and consequently, it measures shortfalls in progress rather than progress so that, whereas the HDI improves as it increases, the CDI improves as it decreases.

Although Yemen's CDI ranking slipped two places between 1995 and 2010 (from 121st to 123rd of 141 countries), this was due to other countries improving at a faster rate than Yemen. Yemen has maintained steady progress on this particular indicator over that period. Unfortunately, data for the component indicators are not available in order to see whether such progress is consistent across all three measures of health, nutrition and education.

3.3.2 Millennium Development Goals

The Millennium Development Goals, adopted at the United Nations Millennium Summit in 2000, represent the primary global commitment to improving human development, both nationally

and globally.¹⁶ Each of the eight Goals are accompanied by targets to be met by 2015 and associated measurable indicators to enable progress to be monitored, with 1990 being the agreed benchmark year.

A 2012 report by the World Bank presents modelling of simulations of Goal-related scenarios under economic (GDP) growth rates and associated estimates of government debt, domestic borrowing, savings/investment balance and other fiscal conditions. It concludes that the Goals cannot be met without a redirection of limited public resources away from support for the private sector which will be to the detriment of reducing poverty (World Bank, 2012a, p. 37). This reasoning was touched upon in the previous section. One of the earliest lessons of the Human Development Reports was that progress in human development is possible even under limited domestic economic conditions, so that such modelling is not realistically linked to policy measures to improve compliance with the Goals, at least for many of the targets. As for many countries, the stronger achievement of some targets than others has less to do with domestic economic conditions than with domestic political priorities.

Nevertheless, the World Bank report does make two valuable observations. First, with regard to the discussion in the previous

¹⁶ In more recent years, it has been argued in some global forums that the Goals are global rather than national, but this risks being seen as modifying the 'failure' of so many countries to achieve their national targets. By any measure, the Goals have been promoted as national commitments from the outset.

section on poverty responses, it reports that its “simulations show that spending on [human development] is better for poverty reduction than spending on infrastructure” (which also weakens the argument in the report that to do so would weaken private sector support which in turn would be to the detriment of poverty reduction). Secondly, it notes that a number of the targets are inherently more difficult for low-income countries to achieve because they have to achieve stronger results from a lower base than do wealthier countries (ibid, pp 36-37).

Nevertheless, with respect to the Goals, it is clear that they will remain overwhelmingly beyond reach by 2015 for Yemen. National conditions have been a key factor as to why this is so, as have external factors including policy

on Yemeni workers abroad and the political use of external donor support that makes it vulnerable to fluctuation and at levels below commitments. UNDP estimates for Yemen’s situation for the Goals is shown in Table 3.3. Two columns are taken from the UNDP website for Yemen during the third and fourth quarters of 2013, and illustrate the difficulties of making objective assessments from unchanging data. However, a desk study, which does not quantify Goal-based progress, concludes that none of the Goals will be met (Office of the United Nations Resident Coordinator, 2013, p. 5). The right-hand column is the assessment based on this present report.

As discussed in Chapter 8.2, there is no evidence to support a view that achieving Goal

2 is ‘likely’. At the very least, it is simply not possible to achieve universal primary education without first achieving universal primary education for girls, and achievement of Goal 3 is correctly viewed as ‘unlikely’ (to say the least). The purported likelihood that Goal 4 may be achieved would require a 45-per-cent reduction in the four years (from the 2011 estimate) to 2015, quite apart from any deterioration since 2011. As discussed in Chapter 6.2.2, this is highly unlikely without greatly accelerated progress in reducing newborn mortality, which has not been occurring. It is difficult to see, on the basis of available data, that the achievement of Goal 4 can be considered ‘likely’.

To assess the achievement of Goal 8 as either ‘likely’ or ‘probable’ also needs comment. Goal 8 concerns the ‘global partnership for development’ and the associated four global targets are primarily for the attention of developed and donor countries. These are targets that have had, at best, limited success, notably the failure to meet ODA commitments and to redirect donor aid to countries in greatest need. These are among the 18 key indicators of this Goal. Of those indicators, only one is applied to the UNDP country table: increased internet access. Internet access in Yemen has certainly increased since 1990, even since 2000 when the Goals were adopted, although this is hardly representative of the purpose of this Goal and nor is it attributable to Goal-related country actions. “A technology revolution has occurred in information and communications, but with little contribution from [Goal] 8” (High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013, p. 15). Measuring Goal 8 according to internet access is highly misleading.

To regard the achievement of Goal 5 – a 75-per-cent reduction in MMR – as ‘unlikely’ (and even, as said on the previous and current UNDP websites, ‘deteriorating’) is to disregard United Nations global trend data that suggest that Yemen has achieved a 67-per-cent reduction in MMR between 1990 and 2010. This means that Goal 5 may be the only one that is ‘likely’, even though it would still require national efforts. A key problem is the availability of data: until recently, a 1990 benchmark ratio of 351 per 100,000 live births had been used, but this has been revised to 610, also revising the 2015

target from 88 to 153. Accordingly, achievement of that target is now both more likely but less satisfactory given the higher 2015 mortality target. (See Chapter 6.2.3.)

It therefore appears that only Goal 5 can be met in Yemen by 2015, albeit given the higher mortality target. Additionally, one of the indicators – a reversal in malaria prevalence – may be achievable. The weak situation in Yemen is attributed by the ‘desk review’ primarily to three factors: insufficient funding; an inability to absorb the funding that was received (and, presumably, the funding that it says should have been forthcoming); and that the Goals were of weak relevance to Yemen (Office of the United Nations Resident Coordinator, 2013, pp 6-7).

Also, it is important to acknowledge that an early lesson learned from the annual Human Development Reports was that good progress towards improved human development could be achieved in the absence of national economic wealth or growth, or even substantial ODA. This is because the key requirement was for national political will in better directing and targeting public resources or otherwise pursuing those agreed targets (for example, was inadequate funds the reason girls continued not to be enrolled in basic education?). Such a dismal outlook for Yemen, even despite serious domestic shocks and pressures, must be at least partly attributable to poor results in directing available resources for national development priorities and poor leadership – national and international – in strategic responses for the Goals.

By this stage – so close to 2015 – attention is now best directed to post-2015 arrangements and to the human development benefits that may follow from the current transitional period and 2014 elections. This shifts the focus to the National Dialogue as well as to dialogue on the post-2015 agenda, developments referred to in Chapters 2.4 and 4.6.

3.4 Women and development

The situation of women is fundamental to the situation of children. Traditional roles continue to mean that women bear the primary responsibilities towards children from birth to

Table 3.3: Estimated status of progress towards the Millennium Development Goals in Yemen

Goal	Estimate of 2015 outcome		
	UNDP website ¹	UNDP website ²	This report
1. Eradicate extreme poverty and hunger	Unlikely	Unlikely	Unlikely
2. Achieve universal primary education	Likely	Unlikely	Unlikely
3. Promote gender equality and empowerment	Unlikely	Unlikely	Unlikely
4. Reduce child mortality	Likely	Likely	Unlikely
5. Improve maternal health	Unlikely	Unlikely	Likely
6. Combat HIV/AIDS. Malaria and other diseases	Unlikely	Unlikely	Unlikely
	Likely	Unlikely	Possible
7. Ensure environmental sustainability	Unlikely	Unlikely	Unlikely
8. Global partnership for development	Likely	Probable	Unlikely

Sources:

1. UNDP website “Millennium Development Goals in Yemen”, at http://www.undp.org.ye/yemen_mdgs.php (accessed 1 September 2013; last modified 30 April 2013, but unchanged from previous version of 24 July 2012).

2. UNDP MDG website “Status at a glance” at <http://www.ye.undp.org/content/yemen/en/home/mdgoverview/overview/status-at-a-glance/> (accessed 1 October 2013) – this site replaced 1. during September 2013 (site undated).

Note: For MDG6 only, separate assessments of progress have been made by both sources for the component targets: HIV/AIDS and ‘malaria and other diseases’.

their independence from family care. While men, primarily as fathers, legally carry the same duties to their children this is, commonly across all countries, a duty widely delegated to the mother, often by default and in the name of traditional or customary practice. For significant numbers of women, this also means ensuring family economic livelihoods at the same time they are denied equitable participation in economic opportunities. These conditions are maintained and sustained from the early years, with the different treatment of boys and girls.

A useful distinction in this respect is that afforded by Caribbean work in the 1990s on economic development and equality, which draws a distinction between ‘condition’ and ‘position’:

Much of the attention to the situation of women has been addressed to their poorer condition: inequitable access to resources and greater need for certain services. This rarely threatens power relations. It is when measures are advocated to address the inferior position of women, especially with respect to their equal rights to economic and political power, that systemic resistance is encountered. (Johnson, 2005, p. 57)

Such a distinction assists an understanding that measures to achieve gender ‘equality’ frequently do not extend beyond the condition of women and girls, with structural inequalities left untouched. This gives rise to efforts to portray women as “equal but different” on the basis of purported cultural, religious or traditional practice, which departs from the clear meaning and intent of the guarantee of “equal rights and opportunities of women and men” in the Millennium Declaration and international human rights instruments that are considered in Chapter 4. This has led to lost opportunities to the extent that the constraining of women’s opportunities in turn acts to constrain national development, including the fullest development and well-being of its children.

In its consideration of national transition periods, the 2013 Arab Millennium Development Goal report notes that it may even be necessary to adopt positive discrimination in order to ensure women’s equal roles towards strengthening those moves towards the country’s future. In the Arab countries, the social movements

calling for change saw men and women standing together to bring down old regimes. Women took to the public spaces everywhere, even in countries which always rank very low on gender equality indexes. In subsequent transitional processes, however, women have been far less visible, and there have been concerns about backtracking on achievements in women’s rights (United Nations & League of Arab States, 2013, pp 24-25).

In two particular ways, Yemen is at a distinct advantage in ensuring equal roles for women in national development. First, it was the first country across the Arabian Peninsula to enfranchise women with the right to vote and to stand for elected office (in 1967 in the South and in 1970 in the North). Bahrain followed in 1973 and Kuwait only in 2005. The United Arab Emirates provided limited suffrage from 2006 that was expanded in 2011. Saudi Arabia, which only provided male suffrage in 2005, is scheduled to extend this to women in 2015. Secondly, Yemen is unique across the subregion in being a constitutional democracy, with the associated capacity and scope for ensuring full rights to its citizens, in accordance with the provisions of a republican Constitution, as discussed in Chapter 2.3, including with reference to Articles 24 and 25 of the current Constitution.

In practice, however, Yemen does not fare well in assessments of women’s equality and enjoyment of equal development. This is apparent from a range of global indicators and national reports.

UNDP’s replacement in 2010 of two previous indices – the gender-related development index and gender empowerment measure – with the GII provides a single indicator that is also independent of the HDI and refers to inequality rather than disparity. Like the IHDI, all countries fare less well than their HDI when adjusted for inequities, in this case concerning gender. And like the IHDI, the GII suffers two constraints: it is presently unable to indicate trends and progress at country level; and the component indicators require caution in interpretation of the index.

The GII reflects women’s disadvantage in three dimensions – reproductive health, empowerment and the labour market – within a range of zero (full gender equality) to 1.0

(maximum possible inequality in all three dimensions).¹⁷ Of 148 countries for which a GII is available, Yemen is ranked at the bottom, 148th, with a GII value of 0.747. Primary factors in this ranking are the high adolescent fertility rate, very low rate of female parliamentary participation, negligible level of secondary education for women and women’s very low rate of labour force participation (see Table 3.4).

The World Economic Forum has produced an alternative set of indicators since 2006. The Global Gender Gap (GGG) is a complementary index that measures gender-based gaps in access to resources and opportunities. This is not a measure of overall performance, in which developed countries largely do better, but of gaps on the basis of gender in the national level of performance. The small size of the gap is relevant rather than the overall level of resources, which also means that it is a measure of outcomes (performance) rather than inputs (resources). The GGG comprises 14 data components within four categories: economic participation and opportunity; educational attainment; health and survival; and political empowerment. For each year since that index’s commencement in 2006, Yemen is ranked at the bottom (in 2012, of 135 countries). Improved performance (ranked 82nd) occurs only for one

category – health and survival – that is due to a small gap in the sex ratio at birth (95 females for every 100 males) and a small gap in life expectancy (a female-to-male ratio of 1.04), on the basis that women’s life expectancy, at 55 years, is not much better than the mere 53 years for males (World Economic Forum, 2012, Appendix D). This means that the one criterion where females fare more equally with men is not attributable to policy efforts.

Given similar indicators from national progress towards the Millennium Development Goals in the previous section, these are merely verifications of what is known: that women and girls are experiencing – and continuing to experience – diverse and entrenched forms of inequalities and barriers to equity in national development in Yemen. Gender inequity and gaps in access to opportunities and women’s marginalization in employment are key impediments to efforts to improve Yemen’s national economic and human development. And although many Arab States do much less well on gender-adjusted indicators of human development compared to other countries, women and girls are still ensured improved access and opportunities across areas of education participation and health indicators and economic status than remains the case

Table 3.4: Gender inequality index

	GII (2012)	MMR (2010)	Adolescent fertility rate (15-18 years) (2012)	Seats in national parliament (%) (2012)	Population with at least secondary education (% 25 and over) (2006-2010)		Labour force participation rate (% 15 and over)	
					Male	Female	Female	Male
Yemen	0.747	200	66.1	0.7	7.6	24.4	25.2	72.0
Arab states	0.555	176	39.2	13.0	31.8	44.7	22.8	74.1
Low human development countries	0.578	405	86.0	19.2	18.0	32.0	56.4	79.9

Source: UNDP, 2013a, Table 4; refer to source for data notes.

¹⁷ For UNDP’s technical note on the GII, see <http://hdr.undp.org/en/statistics/gii/>.

in Yemen. This includes transport within rural areas, where the impact of social constraints imposed on women's mobility means that it is "mostly restricted to areas where they can reach walking", which imposes heavy burdens in a country with a sizable rural population and sparse services (World Bank, 2010b).

The need to address these inequities has been acknowledged by GoY in its shaping of the current Five-Year Socio-economic Development Plan for Poverty Reduction, but this evidently remains an area requiring a clear expression of political will and policy commitment. Measures to encourage access and participation do not normally carry significant budgetary burdens, which once again suggests that political leadership is a key factor in lifting Yemen off the bottom of this one crucial measure of national development.

It is not only in the context of women having played such a prominent role in the 2011 uprising and the current transition period that women's position and condition needs to be strengthened. But it is perplexing that, having done so, Yemeni women report that conditions have worsened for them in that reform period. While women's voices are being heard within the transitional dialogue process, the immediate need is to ensure that guarantees of women's rights and of their translation into national laws are incorporated in the new national Constitution (Oxfam, 2012). This is not only crucial for women in their own right – consistent with national obligations under the Convention on the Elimination of all forms of Discrimination Against Women – but also because of the direct consequences for their children. It is contradictory to acknowledge and pursue equal rights for all children – girls and boys – if those rights are denied or restricted for half of those children on their way to adulthood. This core aspect of women's rights and national development is being addressed in some Arab countries much more than in others.

3.5 National development planning

Rapid political changes have been a challenge to the timeframes required for effective national development planning. The National Agenda

for Reform 2007-2009 sought to achieve concerted progress towards ensuring good governance, transparency and accountability, including in areas of establishing judicial autonomy and separation of powers, the protection of human rights, enhanced civic participation and a balance in improved central and local government capacities (UNCT & GoY, 2011, p. 12). These priorities were subsequently reflected in the Fourth Socio-economic Development Plan for Poverty Reduction 2011-2015, as discussed in Chapter 3.2.1. The events of 2011 led to measures to better accelerate development efforts within more complex conditions, as part of what has been described as a regionally unique "negotiated transition" (MacFarquhar, 2013).

The February 2012 election of President Hadi ushered in the Transitional Unity Government with a mandate to govern through February 2014. This led to the development of the TPSD 2012-2014, with its primary goal of restoring political, security and economic stability and enhancing State-building. The TPSD is, effectively, an update and expansion of previous reform agendas, including that the Fourth Plan's strategy "should continue to guide public investment" (MoPIC, 2013, p. 30). It gives stronger attention to their implementation, with costed short- and medium-term priorities (see Box 3.1). The TPSD is built around two major pillars that comprise five focus areas:

- Political and security stability and State-building: 1: GCC Agreement and implementation mechanism; 2: good governance; and
- Socioeconomic recovery: 3: Humanitarian, reconstruction and emergency needs; 4: Economic recovery, stabilization and growth foundations; 5: Human development and fast-track Millennium Development Goals.

"TPSD considers the issues of youth and women empowerment as cross cutting as well as stand-alone in certain areas ... [P]rioritization [of short- and medium-term actions] during transition needs to be coupled with an effort of sequencing and alignment of development partners resources. ... To overcome the negative consequences of the recent crisis, the government sets on top of its priorities the

Box 3.1: TPSD Priorities and Estimated Financing Requirements – Pillar 1 (Emergency Response)

Short-Term Priorities (\$4.26 billion)

1. Peaceful Power Transfer (inclusive national dialogue, constitutional reforms, elections).
2. Security Stabilization and Rule of Law (emergency security measures, counterterrorism and counter-piracy, restructuring of the Army and security sector, enhancing the judiciary and rule of law).
3. Emergency and Humanitarian (basic food supplies and services, human damage compensation, service restoration and reconstruction).
4. Macroeconomic Stabilization (Financing SWF's households, financing ongoing foreign-funded projects).

Medium-Term Priorities (\$6.9 billion)

1. Economic Growth Sectors (agriculture, fisheries, manufacturing, oil, gas, minerals, tourism).
2. Improvement of Basic Infrastructure (environment, water, electricity, transport, ICT, public works and roads, housing and urban development).
3. Expansion of Social Protection (social safety net).
4. Youth Aspirations and Human Resources Development (education, health, job creation, women's empowerment).
5. Private Sector and Business Enabling Environment (legislative and institutional framework, business simplification, national investment promotion strategy).
6. Good Governance and State-Building (civil service reforms, judiciary, transparency, accountability and anticorruption, legal affairs, rights and liberties, local governance).

Source: JSEA, Table 24.

finalization of the peaceful transfer of power, the restoration of political and security stability, the fulfilment of urgent humanitarian needs and achieving economic stability" (MoPIC, 2012, pp 10-12).

The main child-related provisions come within the medium-term priorities – expanded social protection, improved basic education enrolment and retention and primary health care, and employment assistance to young people – and within the 'complex' priority area of population growth, which includes prioritizing the legislating of a minimum age of marriage for girls and improving girls' primary education enrolment and retention (ibid, pp 21-4 & 41).

A donor Government working group has been established to implement the TPSD, including aligning its funding priorities, suggesting funding modalities and implementation responsibilities, and enabling a monitoring and evaluation framework (ibid, p. 29). The medium-term component is costed at \$30 billion, with a funding gap for the public investment component of \$2.8 billion. The mechanism for aligning the efforts of GoY and development partners towards such objectives is the Mutual Accountability Framework (MAF). The MAF aims to provide coordinated economic reform initiatives and security-related reforms (GoY, 2012, p. 1).

For a valuable elaboration of the TPSD within the context of current national human and economic development situations and priorities, see JSEA, chapter 6.

One aspect of national policy impacting children in Yemen that is evident from the various chapters of Part B is that there is no shortage of sector-based national policies and strategic frameworks. There are some notable exceptions in terms of national strategic planning; for example, water and sanitation planning and budgeting are unnecessarily fragmented, and nutrition policy has been comparatively weak but is now being strengthened. Such plans and their targets commonly experience severe performance shortfalls, as was reported in the health sector, which at least – to its credit – carried out a detailed review of performance (MoPHP, 2011, Chapter 2). MoE has undertaken similar internal reviews. The question is the extent to which such performance reviews lead to institutional reforms in the subsequent planning period.

Reviews such as this invariably emphasize

management weaknesses that cascade to local service difficulties. For that review of the 2006-2010 health sector plan, MoPHP reported that the health system-based targets (comprising the first of its six objectives) that were met were in planning functions and partner coordination; across those objectives, problems in human resources, physical standards and budgets were frequently recurring barriers (ibid). This appears to be more of a public sector norm rather than an exception, and emphasizes the need for improvements in management capacities and in service-wide coordination. It extends to the quite limited extent to which HCMC has been able to monitor national progress for children and women across sector-based and national development strategic plans, which has been partly but not solely due to lack of resources and lack of data (that is, it also indicates some weak capacities within HCMC as well).

Within the current transitional context, the TPSD aims to ensure more coherent national coordination that includes an improved intersectoral focus. This was described briefly in Chapter 3.5 and has been described in much more detail in the JSEA (Chapter 6). The TPSD gives attention to improving indicators and monitoring, as well as implementation and coordination.

However, the challenges are not merely weaknesses in management capacities across the public sector, but of more fundamental barriers that must be addressed.

A significant overhaul of the governance system is needed to enable the Yemen civil service to effectively perform core functions and deliver services. In addition, efforts need to be undertaken to generate greater diversity in governance structures. This includes targeted policies and measures to increase the number of women in decision-making and governance positions. Governance related reforms will require a participatory approach to the strengthening of selected major public sector institutions, policies, procedures and capacity starting from the district, governorate, up to the central level. (JSEA, p. 154)

The latter point was a recurring theme across the countrywide workshops conducted as

part of the process of preparing this report. It illustrates that the necessary responses are to conjoin horizontal- (national cross-agency) and vertical- (national to district) level challenges to achieving good governance, stronger public management and effective coordination.

3.6 Humanitarian planning¹⁸

Yemen's humanitarian situation is highly complex, especially given the combined impact of such factors as:

- Yemen's status as a source, destination and transit country for refugees and migrant movements;
- the magnitude of the affected populations in terms of both Yemen's size and weak economic status;
- the concealed nature of so much human movement in terms of trafficking and smuggling and forced return; and
- the combination of refugee and migrant movements alongside continuing (if easing) IDP populations in different parts of the country.

This is compounded by situations of extreme poverty, very high food insecurity, scarcity of water resources, poor levels of basic services and recent and current rates of political instability. Future scenarios – even in the short-term – are difficult to predict. This report has tried to treat the humanitarian and, to a lesser extent, emergency situations within the wider framework of the situation of children across Yemen, although the greater uncertainties of such populations' situations and comparative lack of information limits its capacity to do so.

By 2013, more than one half of the population of Yemen was affected by the humanitarian crisis, with around 7.7 million of the most vulnerable people targeted with humanitarian. Many such populations at greatest risk are discussed in later chapters of Part B, including 13 million people severely affected by poor access to water and sanitation, 10.5 million people who are food insecure, malnourished children under five years of age and children in need of protection.

This section focuses upon those people most at risk of being further marginalized by mainstream national development responses, comprising 344,000 IDPs and 242,000 refugees (RMMS, 2013b, p. 73; April 2013 data). These numbers continue to inflate due to the plight of thousands of destitute economic migrants from the Horn of Africa, often stranded beyond their own national borders and unable to transit beyond Yemen, exposed to the worst forms of transnational organized crime and vulnerable to human smuggling and trafficking.

The exodus from the Horn to Yemen in 2012 was unprecedented, with 107,532 persons conservatively estimated to have arrived on the shores of Yemen. This was the highest recorded migration movement from the Horn of Africa to Yemen – an increase of 4% compared to 2011 and 49.6% compared to 2010. (RMMS, 2013a, p. 71)

During 2013, it is estimated that there was an increase in refugee numbers (mainly from Somalia), an increase in asylum seekers (from Ethiopia) and a reduction in IDP numbers (despite an increase in returnees, primarily from Saudi Arabia).¹⁹ As of July 2013, an estimated 300,000 Yemeni migrant workers in Saudi Arabia are vulnerable to deportation (ibid).²⁰ Yemen still lacks local legislation concerning refugees, although a draft bill was prepared and discussed in 2004 (ibid, p. 74) and Yemen is a signatory to the Convention relating to the Status of Refugees (effective in 1954).

The humanitarian crisis in Yemen is described as having four 'drivers':

1. Extreme poverty, and volatile food and commodity prices and cost of living: Poverty remains persistent and exacerbated by Yemen being a net importer of food under volatile market conditions, unemployment and a decrease in remittances. These reduce access to food, basic services and livelihoods for millions of Yemenis in urban and rural areas.
2. Low level of basic services: Government

capacity to provide social services remains at very low levels in many parts of the country where humanitarian needs are also high.

3. Political instability and threats to security: New localized conflicts particularly in the north and the south that continue into 2013, exacerbated by weak rule of law and security systems.
4. Influx of vulnerable populations: the continued, even increasing, entry of highly vulnerable populations from across countries of the Horn of Africa. (OCHA, 2013d, p. 4)

Such domestic challenges make it unusual that Yemen would be such a major transit or destination country. Not only are flows into Yemen increasing, they are comprised of increasing proportions of Ethiopians, from 55 per cent of the total in 2010 – the remainder being Somali – to 78 per cent in 2012 (RMMS, 2013a, p. 71). It seems that there is a main route from Djibouti that disembarks at a point on the Yemen coast that "is historically a smuggling route for weapons and drugs between the two countries. The increasing number of new arrivals has resulted in a concomitant increase in smuggling and trafficking networks to facilitate the movement of migrants" and is primarily preferred by non-Somalis (mainly Ethiopians) (UNHCR, 2013, p. 2).

Accordingly, most people travel to Yemen from Djibouti or Puntland in Somalia, each of which are home to profitable "migrant smuggling industries" (RMMS, 2013a, p. 75). Interviews by UNICEF in mid-2013 with 271 Ethiopian unaccompanied children (of whom 266 were boys and the average age was 15 years) revealed that 93 per cent left Ethiopia due to poverty, that 96 per cent had Saudi Arabia as their desired destination (even though that border is largely closed off), that 75 per cent were kept detained by traffickers, and that 83 per cent of those children had been subjected to extortion that included being burned or even shot.²¹

The three most important responses to Yemen's humanitarian crisis are improvements in security

¹⁹ For revised data for Yemen see <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e486ba6>.

²⁰ Concerning the returnee population, there had been "some 200,000 Yemeni migrant workers forced to leave Saudi Arabia since April" (that is for a period of two months subsequent and additional to the OCHA estimates, "Yemen struggles to absorb returnees from Saudi Arabia", Yemen Observer (13 July 2013), p. 3.

²¹ Derived from a UNICEF presentation based on a compilation and analysis of interviews conducted by the Danish Refugee Council with 271 child migrants from Ethiopia, conducted at Haradh and Sana'a Immigration Centre. That presentation was shared with the national and regional Mixed Migration Task Forces.

¹⁸ This sub-section draws upon the Yemen Humanitarian Response Plan 2013 (OCHA, 2013a).

that enable stability; the initiation of durable solutions to complex and diverse populations; and the associated securing of donor pledges that are both adequate and timely. Local area responses require the building of resilience within affected communities and households that is, in turn, dependent upon the short-term tackling of negative coping mechanisms such as falling into debt and resorting to child marriage, child recruitment and child labour. In many instances, the attitudes of local communities are also important and require factoring into responses, including for IDP populations.²²

The strategic objectives of the Humanitarian Response Plan are:

1. Save lives and prevent further increase in the mortality rate of people in humanitarian need through the provision of nutrition, water and sanitation, primary health services, and reduction of food insecurity;
2. Protect and restore livelihood assets including agriculture as well as basic social services through early recovery, resilience-building, emergency preparedness for populations living in conflict and non-conflict-affected areas, including returning IDPs;
3. Strengthen the response to victims of human rights and humanitarian law violations and the protective environment of vulnerable and conflict-affected people; and
4. Reinforce the focus and sustainability of humanitarian action through capacity-building (national authorities, humanitarian partners and communities), joint prioritization of geographic areas of intervention, partnership ('cluster') cooperation on assessments/monitoring, joint programming and joint advocacy.

The required funding for 2013 is \$702.3 million, which marks a big increase over the previous years, but equates to \$91 per beneficiary (OCHA, 2013d, p. 1). As was stated in a media report: "To talk of Yemen's humanitarian crisis is to talk of politics" (Roopnarine, 2013). The current transitional phase must not overshadow or side-line the national humanitarian situation. Instead, it remains necessary for national political consensus-building to be committed

to addressing that often unseen crisis. Political stability in Yemen will not solve that situation, but dealing with that situation will be a prerequisite to achieving political stability, especially at the current critical time of efforts towards renewed nation-building.

3.7 Concluding observations

Yemen's economy remains very fragile and vulnerable, especially to external shocks and practices. National dependency on oil reserves is increasingly problematic as reserves approach exhaustion by 2025 (Norwegian Peacebuilding Resource Centre, 2013, p.1), and reliance on foreign remittances is subject to geopolitical factors outside Yemen's control. Water scarcity is critical and its preferencing in qat production is untenable; it is also counter-productive to children's livelihoods and directly adverse to domestic food reliance and increasing food insecurity. Domestic energy subsidies are politically sensitive but similarly counter-productive for low-income households, and are an inefficient use of scarce public resources. External assistance is weak, unpredictable and politicized, whether in the form of ODA or foreign direct investments.

Per-capita income rates are very low, especially by regional standards. Correspondingly, household poverty is very high, across both urban and rural populations, with insufficient national income rates to permit high rates of income inequality, although that could be a future consequence of unregulated or unbalanced economic growth. That a sizeable proportion of poor households are not too far below the poverty line suggests that even modest economic growth has the potential to lift many families above the poverty line. However, recent experience also suggests that such gains are unsustainable in the event of further economic downturn.

Recent modelling based on 2009 data suggest that, even under an optimal scenario, poverty rates would only reduce by 9 percentage points by 2020. That assumes Yemen's development of economic markets that remain highly dubious

under global dynamics, and requires that the benefits flow to poor households (not a very realistic policy assumption under most observed outcomes). In fact, in terms of the priorities of the 4th Socio-economic Development Plan for Poverty Reduction, the two most important in terms of poverty reduction are strengthening of social protection and the enhancement of good governance. (There is a strong correlation between the four key priorities of that 4th Development Plan and the post-2015 priority areas in the 2013 Arab Millennium Development Goal report. The latter report identifies the following: create an Arab food security fund; adopt a basic social protection framework; "re-think" global and regional partnerships, and monitor the relationship between good governance and development (United Nations & League of Arab States, 2013, Chapter II)). Those priorities have generally been incorporated into the subsequent (and current) national development plan, the TPSD.

For children – as the population most disproportionately impacted by poverty – the lessons learned from and experiences of social protection interventions, and most notably cash transfers whether or not means-tested or targeted, present critical opportunities for tackling poverty. Such responses are additionally critical in their likely delivery of a peace dividend in terms of the analysis undertaken in the United Nations recent conflict assessment (see Annex C). This suggests that the commitments of GoY and its partners to improved social protection measures represent a two-fold investment in national development, at the same time effectively reducing poverty and strengthening national unity.

Improvements in taking a multidimensional approach in measuring national development indicators and trends point to education performance as a key deficit in Yemen's development, and to children appearing to be lagging behind Yemeni development performance. This seems to be a key lesson emerging from a combined review of inequality-adjusted data and child development indicators across countries. When progress against the Millennium Development Goals is added to that consideration, the particular shortfalls for Yemen in girls' education and gender-based inequalities become clearer. In brief, Yemen is

unlikely to achieve – which, at this late stage, effectively means that it is almost certain to not achieve – any of the Goals committed to in 2000, with the probable exceptions of maternal mortality and the single target of halting and starting to reduce malaria incidence.

The gender dimension of the extremely weak national situation contrasts with the "significant progress" by Arab countries overall in reducing the gender gap in education (Goal 3), even though "accelerated efforts" are still required (ibid, p. 22). Of the 22 countries covered in the 2013 Arab Millennium Development Goal report, one half of out-of-school children are from just five countries, including Yemen where 33 per cent of girls and 28 per cent of boys are out of school at the primary level (age 6-11) and 34 per cent of girls and 13 per cent of boys are out of school at the lower-secondary level (12-14) (UNICEF 2014; 37-38). Yemen is unlikely to attain any of the component targets of that Goal.

The poverty data for Yemen indicate no gender-based disparities between male- and female-headed households, although this appears to be mainly due to the statistically small proportion of female-headed households in Yemen. Even so, evidence points to the policy efficiency of targeting social protection measures to women within households in order to ensure the intended outcomes, especially in benefits to children. For women, however, there are indications of a deterioration in their situation – more noticeably in terms of their position as distinct from their condition – despite the crucial roles they played in pursuit of reforms, particularly with the 2011 popular protests.

Accordingly, even as women across a number of Arab countries have achieved improvements in their comparative situations, Yemen remains at the very bottom of different global measures of gender equality and women's development. Measures to encourage women's and girls' access and participation do not normally carry significant budgetary burdens. The need to address these inequities has been acknowledged by GoY in its shaping of the current Five-Year Socio-economic Development Plan for Poverty Reduction. Women's equal social and economic status are also instrumental in accelerating the development and well-being of their children.

²² See, for example, 'Welcomes wear thin for Yemen's displaced', Yemen Times, 12 September 2013, Issue No. 1711, p. 10.

This necessarily starts with ensuring equal treatment of girls and boys, especially – for Yemen under current evidence – within primary and secondary schooling. This is already the case across a number of Arab countries, but continues to require stronger political leadership and policy action in Yemen.

Another area that is heavily impacting Yemen's development is the magnitude and multiple faces of its humanitarian challenges. Most Yemenis are impacted in some way and around one in three are targeted with humanitarian aid, across areas of poor access to water and sanitation, food insecurity and malnutrition, especially among the high numbers of IDPs, returnees, refugees and migrants. This complex situation has continued to deteriorate, with the ongoing entry of people from the Horn of Africa – whether seeking refuge from drought, famine or conflicts or seeking improved economic livelihoods – and the barriers to using Yemen as a transit point. Many such displaced Yemenis and transient and new settler non-Yemenis continue to be caught in highly vulnerable conditions that expose many children and women to extreme forms of exploitation and life-threatening situations. GoY and its key international partners have sought \$702.3 million for the humanitarian crisis in Yemen in 2013. That response is an important prerequisite to enabling larger efforts towards national political stability.

Within the present difficult but critical transitional period, the adoption of the TPSD

is of central importance. It achieves enhanced continuity from previous strategies while balancing both development and emergency priorities. It incorporates costed components alongside implementation and monitoring frameworks that aim to appeal to key donors in their envisaged effectiveness. This is clearly central to successfully moving beyond the scheduled end of transitional Government in February 2014.

Various global development indicators and measurable targets afford Yemen with strong policy and planning opportunities, including in resource commitments. That Yemen continues to fare so poorly against such measures needs to be transformed into stronger national leadership towards the core barriers to such progress. These include the need for an explicit focus on stronger and more transparent governance, on a more comprehensive social protection system that is targeted to household poverty reduction and children's survival and development, and to concerted commitments to gender equality, women's rights and the equal treatment of girls and boys. Improved systems of governance and of gender equality are not heavy burdens on national budgets, and social protection is a sound investment of public resources, especially when parallel opportunities exist for budgetary savings from policies in energy subsidization and other current practices that would enable a sounder basis for national development. These need to be priorities for Yemen in the post-transitional and post-2015 period.

4. The national human rights framework

The national Constitution, as amended in 2001, provides that Yemen adheres to the United Nations Charter, the Universal Declaration of Human Rights, the Charter of the Arab League and the “Principles of International Law which are generally recognized” (Article 6).

The human rights system is a binding international regime to which all United Nations Member States voluntarily adhere. This is a core commitment made by States as a condition of their membership in the United Nations, in accordance with the United Nations Charter, which includes a provision that the United Nations shall promote universal observance of “human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion” (Article 55(c)). The resulting international human rights system comprises legally enforceable undertakings – at the national as well as global levels – and is accompanied by a formal process of reporting and review.

The relevant Arab League document is the Arab Charter on Human Rights, as amended in 2004. That Charter’s preamble includes a reaffirmation of the principles of the United Nations Charter, the Universal Declaration and the two primary international human rights instruments: the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights (League of Arab States, 2004).²³ Nevertheless, it is apparent that a single document such as the Arab Charter is unable to include all the human rights guarantees contained within the nine current United Nations human rights treaties and their various optional protocols.

But, more importantly, that Charter falls short of the provisions of international human rights in some important regards (not the least, the exemptions in the Charter from the prohibition on capital punishment for children (Article 7), which is discussed further in Chapter 10.3.2).

The question of prevailing law is crucial in resolving potential contradictions between different human rights instruments. It would seem reasonable that the Arab Charter on Human Rights prevail – at least in Yemen – over the Cairo Declaration on Human Rights in Islam (from the Organisation of Islamic Cooperation) for several reasons: the former’s more recent adoption; the reference in Yemen’s Constitution to the Arab League; the Arab Charter is an agreement between States parties rather than a ministerial-level action; and the latter explicitly describes itself as “a general guidance”.²⁴ It is also clear that while the United Nations Charter empowers Member States to establish regional mechanisms to promote constructive measures, this needs to ensure compliance with the collective decisions and obligations of United Nations membership and be in accordance with the mandates of the United Nations specialized agencies. Regional legal instruments would therefore, at least within international law for those United Nations treaties that a Member State such as Yemen has voluntarily joined, only prevail to the extent that they are not in conflict with or weaken the standards of those international treaties.²⁵

And the same is true for domestic laws. For a codified legal system such as Yemen’s, there appears to be some difficulty in achieving the self-executing nature of international



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²³ There are different English language translations of the Charter. This report uses the version reprinted in the International Human Rights Report (League of Arab States, 2005), while also drawing upon commentary on another version produced in the Boston University International Law Journal (Amin Al-Midani & Cabanettes, 2006).

²⁴ The Cairo Declaration emerged from the 19th Islamic Conference of Foreign Ministers in Cairo in 1990 (see the Declaration at <http://www.oic-oci.org/english/article/human.htm>, accessed 1 May 2013). It would, of course, be contentious to determine that a declaration adopted by a meeting of Ministers from a group of States effectively subverted their countries’ higher-level state obligations as embraced via the United Nations Charter. Thus, the Cairo Declaration merely claims to be “a general guidance for Member States in the field of human rights”.

²⁵ United Nations human rights treaties generally invite Member States to adopt domestic or regional laws that improve the human rights of the respective rights holders. Such regional actions are accommodated, even encouraged, within the United Nations Charter. A good (regional) example is the African Union’s African Charter on the Rights and Welfare of the Child; see R Johnson (2012), “Strengthening the Monitoring of and Compliance with the Rights of the African Child”, International Journal for Children’s Rights, available at <http://booksandjournals.brillonline.com/content/10.1163/15718182-55680009> (accessed 1 September 2013).

human rights instruments, even despite their ratification occurring on the basis of prior approval by the Council of Ministers and ratification by the House of Representatives (Articles 92 & 137 of the Constitution). This failing has been noted by the Committee on the Elimination of Discrimination against Women (CEDAW); in 2008 it observed that “it was clear that the Convention was still, after 24 years, perceived in Yemen as a declaration rather than a legally binding instrument” (CEDAW, 2008a, para 57). That observation appears not to be confined to that one treaty, an aspect that merits close attention in the shaping of the new national Constitution.

The first two sections focus on the two distinct parts of the international human rights framework: the treaty-based system and the system based on the United Nations Charter. The former concerns human rights instruments, primarily covenants and conventions and their optional protocols, and the associated committees that review State reporting and issue guidance on their respective treaties. The latter refers to the system coming within the mandate of the United Nations Human Rights Council, which mainly includes the recently introduced UPR process. UPR is a peer review of the human rights situation in member countries on a rotating basis, and is complemented by the system of special procedures that include rights-based special

rapporteurs. Subsequent sections of this chapter review the human rights situation of respectively children, women and marginalized populations in Yemen.

4.1 The United Nations treaty-based reporting system

The treaty-based human rights system comprises a number of instruments into which States enter voluntarily and formally, mainly but not only by ratification, and that normally carry with them obligations for the States party in timely periodic reporting and review. Table 4.1 summarizes the status of those various treaties with respect to Yemen.

It is important to note a particular complexity in Yemen’s situation in joining as a party to such instruments. On 19 May 1990, in the lead-up to unification, the foreign ministers for each unifying State jointly notified the United Nations that pre-unification status would continue to apply, with the original date of effect of a treaty being the earliest date upon which a pre-1990 State joined as a party. In some instances, however, one or other of the unifying States may have entered reservations on some treaty provisions that were not the case for the other. Table 4.1 is unable to capture all such details, so that in some cases it may be necessary to refer to the original source.

Table 4.1: The status of United Nations human rights instruments in Yemen

Instrument	Status of domestic effect ¹	Reporting status ²
Human rights treaties		
Convention relating to the Status of Refugees (1951).	In force (accession: 22 April 1954)	
Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)	In force (accession: 9 February 1987)	
International Convention on the Elimination of All Forms of Racial Discrimination (1966)	In force (accession: 18 October 1972) ³	Combined 17 th &18 th periodic reports received 2009; combined 19 th & 20 th periodic reports due by November 2013

Instrument	Status of domestic effect ¹	Reporting status ²
International Covenant on Economic, Social and Cultural Rights (1966)	In force (accession: 9 February 1987)	2 nd periodic report received 2009; 3 rd periodic report due by June 2013 (in draft form by mid-2013)
Optional Protocol: Communications Procedure (2008)	No action	
International Covenant on Civil and Political Rights (1966)	In force (accession: 9 February 1987)	2 nd periodic report received 2008
Optional Protocol: Communications Procedure (1966)	No action	
2 nd Optional Protocol: Abolition of death penalty (1989)	No action	
Convention on the Elimination of All Forms of Discrimination against Women (1979)	In force (accession: 30 May 1984) ³	6 th periodic report received 2007; combined 7 th & 8 th periodic report due and submitted 2013
Optional Protocol: Communications procedure (1999)	No action	
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)	In force (accession: 5 November 1991)	2 nd periodic report received 2007; 3 rd periodic report due by May 2014
Optional Protocol: Communication Procedure (2002)	No action	
Convention on the Rights of the Child (1989)	In force (ratification: 1 May 1991)	3 rd periodic report due and received 2003; 4 th periodic report due 2008 and lodged 2010
Optional Protocol: the involvement of children in armed conflict (2000)	In force (accession: 2 March 2007)	Initial report due 2009, received 2012
Optional Protocol: the sale of children, child prostitution and child pornography (2000)	In force (accession: 15 December 2004)	Initial report due 2007, received 2008
Optional Protocol: communications procedure (2011)	No action	
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)	No action	
Convention on the Rights of Persons with Disabilities (2006)	In force (ratification: 26 March 2009)	Initial report due since 2011
Optional Protocol: communications procedure (2006)	In force (ratification: 26 March 2009)	
International Convention for the Protection of All Persons from Enforced Disappearance (2006)	No action	

Instrument	Status of domestic effect ¹	Reporting status ²
Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines, and on their destruction	In force (ratification: 1 September 1998)	
ILO Conventions⁴		
Fundamental Principles and Rights to Work – Core Conventions		
Forced Labour Convention, 1930 (No. 29)	In force (ratification: 14 April 1969)	
Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87)	In force (ratification: 29 July 1976)	
Right to Organise and Collective Bargaining Convention, 1949 (No. 98)	In force (ratification: 14 April 1969)	
Equal Remuneration Convention, 1951 (No. 100)	In force (ratification: 29 July 1976)	
Abolition of Forced Labour Convention, 1957 (No. 105)	In force (ratification: 14 April 1969)	
Discrimination (Employment and Occupation) Convention, 1958 (No. 111)	In force (ratification: 22 August 1969)	
Minimum Age Convention, 1973 (No. 138)	In force (ratification: 15 June 2000) (minimum age specified: 14 years)	
Worst Forms of Child Labour Convention, 1999 (No. 182)	In force (ratification: 15 June 2000)	
Other ILO Conventions		
Workers with Family Responsibilities Convention, 1981 (No. 156)	In force (ratification: 13 March 1989)	
Maternity Protection Convention, 2000 (No. 183)	No action	
Domestic Workers Convention, 2012 (No. 189)	No action (entered into force for ratifying states on 5 September 2013)	
Notes:		
1. Source: United Nations Treaty Collection database at http://treaties.un.org/Pages/Treaties.aspx?id=4&subid=A&lang=en (accessed 1 October 2013).		
2. Source: Office of the United Nations High Commissioner for Human Rights treaty body document database at http://tb.ohchr.org/default.aspx (accessed 1 October 2013).		
3. Yemen has lodged a reservation that it does not accept the Convention's provision for dispute resolution between States.		
4. Source: ILO Database of International Labour Standards at http://www.ilo.org/dyn/normlex/en/f?p=1000:11200:0::NO:11200:P11200_COUNTRY_ID:103523 (accessed 1 October 2013).		

Yemen has a strong record in embracing international human rights law, given that it is a State party to the key United Nations and ILO instruments much earlier than most developing countries. This is a consequence of the early actions of the People's Democratic Republic of Yemen that were embraced upon unification. Yemen also has a comparatively strong record in periodic reporting. Nevertheless, it has yet to ratify or accede to several key human rights instruments:

- the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (important in view of the number and vulnerability of such persons in Yemen);
- the International Convention for the Protection of All Persons from Enforced Disappearance (similarly important for Yemen in view of the number of reported occurrences);
- the Optional Protocol to the International Covenant on Civil and Political Rights on the abolition of the death penalty; and
- the Optional Protocols on a communications procedure for the:
 - International Covenant on Economic, Social and Cultural Rights
 - International Covenant on Civil and Political Rights
 - Convention on the Elimination of All Forms of Discrimination against Women
 - Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
 - Convention on the Rights of the Child.

The Convention on the Rights of the Child is discussed further in the next section. With regard to the other instruments, Yemen has informed the Human Rights Council that it "does not intend at present to ratify the individual complaints procedures" (that is, the optional protocols concerning communications procedures) in view of its satisfaction with existing domestic remedies.²⁶ Normally, satisfaction with the means for domestic remedies would be viewed as a sound basis for ratifying such a protocol, but given Yemen's

reservations to two conventions that it does not accept the role of the United Nations in dispute resolution (with regard to disputes between States) this may also be a factor in it denying individual citizens the right to go to the United Nations when suitable domestic remedies are exhausted. Also indicative in this regard is whether or not a country has in place an independent national human rights institution (NHRI) in accordance with the Paris Principles.²⁷ At its UPR in 2009, Yemen advised the Human Rights Council that "the Council of Ministers issued a decision to study the establishment of an independent national human rights body in accordance with the Paris Principles and that Yemen is seriously moving forward in this direction" (Human Rights Council, 2009a, para 17). This would also help to meet public concerns derived from a 2010 national human rights awareness survey, in which 76 per cent of respondents favoured the creation of such a body (Human Rights Awareness Survey. MoHR, UNDP & UNFPA, 2011, p. 34).

GoY has also advised the Human Rights Council that it will not presently ratify the convention concerning enforced disappearances and that it will not ratify the instrument that abolishes the death penalty. (Human Rights Council, 2009a, para 94.1; Human Rights Council 2009b) Concerning the death penalty, while Yemen is not alone in not ratifying that optional protocol, it would seem to be placing itself on contentious ground as a party to the United Nations Charter by endorsing the view (as put by Sudan at Yemen's UPR process) that the death penalty is an individual state prerogative that falls outside of the "agreed norms" of international law (Human Rights Council, 2009a, para 53). That is patently not the case, although it is reasonable to acknowledge that Yemen was somewhat compromised at the UPR by having an intentionally divisive recommendation put to it.

Yemen has been a member of the ILO since 1964 and, similarly to the United Nations treaty system, has a strong record in ratifying labour conventions. This includes all eight

²⁶ That predated the addition of the Convention on the Rights of the Child to the treaties having a communications procedure optional protocol. See Chapter 4.3.

²⁷ For the Paris Principles, see Annex to UN United Nations document A/RES/48/134, National institutions for the promotion and protection of human rights, (4 March 1994).

of the core conventions concerning the fundamental principles and rights to work. Additionally, however, there is value in GoY proceeding to ratify the Maternity Protection and Domestic Workers Conventions, which are so complementary to the ILO core conventions and crucial to addressing current national social and economic priorities for many marginalized and vulnerable Yemeni households.

For now, priority actions would appear to be to at least proceed with re-considering ratification of the migrant workers' convention, especially given important provisions for children, with ratification of the two ILO conventions concerning maternity conditions and domestic workers, and the preparation and submission of periodic reports that are due in accordance with the dates shown in Table 4.1.

4.2 The United Nations Charter-based system

The Human Rights Council was established in 2007, with a restructured organization that sees regional groupings of Member States, based on equitable geographic distribution, electing Member States to the 47-member Council for a maximum period of two consecutive three-year terms. The Charter-based human rights system operates under the aegis of the Human Rights Council and primarily comprises the UPR process and the system of special procedures (and a complaints procedure).

The UPR ensures that all 193 Member States have their human rights situation reviewed by a peer-based process within a five-year cycle. Yemen most recently went through that process in 2009, and has already submitted the state report in October 2013 for peer review in early 2014. The proceedings comprise a presentation by the State under review, an interactive dialogue with the attending Member States and a series of recommendations by those States for response by the State under review.

For Yemen, the dialogue included appreciation

of the comprehensive and consultative nature of the state report and of Yemen's establishment of the Ministry of Human Rights. That 2009 review led to States presenting to Yemen a total of 109 recommendations, many of which covered similar concerns and issues. Notably, Yemen advised that actions already implemented or underway included, inter alia, a review of the Criminal Code and other national legislation to eliminate discrimination against women, the removal of juvenile prisoners from death row, raising the age of criminal responsibility and introduction of alternative juvenile sentencing such that detention of children is a last resort, and the prohibition of forced early marriage and of FGM/C (Human Rights Council, 2009a, para 92). It subsequently advised of its support to raise the minimum age of marriage from 15 to 17 years with subsequent consideration of further raising it to 18 years, and that the House of Representatives has already agreed to this change (Human Rights Council, 2009b, Recommendation 6; by 2013, such reform is still awaited and there is no longer even a legal minimum age: see Chapter 10.2.4). The recommendations rejected by Yemen primarily concerned abolition of the death penalty (ibid, para 94).

The Council's special procedures consist of human rights experts with mandates to report and advice on human rights. This comprises a system of country-based mandates (of which there are currently 13, not including Yemen, being either a Special Rapporteur or an Independent Expert) and a system of thematic mandates that extends across all Member States (of which there are currently 36, being either a Special Rapporteur, an Independent Expert or a Working Group). The most recent visit to Yemen appears to have been a 2003 visit by the Independent Expert on human rights and extreme poverty. Country visits by the Special Rapporteurs on summary executions and, in 2009, on the right to food appear to have been agreed but not to have materialized.²⁸ Requests to visit Yemen by the Special Rapporteurs on torture (in 2005 and 2007), on freedom of religion (in 2006), and on freedom of association

and assembly (in September 2011) seem to have been disregarded by GoY. A request for a country visit by the Working Group on people of African descent was made in January 2013 and has either also been disregarded or else remains under GoY consideration.²⁹

Governments are invited to extend a standing invitation to country visits by all thematic special procedures. Such an invitation has currently been extended by 93 Member States. At the UPR for Yemen in 2009, it advised of its rejection of a recommendation to issue such a standing invitation (Human Rights Council, 2009b, p. 3).

Current priorities centre on Yemen's upcoming UPR process, which will need to scrutinize national progress against the previous agreed recommendations, take up new human rights priorities since 2011 and the transition period, and give attention to the provisions of the new national Constitution, including with respect to both the place it accords to international human rights law and to stronger requirements for its domestic promulgation, preferably that they be self-executing under Yemen's monist legal system.

4.3 The status of children's rights

The primary mechanism for independently and expertly monitoring and reviewing national child rights' compliance occurs via the Committee on the Rights of the Child. This focuses especially on the roles of the Member State and its institutions as duty bearers to children within its borders. The process focuses on a five-year cycle in which the State submits its detailed periodic report, with scope for an alternate or shadow report from non-governmental or civil society representatives; the State party defends its report; and the Committee issues its observations and recommendations to improve national compliance.

As a State party to the Convention on the Rights of the Child, Yemen has a good record on periodic reporting, at least compared to many and probably most States. It has also submitted

its initial reports on the Optional Protocol on the sale of children, child prostitution and child pornography and on the Optional Protocol on the involvement of children in armed conflict. The Committee issued its concluding observations on the first Optional Protocol in 2009 and its consideration of the other report is still pending. Periodic reporting under the two Optional Protocols is part of the Convention's reporting process.

In its previous report, the Committee on the Rights of the Child urged the following actions:

- reform of legislation to ensure compliance with the Convention and its obligations, including the equal protection of all children and an increase in the minimum age of marriage "to an internationally acceptable level";
- ensure free and universal birth registration, including the introduction of registration mechanisms in hospitals and the use of mobile registration units;
- prohibit all forms of corporal punishment and abolish physical punishment of sentenced children;
- eradicate harmful traditional practices, particularly those affecting the girl child;
- consider qat as a dangerous substance and prohibit children's access to it;
- strengthen efforts on child trafficking and the associated risks of vulnerability, including by ending up living on the streets;
- improve juvenile justice standards in line with international rules and guidelines, including the development of a system of alternative sentencing. (Committee on the Rights of the Child, 2005)

In line with the Committee's normal practice, progress against such previous recommendations will comprise an important part of its review of Yemen's current periodic report in 2014. This might well commence with attention to compliance of national legislation. As noted by the Committee, national child rights laws mainly fall short of the Convention's standards in areas of the definition of the child, family law and the administration of juvenile justice. There continues to be an inadequate protective environment for children, including

²⁸ The Human Rights Council describes such requests as under consideration or approved in principle, while GoY reports that a visit by the Working Group on enforced or involuntary disappearances has occurred (it took place in 1998) and a visit by the Special Rapporteur on the right to food has been agreed (this appears to have been agreed in 2009 but to have not taken place).

²⁹ For current status, see <http://www.ohchr.org/EN/HRBodies/SP/Pages/CountryvisitsN-Z.aspx>.

in addressing child rights obligations in emergencies. This especially extends to the serious situation of children in armed conflict that is taken up further in Chapter 10.5. The continued vulnerability of children within the justice system to corporal punishment is discussed in Chapter 10.2.2.

Yemen submitted its fourth periodic report in 2013, and it is due for consideration by the Committee in January 2014. The report is a comprehensive document that describes a participatory and consultative process of development. It gives attention to the issues raised by the Committee in 2005 and, in a number of areas, it canvasses opportunities for improved compliance or main areas still to be addressed. The Committee's consideration of the report will also be guided by its receipt of shadow or alternate reports.

Besides the various sector- or policy-specific aspects of the report that are discussed in following chapters, one area that will be of relevance to the Committee is the question of domestic compliance with international human rights law. The State's report emphasizes the "harmonization of national legislation with international conventions in a manner that is in keeping with the teachings of Islam" (Committee on the Rights of the Child, 2012, para. 2). This gives rise to the issue of interpretation of children's rights that may be in contradiction to the meaning of the Convention. For Yemen, this is important not only in the context of it having no reservations to the Convention but also to the extent that different States parties may interpret religious teachings in different ways vis-à-vis the Convention or other international human rights law.

On the matter of the UPR's reference in 2009 to an independent NHRI in accordance with the Paris Principles, the report appears to be of the view that the extent of MoHR's compliance with some or even many of those principles is domestically viewed as adequate satisfaction of those principles (ibid, para 27). This is manifestly not so, and one characteristic of compliance is the international process of independent review and classification, which the MoHR would not meet due to absence of political and administrative independence from the Government.

Although GoY advised the UPR process in 2009 that it does not intend to ratify the optional protocols for communications procedures, such a protocol was adopted for the Convention in December 2011. The Cabinet of Ministers' resolution 129 of 2012 approves Yemen joining as a party to that Optional Protocol.

The House of Representatives and the Shura Council have each established human rights committees, and the Higher Committee for Children and Youth also has a mandate that includes "monitoring and evaluating the implementation of child rights programmes as part of its follow-up of the implementation of the National Strategy for Children and Youth". (Committee on the Rights of the Child, 2012, para 31) Following close collaboration between MoHR, other GoY agencies engaged in children's rights, CSOs and international partners, the National Observatory for Child Rights is scheduled to be opened by the end of 2013. The Observatory is intended to strengthen children's rights compliance and improve the monitoring of human rights violations against children, including following up with authorities and the courts on cases of such violations.

4.3.1 Child and adolescent participation

The transition from childhood to adolescence is not age-specific, and the Convention acknowledges that this is determined by evolving capacities. This is so even as Governments adopt laws that set age-specific provisions, such as a minimum age for leaving school or working. Evolving capacities, combined with varying aspirations and interests by children in forming views and engaging in social institutions and processes, mean that many children and adolescents may elect to participate in aspects of social organization that affect them. This carries obligations by duty bearers, and especially the Government, to ensure such avenues for – and even to encourage such – participation. The provisions of the Convention in this regard (primarily Articles 12 and 13) are similarly included within the Children's Act (primarily Articles 7 and 8).

There have been several reforms aimed

at facilitating child participation. The main structure is the Children's Parliament, which was established in 2004 on the initiative of a national CSO (the Democratic School) and continues to receive limited GoY support, with continuing reliance on financial support from UNICEF and Save the Children. It includes children from across all governorates who are elected every two years by their peers, and affords opportunities in dialogue with parliamentarians on issues of primary concern to the children. These are focused on selected thematic priorities that include discussions with parliamentarians and key decision makers. Two areas requiring attention are a review of the extent to which the Children's Parliament's advocacy is leading to tangible reforms by GoY, and opportunities to improve the representation of the children elected to the Parliament. Changes made in 2010 introduced some improvements in representation, including the participation of refugee children as candidates for election. (Save the Children, 2012, pp 52-3; Save the Children Sweden et al, 2011, pp 61-2) However, the sustainability of this important form of child participation remains in doubt in the context of dependence upon external support for its continuation.

The UNICEF-supported WASL ('connect') project, launched in June 2013, aims to provide a safe platform for adolescents (15 to 17 years old) to voice their concerns, needs and aspirations for the future of Yemen; reaching over 1,500 of the most at-risk³⁰ Yemeni adolescents from all 21 governorates. The initiative culminated in the first National Conference of Children and Adolescents in Yemen, in October 2013. The participants presented these recommendations in front of the media, live on radio and to an audience including all relevant government ministries.

Complementary initiatives in child participation have occurred through, for example, the National Strategy for Children and Youth, and the establishment in 2008 of student councils in 35 schools across four governorates (Abyan, Aden, Lahj and Sana'a), largely on the initiative of Save the Children Sweden. A series of discussions with adolescent young people in

2013 focused on their 'hopes and challenges in Yemen'. Many of their insights are reflected in Part B, although it merits noting that school councils for children were viewed as being very limited and not valued by school management (WASL Project, 2013, pp 15-16).

The Committee on the Rights of the Child has welcomed the Children's Parliament initiative but expressed its concerns "that traditional attitudes towards children in society and local communities may limit respect for their views, especially within the family and schools" (Committee on the Rights of the Child, 2005, para. 37). These attitudes are often already adopted by the child participants. The 2013 children's workshops on the post-2015 framework revealed harmful traditional attitudes, religious views and misconceptions by (especially male) participants on gender equity and girls' and women's roles. Girls in coeducational schools may even experience being rejected by other girls, illustrating children's early socialization of many harmful beliefs and traditions (World Bank, 2013).

This continues to be a legitimate concern in the intergenerational perpetuation of social practices and norms that subordinate children's rights in so many areas to local customs, domestic practices and institutional behaviours. Save the Children has cited opportunities for children's participation in emergency preparedness, response and reconstruction that would build opportunities for improved localized planning in highly vulnerable conditions as well as develop leadership skills within very at-risk populations of children (Save the Children, 2012, p. 53).

More recently, children and adolescents have been directly engaged in the NDC process and post-2015 consultations, which have assisted in giving formal participatory and consultative mechanisms stronger traction in shaping future scenarios in Yemen's development.

4.3.2 Children's rights monitoring

The single most important means of monitoring the situation of children's rights in Yemen occurs via the state reporting process under the

³⁰ Adolescents with disability, displaced, working adolescents, children in juvenile care, army recruits under the age of 18, and early married.

Convention and associated review and response by the Committee on the Rights of the Child. This extends to include associated alternate or shadow reporting by CSOs and NGOs. Although the reporting process is best viewed as dynamic (cyclical and participatory), it typically amounts to little more than a static periodic process of internal report preparation. This forfeits the opportunity both to maximize widespread awareness of the report and its comprehensive and balanced content, and to strengthen the report to have a wider use than simply being for the Committee's consideration. This needs some attention in Yemen, as child rights NGOs and CSOs may decline to provide inputs to GoY's periodic report drafting process in order to engage in shadow reporting (Committee on the Rights of the Child, 2012, para. 6). This is somewhat at odds with expectations of state reporting benefiting from a participatory process.

Parallel reforms in recent years open important new opportunities. The UPR process – in which Yemen's human rights situation is subjected to peer review every five years – helps to better position children's rights within the wider human rights framework. This includes emerging dominant concerns about Yemen's human rights status within the international human rights system, and better linkages with the associated special procedures system of United Nations human rights experts and rapporteurs, including through country missions.

The Security Council's creation in 2005 of the MRM for grave violations against children in armed conflicts is a strong supplementary, evidence-based and transparent process of monitoring the rights of children vulnerable to the worst forms of abuses and violations in armed conflicts. This presents improved opportunities for building a sounder national-level framework that will be further advanced by GoY's impending ratification of the Optional Protocol to the Convention on the Rights of the Child on a communications/complaints process.

That brings the discussion back to earlier references to the need for an independent

national human rights institution. This is presently focused on the nature and mandate of the new National Observatory for Child Rights, with a mandate of strengthening children's rights and monitoring violations against them. The Observatory is an important advance by GoY, alongside the mandates of MoHR and HCMC. It is understood that it will aim to comply with the principles of NHRIs, even though it is unlikely to qualify as one under the international peer review mechanism due to its likely lack of perceived independence.³¹ That remains a matter for subsequent review (the bylaw for implementing the Observatory's mandate was not available as at end-September 2013). In the meantime, the Observatory appears to present a strong new mechanism for integrating monitoring and review of children's rights. As noted in Chapter 3.1, this would usefully extend to include a national statistical database and monitoring and reviews of public budget planning in relation to children. Of concern are the adequacy of its recurrent resource base and technical capacities, and its autonomy and authority to suitably act on violations in concert with public bodies such as courts and the legislature.

4.4 The rights of women and girls

The rights of women are distinct from but fundamentally linked to any analysis of the rights of children. The equal rights of women are instrumental in a nation's as well as a household's fullest and sustainable human development. The well-being of children from birth to independent adulthood is conditional upon women's equal opportunities to maximize their educational standards, economic capacities and freedom of movement, association and access. This is not to be misconstrued as diminishing men's equal duties to their children. And a failure to ensure women's equality of human rights with men is to qualify and limit the rights of the girl child, in denying her the fundamental principles of children's rights beyond some claimed age limit.

United Nations human rights treaties include guarantees of equality between men and women and between boys and girls. This includes a prohibition on discriminatory and exploitative laws and practices, and the elimination of cultural, religious or traditional practices that are deemed to be harmful. For women and girls, these provisions are primarily set down in the Convention on the Elimination of all forms of Discrimination Against Women, which includes a duty to eliminate gender-based prejudices and harmful customary and all other practices (Article 5).

In its response to Yemen's sixth periodic report to the Committee on the Elimination of Discrimination against Women (CEDAW) in 2008, the Committee urged the Government to adopt and implement a comprehensive law on gender equality and clearly establish the status of international conventions within its domestic legal framework, ensuring precedence of international instruments, including the Convention, over national laws, and conformity of this legislation with these instruments (CEDAW, 2008b, paras 360 & 362).

The Committee further called for legislative action to deal with violence against women and girls, including domestic violence, the criminalization of marital rape and prosecution of so-called honour killings (ibid, paras 366, 368). The legal duty on a woman to sexually submit to her husband regardless of her own wishes (as per Article 40 of the Personal Status Law No. 20 of 1992 as revised in 1998 and 1999) has now widely been revoked across an increasing number of countries and such behaviour treated as rape within criminal law. This gross violation of women's rights persists within Yemeni law. These legal abuses collectively illustrate the discriminatory legal environment that includes vulnerability to legal sexual exploitation and assault to which Yemeni girls remain currently vulnerable. Needless to say, progress in this regard will remain problematic while GoY claims that marital rape and honour killing do not exist in Yemen (Human Rights Council, 2009b, p. 3). Among the Committee's further areas of attention are recommended reforms to early marriage, sex tourism-related temporary marriages of girls and female circumcision

practices that continue to remain outside its legal prohibition (see Chapter 10.2.4).

It was noted in Chapter 3.4 that Yemen is currently ranked at the bottom of the two main global indices of gender inequality (the GII and GGG). This is also reflected in performance in terms of gender equality in education (Millennium Development Goal 3). At its UPR at the Human Rights Council, GoY committed itself to a number of much-needed reforms that are necessary if not sufficient steps toward the fulfilment of Yemen's obligations under international women's rights law. These included advice to the United Nations that:

- Yemen has "either already implemented or [is] in the process of implementation" of reviewing national laws to eliminate discrimination against women and to prohibit violence against women;
- Yemen is in agreement with raising the minimum age of marriage from 15 to 17 years in view of the House of Representatives having approved such a change;
- Yemen is committed to eliminate any discriminatory provisions that are incompatible with international treaties concerning women's rights; and
- Yemen will increase law enforcement of instances of rape and violence against women, including spousal rape and 'honour' killing. (Human Rights Council, 2009a, para 2009 ;92b, pages 3-2).

Across the countrywide workshops held in connection with the preparation of this report, the clearly most consistent message about serious inequities for children across Yemen concerns the girl child. Participants from all governorates pointed to continued treatment of girls as inferior in their families, communities and institutions providing services to children.

This may be unsurprising given that, as Chapter 3.4 noted, Yemen performs worse than any other country in terms of global reviews of gender equity, but indicators of a worsening situation even since 2011 (cited in that earlier chapter) are indeed alarming. This would follow the purported deterioration in women's status due to the 1994 amendments to the 1991 Unification Constitution that, it has been said, introduced "a status where women are protected by their

³¹ This appears to also be implicit in the Committee's request to GoY for information on the status of establishing an NHRI "and also an observatory of children's rights" (Committee on the Rights of the Child, 2013b, para 4).

brothers, but are weaker and lesser in worth” and that “the 1991 constitution was modified to eliminate antidiscrimination provisions” (Manea, 2010, pages 3-4).³²

Also alarming is that – given the distinction made in Chapter 3.4 between the ‘condition’ versus ‘position’ of women and girls – Yemen also stands out as a country in which there even remains resistance to gender equality in terms of condition (resistance to gender equality in most countries is typically confined to equitable treatment in aspects of position, such as in the economic or political spheres). This is most evident in the direct denial and devaluing of education of a girl, even for the legally mandated but overwhelmingly unenforced period of basic education. On top of these concerns is the fact that this is not a regional or religious characteristic, that is, all Arabic and/or Islamic States are, to varying degrees, achieving more equitable gender laws and practices for girls and women than now exists in Yemen. A particular area that impacts children and access to services are the constraints imposed by social norms on women’s mobility in rural areas, which are so high that the impact of provision of transport infrastructure and services is limited, and mostly indirect. In rural Yemen, women’s mobility is mostly restricted to areas they can reach walking. ... [T]ransport costs are significantly higher for women because they need special seating conditions, or they have to travel with a male family member (World Bank, 2010b, p. 2).

A number of reports cited in Part B claimed that the main predictor of a girl’s situation is the mother’s education, although these reports rarely consider a range of other such predictors, so that it is more accurate to say that it appears to be one such predictor. But this does not inform responses, as there is little that can be done about that indicator in order to break the cycle of trans-generational perpetuation of a practice that there is also widespread consensus – including within GoY – to change. This is obviously a considerable challenge, and cannot progress without strong political

leadership matched by the necessary revisions of both the national Constitution and associated laws to ensure that women and men, and girls and boys, are guaranteed equality without qualification.

Of course, it is also clear that local engagement with community and religious leaders, households and local institutions, including the media, is critical to ensuring that legal guarantees are matched by changed knowledge, attitudes and behaviours that strategically links households and individuals with communities and peers. It would also be strategic for sustainability with future generations to focus on school-based measures to promote values and rights of gender equality, with boys and girls, and suggests that this should extend into curriculum-based interventions to promote principles and practice in human rights.

For now, the critical indicators of such reforms will be the substance of two documents emerging over coming months, by end 2014: the combined seventh and eighth periodic reports to CEDAW (submitted in 2013 and awaiting the scheduling of its review) and the new Constitution emerging from the NDC.

As for children, primary attention is required to the provisions embodied in the new national Constitution. This is especially so to the extent that the Constitution ensures the dominant place of international human rights law in national legislation and judicial processes. Further, the critical importance of the commitments made by Yemen at the previous UPR means that the forthcoming UPR in early 2014 is an important opportunity to establish national progress against those commitments.

4.5 The status of marginalized minority populations

To the extent that evidence and data permit, the situation of children described in Part B attempts to include attention to the more marginalized groups and populations of Yemen. Much of the core data for such purposes continue to be

insufficiently disaggregated, especially in terms of identifying trends or progress, although there is a reasonably good body of recent documents – primarily of a qualitative nature – on the primary marginalized populations of Yemen that are cited in discussion across policy areas and service sectors in those later chapters.

Two human rights treaties include obligations by State parties towards the rights of minorities. The starting point is the International Covenant on Civil and Political Rights, which provides that:

In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language (Article 27).

This has been strengthened by the General Assembly’s adoption in 1992 on the Declaration of the rights of persons belonging to national or ethnic, religious and linguistic minorities (General Assembly, 1992). In 2005, the predecessor of the Human Rights Council, the Commission on Human Rights, established the mandate for an Independent Expert on minority issues, in the context of the Declaration (that is, defined in terms of national or ethnic, religious and linguistic minorities) and included a call upon States “to give special attention to the promotion and protection of the human rights of children belonging to minorities, taking into account that girls and boys may face different types of risks” (Commission on Human Rights, 2005, para. 4).

Notably, in this context, the Convention on the Rights of the Child is the second of the United Nations human rights instruments to include such provisions:

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to

use his or her own language (Article 30).

This carries an important qualification by extending such rights to include children of indigenous origin, evidently even where that population is not a minority. The Arab Charter on Human Rights also provides that “the rights of women, the rights of the child and the rights of persons belonging to minorities” may not have their rights and freedom within, inter alia, international human rights instruments interpreted in a way that impairs those rights (Article 43).

There are various minority groups in Yemen on the basis of, for example, ethnicity or religion. The consequence of conflicts and political alliances and actions over access to scarce water have also given rise to some tribal or local communities that may be deemed minorities even though they share common religion and language with the wider population. The existence of such minority groups is not necessarily an indication of their marginalization. Minorities in Yemen include the Mohamasheen, Isma’ilis, Jews and Baha’i. Only a few hundred Jewish families remain in Yemen today and their numbers are declining steadily. One particular population that is acknowledged as among the most marginalized is the Mohamasheen. Also, the complex situation of the diverse groups and settlements of IDPs – alongside refugee, migrant and returnee populations, within a context of severe food insecurity – constitute another especially marginalized and vulnerable population.

4.5.1 Internally displaced persons, refugees and migrants³³

The national humanitarian crisis was referred to in Chapter 3.6. By early 2013, there were an estimated 431,000 internally displaced Yemenis and 200,000 people displaced within host communities. This is primarily due to political instability and internal conflicts that are at the core of the move towards the post-transitional State of Yemen beyond 2014. As noted in Chapter 3.6, addressing the humanitarian crises, including the numbers and situation of

³² The 1994 Constitutional deterioration in women’s status is attributed to the addition of a clause replacing the 1991 guarantee of gender equality without discrimination based on inter alia, religion with a guarantee of equality on the basis of a legal interpretation of sharia.

³³ This subsection draws upon the Yemen Humanitarian Response Plan 2013 (OCHA, 2013a).

IDPs, is essential to ensuring the conditions for national political stability.

For the more than 300,000 refugees and migrants (at least three quarters of whom are from Ethiopia), arrival in Yemen commonly means something of a dead end to what was intended to be a transit journey. With the primary option of continuing on to Saudi Arabia being made increasingly difficult, the majority remain exposed to internal conflicts and organized exploitation. This population includes large numbers of children who are extremely vulnerable to serious violence and abuse of their most fundamental rights, including child trafficking. It is estimated that 22 per cent of migrants who land on Yemen's coast are women and girls, with the majority unable to be accounted for by the time they reach Haradh (Hajjah Governorate) (OCHA, 2013b). There are reports of many Ethiopian parents opting, in the face of domestic hardships, to arrange for their children to be smuggled back to Ethiopia to live with relatives (Danish Refugee Council & RMMS, 2012, p. 45).

According to the International Organization for Migration (IOM), some migrants in northern Yemen are detained by Yemeni authorities, but most live in unprotected open spaces around the urban areas of Haradh. Since 2010, the IOM Migration Response Centre in Haradh accommodates and is congested by vulnerable undocumented migrants in need of food, water and medical support, while awaiting to be assisted through voluntary return back to their country of origin (Ethiopia). Children account for a considerable proportion of stranded migrants, often unaccompanied or separated from their families, and mostly boys who are at serious risk of exploitation and trafficking. Some reports indicate that 900 migrants are in detention in Haradh in a prison with a capacity of 200. In addition, numerous bodies of undocumented irregular migrants lie unclaimed at Haradh hospital morgue, currently over capacity. Many migrants survive kidnapping and associated violence prior to their arrival in Haradh. Upon arrival in the city, they face fresh threats of abduction from criminals with bases around the town. Police raids in early April released an estimated 535 migrants, including 16 women, from their captors, according to reports from security sources.

[...] Criminal gangs in Haradh exploit the presence of thousands of desperate migrants. They are part of the recent alarming and growing trend of 'commoditization' of migrants in Yemen evident since 2011. Kidnapping for ransom, due to its widespread nature is now described as a daily occurrence. Rape, sexual and physical assault sometimes resulting in broken limbs and death are commonly used to force migrants or their relatives to pay ransom demands. Mobile phones and their cash transfer systems are being increasingly utilized to extort migrants through their familial relations. Criminal gangs are also reported to be trading in human organs stolen from migrants, but little is known of the details of these allegations. Migrant smugglers and criminal gangs in Yemen have been capitalizing on the instability in the Horn of Africa to subject migrants to situations of forced labour, human trafficking, sexual and physical abuse (Barasa, 2013).

The factors inhibiting displaced people from returning to their communities include ongoing conflict and insecurity, landmines and UXO, livelihoods, shelter and basic services. Intentions to return are highest in the south, where 76 per cent of IDPs seek to do so. Particular vulnerabilities arise from a disregard of international humanitarian law on all sides, such that humanitarian response is compromised and civilian populations suffer severe human rights violations, including arbitrary displacement, killing, injury, persecution and the forced/voluntary recruitment of adults and children.

Many IDPs, including women and children, live in camps under conditions that make them vulnerable to harsh weather, or in schools which are inadequate and often overcrowded spaces or, even worse, outside of such facilities and in spontaneous settlements close to conflicts or exposed to exploitation. Many are accommodated within host communities that are themselves frequently impoverished. Returnees often return to homes and communities in need of reconstruction, and with weak capacities to deal with subsequent shocks.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA),

internal displacement occurs without any clear national policy response framework. This leads to protection gaps in which children and women are especially vulnerable. It also means no early warning capacity and an absence of response preparedness. Additionally, there are reports of some IDPs being returned involuntarily, in breach of the Guiding Principles on Internal Displacement. The current cooperation between humanitarian agencies and GoY is critical to the establishment of sustainable solutions in the areas of return, resettlement or local integration.

This emphasis on durable solutions and coordination is reflected in the humanitarian community's advocacy and support to the Government for developing a national policy to address and resolve internal displacement. Worldwide, the adoption and implementation of IDP policies is considered a benchmark of meeting national responsibility. In Yemen, the humanitarian community has emphasized to the new transitional Government the importance of adopting such a policy to enhance the protection of IDPs and find solutions to their problems. The United Nations Transitional Framework for Stabilization and Development in Yemen strengthens the legal and policy framework for IDPs. It is critical for the country's stability (OCHA, 2013a, pp 36-37).

4.5.2 The Mohamasheen

Al-Mohamasheen means 'the marginalized ones'. As that name suggests, they are widely shunned socially and economically, and typically work in jobs unwanted by others, such as garbage collection and street cleaning, and also engage in begging as a form of employment and survival, including by young children. Unsurprisingly, they have low educational levels and high rates of illiteracy.

Within various reports – including most United Nations references – the Mohamasheen are more commonly referred to as 'Al-Akhdam' (the servants), which is viewed by that population as a derogatory term. The persistent use of that term has been attributed to Yemeni society excluding the Mohamasheen from mainstream public, economic, social and political activities and the imposition upon them of caste-bound discrimination and at times violence. "The pejorative label of 'Al-Akhdam' is forcibly

imposed on this community from above and literally signifies a status of untouchable 'servant caste'" (International Dalit Solidarity Network & the All Youth Network for Society Development, 2013, p. 2).

Most references within United Nations documents are to the Akhdam. This report uses Mohamasheen, which conforms to the usage by the Office of the High Commissioner for Human Rights in its report of its mid-2011 mission to Yemen. The report footnotes its decision to depart from common United Nations practice as follows:

Also called «Al Akhdam» which literally translates as "the servants", and is figuratively suggestive of "people held in contempt and servitude in Yemen". The Mohamasheen are a group of Yemeni citizens subjected to social, economic and political discrimination (OHCHR mission to Yemen, 2011, A/HRC/18/21, p. 3).

Continued uncertainty about the origins of the Mohamasheen population doesn't diminish the fact that, especially after so many centuries, they are Yemeni. Traditionally, they have been cast as the servant class, thus the more conventional and demeaning label, Al-Akhdam. The Mohamasheen population was estimated in 1998 to "may be as high as 20,000", although more recent reports give estimates that keep increasing over time, from around 300,000, to 500,000 (described as an official estimate) and "more than a million", and even "from 500,000 to 3.5 million" (respectively, GoY et al, 1998a, p. 114; Housing and Land Rights Network, 2006; IRIN, 2005; Worth, 2008; Kamel, 2013). These claims about discrimination against the Mohamasheen are not disputed, but nevertheless are absent from the deliberations of the UPR process (UNCT, 2010, p. 8; HRC, 2009a, para 51).

In key national reports, the Mohamasheen are referred to (as Akhdam) within the United Nations 2011 Common Country Assessment as among "socially excluded groups" and within the JSEA in the context of various groups of children marginalized in basic education (UNCT, 2010, p. 8; JSEA, p. 16). They are not referred to within the 2012 Millennium Development Goal national report or the current United Nations Development Assistance Framework report.

However, the 2007 poverty assessment report includes the following useful summary of their situation.

The most marginalized communities in Yemen are, labelled variously as akhdam, ahgur or abid. Although their population size is not known, by some sources it could be sizeable. The largest concentration of the Akhdam population lives in the peripheries of the towns of Taiz, Aden, Zabid, Sana'a and Hoddeidah, but a smaller number is also found in rural areas of the Tihama and southern highlands. They work as menial laborers, street sweepers, cobblers and construction workers. Women and children are engaged in begging. In rural areas, they also work as entertainers during life cycle events (wedding ceremonies or births). The illiteracy rate among this population is around 90 per cent, although no national data is available. Moreover, the group has no political representation at the national level and suffers from extreme levels of social stigma and discrimination, which exacerbate their socioeconomic exclusion and poverty. However, there is growing activism among members of this group to improve their socioeconomic status. In the Taiz governorate, for instance, there are 5 NGOs addressing social, economic and cultural issues of this community. Members of this population are represented in some local government councils: 5 in Aden, 1 in Sana'a, and 1 in Taiz (GoY, World Bank & UNDP, 2007, para 1.14).

The General Assembly's 1992 resolution included an invitation to United Nations human rights treaty bodies to give attention to the Declaration within their mandates. This has not, to date, been a strong feature of those bodies' attention, at least in their concluding observations on state periodic reports insofar as the primary marginalized Yemeni population of Mohamasheen are concerned.

The Committee on Economic, Social and Cultural Rights concludes that "the Al-Akhdam

people' continue to face both marginalization and discrimination and calls for remediating measures, including temporary special measures and the development of a national action plan in collaboration with Mohamasheen people. It proposes attention within that plan to school enrolment and retention and reduced child mortality (Economic and Social Council, 2011, para. 8). In its consideration of Yemen's periodic report on the International Covenant on Civil and Political Rights, the Human Rights Council makes no specific recommendation concerning the Mohamasheen. However, it reports as follows:

The Committee is concerned about reports of long-standing discrimination and marginalization of some minority groups such as the Al Akhdam community, 80% of which is illiterate and which suffers from extreme poverty, and has inadequate access to health care, water and other basic services. The Committee is particularly concerned that in the context of the 2011 unrest, the Al Akhdam community has suffered from acts of aggression and intimidation, which have allegedly not led to any investigation and prosecution so far³⁴ (Human Rights Council, 2012, para 12).

For the most recent concluding observations by other treaty committees on Yemen's state reports, there is either a single quite general reference, usually as part of a broader comment on vulnerable groups (see Committee on the Rights of the Child, 2005, para 33; Committee on the Elimination of Racial Discrimination, 2011, paras 15-16), or no reference (see Committee against Torture, 2010; CEDAW, 2007).

As most references to the Mohamasheen concern discrimination, neglect and exploitation, the absence of reference by the Committee against Torture may be understandable, but not so the silence of CEDAW that does not even include a reference to minorities. In its shadow report to CEDAW, Sister's Arab Forum for Human Rights highlighted the serious "violence and exclusion" suffered by "Akhdam" women in Yemen, including that they comprise 80 per cent of accused or

imprisoned women in several governorates. That shadow report even concluded with a series of general recommendations concerning "Marginalized Women (Akhdam)" that are similarly not reflected within the CEDAW report. Those recommendations focused on improved knowledge of their conditions, improved legal protections and equality and their stronger involvement in areas of education, economic relations and the labour force (Sisters' Arab Forum, 2008, pp 3, 10 & 27).

According to a national survey on human rights in 2007, almost one half of respondents would treat a Mohamasheen neighbour differently (less equally), although that rate was much higher for a family of a different religion or a refugee neighbour. The same respondents also viewed the guarantee of rights in Yemen to be weakest for the Mohamasheen and, although the perceived importance of their rights as an issue area was supported by 74 per cent of respondents, it ranked third (14 per cent) as the most important priority of 14 options, behind the right of women to work (31 per cent) and the right of girls to education (18 per cent). (MoHR, UNDP & UNFPA, 2011, pp 39, 86 & 90).

A need remains, therefore, to translate formal recognition of the denial of rights to this population into practice to tackle it. The situation is especially of concern for Mohamasheen women (as emphasized by Sisters' Arab Forum) and children (as acknowledged by the Committee on Economic, Social and Cultural Rights), even though it is a priority for their entire population and all members of households.³⁵ The absence of appropriately disaggregated data within primary knowledge bases also requires improved data and information gathering. It is noted that within national monitoring of progress towards the Millennium Development Goals, the Goal 7 target concerning "slum dwellers" – which would almost certainly include Mohamasheen households – has been revised to refer to "inhabitants of poor neighbourhoods", which need not. Improved data and monitoring may be further assisted by GoY inviting a country visit by the Independent Expert on minority issues, especially in terms

of advice on targeting specific remediating measures while promoting mainstreaming of the Mohamasheen in national development efforts. As one important first step, however, United Nations human rights treaty committees need to more systematically exercise their 1992 mandate in this regard.

4.6 Post-transitional opportunities and priorities

Alongside such important measures of improved progress toward children's rights are several parallel opportunities for the immediate future.

4.6.1 Effective partnerships around national priorities

Provided that the transitional programme progresses peaceably beyond the proposed end-2014 elections, it is almost inevitable that the important role of the NDC process will require a successor framework that brings new relevance to partnerships between the Government and key civil society institutions. These will exist at a broader consultative level around issues of governance within a more genuinely participatory democracy that will need to include the voices of children and adolescents, and has the potential to set some globally impressive best practices.

This also affords new opportunities for repositioning how GoY liaises with key international partners in building the collective relevance of partners to current national priorities. This may carry particular consequences for children in three respects:

- The role of the MAF as the primary link between GoY and development partners during the transition period, and the form this takes beyond that period. MAF includes a focus on issues of good governance practices, promoting the rule of law, advancing short- and medium-term budget priorities, support

³⁴ In the context of the OHCHR mission report of mid-2011, the reference to acts of aggression and intimidation appears to be to attacks in Taiz because of being perceived as supporting the Government, unless there have been other subsequent reports.

³⁵ For a recent overview of that includes reference to Mohamasheen children, see International Dalit Solidarity Network & the All Youth Network for Society Development, 2013 which is a submission to Yemen's 2014 UPR process. Hopefully, this will at least mean that the Mohamasheen will not be absent from that review as they were in the 2009 UPR.

for human rights, the effective delivery of basic services, the meeting of priority humanitarian needs, the expansion of social protection systems and civil society empowerment (GoY, 2012). It can be expected that there will be a 'post-MAF' in the post-transition period which will provide an important national framework in which the rights-based, developmental and humanitarian needs of children may be effectively mainstreamed within broader planning and which will link national and donor priorities;

- The opportunities discussed at the end of Chapter 3.1 in building a more dynamic process around budgeting for children;
- The nature of the post2015- global framework for human development – and the particular relevance to children – that is discussed in Chapter 4.6.5.

Together, such opportunities require early preparedness in order to ensure the strongest benefits for children in Yemen.

4.6.2 Advancing social inclusion

The social exclusion of children is instrumental in a range of barriers to the fulfilment of their rights, including forms of stigmatization, marginalization to the point of vulnerability to exploitation and abuse, low usage of key services and both a cause and consequence of household poverty. The social inclusion of children is not merely a response to such risks; it is also a recognition that children cannot merely be passive recipients of assistance if such interventions are to be effective, relevant and sustainable. Opportunities for participation are also strategic means of promoting such important outcomes.

As Chapter 4.4.1 emphasized, a necessary starting point in building social inclusion among children in Yemen must be to tackle the multiple forms of continuing systemic exclusion of girls. This involves important reform of laws that currently act to sustain such exclusion, and structural reforms in institutions that include the education system not only in eradicating exclusion but actively promoting the inclusion of girls in order to ameliorate entrenched

resistance. This has been similarly advocated in this report for other marginalized populations, including Mohamasheen children.

These are factors that need to inform efforts in improved child participation. "The absence of the means of participation is a form of social exclusion, and children are probably the most excluded in terms of not having their voices either sought or heard" (AU, 2010, p. 121).

It has been noted that Yemen has made some important progress in this area, so it is hopefully well placed to develop a more strategic approach to building a national culture towards the social inclusion of children into the post-transitional period.

4.6.3 Building the communication environment

For a country with a dispersed and largely poor population and high rates of illiteracy, effective information networking is essential and requires a strategic response. Yemeni households are predominantly reliant on television (92 per cent) as their primary source of information; 89 per cent of households have their own television, with the lowest rates in Al-Jawf (50 per cent) and Reimah (52 per cent) governorates. At least one half of households have a radio (highest in Sana'a and Reimah at 83 per cent and lowest in Abyan at 13 per cent). Females have lower access to various media than males, except for radio; for example, 37 per cent of males but 57 per cent of females have no access to print newspapers (Yemen Polling Centre, 2012, pp 32-6).

Although television is also the primary information medium for young people, there are two notable features. Firstly, young people have higher rates of regular newspaper usage, likely linked to improved literacy rates. However, newspapers also have lower satisfaction levels compared to other media, at 39 per cent, compared to 51 per cent for radio, 58 per cent for television and 67 per cent for online newspapers. Secondly, online media usage and social networking is clearly becoming a much more popular medium, from a very low base. Although around one in five homes has

a computer, only 7 per cent are reported to have internet access, with understandably wide geographic variations (for example, 23 per cent coverage in Aden) (ibid, pp 34, 41 & 48).

These access rates are growing; it was reported that approximately 15 per cent of the population had access to the internet in 2011, "and that number is believed to have increased significantly", spurred by the unrest at that time and extending into social networking and blogging about Yemen's transitional democracy.³⁶ A key threat concerns lingering remnants of the widespread constraints on media freedoms imposed by the former Government during that 2011 unrest, that also continue to target internet freedom. For Yemen's young people, this is the most trusted and increasingly important source of information.

It has also been a very important means of building public awareness of and engagement in the NDC process. The NDC adopted a mid-term communication strategy that aimed to improve the voices of children and young people, as well as to encourage popular ownership of the reforms coming out of the NDC process. That strategy addressed opportunities through the traditional mainstream media, the use of internet-based social networking and grassroots outreach measures, and included the opportunity for delegates to be reached via a video message from children (NDC, 2013). It is surely inevitable that constructive networking through the internet and wireless technologies will continue to expand rapidly across youth populations in Yemen, and rapidly become one of and even the most important medium for effective information sharing and messaging on important child rights issues.

This requires a timely response by GoY, UNICEF and other key partners in devising and implementing an effective information networking and participatory social media strategy based around children's rights. This strategy should use such media to accelerating household and community awareness of children's rights and associated best practices to respond to many of the constraints faced by children discussed in Part B. This

should commence with an analysis of the communication environment, linked to other post-transitional opportunities considered in this section.

4.6.4 Strengthening monitoring and reporting mechanisms

This is referred to in Chapter 4.3 above, within the context of children's participation. That discussion emphasized the current opportunities for accelerating such mechanisms through a more coordinated approach to budgetary monitoring and advocacy, the tracking and review of compliance and progress under the Convention on the Rights of the Child, the increasing national support for the global mechanism concerning grave violations against children in armed conflict, and the development and maintenance of a unified database on key indicators of children's development and well-being.

More strategic linkages between these mechanisms would afford critical opportunities to add value to each component initiative. This is a promising area of immediate reform in view of strong support from the Office of the President and the corresponding commitments from HCMC and MoHR.

4.6.5 Embracing the post2015-framework

This report has noted that the Millennium Development Goals had no explicit linkage to human rights (which is not to deny that many Goals served some such rights) and no provisions related to child protection. It has also noted that Yemen is on track to meet, at best, just one of the eight Goals. The recent report of the High-Level Panel has advocated some distinct improvements in strengthening results for children. Chapter 9.5 pointed out that that the High-level Panel proposes that WASH become a goal in its own right, with targets that are more focused on children, including school-based water and sanitation. Chapter 10.1 acknowledged the Panel's advocacy that several

³⁶ See Freedom of the Press: Yemen, at <http://freedomhouse.org/report/freedom-press/2012/yemen> (accessed 20 September 2013).

child protection targets be included, concerning universal birth registration (legal identity), and the elimination of child marriage and violence against women and girls. The proposed post-2015 goals are listed in Box 4.1.

All 12 illustrative goals are of direct relevance to Yemen and all are, to some extent, at least touched upon in Part B. Although the order of the goals does not imply any comparative importance, it is notable that they commence with a focus on tackling poverty and strengthening gender equality. There appears to be an emerging divergence between various reports considering post-2015 priorities. There is only weak reflection of many of the priorities advocated by the High-Level Panel in the 2013 reports on the post-2015 agenda from the United Nations leadership in Yemen and the United Nations Development Group report on the Arab Development Forum. On the other hand, the 2013 Arab Millennium Development Goal report advocates core goals that are more attuned to such directions.³⁷ With respect to key children's rights priorities, this needs stronger advocacy by UNICEF and other child rights-focused agencies.

At the present time, and subject to further elaboration of the post-2015 development agenda, such goals would be taken early into account in shaping the development agenda in Yemen. This is true for key development partners such as UNICEF in its current review of country-based programming and for GoY in planning beyond 2014.

4.6.6 Humanitarian and emergency responses

Within consultative workshops, there were some views expressed that highly vulnerable populations such as refugees, migrants and IDPs at least benefited from being more dependent upon international partners in the delivery of various services, compared to the situation of many smaller and more remote parts of Yemen dependent upon GoY. However,

Box 4.1: Illustrative post-2015 universal development goals

1. End poverty.
2. Empower girls and women and achieve gender equality.
3. Provide quality education and literacy learning.
4. Ensure healthy lives.
5. Ensure food security and good nutrition.
6. Achieve universal access to water and sanitation.
7. Secure sustainable energy.
8. Create jobs, sustainable livelihoods, and equitable growth.
9. Manage natural resource assets sustainably.
10. Ensure good governance and effective institutions.
11. Ensure stable and peaceful societies.
12. Create a global enabling environment and catalyze long-term finance.

Source: High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013, Annex I.

the desperate situation of many of these people is underscored by the often total absence of any livelihoods, the hidden nature of the most vulnerable refugees and migrants (especially women and unaccompanied children), the absence of critical infrastructure, vulnerability to abuse and mistreatment by people in authority and uncertain futures due to thwarted desires to transit, fear of return and no apparent prospects if they remain in Yemen.

Much hinges upon a successful national transition beyond 2014, but the situation of so many refugees and migrants will remain highly tenuous. The IDP situation would continue to improve but may lead to new challenges, including traumas and lost opportunities for many displaced children trying to return to normal livelihoods. And there is a real prospect that an improved national political

and economic situation may act as a further driver of more human movement into Yemen, especially from the Horn of Africa. These are not potential scenarios that this report is able to adequately accommodate, even though GoY, UNICEF and other partners must do so in their planning and responses.

4.7 Concluding observations

Yemen is a State party to most international human rights instruments, mainly due to the unified nation committing itself in 1990 to the 'best case' status of the merging States (notably of South Yemen). Yemen similarly has a comparatively strong record in its reporting obligations under those treaties. The primary concerns are:

- the need for provision within the national Constitution as to these instruments being self-executing (that is, that domestic law provides that ratification by a State is accompanied by full legal effect within domestic law);
- a lack of clarity within the national Constitution that these instruments be incapable of modification outside of the meaning of those international provisions (that is, that international human rights law may be interpreted within the context of sharia, but domestic laws must remain consistent with that international law); and
- a continuing failure by GoY and the Parliament in ensuring that the associated amendments to domestic legislation are adopted to achieve compliance with these treaties.

Yemen's failure to embrace the Convention on migrant workers and their families is an oversight that merits review given the special character of migrant workers in Yemen and Yemen's strong record in ratifying ILO conventions. This is additionally of importance for children in Yemen, given that the migrant workers' convention includes several strong provisions (rights and protections) for the children of such workers. GoY's advice of no intention to ratify the Convention on enforced disappearances is similarly regrettable in view of the direct relevance of this instrument to so many Yemeni families, and that a stronger process of domestic transparency in accordance with that

instrument would be an important confidence-building measure in the post-transition period of governance.

The expressed opposition to ratifying the various optional protocols on complaints procedures is an anomalous position by GoY, given that it appears to be on the basis that adequate domestic procedures are already in place. That means that the Government has no impediment to such ratification and, in fact, is proceeding to do so for the same Optional Protocol to the Convention on the Rights of the Child. This is similarly the case for Yemen's apparent stance on the non-establishment of an NHRI on the grounds that its roles are already being fulfilled by the Ministry of Human Rights. This overlooks the key characteristic of such a function being independent of government regulation or influence.

The other barrier to being a full State party to the United Nations human rights system is Yemen's current opposition to abandoning capital punishment. This is of particular concern with regard to children in view of continued reports of their execution despite assurances to the contrary. This is considered further in Chapter 10.3.2.

With Yemen's scheduled appearance in early 2014 before the Committee on the Rights of the Child and the Human Rights Council's UPR process, particular attention is likely to be directed to failures to address commitments given at the previous reviews. This might include reference to continued shortcomings in reforming domestic laws in various areas of children's rights and protections, including the girl child and traditional practices, action to tackle gender-based violence against girls and women and reforms in the area of juvenile justice. It is to be hoped that by that time, Yemen's new Constitution will include the necessary provisions and assist GoY in providing stronger assurances of action in accordance with national obligations. Hopefully, GoY will also inform the UPR of its agreement to requests for country visits by thematic Special Rapporteurs, especially where such visits have been formally requested.

Of other marginalized populations, Yemen has a considerable challenge with respect to

³⁷ Compare, on the one hand, High-Level Panel of Eminent Persons on the Post-2015 Development Agency (2013) and United Nations & League of Arab States (2013) and, on the other, Office of the United Nations Resident Coordinator (2013) and United Nations Development Group (2013), The Arab Development Forum: Voices and choices for the post-2015 agenda in the Arab countries.

displaced persons, refugees and migrants, and the unknown size of the Mohamasheen population. All these populations have rights-based guarantees by virtue of either or both their minority status and their particular vulnerabilities, including the exposure of sizeable numbers of children and women to severe threats of exploitation and violence. There is an absence of a clear national policy framework for responding to internal displacement, resulting in protection gaps and serious shortcomings in ensuring sustainable solutions. The primary response mechanism for GoY and its key humanitarian partners is through the Humanitarian Response Plan.

The Mohamasheen are a significant minority in Yemen, both in terms of their variable population estimates and their severe comparative vulnerabilities and exploitation. They are afforded particular rights by the United Nations – notably in the provisions for minorities in the International Covenant on Civil and Political Rights and Convention on the Rights of the Child, and the 1992 Declaration – that still requires systematic application by United Nations human rights treaty committees. Their situation as the “most marginalized” population has been stated by GoY in the 2007 poverty assessment and was also recognized by GoY in its May 2013 appointment of a Mohamasheen representative to the National Dialogue. However, to date their

situation has not been effectively translated into strategic national planning, including across United Nations agencies (bearing in mind the call for a specific action plan by the Committee on Economic, Social and Cultural Rights). In the 2010 national human rights survey, the situation of the Mohamasheen was ranked as the third highest human rights priority, after the right of women to work and the right of girls to an education (MoHR, UNDP & UNFPA, 2011, p. 90). It is to be hoped that in the forthcoming UPR for Yemen, the Human Rights Council will afford the Mohamasheen a level of attention adequate to their precarious human rights situation.

For Yemen, moving toward 2015 and beyond, the situation of vulnerable and marginalized populations is additionally critical within the emerging context of linking aid effectiveness and development strategies. This is due to the global partnership, which includes GoY and emerged from the Busan Declaration of 2011, that is moving to a more inclusive and transformative “development effectiveness” approach more directly informed by human rights principles and a rights-based approach (OECD, 2011, pp 107-108). This anticipates development partnerships at national level becoming more attuned to the human rights framework and domestic compliance with international human rights obligations and principles.

PART B

SITUATION OF CHILDREN IN YEMEN

5. Child poverty and social protection

5.1 Child poverty and social protection summary

All reports on the situation in Yemen – whether in terms of human development, economic planning, human rights, the humanitarian crises or the security situation – agree on the importance of tackling poverty. All national plans of action, public policy analyses and strategy plans include provisions designed to reduce household poverty or to ease the impact of poverty on households. A review of the associated knowledge base points to three main observations, which are all fundamental to this chapter: that children suffer disproportionately more from poverty than do others; that the more common economic responses to tackling poverty produce, at best, only tenuous or indirect sustainable impacts on poverty; and that strong gains in poverty reduction have been achieved through various forms of direct cash transfer payment systems.

Social protection measures are fast emerging as an important aspect of public budgetary provisions for the direct benefit of children. This is especially the case for cash transfers, importantly including conditionally-based assistance, as discussed in Chapter 5.4. However, according to GoY, budget outlays for social protection remained well below its 1-per-cent target, at an average of 0.4 per cent of GDP for the period 2005-2009 (Committee

on the Rights of the Child, 2012, para 41). The TPSD advocates an “urgent expansion” of social protection programmes, and importantly views social assistance as integrated with both human and economic development objectives (MoPIC, 2013, pp 8 & 22). This is additionally important in terms of budgetary strengthening for children in that it understands such assistance as an investment in Yemen’s own future at the same time as better ensuring the fulfilment of key aspects of children’s rights.

This chapter starts with an overview of poverty and children, including reference to deprivation and inequity, before discussing the role of social protection interventions as an effective response, especially concerning children most affected by poverty. Finally, attention is given to cash transfers as a form of social protection, with general reference to global experience and Yemen’s own important and evolving record in this area. This chapter is thus a child-focused extension of the discussion in Chapter 3.2, which noted the limited character of economic modelling on poverty responses in Yemen, the weak track record of economic measures effectively trickling down to poor households and the policy-related risks of a failure to ensure that the benefits of economic growth are equitably distributed.



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Table 5.1: Key equity-focused observations on challenges and priorities for action (poverty)

<p>Selected indicators</p> <ul style="list-style-type: none"> National poverty rate of 54 per cent (42) (2011 per cent urban, 59 per cent rural), the highest in MENA. High rate of household deprivation (54 per cent) indicates weak impact of support services on poor families. SWF coverage has increased to reach 30 per cent of households across Yemen, but remains inadequate to meet all eligible poor households. Poor targeting (both inclusion and exclusion errors) acts to also preclude many poor households. Many of the poorest children are still under-represented in SWF cash transfers. 								
<p>Equity determinants</p> <table border="0"> <thead> <tr> <th><u>Enabling environment</u></th> <th><u>Demand for services</u></th> <th><u>Service supply & quality</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Widespread poverty especially impacts children, and is exacerbated by high fertility rates Yemen's poverty profile means that many poor households are vulnerable to extreme poverty in a downturn, but able to be lifted out of poverty with improved responses Social protection in the form of cash transfers is a key response </td> <td> <ul style="list-style-type: none"> Scope for better rationalizing current funds may improve efficiency, targeting and beneficiary access Poor birth registration rates hamper the eligibility process Untapped potential to extend conditional cash transfers into other areas of child well-being Very weak access to basic social protection services within populations impacted by the humanitarian crisis </td> <td> <ul style="list-style-type: none"> Problems with targeting to the extreme poor (stronger targeting to the poor) Many beneficiaries do not meet eligibility criteria, largely due to local political interference Cash transfers need to be paid to women/mothers Girls need special targeting to overcome traditional inequitable treatment </td> </tr> </tbody> </table>			<u>Enabling environment</u>	<u>Demand for services</u>	<u>Service supply & quality</u>	<ul style="list-style-type: none"> Widespread poverty especially impacts children, and is exacerbated by high fertility rates Yemen's poverty profile means that many poor households are vulnerable to extreme poverty in a downturn, but able to be lifted out of poverty with improved responses Social protection in the form of cash transfers is a key response 	<ul style="list-style-type: none"> Scope for better rationalizing current funds may improve efficiency, targeting and beneficiary access Poor birth registration rates hamper the eligibility process Untapped potential to extend conditional cash transfers into other areas of child well-being Very weak access to basic social protection services within populations impacted by the humanitarian crisis 	<ul style="list-style-type: none"> Problems with targeting to the extreme poor (stronger targeting to the poor) Many beneficiaries do not meet eligibility criteria, largely due to local political interference Cash transfers need to be paid to women/mothers Girls need special targeting to overcome traditional inequitable treatment
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<p>Priority responses</p> <ul style="list-style-type: none"> Cash transfers are a major means of lifting households out of poverty. Improved targeting would yield substantial cost-efficiencies and benefits to poorer households. Conditional cash transfers are especially beneficial to children's health and development. Targeting payments on the basis of household poverty and children's needs enables improved outcomes and administratively less complex procedures than the current range of criteria. 								
<p>Notes: Selected indicators and priority responses are primarily derived from this chapter. Equity determinants are mainly informed by the nationwide consultative workshops held as part of the preparation of this report (see Chapter 1).</p>								

Children are more greatly impacted by poverty, and the effects of poverty are usefully understood in terms of the incidence and breadth of different areas of deprivation. The improving evidence base says that one or both of two particular responses are demonstrating policy efficiency: the improvement of access to and affordability of specific services (which intensity of deprivation indicators suggest is not a strong feature in Yemen); and a national system of household cash transfers. Evidence also points to the effectiveness of targeting such transfers to women within households and to harnessing those transfers to child-related deprivations. However, on the latter point, it is also apparent that unconditional cash transfers – payments that are not confined to specific

purposes – are efficient on the basis of reduced administrative overheads alongside household decision-making that is in the child's interests.

UNICEF and the World Bank have recently established a common ground in developing social protection systems, including as a means of strengthening donor coordination. This views social protection as capable of serving as an effective catalyst for a range of multisector investments needed to address children's multiple needs, including investments in child protection, education, cognitive development, nutrition and health (World Bank & UNICEF, 2013, pp ii-iii). Consistent with earlier discussion, the authors note

that investing in children's social protection

makes sense not only from a rights perspective, but also from an economic and human development perspective. There are high rates of return to investing in child development and protection and high costs associated with failing to make these investments (ibid, p. 7).

All key national development reports in Yemen make reference to the central role of a social protection mechanism as a key development intervention, in terms of its role as a direct response to poverty. The 2007 Poverty Assessment Report noted that social protection payments and transfers are increasingly important in addressing poverty, even though there was a need for improved targeting given leakages to the non-poor (GoY, World Bank & UNDP, 2007, pp 15-16). The TPSD includes the expansion of social protection as one of its six medium-term priorities; this comprises five components, including "expand cash transfers through Social Welfare Fund to assist poorest groups" (MoPIC, 2012, p. 21).

The SWF is already an important component of incomes for 30 per cent of households across Yemen, despite the need for SWF to improve targeting to tackle inclusion and exclusion errors. In fact, SWF in Yemen is more of a conventional pension and disability fund, in that 63 per cent of beneficiaries are elderly and people with disabilities (MoPIC et al, 2013, Table SW.2). Children within the poorest households are still vulnerable to exclusion, due to poor targeting and the need to raise transfer rates. Current SWF cash transfers are far from being adequate to ensure that poor and vulnerable children realize their rights to protection, health, and education. The NSPMS suggests that the most effective method to reduce SWF exclusion error is to target children in the poorest quintiles.

A TPSD-based expansion is an opportunity to also strengthen such targeting, especially to households with children in need. In its report on its mission to Yemen in 2012, the IMF urged "broadening the social safety net and increasing compensation for the poor through well-targeted cash transfers" (IMF, 2012, p. 2).

The World Bank cites the common problem of fragmentation across ministries and donors in social protection programmes at country level (World Bank & UNICEF, 2013, p. 2). Yemen's current system comprises three primary mechanisms that are being well coordinated, even if administrative and financial difficulties persist. This provides good opportunities for minimizing fragmentation and optimizing administrative efficiencies and results-based effectiveness.

According to UNICEF, cash transfers are a key component of a range of measures required for the social protection of children (alongside, for example, comprehensive legal and social protection frameworks and measures that focus on especially vulnerable children and early childhood care). These transfers are aimed at combating poverty and demonstrate immediate benefits in such areas as improved food security, dietary diversity and nutritional status, as well as increased investments in the child's education, empowerment of poor households through greater freedom of choice and reduced stigma, and as an effective safety net instrument in emergencies (UNICEF, 2008, pp 23-29). These observations are also true for Yemen.

5.2 Children, poverty and deprivation in Yemen

The most recent (2011) estimates of poverty in Yemen are of 54 per cent nationally (42 per cent urban and 59 per cent rural) (JSEA, p. 12). Thirty-five per cent of the Yemeni population were living below the national poverty line in 2005-2006 (Household Budget Survey), with poverty more widespread and persistent in rural areas. The rate is estimated to have increased to 43 per cent in 2009.³⁸ The 2011 crisis added additional sizeable burdens on poor and vulnerable households due to the sharp increase in food and fuel prices and interruptions to electricity and public water supplies. By 2011, the national poverty rate was estimated to be 54.4 per cent (ibid, p. 10).

³⁸ This is an estimate based on the 200506-2006 data; see International Food Policy Research Institute (2010), Assessing Food Security in Yemen: An Innovative Integrated, Cross-Sector, and Multilevel Approach, IFPRI Discussion Paper 00982, Table 9.

The consequences are especially critical for children. Unsurprisingly, poverty disproportionately impacts larger families, which generally means those with more children. This is a function of low rates of education that are linked to high rates of fertility and poorer economic prospects that see higher household dependency in terms of the proportion of children to income earners. Three notable trends in poverty for the period 1997 to 2005 are that the “very poor” benefited more than did the “average poor” from that period of economic growth; and poor urban households benefited at five times the rate than poor rural households; and there was an increase in income inequality (GoY, World Bank & UNDP, 2007, para 1.16). This appears to have impacted children in the poorest quintile, as evidenced by their 5-per-cent decline in school enrolment even as the overall rate underwent a “rapid surge” (ibid, para 10).

An important more recent global development in poverty measurement has been the adoption

of a multidimensional indicator, notably, the MPI. Central to that approach to poverty measurement is the understanding that income poverty manifests itself through a number of areas of deprivations. The MPI measures poverty across 10 indicators within three dimensions:

- education: years of schooling and school attendance;
- health: child mortality and nutrition; and
- living standards: electricity, sanitation, drinking water, household floor, cooking fuel, and assets.

This is of particular importance for children, in that all composite data directly impact them, either in terms of household standards or child-specific factors. However, this also supports an important policy shift in that it reflects the growing evidence base about relevant poverty responses being more explicitly directed to the poverty-affected households rather than to much more indirect economic interventions. This is not to question any possible effectiveness of the latter in national development, but it is to

acknowledge that such interventions have rarely been efficient means of addressing poverty or inequality. This has been a lesson learned at the expense of many poor households around the world either bypassed or further weakened by structural adjustment interventions, national economic reforms or foreign investment decision-making.

Figure 5.1 plots data for 10 MENA States on multidimensional poverty against related data on the intensity of deprivation across those components. Consistent with discussion in Chapter 3.1 about Yemen’s economic situation comparable to other Arab States, it is unsurprising that Yemen’s poverty rate (x-axis) is so much higher than that of other MENA countries. However, the similarly higher intensity of deprivation is of great concern – the other States have a lower rate of deprivation than the corresponding poverty rate, which suggests that children’s services and quality of life in those countries are somewhat improved for poorer households. However in Yemen, the

intensity of deprivation, at 53.9 per cent, is even slightly higher than the 52.5 per cent rate for multidimensional poverty. This warrants three observations with respect to Yemen:

- poor households – and especially children – seem to be being failed by support services and social or economic interventions;
- with poverty being higher in rural areas, where women’s access to services and transport is very poor, many children must be extremely vulnerable; and
- the MPI-related data for Yemen omit one indicator of deprivation – child nutrition – that likely suggests that the situation in Yemen is even worse than indicated.

Comparative indicators of Yemen’s extent of coverage of households with services were provided in the 2010 Human Development Report. Table 5.2 shows that Yemen has a low-level enabling environment across most indicators that are, in many cases, not remarkable for low human development countries due to so

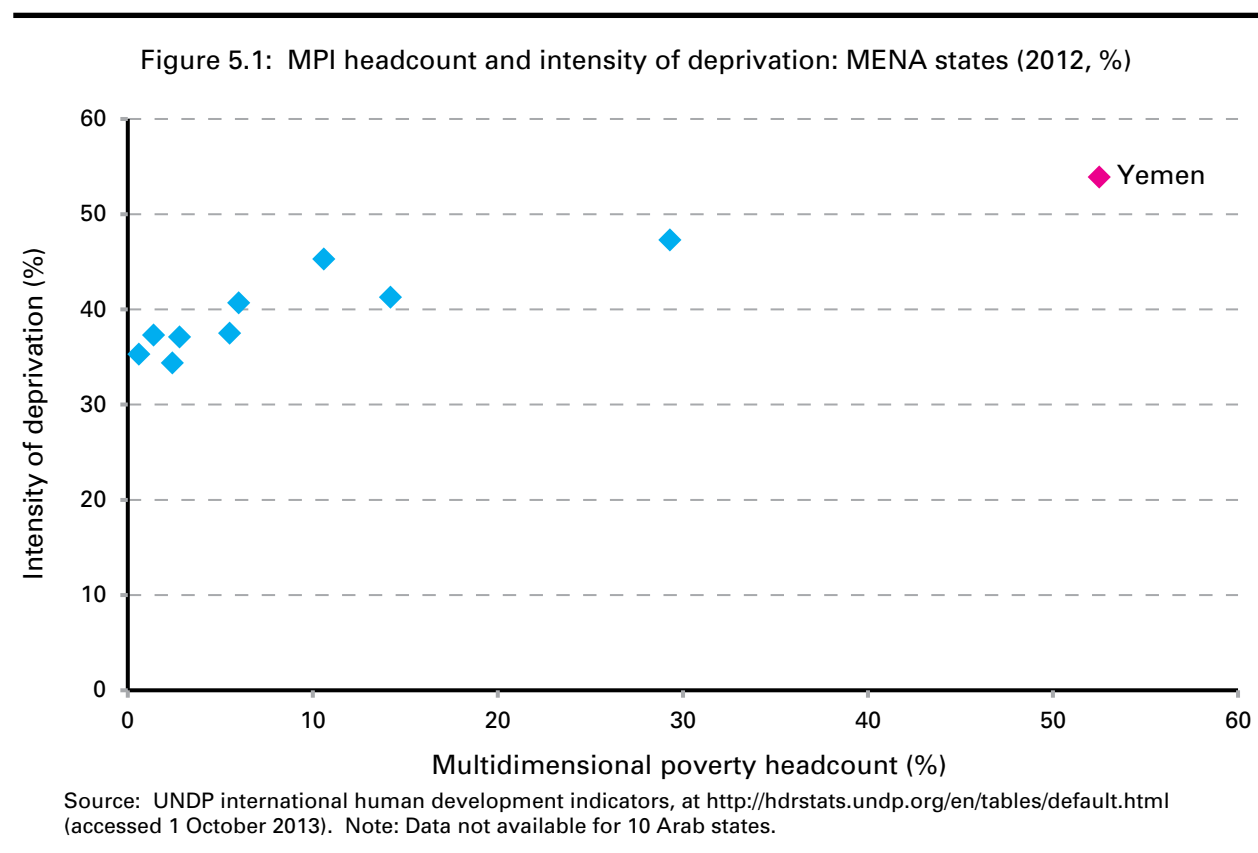


Table 5.2: Comparative indicators of access to services in Yemen

Indicator	Year ¹	Low human development countries		
		Yemen	Yemen's rank ²	Range
Health				
Per capita spent on health (\$)	2007	104	=5 / 42	17—131
Physicians per 10,000 people	2000-09	3	=3 / 41	<0.5—4
Hospital beds per 10,000 people	2000-09	7	=21 / 40	3—50
Access to information and communication technology				
Phones per 100 people	2008	21	23 / 40	2—73
Population coverage by mobile network (%)	2008	68	18 / 38	10—100
Internet users per 100 people	2008	1.6	=27 / 41	0.2—15.9
Personal computers per 100 people	2006-08	2.8	6 / 19	0.3—10.7
Mobile phone connection charge (\$)	2006-08	6.0	18 / 30	0.0—84.4
Fixed line connection charge (\$)	2006-08	85.1	28 / 34	0.0—215.7
Cost for 3 min local fixed line phone call (\$)	2006-08	1	=1 / 32	1—70
Population without electricity (%)	2008	62.0	8 / 27	47.1—91.9

Notes:

1. Multiple years means the latest year data are available within that range.
2. Ordered from 1st rank being the ‘best’ performing country.

Source: UNDP (2010), Tables 14, 16 and 17.

many other countries having even poorer rates.

One mitigating factor in this regard is that Yemen has a more dispersed and non-urban population than many of the other countries, so that it also has weaker economies of scale in delivering such services and amenities. But it also is likely that a continuing insecure environment is an impediment to improving service coverage, given sporadic attacks on public infrastructure by various tribal or non-State entities and associated weak incentives for foreign investment.

Figure 5.2 shows the extent of deprivation for each indicator of the MPI for Yemen.

Figure 5.2 shows that most deprivations are significant, with child mortality, school attendance, and access to drinking water and electricity as primary concerns – again, noting the absence of nutrition data for Yemen. The

MPI uses 2006 data from the multiple indicator cluster survey (MICS) that predate further considerable shocks associated with the global financial crisis, global food price increases, regional crises and human movements and the 2011 unrest and changes.

Globally, UNICEF is currently directing attention to the development of a multidimensional tool (multiple overlapping deprivation analysis (MODA)) for analysing child deprivation that extends the work that gave rise to the MPI.³⁹ Primary changes with MODA are that it is child- rather than household-based, and that it separately analyses the situations of 0<5- and 5<18-year-old children due to different primary deprivation risks. Where country databases are strong enough, it also enables comparative analyses by, for example, sex, ethnicity and subnational levels. Provided that the Central Statistical Organisation is able to derive the necessary data that permits this

degree of disaggregation in accordance with the inventory of core deprivations, MODA may afford GoY and UNICEF a useful basis of analysis for strengthening child-focused and equity-based planning and monitoring. Of course, the strength of different multiple deprivations does not reveal causal factors for the identification of policy interventions – or even that multiple deprivations are functionally connected – but it does indicate the priority areas needing strategic focus in policy reform and service planning.

5.3 Social protection as a child-relevant, rights-based response to poverty and inequity

Social protection as a policy concept and action framework has gained significant traction over the past decade or so, especially since the end of the Cold War permitted less resistance to interventionist and even redistributive planning approaches. Populations suffering poverty and its consequences in terms of exclusion or inequity have therefore moved from being the collateral damage of structural adjustment to being legitimate rights holders. Social protection has afforded a means of responding to such rights in ways that also represent sound national investments in human development. Accordingly, social protection mechanisms may be understood as affording human development measures with the rights-based dimension that has often been absent from such national blueprints.

The Convention on the Rights of the Child requires Governments to “recognize for every child the right to benefit from social security” (Article 26). Further, it guarantees all children the right to “a standard of living adequate for the child’s physical, mental, spiritual, moral and social development”, with the State having the duty to take such measures to ensure the associated capacity of the child’s parents or guardians, including “material assistance and support programmes” (Article 27). Accordingly, UNICEF defines social protection as follows:

Social protection is the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. Social protection



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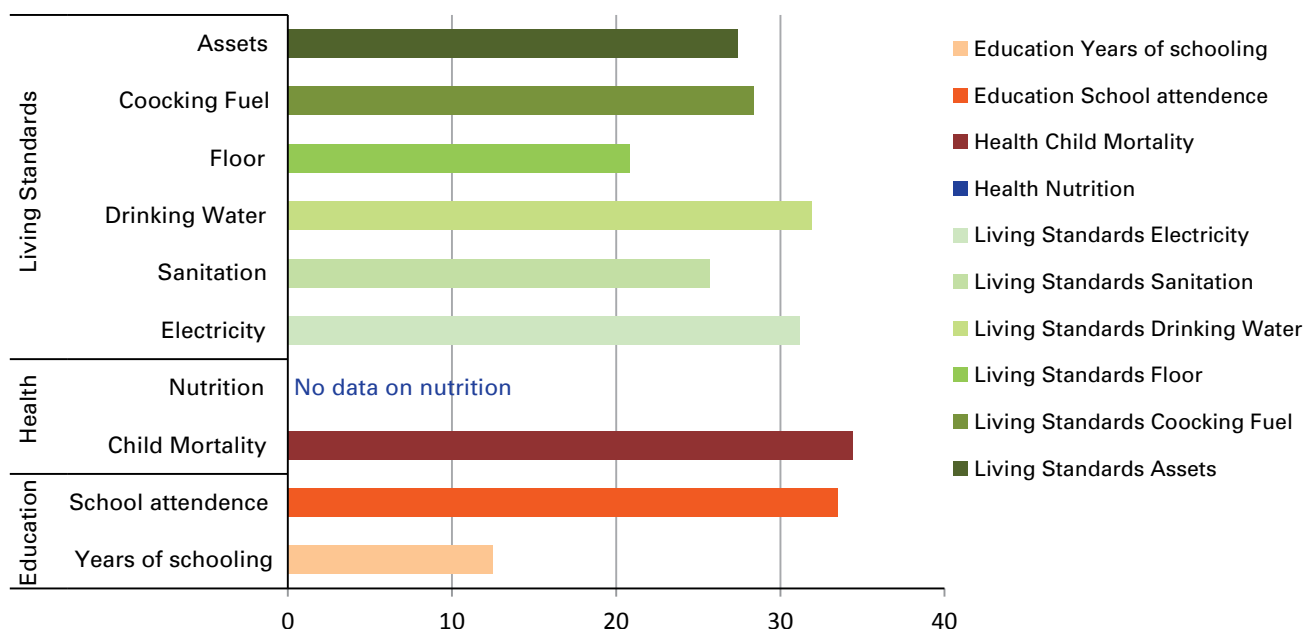
is essential to UNICEF’s commitment to the realization of the rights of children, women and families to an adequate standard of living and essential services (UNICEF, 2012a, p. 24).

It has emphasized that linkage between development and human rights as well as the particular relevance of social protection to children.

While it is important to appreciate progress, it is unacceptable that poor and marginalized populations are being left behind. UNICEF is therefore advocating for an equity-focused approach to the realization of children’s rights that promotes interventions to reduce and eliminate unfair and avoidable circumstances that deprive groups, particularly children, of their rights. This means understanding and addressing the underlying causes of inequality and ensuring equal access to resources and services: education, health care, sanitation, clean water and protection. ... As such, social protection is a strategic and essential tool in helping children and their families fulfil their rights and in expanding their opportunities to reach their full potential (ibid, pp 16 & 18).

Social protection mechanisms take different forms across different countries, which are ideally determined on the basis of national conditions and priorities. For Yemen, the

Figure 5.2: Percentage of the population who are MPI-poor and deprived in each indicator



Source: Oxford Poverty and Human Development Initiative (2013), ‘Yemen Country Briefing’, available at <http://www.ophi.org.uk/multidimensional-poverty-index/mpi-country-briefings/> (accessed 1 October 2013)

³⁹ For an overview of MODA, see <http://www.unicef-irc.org/MODA/>.

evidence favours a combination of qualitative and quantitative improvements in key services via forms of in-kind transfers (as indicated by Figure 5.1) and of direct payments to poor households that are directly linked to child-related benefits (conditional cash transfers) (see Table 5.3).

The provision of in-kind transfers assumes wider capacity-building across sector-based services that is the primary focus of the following chapters, without which social protection interventions run the risk of merely compensating for weak public services and of encouraging dependency. With respect to strengthening services – especially in areas of health and education – there is merit for Yemen under current sociopolitical conditions

to consider the inclusion of community-based targeting that aims to build community participation and ownership (such as has proved successful within some countries in sub-Saharan Africa) (ibid, p. 30). This may complement and assist new constitutional provisions for regional or local engagement.

Of course, with a cumulative body of experience across many countries and increasing policy approval for social protection mechanisms, there is also a risk of overreach – of trying to build too many complexities and ambitious goals into a national social protection framework. It is therefore preferable to pursue an approach that seeks to incrementally reform and strengthen

Table 5.3: A comparison of cash versus non-cash transfers

Area/Issue	In-kind transfers	Cash transfers
Types/examples	<ul style="list-style-type: none"> School feeding programmes; provision of nutritional supplements 	<ul style="list-style-type: none"> Birth grants; universal child allowances; conditional cash transfers; maternal and parental benefits; housing allowances; unemployment benefits
Impacts on childhood poverty and vulnerability	<ul style="list-style-type: none"> Decrease vulnerabilities to health-related deprivations such as malnutrition and preventable diseases 	<ul style="list-style-type: none"> Increase family's monetary income; raise consumption levels and patterns Promote accumulation of human capital Bargaining power of household members – mainly women – may be increased
Advantages	<ul style="list-style-type: none"> Guarantee the consumption/use of key goods and services (e.g., nutrition supplements) 	<ul style="list-style-type: none"> Beneficiaries are free to use transfers to meet their priorities Likely to have positive effects on local economies Cash transfers are likely to have lower transport and logistics costs
Disadvantages	<ul style="list-style-type: none"> May introduce distortions in economy Impose a specific kind of consumption on the poor 	<ul style="list-style-type: none"> Impact may be undermined if money is not managed efficiently by families or due to inflation Targeting may be a challenge in some settings and circumstances

Source: UNICEF, 2012a, Table 4.

the existing combination of measures currently in place in Yemen.

The three main components of Yemen's public social protection system are the SWF and Public Works Project, both introduced in 1998 and the Social Fund for Development (SFD), introduced in 1997.

The Public Works Project is a short-term job creation programme that funds the construction of public infrastructure and stimulates local industries. SFD has a wider geographical scope and offers a more proactive response to poverty and unemployment by providing more diversified and potentially durable responses. In addition to labour-intensive works projects that include community-based cash-for-work components at both urban and rural levels, it supports small and micro enterprise development and the linking of jobs projects to social outcomes in such areas as schooling, nutrition, social harmonization, health services and water access. The Public Works Project and SFD are responsive to the conditions of local areas in greatest need and are strong mechanisms for donor support, but are equally dependent upon such support for their viability.

SWF was established by law in 1998 as a government response to alleviating food subsidies. It is the only public cash transfer mechanism in Yemen and is primarily funded by the Government. In principle, SWF aims to support eligible beneficiaries for two years in the case of economic category beneficiaries (women without a breadwinner in the household, and unemployed working-age males); and for five years in the case of social category beneficiaries (working-age people with a disability, orphaned children and elderly people). Beyond that period, eligibility needs to be reassessed.

A strong social protection system not only targets interventions to regions and communities in greatest need, but also to individuals and households in greatest need. This is consistent with the accumulating evidence of poverty interventions referred to above and is the function of the SWF, especially as complemented since 2010 with the

introduction of child-focused conditional cash transfers. Those transfers afford Yemen with a primary mechanism for directly addressing household poverty and deprivation in an efficient and effective manner.

5.4 Child-focused cash transfers⁴⁰

SWF's main objectives are to ensure financial assistance to poor and unemployed persons, to assist those seeking work in their labour market entry or re-entry, and to lift children out of intergenerational household poverty. By 2011 – when the Fund's coverage was increased by about 50 per cent – the SWF budget was YR60 billion, approximately 0.65 per cent of GDP, and provided quarterly cash transfers of YR 2,000-4,000 per month to eligible households. In 2012, 6.1 million persons (29 per cent of the population) were beneficiaries across all 21 governorates, with women being the main beneficiary in 44 per cent of cases (29 per cent of beneficiaries are women without a male breadwinner) (MoPIC et al, 2013, Table SW.2). Additional components include beneficiary exemptions for health and education services and support for microfinance and income-generating activities.

Supplementary conditional cash transfer provisions were adopted in 2010, linked to the situation of children. At present, these aim to sustain school enrolments for 50,000 children over a pilot period of two school years (supported by the European Union).

A 2008 survey of SWF led to the adoption of improved targeting provisions and a comprehensive recertification process. The data revealed that 273,000 of the 1.5 million beneficiary cases came within categories E and F and were eligible for graduation. However, the Government regarded their removal as too politically sensitive. This problem was further delayed by the 2011 crisis, although the 2010 adoption of the Social Welfare By-Law provides remediating measures. The NSPMS data for the fourth quarter of 2012 reveal continuing problems in this regard. Those data revealed that SWF beneficiaries are not overrepresented

⁴⁰ This section draws upon the JSEA (Sections 3.3 & 4.1.2) and MoPIC et al, 2013 (Chapter 3).

in the poorest quintile – as only 20 per cent of cases are in the poorest quintile; -- but are more present in the second, middle and fourth quintiles (JSEA, p. 62-64).

Despite the inclusion and exclusion errors related to SWF targeting, statistical analysis of NSPMS data demonstrates that there was a positive association between being SWF beneficiaries and wealth quintiles.⁴¹ This confirms that SWF is slightly targeted towards the poor.

Current challenges are:

- increased demand since 2012 due to the post-crisis downturn;
- scope for strengthening SWF accountability and monitoring;
- absence of a complaints and grievances process;
- merit of improved options for transferring payments to beneficiaries;
- need to raise payment rates;
- administrative difficulties in establishing beneficiary eligibility;
- high prices of goods and basic services;
- high fertility and large families;
- limited resources of SWF.

“The challenge for SWF is to continue its expansion with clearer targeting criteria and to graduate those who do not qualify for the programme” (ibid, p. 47). NSPMS concludes that the current various eligibility criteria could be usefully replaced by a measure of poverty, for which children under 15 years of age within a household would be a useful measure. This is especially the case given current data indicating that such children comprise 51 per cent of the poorest quintile but just 22 per cent of such children are in SWF beneficiary households (ibid).

Eligibility requires a renewed registration card and is hampered by poor rates of official identification documentation of Yemeni citizens, commencing with low levels of birth registration (see Chapter 10.2.1). A risk factor in weak targeting has been an alternative reliance upon certification of eligibility via community leaders, which is reported to enable SWF to “be

used as a political tool” (ibid, p. 76).

In terms of good public policy, it is likely that continued improvements in the administration of the system is a prerequisite for expanding national coverage or rates of cash payments. The rapid implementation of a comprehensive birth registration system would yield substantial administrative savings in determining eligibility (apart from so many similar cost savings and efficiencies across other areas of public service). The system of conditional cash transfers for children has sound capacity not only to strengthen impact within current health and education outcomes but to also extend into other areas of children’s rights (for example, JSEA reports actions with regard to WASH).

Despite shortcomings and challenges, the combined system of the SWF and conditional cash transfers, with their focus on the development and well-being of children, is a primary means of tackling poverty. However, the evidence of the investment value of such transfers – including in terms of minimizing risks of dependency – is largely qualitative, and more quantitative research appears to be merited. This should examine the sustainability of the system (including phased increases in domestic shares of resourcing) as well as the degree of any associated dependency (to the extent that the investment value is limited). Reference was made in Chapter 3.2 to the modelling of poverty trends through 2020 under different economic responses (ibid, p. 170). It would appear to be an even more relevant and useful exercise – including in supporting donor dialogue and in accelerating administrative reforms – to similarly model the poverty reduction impact of SWF and cash payments under current and preferred scenarios.

This is merited for two reasons. Firstly, the expansion of cash transfers through the SWF is an important measure towards achieving the TPSD’s third medium-term priority (expand social protection). Secondly, the SWF already comprises a significant source of household income, with 30 per cent of households having at least one recipient (32.6 per cent in urban areas and 36.2 per cent in rural areas)

(International Poverty Centre for Inclusive-Growth, 2013, Table 6.11). This emphasizes both the direct relevance of SWF to so many households and the consequential importance of careful targeting provisions, especially in improved coverage of children in need and in achieving that TPSD priority area.

Stronger progress towards an efficiently administered and targeted national cash transfer scheme enables the conditions under which development and donor partners may channel such financial resources. This also provides an effective framework for further reform that may be indicated by demonstrably effective conditional transfers for various child-focused outcomes, as well as for a growing array of similar but small-scale schemes targeted to humanitarian purposes.

5.4.1 Social transfers in emergency settings

In view of the magnitude and impact of the humanitarian situation on many affected families, a range of small-scale and pilot cash transfer, food distribution or voucher-based projects have emerged in Yemen. These are not public social protection initiatives, but do reach comparatively small numbers of highly vulnerable children and give rise to a number of lessons that are emerging from current experience. The following is drawn from presentations to an April 2013 workshop in Sana’a (‘Sharing Experiences on Social Transfers Implementation Modalities’). Forms

of localized social transfers in humanitarian settings include nutrition-focused conditional cash transfers planned to start in Al-Hodeidah governorate (focusing on children under two years of age and pregnant women); an unconditional cash transfer emergency food programme, also in Al-Hodeidah governorate; a conditional cash transfer emergency food programme in Hajjah governorate (an approach that integrates malnutrition and livelihood recovery responses); a food voucher-based conditional cash transfer in conflict areas (using community-based targeting); and an education-focused conditional cash transfer pilot in Taiz governorate (with monitoring triangulated with attendance records and Ministry examination results).

These have primarily originated within international NGOs or through United Nations emergency programmes, mainly in response to the 2011 crisis. From those workshop presentations, the lessons learned appear to be that where there is demand, there is capacity for a rapid scale-up on expanded or diversified cash transfer responses that also serve to promote household choice and to empower decision-making on livelihoods. Some interventions have the capacity to improve the development of appropriate exit strategies in emergency situations. In some settings, cash generally is preferred to food which is in turn preferred to vouchers, as it enables improved diversity in food intake and provides stronger benefits to local food production, but experience in this regard varies.

⁴¹ Pearson’s X² test, adjusted with Rao-Scott corrections.

6. Health

6.1 Health summary

The life and survival of the child, surely the most fundamental of indivisible human rights, is integrally linked to the health of the child. Although the national Constitution is silent on the right to life and survival, it commits itself to such guarantees within international law. However, the Arab Charter on Human Rights states that, "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life" (Article 5). The Constitution provides that health care is a right for all and commits Yemen to the expansion of free health services (Article 55).

As described in Chapter 3.3.1, life expectancy is the primary global proxy indicator of national health status. Figure 6.1 shows trend data for Yemen, alongside average data for the least developed countries and for Arab States, both of which include Yemen. The three main

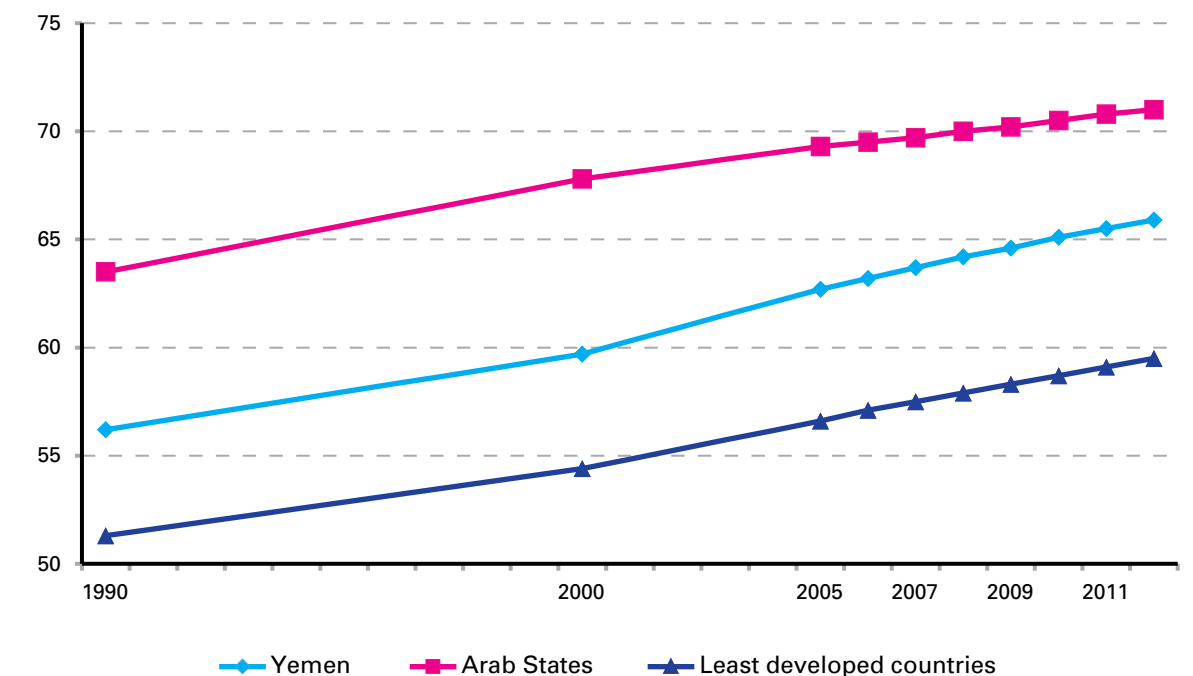
observations are that Yemen's life expectancy is below the former and above the latter State groupings; the trends are positive (improving); and there is an indication that Yemen has been trending since 2000 more towards the higher Arab States rate. The latter observation is even more notable in view of levels of migrant and refugee populations over that period.

commodity prices. The objective of the health sector review was to redesign and update the national health strategies and policies on a basis that consider future trends and directions of the health priorities on the national and international levels, assuring a national health system improvement to be capable of providing comprehensive, effective, and safe health services that take quality, equity and equality principles and criteria into account, ensuring sustainability requirements, and meeting expectations of various beneficiaries sectors. (MoPHP, 2008, p. 10)



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Figure 6.1: Trends in life expectancy, in years (1990-2012)



Source: UNDP human development database, at <http://hdrstats.undp.org/en/tables/> (accessed 1 September 2013). The absence of a data point indicates absence of data.

If the trends appear to be positive, the challenges are multiple, serious and urgent. They require an effective health management system. Yemen is faced with considerable challenges in establishing and maintaining a national health service. The momentum initiated by MoPHP in 2008 through the first phase of its Joint Health Sector Review enabled the preparation and adoption of a national health strategy, but it – like all public services across the country – suffered a setback in 2011 with the civil unrest and conflict as well as the effects of global contraction and rising commodity prices. The objective of the health sector review was

to redesign and update the national health strategies and policies on a basis that consider future trends and directions of the health priorities on the national and international levels, assuring a national health system improvement to be capable of providing comprehensive, effective, and safe health services that take quality, equity and equality principles and criteria into account, ensuring sustainability requirements, and meeting expectations of various beneficiaries sectors (MoPHP, 2008, p. 10).

Box 6.1: Fourth 5-Year Health Development and Poverty Alleviation Plan 2011-2015 (part 1)

- General Objective 1: Reduce morbidity and mortality rate among mothers, children and newborns
7. Increase use of family planning modern devices by 40 per cent
 8. Reduce MMR to 135 per 100, 000 live births and NMR to 20 per 1,000 live births by 2015
 9. Mainstream gender issues in the health system policies and strategies
 10. Reduce the infant mortality and morbidity rate to 36 per 1,000 live births and U5MR to 42 per 1,000 live births
 11. Improve health and medical services for children and adolescents
 12. Promote school health programmes
- General Objective 2: Reduce incidence of infectious and non-infectious diseases
11. Reduce deaths caused by malaria to 1 per cent of registered cases
 12. Reduce HIV prevalence to less than 0.2 per cent
 13. Reduce incidence of tuberculosis in the society
 14. Reduce bilharzias infection
 15. Epidemiological disease control
 16. Enhance health services with health quarantines
 17. Reduce the incidence of eye diseases in society, particularly cataract cases
 18. Eliminate leprosy as a social health problem
 19. Strengthen and improve environmental and occupational health
 20. Reduce rabies mortality
- General Objective 3: Raise Efficiency of Treatment Services
12. Ensure safety of blood tests and services as well as blood derivatives
 13. Develop existing central labs and laboratories in large and medium-size hospitals in the capital and provinces
 14. Easy access to diagnostic services (X-ray, ultrasound, CT, MRI)
 15. Extend and improve quality of emergency health services
 16. Reduce morbidity and mortality by casualties and violence
 17. Promote psychological health services and addiction cases
 18. Reduce the morbidity and casualties through medical camps
 19. Treat diseases caused by cancer and tumours
 20. Extend services provided by specialized cardiovascular treatment centres
 21. Extend services by specialized centres on nephrology and urinary system treatment
 22. Improve delivery of health and medical services at hospitals

- General Objective 4: Extend health services and raise health awareness
3. Extend basic health services coverage from 68 to 75 per cent and improve service quality
 4. Raise health awareness among community members over population and health issues

- General Objective 5: Promote the health system performance (institution- building)
10. Promote and constantly update the health system institutional capacities
 11. Support independent hospitals including authorities
 12. Secure necessary skills to assist service delivery
 13. Activate and update the health information system
 14. Provide medicine and health technology
 15. Develop and activate the social health insurance system
 16. Promote community role in managing and financing of health services
 17. Improve quality of health services, ensure patient safety and provide full set of health services
 18. Develop and activate administrative, financial and technical performance.

Source: MoPHP, 2011, p. 10

The National Health Strategy was adopted in 2010 for the period 2010-2025. It has been supplemented by the Fourth Five-Year Health Development and Poverty Alleviation Plan 2011-2015 (see Box 6.1), along with various health sector-specific strategies that include the National Neonatal Strategy 2011-2015, the Reproductive Health Strategy 2011-2015 and the National Strategic Framework to Combat HIV and AIDS 2009-2015. The considerable changes since 2011 emphasize the challenges facing public agencies such as MoPHP in the implementation of these important plans and policies.

- Yemen's health system comprises four tiers:
- specialized central hospitals;
 - district and governorate inpatient facilities that include diagnostic and curative services;
 - a nationwide system of community-level health centres;
 - health units and outreach services that improve local access.

Presently there are 4,162 health utilities in Yemen: two referring hospitals; 54 general hospitals' 185 district hospitals; 873 health centres; 3,007 health units; and 41 health complexes (MoPHP 2013). They are ostensibly staffed with physicians and paramedics who cater to the needs of the entire country, but who effectively reach a mere estimated 64 per cent of the population. A number of health centres are closed due to lack of doctors or equipment.

The JSEA describes the current situation as follows:

[Health] centers, which are often understaffed and under-resourced, especially in rural and remote areas, consistently rely on humanitarian agencies and charitable organizations for the continued provision of services. Many factors contributed to the substantial increase in the number, magnitude and impact of communicable and vaccine preventable disease outbreaks, including: the disruption of social services including water and sanitation; limited vaccination coverage due to lack of access as well as disruptions to the cold chain; and high food and fuel prices. In addition to Government Health Centres, Yemen possesses a number of Private Health Facilities, though assessments are needed to determine how many of these meet basic service capacity standards. Even before the crisis, the 2010 baseline of utilization of these centers reflected a stark inequality of per capita outpatient rates, ranging from 0.58 to 2.7 contacts per year depending on the geographic area in the country. While 0.58 is quite low, the rate of 2.7 is quite high compared to other crisis countries. Exact data for service utilization specifically for hospital service utilization is either absent or unreliable, though estimates put the range at less

than 15 and less than seven clients a day respectively. (JSEA, pp 86-87)

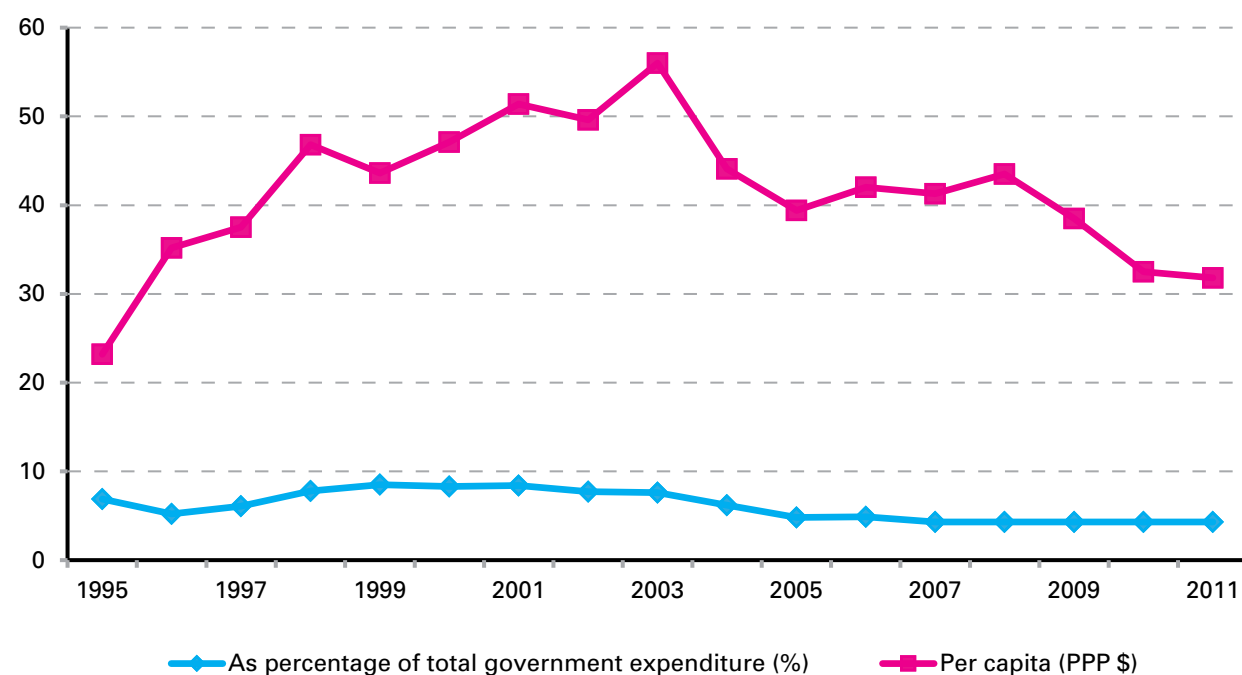
The multiple and interconnected nature of so many constraints in the health sector was illustrated in the wake of the 2011 conflicts. This emphasizes the complexity of tackling supply and quality issues but the necessity of doing so.

The lack of adequate trained staff across the country, insufficient funding, high turnover of human resources, and lack of medicine, electricity, fuel, compounded with the outbreak of epidemics such as measles, malaria, and water-borne diseases/cholera and general lack of coordination and guidance pushed the already weak health system beyond its limit. In addition to these challenges, the doubling of costs of commodities negatively impacted the sector's ability to provide adequate services and coverage to a population that increasingly could not afford even that which was available. (JSEA, p. 87)

The impact of disruptions to electricity supplies continues to be a major concern even compared to the post-2011 situation. The JSEA reports that, for Yemeni enterprises, electricity supply problems rank second only to corruption as a major constraint, and electricity subsidization policy acts to increase inequitable outcomes for households (ibid, pp 130 & 173). In its view, electricity supply is "even more of a problem today due to repeated and extended power outages and increased power shedding in urban areas" (ibid, p. 174). This continues in particular to impose a large cost on the quality of health and education services for children, especially when combined with poor generator back-up facilities and associated problems with fuel supplies.

As GoY has noted, budgetary data are limited. The WHO provides annual data for government expenditure on health (Figure 6.2). This shows a decline since around 2003 on a per-capita basis and a halving of health's share of government outlays from 8.5 per cent in 1999 to 4.3 per cent since 2007.

Figure 6.2: Government expenditure on health, 1995-2011



Source: WHO online database, via <http://apps.who.int/gho/data/node.main.74?lang=en> (accessed 1 September 2013).

This is a very low allocation, compared, for example, with the African Union's continental health strategy target of at least 15 per cent of public government expenditure to health. And it is, additionally vulnerable given comparatively high dependency upon external sources and ODA. The share of total health expenditure from external resources grew from 1 per cent in 1995 to 9.2 per cent by 2004 and had declined to 4.2 per cent by 2011. ODA disbursements to Yemen rose from \$17.9 million in 2000 to \$63.2 million in 2010 (in constant 2009 terms).⁴² Furthermore, there are concerns about the allocation of public budgets and substantial reliance on private household spending. The health budget has been characterized as "an imbalanced allocation of government funds with excessive spending for investment purposes and highly insufficient budgets and expenditures for recurrent costs" (Holst & Gericke, 2012, p. 201).

At least one half of total health expenditure is private out-of-pocket spending, with almost half of that being for treatment outside of the country (ibid). Yemen's health budget situation is one of marked underinvestment in its population underpinned by the insecurities of external dependency and over-reliance on household spending that leaves behind many poor households, even as Yemen has displayed progress across a number of health indicators for children accompanied by many persistent shortfalls in targets.

Bearing in mind such constraints and uncertainties, this chapter reviews the health situation of children in Yemen, from neonatal survival to adolescent health status. It should be read in conjunction with other chapters including, for example, those concerning nutrition (Chapter 7) and WASH (Chapter 9).

Table 6.1: Key equity-focused observations on challenges and priorities for action (health)

Selected indicators		
<ul style="list-style-type: none"> U5MR has made good progress in declining to 77 by 2011, but an NMR of 32 means that 42 per cent of under-five mortality occurs in the first month (mainly first 2-1 days) of life. One in three maternal deaths are of teenage females (even though adolescent fertility rates are declining, they remain the highest across MENA). Beyond the neonatal period, over 50 per cent of under-five deaths are due to pneumonia and diarrhoea (easily preventable causes) that are linked to poor nutrition and water quality. EPI coverage remains suboptimal (e.g., below 80 per cent for measles and below 90 per cent for other antigens). Although low (0.2 per cent), HIV prevalence has increased, with primary drivers that threaten women of reproductive age and newborns, and less than one in five reported HIV cases receive ART coverage. 		
Equity determinants		
Enabling environment	Demand for services	Service supply & quality
<ul style="list-style-type: none"> Budget constraints hamper rural coverage and adequate equipment/maintenance Central versus governorate-level management concerns Inadequate approach to minimizing neonatal mortality, which is the main barrier to further reductions in child mortality Weak translation of concerns about high population growth and fertility rates into strategic behaviour change at household level 	<ul style="list-style-type: none"> Social customs are resistant to some health service delivery/attendance, with adolescent females being especially vulnerable to maternal mortality risks Delayed responses to childhood illnesses, especially potentially life-threatening illnesses Low treatment rates for the two main preventable causes of child mortality: pneumonia and diarrhoea The cost of accessing services, including transport costs, are barriers to service usage 	<ul style="list-style-type: none"> Poor physical infrastructure countrywide, not only but including conflict-affected facilities Frequent shortages of essential stocks and supplies, especially in rural areas Unacceptable impact of frequent power outages and inadequate backup supplies Limited skills of many health workers

⁴² WHO online database via <http://apps.who.int/gho/data/node.main.475?lang=en> (accessed 1 September 2013).

<ul style="list-style-type: none"> • Mental health effects on children – especially due to conflicts – need long-term commitment • With low prevalence, poor awareness and growing risk factors, HIV knowledge, testing and treatment need better inclusion in integrated health services for infants and women 	<ul style="list-style-type: none"> • Weak confidence in health services, including service hours, poor quality, and absence of female staff • Continuing vulnerabilities to disease outbreaks, especially given some areas of weak immunization coverage and displaced/mobile populations 	<ul style="list-style-type: none"> • Weak systems for ensuring follow-up for continuum of care, e.g. ANC, EmOC, skilled birth attendance, sexual health and family planning, IMCI • Lack of female medical staff in most health facilities, reducing access by many women
<p>Priority responses</p> <ul style="list-style-type: none"> • Stronger focus needed on neonatal/maternal services, including skilled birth attendance, improved ANC and universal EmOC coverage. • Family planning services and reproductive health rights need scaling up, to address high TFR, high adolescent TFR and high MMR. • EPI and IMCI coverage must be improved and sustained • Mental health services for children and early screening (within integrated ANC/post-ANC services) for disabilities need closer attention. • PMTCT coverage – including of voluntary testing and access to ART – needs strategic expansion in areas with concentrated epidemics, as does knowledge of preventive behaviours. • An adolescent health strategy needs to be adopted and implemented. • Numbers of female health professionals need to be increased countrywide. 		
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report (see Chapter 1).</p>		

Quantifying and identifying trends in the current situation of mothers and children in Yemen, and identifying trends is vulnerable to data weaknesses and the volatility of the broader national situation and its impact on health services. Continuing health system problems, poverty and conflict, low benchmarks upon which to build, poor public budgetary levels (or, at least, their disbursement), and lost momentum in sustaining recent efforts all conspire to thwart the achievement of the necessary levels of child health standards. These add up to formidable challenges to Yemen's health system, especially in maintaining already fragile services. However, the general health framework has evidently been strengthened in terms of system-based planning and strategies and the building of countrywide services and technical capacities. Current national health strategies include articulated performance targets against which progress may be measured. Even so, there is continuing dependency on technical, developmental and donor partners, as well as marked disparities in service standards and basic health indicators across urban/rural populations and different governorates.

Child and maternal mortality show improvements in their steady declines. However, the neonatal component of under-five mortality exhibits only small improvement and is now a major component requiring more concerted attention if the U5MR is to be more markedly reduced.

The MMR is displaying a trend towards compliance with the Millennium Development Goal 5 target, which would be a very impressive outcome in global terms, except that caution is required with this statistically difficult measurement. Adolescent mothers are especially vulnerable in a country with high rates of both early marriage and teenage fertility. In addition, improved progress in the employment of female medical and paramedical staff within health facilities would assist in the better coverage of more women, including adolescents, of reproductive health age.

The risk remains of outbreaks of life-threatening diseases, and may even be increasing since 2011, including for such preventable conditions

as AWD, measles and polio. It is evident that Yemen must tackle its suboptimal vaccination levels for children. This is especially important given the continued periodic outbreaks of measles, for example, and the continued threat of exposure to new incidences of polio that is at elevated risk due to population movements from the Horn of Africa into Yemen and high rates of undernutrition. Improved and sustained immunization coverage is among the interventions that are critical to ending preventable child deaths – which in Yemen include high mortality rates linked to pneumonia and diarrhoea – that is the focus of the global call to action of "A Promise Renewed", which GoY has signed.⁴³

Yemen's low (0.2 per cent) HIV prevalence rate actually represents an increase and is a general challenge in MENA countries because other regions have begun reverse the spread of HIV. Male same-sex transmission shows evidence of being a concentrated HIV epidemic in Yemen, and is one primary means of transmission to women of reproductive age, with associated risks of transmission to the newborn child. National planning and response have been positive but vulnerable to disruption and reversal, partly due to comparatively high resource overheads that are at risk under competing resource demands of being viewed as a cost rather than an investment. There is an urgent need to increase ART coverage – currently less than one in five reported cases – and testing and detection levels.

Adolescent health needs mainly concern sexual and reproductive health rights, knowledge and practice, psychosocial and mental health services and parental and social appreciation of the importance of positive leisure time usage. In addition, there is a valuable opportunity to put in place an adolescent health strategy that elaborates goals within the current Health Development and Poverty Alleviation Plan and consistent with the recommendation of the Committee on the Rights of the Child. Mental health services need to be responsive to the impact on children and adolescents of the various forms of conflict and trauma.

One aspect of national policy impacting

⁴³ See <http://www.apromiserenewed.org/index.html>.

children in Yemen is that there is no shortage of sector-based national policies and strategic frameworks. These plans and their targets commonly experience severe performance shortfalls, as was reported in the health sector, which at least – to its credit – carried out a detailed review of performance (MoPHP, 2010, Chapter 2). MoE has undertaken similar internal reviews. The question is the extent to which such performance reviews lead to institutional reforms in the subsequent planning period.

Reviews such as this invariably emphasize management weaknesses that cascade to local service difficulties. For that review of the 2006-2010 health sector plan, MoPHP reported that the health system-based targets (comprising the first of its six objectives) that were met were in planning functions and partner coordination; across those objectives, problems in human resources, physical standards and budgets were frequently recurring barriers (ibid). This appears to be more of a public sector norm rather than an exception, and emphasizes the need for improvements in management capacities and in service-wide coordination. It extends to the quite limited extent to which HCMC has been able to monitor national progress for children and women across sector-based and national development strategic plans, which has been partly but not solely due to lack of resources and data (i.e., it also indicates some weak capacities within HCMC).

6.2 Infant and maternal survival

6.2.1 Mortality and survival trend data

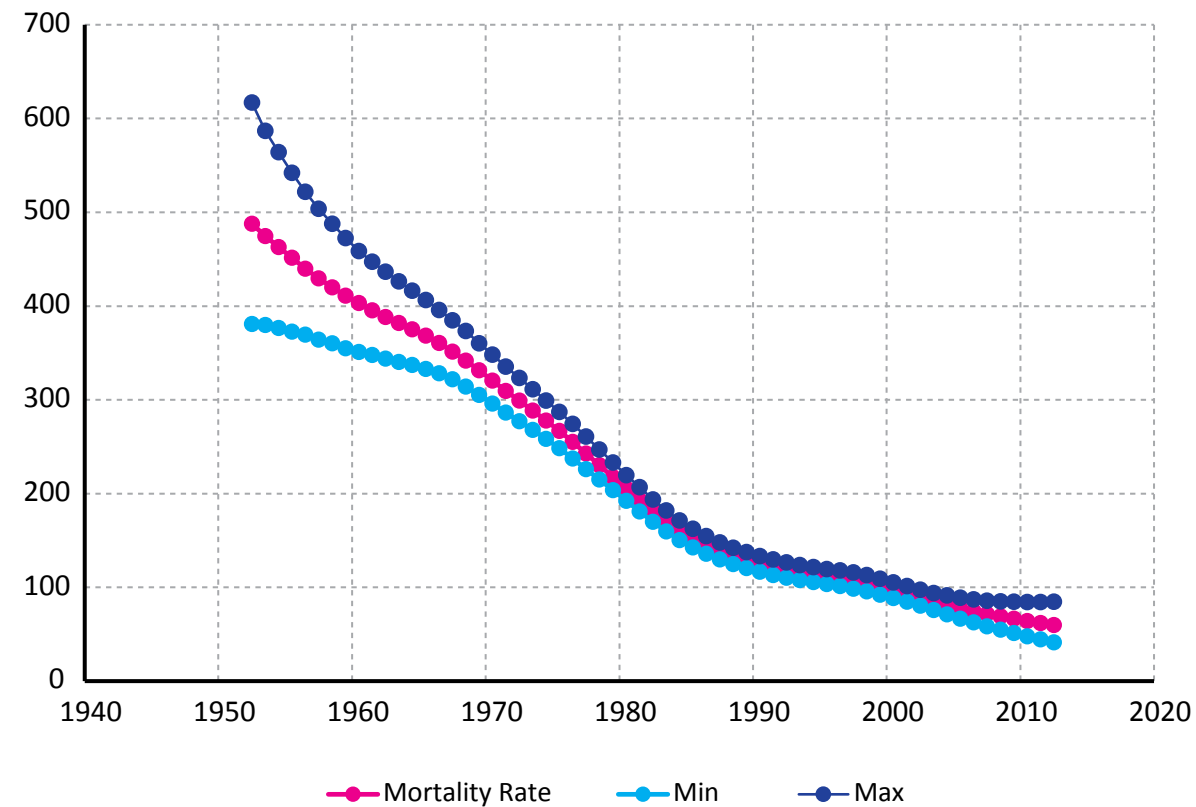
GoY has highlighted the extent to which Yemen has achieved a strong reduction in child mortality rates despite the various challenges to national security and stability, given that the 2006 MICS reported (in 2007) that, between 2003 and 2007, the U5MR fell by 23 per cent and the IMR fell 9 per cent (Committee on the Rights of the Child, 2012, para 226).

The progress in child survival in Yemen is evident from Figure 6.3, which establishes a

trend line based on various datasets over the past half century. However, in terms of the Millennium Development Goal; concerning child survival and despite the good progress that has been made, Yemen will not achieve a sufficient reduction in U5MR between 1990 and 2015 to meet the target of a two-thirds fall in that rate. The Ministry of Public Health and Population has completed data collection for the Demographic Health Survey which will make available updated data on progress towards achievement of U5MR targets and MDG4.

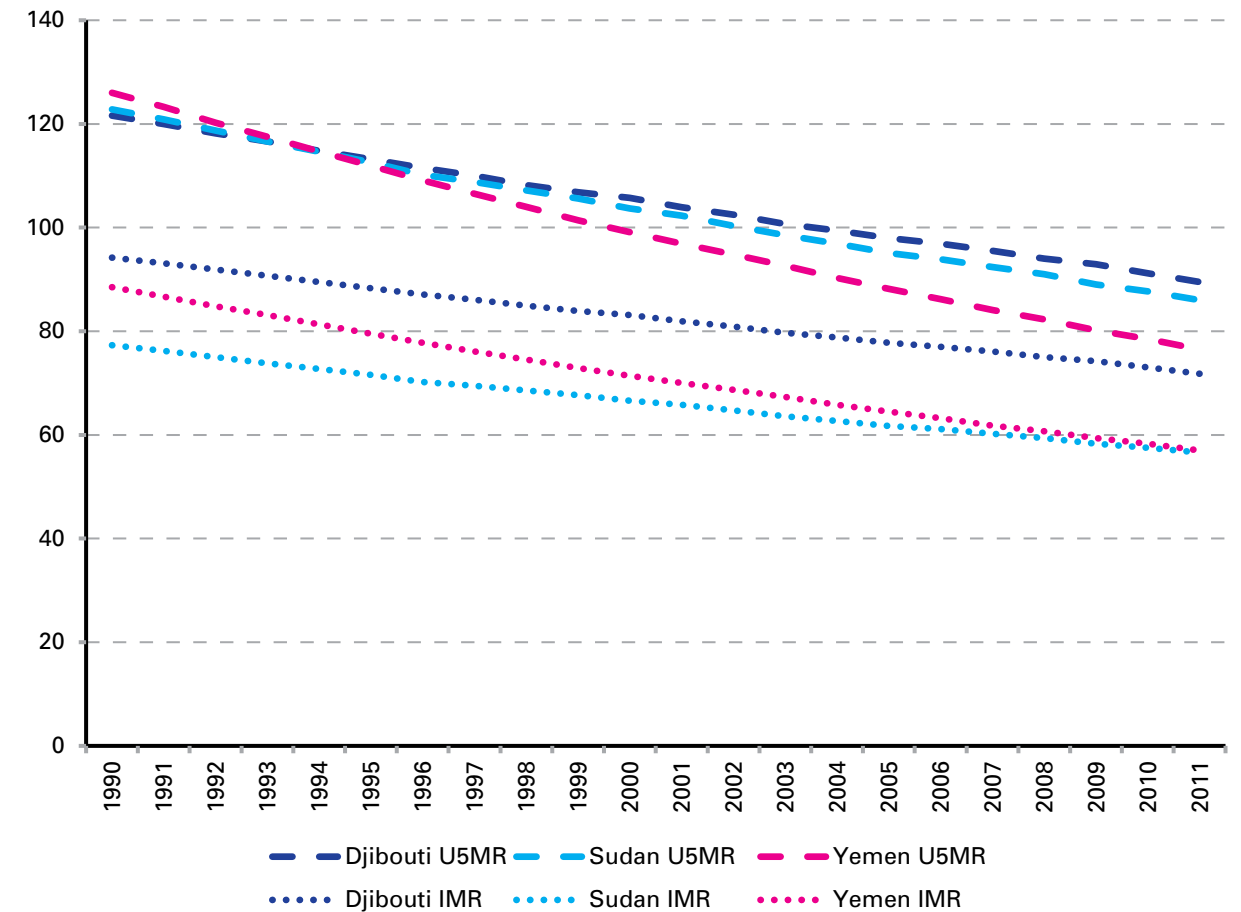
Almost all countries of the MENA region – including Yemen – have achieved good results in reducing child mortality and only three have substantially higher rates than the others: Djibouti, Somalia and Yemen. By 2011, their mortality rates had reduced to the upper range applicable in 1990 for all the other MENA countries, and a consideration of those three countries indicates Yemen’s comparatively good progress (Figure 6.4).

Figure 6.3: Trends in under-five mortality rates for Yemen since 1955



Source: UN Inter-agency Group for Child Mortality Estimation database, at http://www.childmortality.org/index.php?r=site/graph#ID=YEM_Yemen (accessed 1 September 2013).

Figure 6.4: Comparative performance in child mortality rates since 1990



Source: UN Inter-agency Group for Child Mortality Estimation database, at <http://www.childmortality.org/> (accessed 1 September 2013)

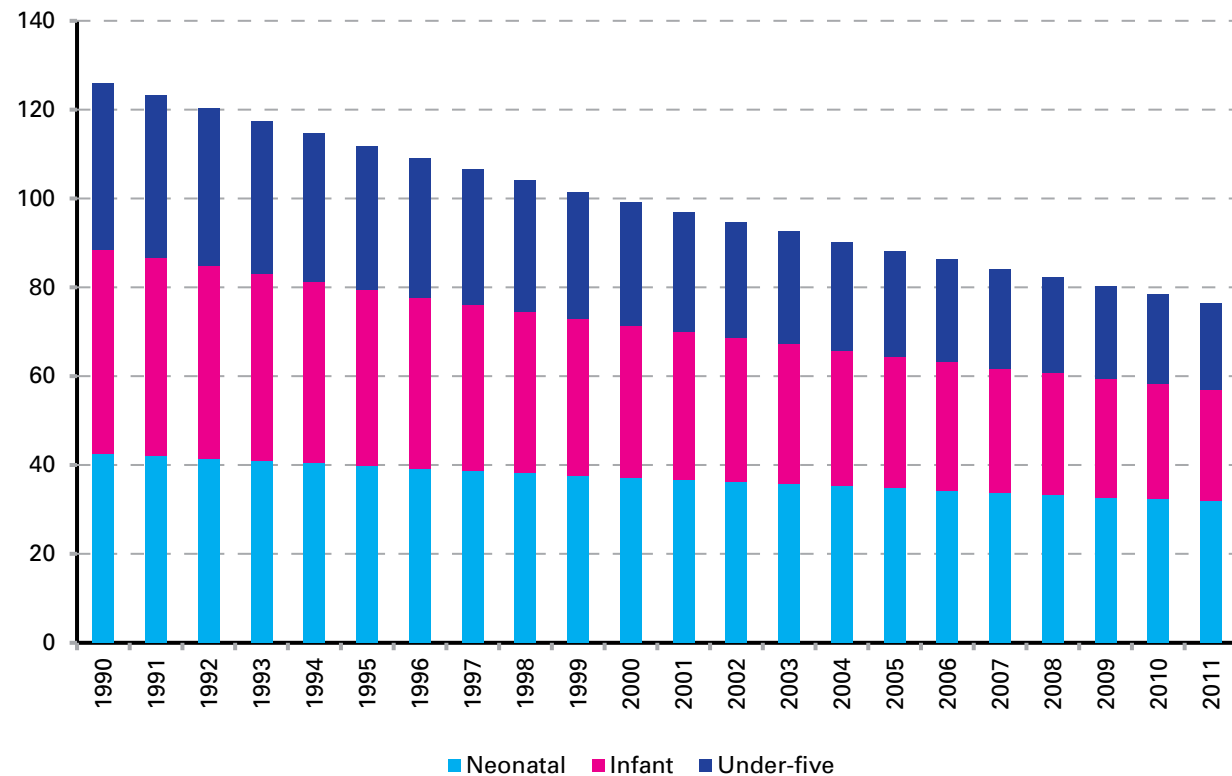
Yemen has maintained a comparatively stronger rate of reduction in child mortality compared to those similar MENA countries over the period 1990-2011. For all three countries there is evidence of the IMR not improving at the same pace as the U5MR, which is typical of most if not all countries, and is also apparent from the GoY observation above of the strength of Yemen’s U5MR improvement between 2003 and 2007.

6.2.2 Neonatal mortality

A primary reason for this is the small decline in the NMR (Figure 6.5). In considering that chart, it is important to bear in mind that the three components of the stacked columns refer to

quite different age periods of the child: the top bar shows the four years from the child’s first birthday (1,461 days), the middle bar refers to the 11 months after the child’s first four weeks of life (337 days), and the lower bar (NMR) covers those first 28 days of life. For 2011, Yemen’s U5MR was 77, its IMR was 75 and its NMR was 42 (Ministry of Health 2014). This means that of the child’s first five years, the first 1.5 per cent of that period accounts for 42 per cent of associated child deaths, the next 18.5 per cent accounts for 32 per cent of child deaths, and the remaining 80 per cent comprises the other 26 per cent (2011 data). All three bars together represent the U5MR, and the middle and lower two bars together represent the IMR.

Figure 6.5: Trends in child mortality rates in Yemen since 1990



Source: UN Inter-agency Group for Child Mortality Estimation database, at <http://www.childmortality.org/> (accessed 1 September 2013)

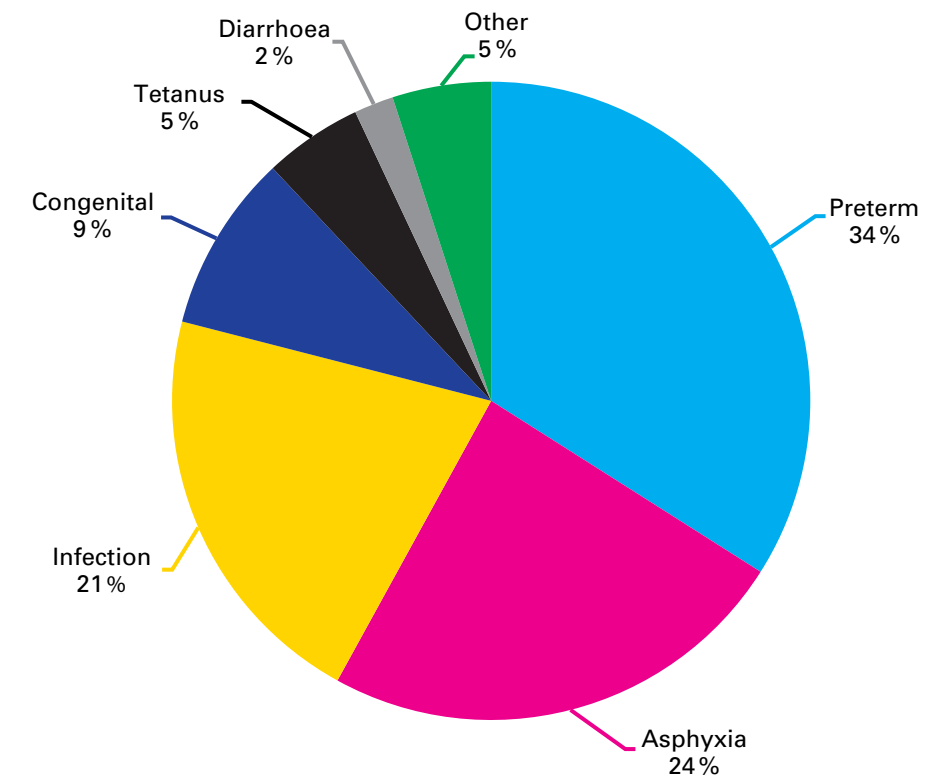
The slower rate of NMR decline primarily reflects the stronger gains that were achieved by more affordable and high impact post-natal interventions, in such areas as EPI and IMCI, where quantitatively greater gains could be more readily achieved (the death rate for children aged 1-4 years inclusive – the top bar – almost halved over the last 20 years). Such progress results in NMR becoming a comparatively higher proportion of under-five mortality, even as it slowly reduces.

This means that by 2011, 42 per cent of Yemeni children who died before their fifth birthday died in their first month – and primarily within the first hours – of life. Yemen is among the top 10 high –mortality countries in which at least 40 per cent of under-five deaths occur in the neonatal period. Globally, the three major causes of newborn mortality – together accounting for more than 80 per cent of

newborn deaths – are complications due to premature birth (34 per cent); severe infections that include sepsis/meningitis (12 per cent) and pneumonia (10 per cent); and complications during childbirth including birth asphyxia (24 per cent) (Save the Children, 2013, p. 23 and UNICEF, 'Committing to Child Survival: A Promise Renewed 2013 Progress Report', page 23) These causes of newborn mortality are relatively uniform across most countries, and the lack of suitably disaggregated NMR data for Yemen need not impede responses (see Figure 6.6 for global estimates for Yemen, 2008). The majority of stillbirths and neonatal deaths could be prevented with investment in maternal care, specifically labour and delivery care and other low-cost, high-impact interventions focused on the first 24 hours around the time of birth, including ensuring that birth mothers are adequately nourished .⁴⁴

⁴⁴ See, for example, UNFPA's inter-agency field manual on safe motherhood, at <http://www.unfpa.org/emergencies/manual/3.htm>.

Figure 6.6: Causes of neonatal deaths in Yemen, 2008



Yemen's Millennium Development Goal target for U5MR is to reduce it to 42 by 2015. With a 2011 rate of 31.9 in the first month of life, it is clear that a marked reduction in NMR is a prerequisite for achieving child survival targets.

6.2.3 Maternal mortality and survival

Millennium Development Goal 5 – that the MMR be cut by 75 per cent between 1990 and 2015 – is perhaps the single most failed of all the Goals at country level.⁴⁵ The global weakness of progress towards Goal 5 has not been assisted by data problems in establishing suitable benchmarks, but still it remains alarming that so many countries have fallen so far short of a critical Goal concerning women's survival. The World Bank reports that

maternal mortality in Yemen in 1990 was generally believed to exceed 500 per 100,000 live births. The ratio had fallen to around 350 by the time the 1997 DHS [Demographic and Health Survey] was carried out, but has not shown much change since, as illustrated by a figure of 365 given in the Family Health Survey of 2003. Maternal mortality is the leading cause of deaths among women of reproductive age, accounting for 42 percent of all deaths; 77 percent of births took place at home, with less than 30 percent attended by a qualified person. (World Bank, 2012a, p. 14)

The MICS in 2006 yielded a rate of skilled birth attendance of 36 per cent, with a large gap between urban (62 per cent) and rural (26 per cent) areas and also between the richest (74 per

⁴⁵ Arguably, Goal 8 – achieving a global agenda for development – has been the most failed at a global level, given continuing shortfalls in ODA including for collective (for example, G8) commitments for the Goals, and a failure to adequately direct ODA to the poorest countries.

cent) and poorest (17 per cent) wealth quintiles (UNICEF, 2013c). The 2012 World Bank report uses that 1997 DHS figure for MMR as the benchmark, and therefore derives a 2015 target of 120 maternal deaths per 100,000 live births. Given the 2003 Family Health Survey figure, this suggests that the situation for maternal mortality is deteriorating in Yemen. Figure 6.7 shows global data for Yemen produced by the United Nations Maternal Mortality Estimation Inter-agency Group, and portrays a different situation.

These data suggest that Yemen may, in fact, be on track to meet its target by 2015. It is, however, necessary to remain cautious, even if optimistic. The impact of the 2011 crisis remains unclear. The range of uncertainty on MMR data could mean a quite different situation. MMR data are very difficult to ascertain for Yemen for two main reasons: the numerator and the denominator. The numerator – the number of women who die within the maternal period – may have their death poorly diagnosed or unreported. As an example, just 13 per cent of deaths in Yemen are recorded in the civil register (Civil Registration Centre for Development, 2013, p. 9). The denominator – the number

of live births during the relevant period – is similarly susceptible to data classification and reporting problems. While the trend indicators for maternal mortality are encouraging, care is still necessary.⁴⁶

Quite apart from the statistical uncertainties, the risks and challenges remain substantial. Crucial factors include the high fertility rate, health service access and standards of care, and the impact of cultural norms on women and girls, including their access to services and the effects of FGM/C. (This predominantly occurs in Yemen within the first few days of the infant girl's life. There are no NMR data disaggregated by governorate and sex to assist in understanding the extent to which it may be a risk factor in newborn deaths of females.) JSEA reports “unmet needs for reproductive health services, with deliveries conducted under unhygienic conditions, inadequate health care services, and virtually no referral systems for Basic Emergency Obstetrics Centre”. That report estimates that each of the 56 government hospitals provide such services to, on average, a population in excess of 61,000 women of reproductive age (JSEA, p. 92).

The Third Five-Year Health Development and Poverty Alleviation Plan 2006-2010 comprised seven objectives that included the reduction of MMR through the extension of “safe motherhood in the context of reproductive health services in all health facilities and among all community groups”. An evaluation of that Plan judged that objective to have been achieved at a level of 56 per cent (see Table 6.2).

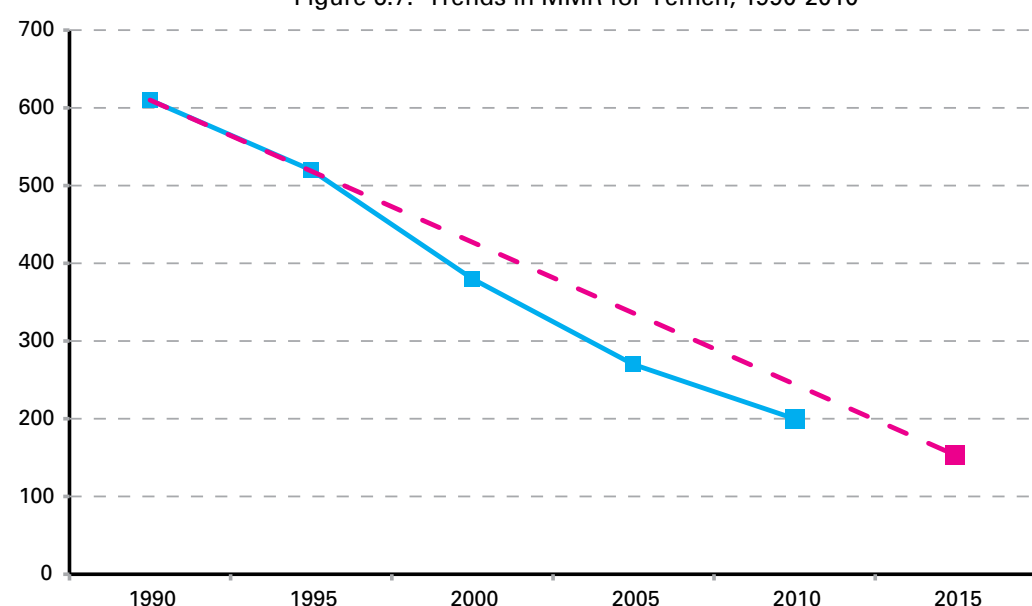
All of the policy and service targets in Table 6.2 are clearly important, but it is notable that the three targets for which the performance outcome was below 50 per cent were the low proportion of female staff in the health sector, the low rate of coverage of quality pregnancy care services, and weak access to family planning services. The inclusion within the “factors impeding progress” of a number of points related more to weak use of existing services rather than the absence of such services, seems to suggest that many such maternal services are available but underutilized. Whether or not this is the case, poor service availability in rural areas and “scarce resources” appear to be the more causal impediments in this regard. This likely reflects a security situation that may have deteriorated further since 2011, but it also appears to reflect GoY resource priorities that may need revision.

The low rates of female employees in health facilities, poor ANC coverage and weak family planning services are barriers to effective maternal health care. Rates of malnutrition, poverty and low access to clean drinking water are among the other factors continuing to adversely impact reproductive health standards. Prior to the 2011 crisis, the associated indicators were weak and are likely to have deteriorated: 77 per cent of deliveries were reported to be unassisted by skilled staff; and in rural areas only 4 in 10 women received ANC and just 3 in 10 received care during delivery (JSEA, p. 92).

These are among the reasons why Yemen's encouraging trend in decreasing MMR still requires monitoring and improvements across the range of maternal services and care. This needs to include strengthening of skilled birth attendance, EmOC and ANC services, especially in ensuring follow-up visits that include a focus on birth planning and reproductive health and on the prevention and management of childhood illnesses.

The national response to maternal mortality aims to ensure that all pregnant women have access to EmOC, since most deaths are now occurring in non-high-risk pregnancies and it is not possible to predict which pregnancies

Figure 6.7: Trends in MMR for Yemen, 1990-2010



Source: WHO et al, 2012, Annex 2.

Table 6.2: Implementation level for MMR reduction in the national health plan 2006-2010

Planned policies and outcomes	Implementation level (%)	Factors impeding progress
Establish basic and comprehensive obstetric emergency	100	
Increase the number of births under skilled attendance	55	<ul style="list-style-type: none"> • Poor health services in rural areas • Poor awareness • Scattering population • Geographical factors • Traditional beliefs • Scarce resources
Extend and promote quality pregnant care services	37	
Increase coverage percentage of postnatal services	65	
Extend and promote family planning services	41	
Improve quality of family planning services	56.5	
Regulate and scale up family planning logistics and information systems	56.5	
Support working woman involvement in the health sector	34	

Source: MoPHP, 2011, p. 46.

⁴⁶ For a discussion of the misclassification, incompleteness and underreporting of maternal mortality, and of the difficulties in deriving a reliable estimate using surveys such as DHS, see WHO et al, 2012, pp 7-9.

will be accompanied by complications. The two important (and overlapping) components of preventable maternal mortality are ensuring universal EmOC access and reducing unwanted and unplanned pregnancies, including among adolescents. This needs to be complemented by improved female education, improved nutrition and improved family planning (Save the Children, 2013, p. 37). Trends in declining adolescent fertility rates (see Figure 2.2) are encouraging. However, Yemen's rate of adolescent fertility remains high, at 73.7 births per 1,000 adolescent females aged 15-19 years, meaning that large numbers of girls are exposed to high-risk early pregnancies associated with early marriage. Fully one third of maternal deaths are attributed to the under-20 year age group (ibid, p. 94).

Improved family planning is one of two particular measures that have been identified in global research as producing substantial improvements in mortality rates and in monitoring and policy analysis. On the basis of 2012 research on maternal deaths across 172 countries, UNFPA concludes that improved access to family planning would mean that "contraceptive use could have averted well over half of the maternal deaths that could have occurred without any access to family planning" and that "infectious disease surveillance approaches could prove useful if applied to maternal health... [including] with the help of mobile phones and the internet" (Gilmore & Adhanom Gebreyesus, 2012).

The MICS in 2006 estimated contraceptive prevalence among married women in Yemen at 34 per cent in urban areas and just 13 per cent in rural areas. A global analysis of contraceptive prevalence estimates a 28-per-cent increase in Yemen between 1990 and 2010, which still only means a 37 per cent rate in 2010, compared to a developing countries' average of 54 per cent (Alkema et al, 2013, p. 1647).

It is estimated that improved access to contraception could reduce MMR in Yemen by 31 per cent (Ahmed et al, 2012, p. 121). This alone represents almost a half of the Millennium Development Goal target that could be achieved in much less than its 25 year timeframe. But it also needs to be informed and appropriate,

given trend evidence from across developing countries that there has been a shift in the use of "modern contraceptive methods ... towards methods with higher failure rates, which could result in an overall increase in contraceptive failure and unintended pregnancies" (Darroch & Singh, 2013, p. 1761).

Family planning directly reduces the number of maternal deaths because it reduces the chance of pregnancy and the associated complications (exposure reduction), lowers the risk of having an unsafe abortion (vulnerability reduction), delays first pregnancy in young women who might have premature pelvic development, and reduces hazards of frailty from high parity and closely spaced pregnancies (Ahmed et al, 2012, p. 111).

Reference also needs to be made to the sizable populations of IDPs and refugees. A 2011 survey by UNICEF yielded data showing a 23-per-cent pregnancy rate for women of child-bearing age, almost half of whom were at risk of intrauterine growth retardation and 38 per cent had anaemia. Approximately 5,500 IDP women were estimated by that survey to be pregnant and suffering from anaemia and at risk of birth complications. It is also reported that, in Hajjah governorate, there has been a 7 per cent miscarriage rate among pregnant IDP women (JSEA, p. 94). In view of greater risks associated with nutrition and health access, those risks would appear to be even higher than reported.

This overall national situation points to a range of measures that are not difficult to implement but which could collectively make a substantial impact on maternal – as well as neonatal – mortality (see, for example, Save the Children, 2013, pp 59-60). These include improvements to the quality and accessibility of ANC and EmOC services; actions targeted to reduce adolescent fertility rates (that extend to actions around early marriage and sexual and reproductive health rights); expanded family planning education and contraceptive access; and the use of relatively low-cost mobile phone-based maternal health surveillance initiatives. This needs to be complemented by continued improvements in monitoring and data systems around civil registration to strengthen the viability of associated statistics.

6.3 Early childhood interventions

6.3.1 Child mortality and morbidity

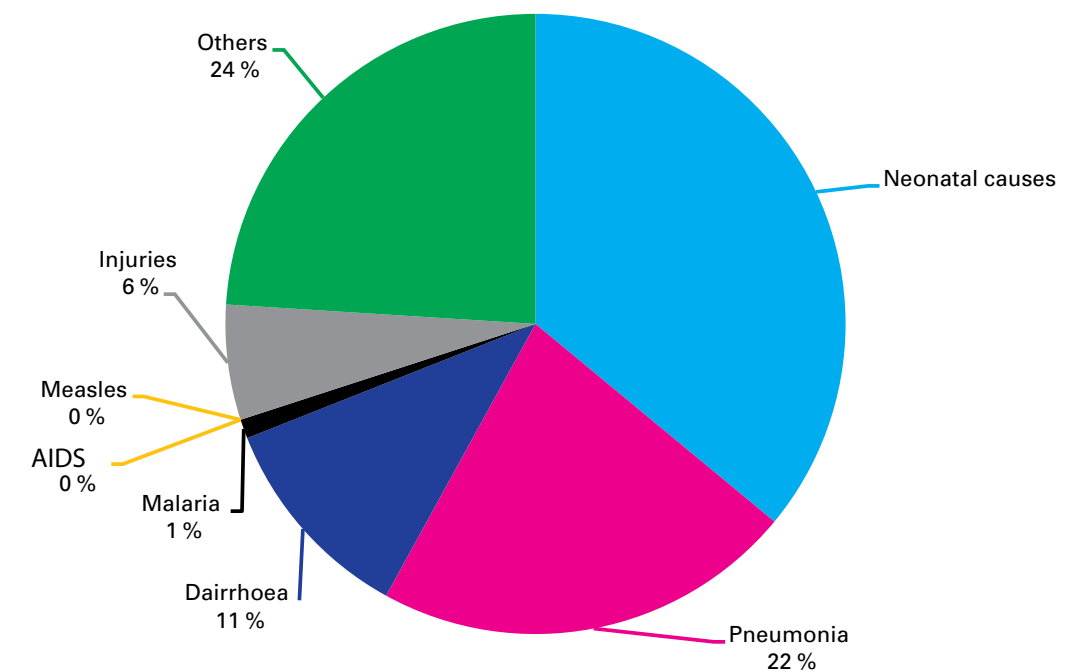
As has been noted, Yemen has mainly achieved progress in improving child survival through its interventions beyond the neonatal period, especially in the prevention of life-threatening illnesses and improved immunization coverage. The attribution of primary causal factors in child mortality and morbidity is highly problematic, given the interconnectedness of many conditions. These include water quality, nutritional standards and hygiene practices, as well as parental knowledge and awareness and access to quality services. Such factors may often not be reflected in the actual recording of such child health data.

With that qualification in mind, Figure 6.8 shows the causes of mortality for children under five years of age. That 60 per cent of deaths are attributed to neonatal and other causes tends

to limit the utility of the remaining main causes – pneumonia (22 per cent), diarrhoea (11 per cent), injuries (6 per cent) and malaria (1 per cent) – for analytical and policy purposes. This is also apparent due to undernutrition globally accounting for one third of under-five deaths that result from other causes. "Children whose immunity is weakened by undernutrition are more likely to die from common childhood illnesses such as pneumonia, diarrhoea, malaria, and measles, as well as from AIDS (if they are HIV-positive)" (UNICEF, 2012b, p. 21).

Comparisons of child mortality across countries – such as MENA countries – also are not especially enlightening, given that most MENA countries have much lower U5MR levels that can markedly change the distribution of causes of deaths. This is further compounded by lower NMR correspondingly inflating other causes given the use of proportionate rates. A comparison of causes for Yemen and the MENA average merely shows that, for Yemen, the neonatal share is 4 percentage points lower than MENA's (reflecting MENA's lower average NMR within its U5MR) and its pneumonia share is 4 percentage points higher.

Figure 6.8: Causes of under-five deaths in Yemen (% , 2010)



Source: UNICEF, 2012b, p. 37.

6.3.2 Immunization coverage and communicable infections

The evaluation of the 3rd five-year health plan for 2006-2010 concluded that Yemen had an achievement rate of as low as 55 per cent against its objective of reduced child mortality. This was mainly attributable to shortfalls in immunization coverage – especially given that measles coverage slipped to 69 per cent by 2010, but also low rates for polio, yielding an achievement rating of just 42 per cent – and in adequate coverage of the integrated child health strategy and associated morbidity caused by malnutrition and acute respiratory infections (ARIs) (MoPHP, 2011, pp 47 & 54).

Prior to the [2011] crisis coverage of well-proven interventions that are known to reduce child mortality were already quite low: Only 47 percent of children with suspected pneumonia were taken to a health facility and out of these only 38 percent received antibiotics; over 50 percent of children under the age of five have diarrhea and only 48 percent receive oral rehydration solution and continued feeding. Coverage of children under age five with twice yearly supplementation with Vitamin A, which has been shown to reduce all-cause child mortality by up to 24 percent, is less than 45 percent. (JSEA, p. 96)

Pneumonia is the largest cause of child mortality beyond the first month of life (22 per cent of all under-five deaths), but fewer than one in five children with pneumonia are receiving antibiotic interventions. Less than half of children are receiving vitamin A supplementation, one of the primary means of preventing child deaths; this had risen from a mere 15 per cent full coverage in 2005 to 55 per cent by 2006, declining to 47 per cent in 2007, indicating the lost opportunity of the earlier strong mobilization: the 2011 rate is estimated to be just 56 per cent full coverage (2012 WHO- UNICEF 2012 EPI Joint Reporting form and ChildInfo data; UNICEF online database). Around one in four under five-year-olds have diarrhoea (endemic in Yemen and the main cause of child mortality after pneumonia) and are not receiving the necessary treatments.

Rates of EPI coverage have remained suboptimal, at below 80 per cent for measles and 90 per cent for other antigens.

Such coverage is even lower in poor and rural households and has dipped even lower since 2011. Malnutrition – which is strongly correlated with household income levels and therefore poverty – is a major factor in childhood mortality and morbidity as is discussed in Chapter 7.2. The JSEA cites a malaria incidence rate in 2011 that is 17 per cent lower than that for 2010. However, it also reports that measles cases per capita increased six-fold in 2011 compared to 2010, “with a total of 2,878 cases and 126 deaths due to low coverage of 2011” (JSEA, pp 96, 98 & 184). The continued suboptimal measles vaccination coverage has had serious consequences, given that this results in cumulative susceptibility. A coverage rate below 80 per cent is estimated to lead to a measles outbreak every three to four years.

In 2012, the Government officially reported a measles outbreak with a total of 4,250 cases and 177 deaths, with under-five year old children representing 70 per cent of the reported cases and the majority of the deaths. The outbreak commenced in Abyan governorate where vaccination coverage was low due to problems in access by health teams, and spread to other governorates affected by the crisis (ibid, p. 97). This was a vivid reminder of how conflict costs the lives of children in ways that are less likely to impact adults, and will continue to threaten children’s lives.

The crisis caused a disruption of routine vaccination services and much lower vaccination coverage during 2011 – with only 27 percent of districts achieving coverage of 80 percent of the targeted children – compared to 75 percent of districts achieving the same coverage in 2010. The four rounds of outreach services that contribute to 30 percent of the overall coverage were not undertaken due to the crisis until the last quarter of 2011. (ibid, p. 97)

The outbreak in 2011 of AWD and cholera resulted in 31,789 cases and 134 deaths across five governorates (Abyan, Aden, Ibb, Lahj, and



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Al-Dhala); 80 per cent of those cases occurred in Abyan and Aden governorates and 56 per cent of cases were of children under five years (ibid, p. 97 & Table 18). An outbreak of chikungunya in October 2011 affected about 13,500 people with 72 reported deaths, and malaria, typhoid, bilharzia, meningitis, dengue and viral hepatitis are also reported by health facilities (as are HIV and AIDS: see next section). There were 142,152 cases of malaria reported in 2011, representing a 29-per-cent decrease from 2010, and 9,050 cases of tuberculosis in 2010, with no data for 2011 (ibid, p. 183). The decrease of malaria cases during the crisis situation could indicate a positive trend in sustaining measures during periods of instability.

The immunization coverage of Yemeni children is vulnerable to fluctuation and to local disparities, although trend data are not readily available. Figure 6.9 shows estimated coverage for the primary vaccines as at 2011. The Ministry of Public Health has added new vaccines to reduce child mortality due to pneumonia and diarrhoea: these vaccines are pneumococcal vaccine in 2012 and rotavirus vaccine (Rota) in

2013.

Yemen has not achieved a minimum coverage rate of 90 per cent for any vaccine. Particular shortfalls – including comparable to similar States – exist for BCG (tuberculosis), MCV (measles) and neonatal tetanus.

Although Yemen achieved polio-free status in 2009, an outbreak of circulating vaccine derived polio virus (cVDPV) resulting from uneven and suboptimal routine coverage with oral polio vaccine in 2011 led to a rapid vaccination response that reached 4.4 million children (97 per cent of those targeted). Polio and measles vaccination campaigns were required in 2012 to contain a measles outbreak and boost polio immunity. Three campaigns (July, October and December) were also conducted in 2013 reaching 98 per cent of the targeted children under age five years (MoH 2014). Such responses have been necessary and costly, diverting scarce resources from the routine immunization programme – with continuing regional threats (such as polio in the Horn of Africa in the third quarter of 2013) requiring

improved surveillance and response. This has occurred on top of the persistence of barriers to access to health services, including the reported closure at some time during 2011 of 20 per cent of health facilities due to power cuts or fuel shortages (JSEA, p. 97). The adverse impact on IMCI activities is replicated from the JSEA report as Table 6.3, with some governorates being more critically affected than others.

The health and survival of children are intimately linked to broader national and social conditions, including water and sanitation standards, poverty levels and household standards of living, transport systems and the educational standards of parents. Recent national qualitative research of knowledge, attitudes and practices (KAP) reinforced the importance of improving household awareness, reducing transport and financial barriers, and addressing gender-based practices that hinder the care of children in achieving higher rates of initiation and completion of vaccination courses (UNICEF, 2013d, pp 63-66).

6.3.3 Children and disabilities

Very few reports concerning children in Yemen include substantive attention to children with disabilities. One exception is the JSEA, which reports that the causes of disability include

accidents, conflict, low immunization rates, consanguineous (blood-related) marriages and poor maternal (sic) care. It describes benefits paid by the Disability Fund as “generous”, with 185,000 beneficiaries by March 2012, and states that “men take the largest portion of the benefits” (JSEA, p. 69).

According to the Family Health Survey in 2003, 84 per cent of disabilities are attributable to – in descending order of incidence – the “natural aging process”, diseases, congenital or hereditary conditions and accidents or injuries, with aging being more prevalently cited for females and in rural areas and accidents/injuries being more commonly associated with males and urban areas. Of that range of causes of disability, 1.8 per cent is attributed to “infant birth trauma” and this is, presumably, a condition that would be evident by the time the child is 15 years old (MoH, 2004, Table 5.9). This sits uncomfortably with data showing that children under 15 years of age comprise just 1.4 per cent of the total population of people with a disability, which would (unusually) imply that few children are disabled due to any of the more prevalent causes, such as diseases, injuries or even congenital conditions (ibid, Table 5.6). That suggests that such estimates of child disability are lower than is likely to be the case in Yemen.

Figure 6.9: Immunization coverage (% , 2011)

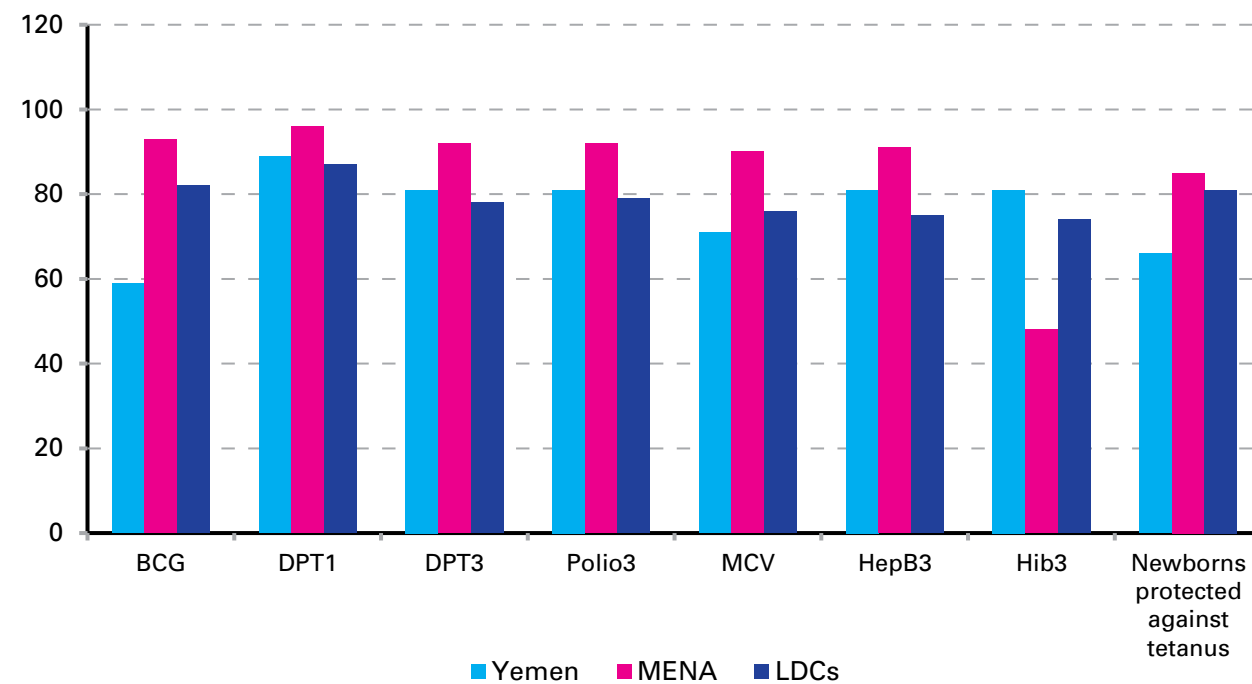


Table 6.3: Trends in IMCI selected activities

Description	2009	2010	2011	2012	2013
Number of training courses	39	41	7	25	54
Number of new districts	26	30	9	10	19
Number of new health facilities	360	324	37	247	295
Number of newly trained staff	907	937	195	560	1216
Number of new children beneficiaries ¹	1,238,419	536,091	29,807	85,735	699,723

Source: JSEA, Table 17 (2009-2011). MoH 2014 (2012-2013).

Note 1: A key factor in reduced child coverage was the need to discontinue outreach services in 2010

More likely, it indicates low levels of screening and awareness of childhood disabilities, with such poor quantitative data on childhood disability continuing into the present. The Family Health Survey data do not appear to be helpful in clarifying the nature and extent of disability in children. This is illustrated by the 2006 MICS data, which were derived with attention to functional impairment in children; 24.5 per cent of children aged 2-9 years had at least one disability.

The disability most commonly reported was delay in sitting, standing or walking (9.3 percent) followed by being unable to understand instructions (6 percent) and unable to be understood (6 percent). There were no major differences found between children living in urban or rural households. Mother's or caretakers in poorer households reported higher levels of child disability. In the poorest households it was estimated that 29.4 percent of children had at least one disability compared to less than 20 percent in the two richest wealth quintiles (Ministry of Health and Population & UNICEF, 2008, p. 57).

One important opportunity in integrated early child monitoring is the inclusion of early testing and screening of young children for disabilities. Much of the demand for interventions considered in later chapters (especially Chapters 8.3.2 and 10.2.5) would be mitigated by early identification and the putting in place of remediating or coping strategies. The MICS in 2006 derived a very high rate of 25 per cent of children aged 2-9 years displaying at least one form of disability (Ministry of Health and Population & UNICEF, 2008, Table CP.7). Some areas of Yemen also have high exposure to risks of congenital birth defects as well as reported "infant birth trauma" (see Chapter 10.2.5), and children with a disability in Yemen are frequently isolated from other children and from access to mainstream schooling. In many instances, it is likely that early detection would enable improved interventions with parents and families that would diminish the child's stigmatization and encourage her or his fuller development. The inclusion of such testing and screening, complemented by skilled health responses that included household behaviour

change would be a very useful reform, especially within Yemen's child health services.

6.3.4 Children and mental health situations

Besides primary health care services and preventative interventions, many children are in urgent need of more systemic mental health services. Conflicts and Yemen's high rate of possession of weapons expose many children to stresses and anxieties that may develop into durable mental health conditions. This is well documented in, for example, Gaza in Palestine, where there is a high prevalence of psychosocial and mental health disorders in children exposed to conflict and even the threat of conflict, and where strong progress has been made in early diagnosis and response that is widely absent across Yemen.

"In every needs assessment or monitoring effort conducted among children [in Yemen] in 2011, it is clear that children across the country have experienced high levels of distress or were otherwise emotionally affected by the 2011 conflicts" (ibid, p. 68). This means that a range of severe disorders are estimated to exist – psychosis, severe depression and anxiety disorders including post-traumatic stress disorder – but that the absence of trained mental health professionals and the existence of only one rehabilitation hospital in Yemen results in very little knowledge of the situation. This is a priority not only for conflict-affected areas but also within the areas to which so many IDPs have moved. A UNICEF survey in three governorates in 2011-2012 recorded heightened levels of fear and distress among children in conflict areas, alongside improvements for children in areas free of such violence (ibid, p. 100). In its periodic report to the Committee on the Rights of the Child, GoY has primarily cited efforts in mental health and psychosocial interventions via the HCMC related to family-based situations; the establishment of a telephone hotline service; associated measures within the context of the broader support for children with a disability; and the roles of NGOs such as the Saleh Foundation for Social Development, the Yemeni Mental Health Association and the Association for the Development of Persons with Special Needs (Committee on the Rights of the Child,

2012, paras 153, 166, 169 & 176).

6.4 Paediatric HIV and PMTCT

HIV prevalence has been quite low across most MENA countries, but has more recently been increasing, just as most other regions are achieving a reduction. Regionally, the increase is estimated to have been more than 35 per cent since 2001, with a 27 per cent jump in AIDS-related deaths between 2005 and 2011 (United Nations & League of Arab States, 2013, p. 34).

For children, the risks of HIV transmission and impact of AIDS are primarily of concern in three ways: mother-to-child transmission in the neonatal and pre-natal period, the sexual transmission of HIV to an adolescent, and the orphaning of the child due to the AIDS-related death of one or both parents. The first two of these events are considered within, respectively, this and the next section. The general situation of children without guardians is considered in Chapter 10.2.3.

6.4.1 General overview

All countries are affected by HIV. Most if not all countries have displayed some degree of reluctance to both acknowledge the durable and increasing presence of HIV and AIDS within their population and to systematically and appropriately respond. Such reluctance has typically been due to a reaction to the primary (sexual) means of transmission and a perceived threat to social norms and purportedly cultural values (that is, that it is either extramarital or male-to-male). To the detriment of far too many adults and children in most countries, HIV prevalence grew unnecessarily while awaiting suitable interventions, including public awareness and knowledge of protective behaviours. In all countries, this has required the political support of leaders, including religious leaders, and this still remains weak in Yemen (Yemen Republic, 2012, p. 18).

At 0.2 per cent, HIV prevalence remains low in Yemen. But it appears to be increasing and is likely higher than official data claim. This is due to the social stigmatization that accompanies knowing one's status and thus inhibits even being tested when vulnerability to infection is

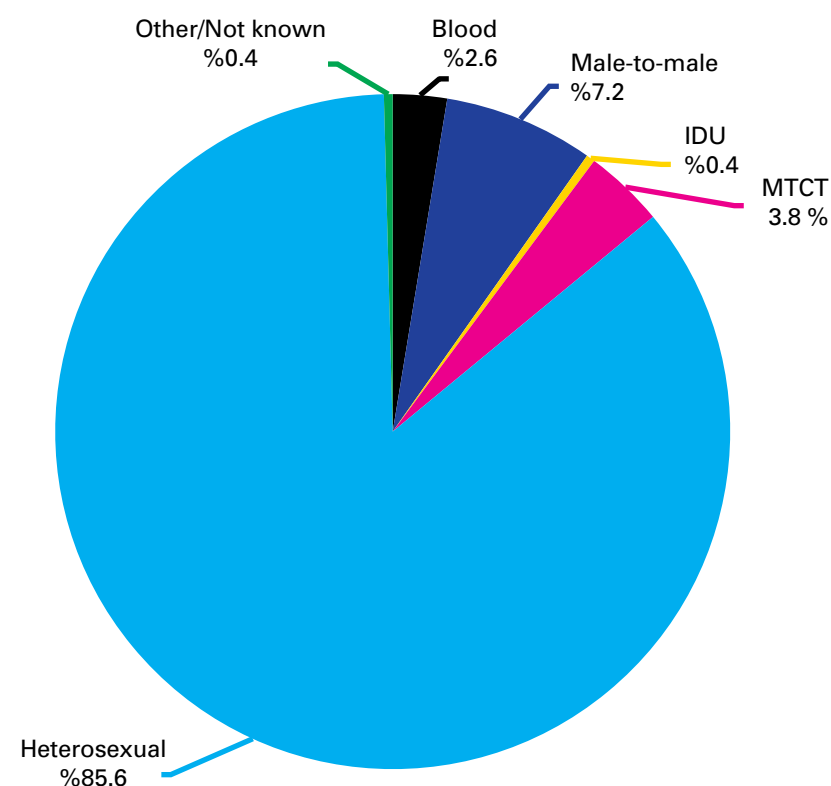
suspected. Either disregarding or stigmatizing HIV and AIDS merely ensures that the problem will get bigger. It is therefore noted that the 2011 United Nations Common Country Assessment of Yemen only briefly discusses the HIV situation and does so alongside qat use and drug abuse (UNCT, 2010, p. 19). The World Bank's 2012 Millennium Development Goal report for Yemen makes no reference to HIV and AIDS, despite this being one of the core Goals.

There were 52 HIV cases reported in 1995, doubling to 110 in 2000 and doubling again to 228 in 2005, peaking at 354 cases in 2010 and 226 in 2011 (Yemen Republic, 2012, p. 7). The growth in 2010 is attributed to improved provision of HIV prevention services – including prevention of mother-to-child transmission (PMTCT) – and referral to voluntary counselling and testing (VCT), while the decrease in 2011 is attributed to the political situation and conflict (ibid, p.6). That is, the 2011 decline is not an indicator of declining incidence. MoPHP data record an increase to 261 cases in 2012 (169 males, 92 females).

On the basis of the cumulative case data for 2009-2012, 92.8 per cent of HIV transmission is sexual: heterosexual (85.6 per cent of cases), followed by male-to-male sexual transmission (7.2 per cent) (Figure 6.10), accounting for 94.6 per cent of male cases and 89.0 per cent of female cases. [Of the total of 1,198 cases reported over 2009-2012.] There are an estimated 30,000 HIV cases in Yemen (ibid, p. 16). This contrasts with a cumulative total of 3,763 reported cases over the period 1987-2012 (ibid, p. 16; updated to include 2012 data from MoPHP). An estimated 15,000 Yemenis are living with HIV, of whom just 721 receive ART – less than 5 per cent of estimated cases.

The three primary priorities – besides the maintenance and strengthening of the national system of testing and treatment – are PMTCT, rapid improvements in knowledge of preventive practices across the sexually-active population and the targeting of especially vulnerable populations. The latter mainly include prisoners, female sex workers and men who have sex with men (MSM), with MSM showing evidence of Yemen having a concentrated HIV epidemic, on the basis of studies in Aden and Al-Hodeidah (Yemen Republic, 2012, pp 6 & 20).

Figure 6.10: Means of HIV transmission in Yemen: 2009-2012 (%)



Sources: Yemen Republic, 2012, Table 1 (2009-2011); MoPHP data for 2012.

6.4.2 Recent progress and current planning on PMTCT

Effective PMTCT involves a focus on four parallel priorities: primary prevention of HIV infection; prevention of unintended pregnancy among HIV-infected women; prevention of vertical transmission through ART and safe delivery; and comprehensive care and treatment for mothers and babies. This is a difficult undertaking for a country with such low prevalence, despite the need to ensure sustained reductions in both transmission and prevalence, due to the substantial resource requirements and skilled professionals in a context of heavy competing demands.

There are two main (and interrelated) references for recent PMTCT progress: the Government's biennial report to UNAIDS in accordance with the Declaration of Commitment on HIV/AIDS

adopted by the General Assembly at its Special Session on HIV/AIDS in 2001; and the MoPHP review of progress in the 4th national health strategy plan. National reporting on the Special Session follow up includes five objectives related to PMTCT, and the progress toward those objectives is shown in Table 6.4.

A national PMTCT programme commenced in 2009, and included the establishment of four PMTCT sites within ANC clinics in Aden, Lahj and Sana'a governorates. By the end of 2011, HIV testing was being conducted in both ANC clinics and delivery rooms; 4,753 pregnant women received HIV testing, representing 1 per cent of the estimated annual number of pregnant women. A needs assessment was conducted in four new ANC clinics in Al-Hodeidah, Mukalla (Hadramaut), Sana'a and Taiz, and the further scaling up of PMTCT services is planned (Yemen Republic, 2012, p. 20).

Table 6.4: PMTCT and paediatric HIV indicators set by General Assembly Special Session on HIV/AIDS

Indicator	Results			Remarks
	2009	2010	2011	
20. Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of MTCT	1.25 (N=10)	2.13 (N=17)	2.13 (N=17)	Annual denominator (total number of pregnant women) estimated to be 800.
21. Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	88.9 (N=8)	50 (N=9)	14.3 (N=2)	Higher numbers in 2009 & 2010 due to availability of PCR test. Total number of pregnant women giving birth in the last month was, respectively, 9, 18 & 14.
22. Estimated percentage of child HIV-positive women delivering in the past 12 months				No data are available.
23. Percentage of eligible adults and children currently receiving ART	8 M: 5.5 F: 2.4 (N=274)	15 M: 5.0 F: 5.8 (N=531)	11.9 M: 8.4 F: 5.5 (N=625)	Rates by age group: <15: 0.52% (2009), 1.1% (2010), 1.1% (2011) 15+: 7.4% (2009), 14.3% (2010), 12.8% (2011)
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART	62 (N=85)	61 (N=257)		No data for 2011

Source: Yemen Republic, 2012, pp 13-14. The indicator numbers (20-24) relate to the 30 indicators used for national reporting as follow up to the Special Session.

Table 6.5: PMTCT indicators (2009-2012)

Year	New ANC clients	Pregnant women tested & received their results					Exposed infants				
		% of new clients	HIV+	Referred to PMTCT	Received triple ARV prophylaxis	Received ART treatment	No.	Received ARV prophylaxis	Received HIV test	HIV-	HIV+
2009	4,580	89.6	7	9	6	4	8	8	0	0	0
2010	9,824	64.3	6	15	7	10	17	17	9	71	0
2011	4,912	96.0	8	14	5	12	14	14	5	5	0
2012	5,198	37.2	6	16	10	10	18	17	11	11	0

Source: MoPHP. Notes: 1. Includes 2 indeterminate results

In 2012, five HIV cases were reported through the national surveillance process for children under five years of age, and a further seven cases for children aged 5-14 years. Table 6.5 shows data for PMTCT services in Yemen for the period 2009 to 2012, which includes no HIV-positive results for the infants of HIV-affected pregnant women.

6.4.3 Broader national response relevant to children

Across MENA countries, Yemen is the second country to have developed a law concerning HIV. The Law to Protect the Community from HIV Infection and Protect the Rights of People Living with HIV was endorsed by the Parliament in 2009. A regulation for the application of that Law has been developed for review by the Ministry of Legal Affairs and submission to Cabinet for its approval. The Law serves as an important advocacy tool.

Some priority groups are in need of such advocacy and associated responses. Specific socially accepted and large-scale effective

interventions are needed to prevent increasing HIV prevalence among MSM in Yemen. Because many MSM are married and male-to-male transmission is considered to be a concentrated HIV epidemic in Yemen, there is an increasing risk of transmission of HIV and other sexually transmitted infections to their female partners. This is also the case for the male clients of female sex workers. Increased HIV cases also pose risks for tuberculosis patients, and the national HIV and tuberculosis programmes are collaborating to ensure new policy provisions within ART guidelines for populations affected by both infections, in line with the tuberculosis and HIV policy developed in 2011 (ibid).

Although Figure 6.11 must be treated with caution – the disaggregation of a comparatively small population into 13 age groups by two sex groups means some very small figures – there is a corresponding risk of sudden statistical leaps that may be even harder to reverse. A reversal in growing HIV prevalence is more readily achieved from a low base but needs strong political leadership in view of social and religious resistance and stigmatization.

Such a leap is certainly of concern for adolescents in view of poor KAP in preventing transmission (see next section). Although the higher rates for females reflect their likely higher testing rates, it also indicates continuing MTCT risks, especially with any relaxation of efforts and absence of service coverage in various governorates.

Yemen's 2006-2009 health strategy included a goal of maintaining HIV prevalence at no greater than 0.14 per cent; the 2009 rate was recorded as having increased to 0.20 per cent. (MoPHP, 2011, p. 56) The current plan (for 2011-2015) includes a goal of reducing HIV prevalence to less than 0.20 per cent (ibid, p. 10). This requires responses beyond access to services and treatment, especially for a country with continuing lack of knowledge of contraceptive methods, strong social taboos around the main forms of transmission, and substantial numbers of highly vulnerable and mobile populations.

Punitive laws and practices hamper effective HIV responses. Four Arab countries have a blanket ban on entry by people living with HIV—Oman, the Sudan, the United Arab Emirates and Yemen. ... All GCC countries impose HIV-related restrictions for migrant workers, all of whom are subjected to mandatory HIV tests. Migrants who are HIV-positive are often quarantined, summarily deported and denied appropriate health care. (United Nations & League of Arab States, 2013, p. 34)

Yemen mandatorily tests refugees and immigrants to the country. Migration across GCC countries is a major driver of the transmission of HIV and other sexually transmitted infections from men to women, most grievously due to the raping of women by traffickers. Recent reports are that such rape is now the norm rather than an occasional sexual assault, and that women are increasingly aware of the risks of being raped in transit to Yemen and are having contraceptive implants prior to making the journey.⁴⁷ While this may be a protection against pregnancy it is not a protection from HIV transmission, and emphasizes that Yemeni authorities need to act more concertedly in prosecuting traffickers and closing down smugglers' camps. HIV testing upon or soon after entry does not provide for

the possibility of transmission due to rape in transit, which is now most likely the primary means of HIV transmission to immigrant women or women in transit.

6.5 Adolescent health needs

By the period of adolescence, the two primary health priorities are those concerned with risks of violence and injury due to conflict and environmental hazards (including road traffic accidents and the use of intoxicants and stimulants), and knowledge and practice in the area of sexual and reproductive health rights. Some forms of the first priority (such as different disabilities including conflict-based) are discussed later, including in Chapter 10.2.5, and for present purposes mainly depend upon quality and accessible primary health care services that include awareness and knowledge of healthy lifestyles and risk reduction.

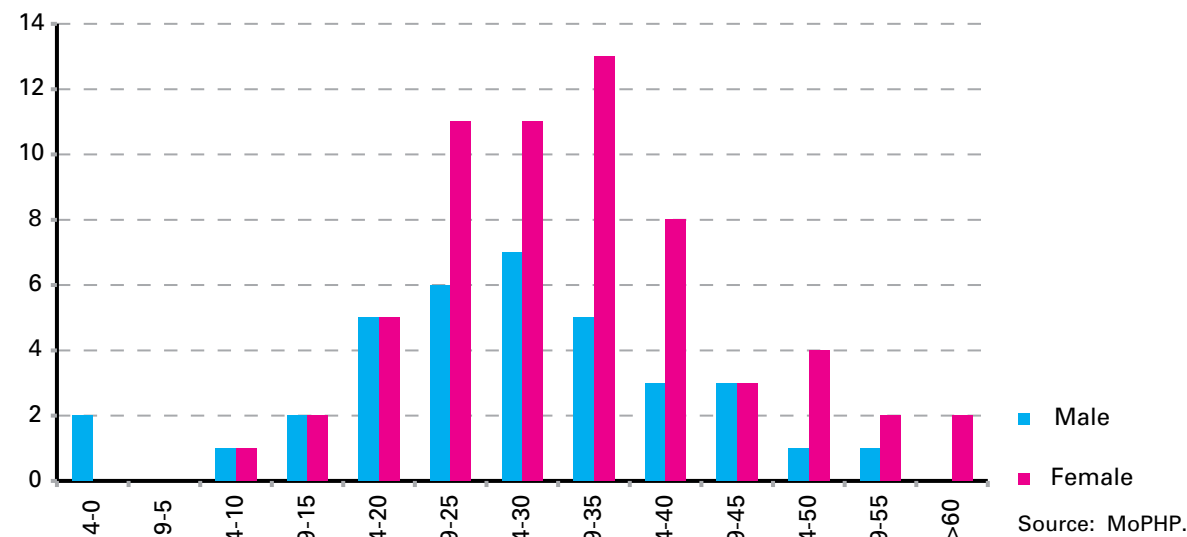
Alongside general goals for an improved health system, the main relevant goals of the current national health strategy plan are:

- a 40per-cent increase in use of modern family planning measures;
- the mainstreaming of gender issues within the health system;
- a specific goal of improved health and medical services for children and adolescents; and
- the raising of health awareness among community members in population and health issues (MoPHP, 2011, p. 10).

This is a strengthening of the adolescent health focus of the national health strategy compared to the previous (third) plan, and merits the formulation of an implementation strategy in view of the need for an adolescent-friendly approach in health service provision.

A number of the health risks, predominantly but not exclusively for boys, are discussed in other sections (especially Chapter 10) and include hazardous child labour and the handling of agricultural pesticides (especially for pregnant women), injuries from exposure to mines and UXOs, living and working on the streets, and customary expectations of teenage boys

Figure 6.11: Age-sex distribution of reported HIV cases in Yemen (years, %, 2012)



⁴⁷ As reported at the Yemen Mixed Migration Task Force meeting, Sana'a, 5 June 2013.

engaging in tribal conflicts. Another health risk confronting many and increasing numbers of (mainly) boys is the use of qat. Drivers of children's qat usage include the initiative of parents encouraging their children to remain in the house at such times, the associated behaviours of children working in the fields with their adult family members, and children's emulation of adult family members. WHO estimates that 15-20 per cent of children aged under 12 years are using qat. Early qat chewing is not only problematic to children's health and nutrition but also to the development of their personality and mental well-being (Mayen, 2013).

6.5.1 Mental health and psychosocial needs

The need for attention to the psychosocial and mental health situation of adolescents mainly includes the impacts of ongoing conflicts and violence on children and adolescents. This would also be in conformity with the recommendation of the Committee on the Rights of the Child, which recommended in 2005 "that the State party continue to strengthen its efforts to address adolescent health issues and develop a comprehensive policy to ensure reproductive and mental health counselling and services for all adolescents", including with attention to that Committee's general comment on adolescent health and development (Committee on the Rights of the Child, 2005, para 58).⁴⁸

One of the strengths of the national mental health framework is purportedly the performance of a child and adolescent epidemiological survey, although mental disorders within Yemen are prevalent and skilled services are limited (MoPHP & SFD, 2010, pp 7 & 10). The current National Mental Health Strategy 2011-2015 provides for a specific programme component for children and adolescents that aims to improve specialist primary care and intersectoral services which includes a focus on priority governorates and linkages with school health professionals and community-based interventions (ibid, pp 32 & 38). It will merit monitoring and review.

⁴⁸ General comment No. 4 (2003), "Adolescent health and development in the context of the Convention on the Rights of the Child", may be accessed – in English and Arabic – via <http://tb.ohchr.org/default.aspx?Symbol=CRC/GC/2003/4>.

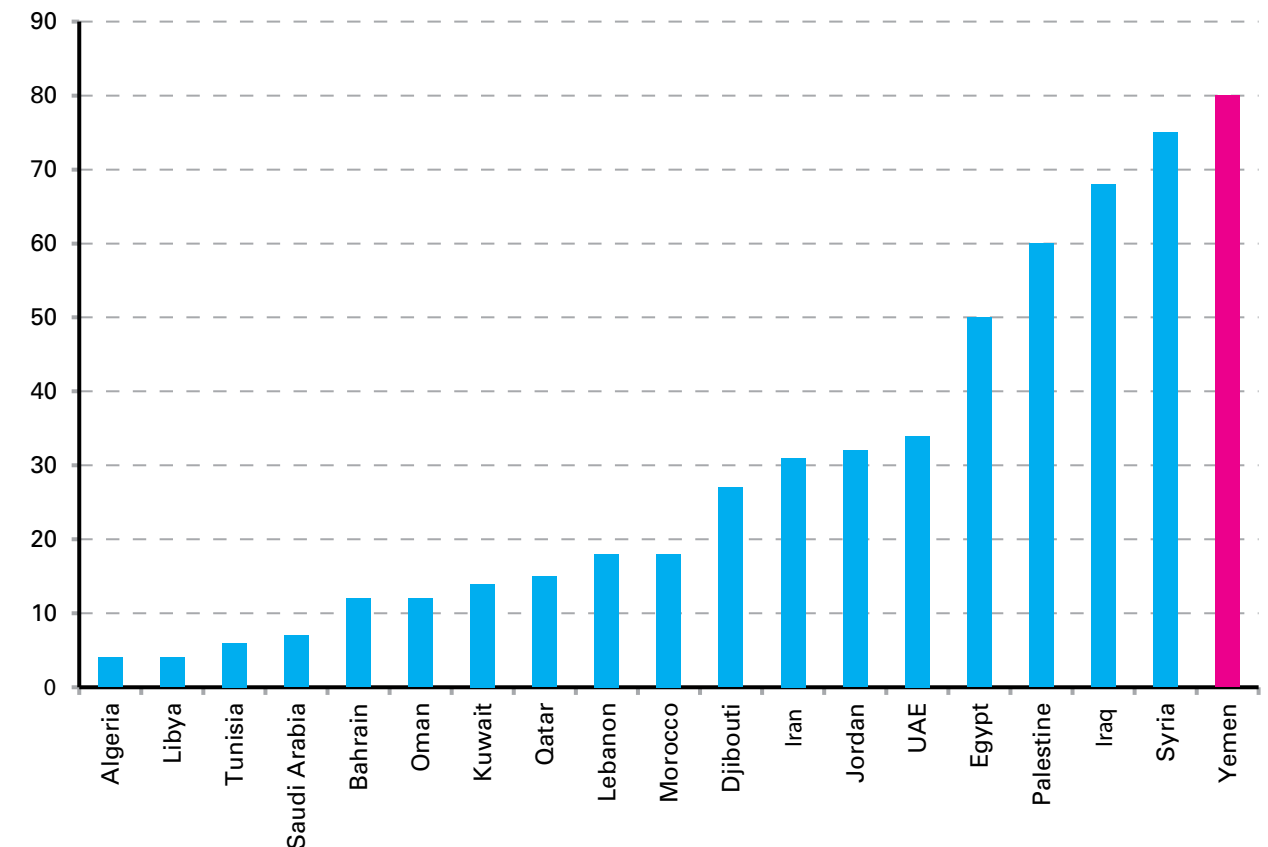
6.5.2 Sexual and reproductive health

Young women in Yemen are at considerable health risk due to early marriage and adolescent pregnancy. Yemen (based on its 2006 MICS) has the highest rate of all 19 MENA countries (Figure 6.12), even though national data indicate that the under-20 reproduction rate has been decreasing (see Figure 2.2; JSEA, p. 94). Corresponding data on skilled birth attendance are only available for seven MENA countries, including Yemen; for females aged under 20 years giving birth, just 37 per cent had a skilled birth attendant present, compared to a minimum for the other six countries of 66 per cent (Morocco) (UNICEF, 2012c, Statistical Table: Adolescents). Data are only available for six MENA countries on the proportion of 20-24-year-old females who gave birth before 18 years of age; at 25 per cent, Yemen has a much higher rate than the next country (Sudan, 14 per cent) (UNICEF, 2013a, Table 11).

On the one hand, Yemen is one of few MENA countries to have reasonably complete globally-published data available for adolescent reproductive indicators. But on the other hand, they illustrate a very serious situation, given the combination of the regionally highest adolescent birth rate and a very low rate of skilled birth attendance, especially for an age group at considerable risk of birth complications.

Females aged under 20 years account for one in three maternal deaths – well in excess of their share of births and evidence of the mortality risks of early pregnancies – and reference was made in Chapter 6.2 to the global evidence of the considerable contribution that improved contraceptive use makes to reducing maternal mortality, especially for adolescent females. The situation is much worse in rural areas, and is expected to have deteriorated further since 2011, especially with the departure of various development partners in the reproductive health area (JSEA, pages 92-93). Recent research has concluded that foetal growth restriction that is commonly associated with early (adolescent) pregnancy and poor maternal nutrition

Figure 6.12: Adolescent birth rate/1,000 females (15-19 years) in MENA countries



Source: UNICEF, 2013a, Table 11. No data for Sudan. Most recent data available (to 2010).

increases the risks of preterm delivery and complications that include neonatal mortality and stunting in infants (Black et al, 2013, pages 7-9). These conditions are prevalent in Yemen.

It is not only maternal health services that are critical, but also knowledge and practice of reproductive health and family planning. The JSEA reports that "as of March 2012, project proposals for reproductive health identified in the Consolidated Appeals Project (CAP) for the United Nations have been funded at 0 percent" and that "there was an overall increase in the needs of reproductive health services by Yemeni women which could not be met by international interventions due to lack of funding and/or evacuation of development partners" (JSEA, pp 93-94).

A particular barrier in Yemen is the very poor knowledge of contraception. This can be

understood from data on adolescent knowledge of HIV, which emphasize primary means of preventing transmission, not just of HIV but also of sexually transmitted infections more generally (as well as a premature pregnancy). The 2010 national KAP survey of HIV revealed that, of 15-24 year-olds who had heard of HIV, just 4.9 per cent of females and 6.3 per cent of males could correctly answer five questions on HIV and its prevention (Chaaya & Dimassi, 2010, p. 76).

The previous section noted the low rate of HIV prevalence but increasing risk factors in Yemen. The increasing exposure of adolescents and young people, especially females of or approaching child-bearing age, under conditions of poor knowledge of prevention, is of growing concern. At the very least, national HIV data are a valuable proxy for broader policy challenges in adolescent sexual

and reproductive health, especially given weak data for that more general aspect of adolescent health policy and programming.

6.5.3 Recreation and leisure

In a country characterized by widespread poverty and threats of conflicts, children's right to play and leisure is not widely understood or valued. This is further shaped by pressures for children to prioritize domestic and family farming work in their non-school times as well as entrenched gender roles.

Government data show 31 youth houses and centres located across 16 governorates. Of 22,000 'cubs' in sporting organizations, 50 per cent are enrolled in football, shifting to 45 per cent of 31,000 enrolled youngsters; for the age group defined as youth that proportion of a similar sized population declines to 22 per cent (Central Statistical Organization, 2012, Chapter 23: Social Welfare and Youth, Tables 13 & 15). These are small proportions of Yemeni young people.

The Government's fourth periodic report to the Committee on the Rights of the Child informs that most responsibility for children's cultural and sporting activities rests with MoE (Committee on the Rights of the Child, 2012, para. 394). For most children and adolescents across Yemen, the very poor physical infrastructure and professional capacities of schools means that they lack adequate opportunities for play and recreation activities to be an enjoyable or even accessible experience. Recent consultations with adolescents across all governorates highlighted that sports and play equipment are limited, as is time within the curriculum for sports and play, and school sports contests were reported as sometimes serving as a venue for violence between boys that can even extent to school closures (WASL Project, 2013, p. 11).

More generally, those young people reported that leisure time is mainly taken up by – for boys – playing football, watching television, visiting relatives or friends and chewing qat and – for girls – watching television, learning the Qur'an and sewing and embroidery. Girls are largely confined to the home, with religious studies an opportunity to go out. The shortage of girl-friendly spaces means that existing

spaces are commonly strictly supervised and not favoured for leisure time (ibid, pp 20-21). It is therefore apparent that improving children's and adolescents' access to suitable leisure and recreation opportunities extends well beyond simply making more facilities available, and includes shifts in parenting and community attitudes that better values the importance of leisure time to the child's fullest individual and social development.

7. Nutrition

7.1 Nutrition summary

Yemen is described as having a "dismal track record" on nutrition, attributed to the combined effects of entrenched structural problems such as food insecurity, insufficient access to clean water and adequate sanitation, and poverty, coupled with the need for behavior change in areas such as infant and young child feeding and caring practices (JSEA, p. 79).

This, at the same time, emphasizes both the poor nutrition situation in Yemen and its interdependence with the scope of other chapters in Part B. Nutrition-focused responses are critical but cross-sectoral efforts are necessary for sustainable progress. This extends from basic through to immediate causes as shown in Figure 7.1, from which it is evident that Yemen suffers serious challenges through each dimension of the factors threatening nutritional status.

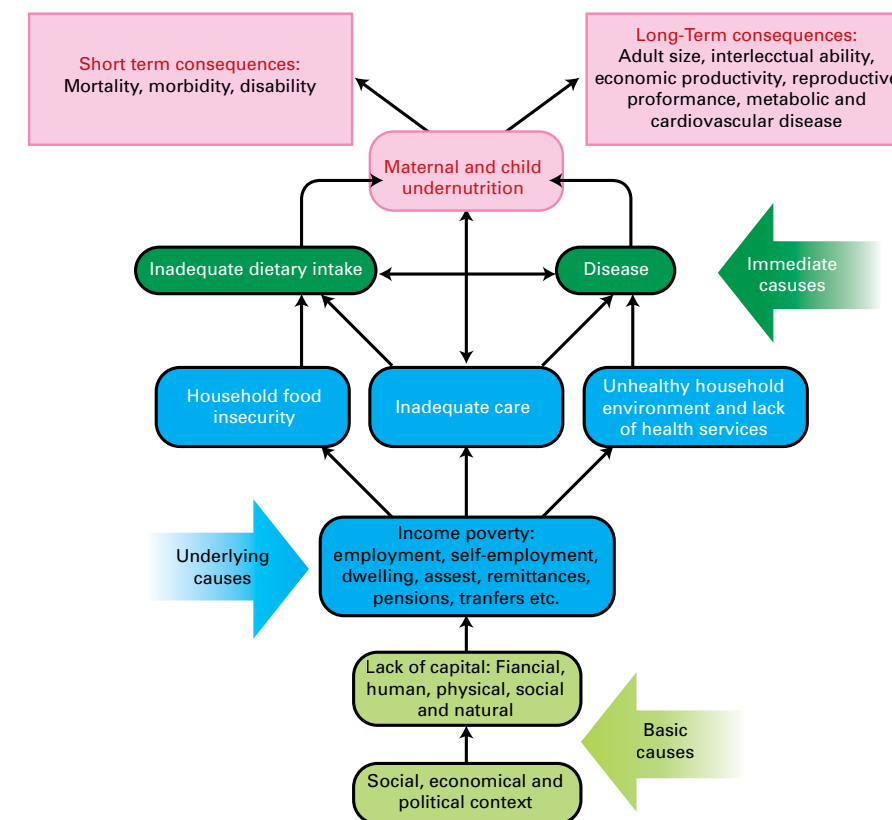
Those basic and underlying causes include environmental, economic and sociopolitical factors, with poverty having a central role. Although addressing general deprivation and inequity would result in substantial reductions in undernutrition and should be a global priority, major reductions in undernutrition can also be made through programmatic health and nutrition interventions (Black et al, 2008, p. 243).

This report takes a similar approach in considering the cross-sectoral and structural aspects of children's vulnerabilities, so that reference should also be made to chapters that consider poverty and the other chapters of Part B.



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Figure 7.1: Relationship between the causes and consequences of maternal and child undernutrition



Source: Black, R et al (2008), "Maternal and child undernutrition: global and regional exposures", The Lancet, Vol 371, pp 243-60

The nutritional status of the population is a core indicator of the Millennium Development Goal 1, which provides that the proportion of people who suffer from hunger be halved between 1990 and 2015. The main specific indicator is the proportion of under-five year-old children who are underweight. As indicated in Table 3.3, the nutrition-based Goal is deemed unlikely to be achieved, although the national Millennium Development Goal report by the World Bank includes no progress data on underweight targets. Nevertheless, current global data show that Yemen has the second poorest rate of moderately and severely underweight children in the world, at 43 per cent of the population of under-five year olds (Timor-Leste has a rate of 45 per cent). However, Yemen's rate for severe underweight children is the highest in the world, at 19 per cent (Timor-Leste is next, at 15 per cent) (UNICEF, 2013a, Table 2. That is, one in five young children in Yemen is severely underweight.

An impediment in tackling improved nutrition standards in Yemen has been that "nutrition has not been sufficiently mainstreamed into health care in the past" (UNICEF, 2013b, p. 40). Neither the National Health Strategy 2010-2025 nor the third health strategic plan make any explicit reference to child nutrition or to human resource requirements for such responsibilities. In the latter, the goal of controlling common child diseases due to malnutrition and respiratory system infections had an indicator of extending integrated child health strategy coverage, and the current (fourth) health strategy plan includes no nutrition-based goals or indicators (MoPHP, 2010, pp 10 & 54). According to the accompanying discussion in the current plan, the goal of reducing child mortality is the current proxy means of ensuring that malnutrition has been reduced (ibid, p. 21).

This is at least an important acknowledgement that, although child mortality is not statistically attributed to malnutrition (see Figure 6.8), child malnutrition is recognized as an important causal factor. In 2008, it was reported that the global proportion of under-five mortality attributable to child and maternal undernutrition had declined to 35 per cent; in 2013, that proportion was reported to have increased to 45 per cent (Black et al, 2008, p. 254; Black et al, 2013, p. 16). Undernutrition can be deemed the cause

of death in a synergistic association with infectious diseases; if the undernutrition did not exist, the deaths would not have occurred. All anthropometric measures of undernutrition were associated with increased hazards of death from diarrhoea, pneumonia, and measles; the association was also noted for other infectious diseases, but not malaria (Black et al, 2013, p. 12).

The situation of children in Yemen cannot progress without an explicit focus on child nutrition. Malnutrition may take the form of over sufficient, insufficient or poorly balanced dietary intake. The first form (commonly associated with obesity), is not a concern in Yemen, so the focus of this report is on undernutrition.

As has been described, child nutrition indicators in Yemen are among the worst in the world. Yemen has the highest proportion of severe underweight children in the world and the second highest (at 58 per cent, by one percentage point) rate of stunting, which is the single main anthropometric indicator for children. It is likely that those rates have deteriorated further since 2011. Surveys in 2012 established that acute malnutrition in children is well above the WHO 15 per cent threshold of critical in some areas (more than double that rate in Al-Hodeidah).

Yemen's stunting rates are of particular concern, as they carry such long-term consequences through the school years and into adulthood. While many of the conditions adversely impacting nutritional status – domestic conflicts and political instability, international food prices and economic pressures, domestic oil and water resource challenges – are beyond the control of households, many opportunities exist at the household level to sustainably improve the nutritional standards of children. Infant and young child feeding practices – starting with the early initiation of breastfeeding and exclusive breastfeeding for the first six months – need to be significantly improved. Household expenditure patterns – especially of the most food insecure families – need to be adjusted in terms of nutritional value, including diversity.

The National Food Security Strategy brings together the key emerging themes in articulating the priorities for sustainable national progress. To make a real difference, all people's behaviors

Table 7.1: Key equity-focused observations on challenges and priorities for action (nutrition)

<p>Selected indicators</p> <ul style="list-style-type: none"> • 43 per cent of under-five children in Yemen are underweight (19 per cent are severely underweight, the highest rate in the world). • Stunting is at alarming rates (58 per cent, 2010 global estimate) and appears to be getting worse (stunting carries longer-term consequences for children and is impacted by a range of factors including maternal nutrition and poor water quality). • Yemen has, regionally, the lowest rates of infant feeding practices, with 30 per cent early initiation of breastfeeding and 12-10 per cent exclusive breastfeeding over the first six months. • Between 2009 and 2011, the proportion of Yemeni households suffering food insecurity grew from 32 to 45 per cent, with the proportion in extreme insecurity almost doubling (12 to 22 per cent, 27 per cent rural). • Only 5 per cent of households consume adequately iodized salt. • Household expenditure on fruit, vegetables, pulses and dairy (combined) averages 8 per cent, the same as for qat. 					
<p>Equity determinants</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Enabling environment</p> <ul style="list-style-type: none"> • Low early and exclusive breastfeeding practices rates (weak advocacy for best practice) • Stunting in children continues at very alarming rates that indicate inadequate national strategic responses • The National Food Security Strategy is not (yet) achieving necessary behaviour change at household level, and needs stronger macro-policy leadership on qat and population factors, and in the integration of child and maternal nutrition in national health system and related planning and policy documents. </td> <td style="vertical-align: top;"> <p>Demand for services</p> <ul style="list-style-type: none"> • Harmful customary practices re: early infant feeding • View that stunting is a national genetic norm • Harmful domestic decision-making in budgeting for food vs. buying qat and other health and education priorities • Vulnerability of girls and young children with last/ least access to food at mealtimes • Severe food insecurity in IDP and refugee populations </td> <td style="vertical-align: top;"> <p>Service supply & quality</p> <ul style="list-style-type: none"> • Need for improved coverage in vitamin supplementation and implementing lack of quality control measures, poor food inspection and lack of law enforcement measures in relation to food fortification • IYCF and CMAM interventions need to be scaled up in coverage, better targeting and quality • Improved focus needed on the targeting of therapeutic feeding programmes, including to ensure that they are both functioning and reporting </td> </tr> </table>			<p>Enabling environment</p> <ul style="list-style-type: none"> • Low early and exclusive breastfeeding practices rates (weak advocacy for best practice) • Stunting in children continues at very alarming rates that indicate inadequate national strategic responses • The National Food Security Strategy is not (yet) achieving necessary behaviour change at household level, and needs stronger macro-policy leadership on qat and population factors, and in the integration of child and maternal nutrition in national health system and related planning and policy documents. 	<p>Demand for services</p> <ul style="list-style-type: none"> • Harmful customary practices re: early infant feeding • View that stunting is a national genetic norm • Harmful domestic decision-making in budgeting for food vs. buying qat and other health and education priorities • Vulnerability of girls and young children with last/ least access to food at mealtimes • Severe food insecurity in IDP and refugee populations 	<p>Service supply & quality</p> <ul style="list-style-type: none"> • Need for improved coverage in vitamin supplementation and implementing lack of quality control measures, poor food inspection and lack of law enforcement measures in relation to food fortification • IYCF and CMAM interventions need to be scaled up in coverage, better targeting and quality • Improved focus needed on the targeting of therapeutic feeding programmes, including to ensure that they are both functioning and reporting
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<p>Priority responses</p> <ul style="list-style-type: none"> • Nutrition planning needs formulation of multidisciplinary approach to reduce undernutrition, improved mainstreaming within national health efforts, especially community-based nutrition interventions. • IYCF practices – commencing with early initiation of and exclusive breastfeeding – needs accelerated responses. • Micronutrient supplementation, especially for women and young children, and food fortification including salt iodization, need to be sustained and expanded to achieve universal coverage. • GoY's membership in the SUN Movement needs strong commitment and implementation consistent with Cabinet Decree No. 91 of 2013. 					
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.</p>					

must change. This means information and awareness-building campaigns, which usually target women, must involve men as well, because of their decision-making power in allocating household resources and their leading role in Yemen's patriarchal society. These campaigns should focus on educating the public about five major topics: (1) family planning, (2) qat consumption, (3) breastfeeding practices, (4) nutrition, and (5) women's empowerment (MoPIC & IFPRI, 2011, p. 3).

The poor situation of newborn well-being and survival – and the opportunities that exist to ensure improved outcomes – need to be understood in the context of Yemen being the tenth largest recipient of donor assistance for newborn care, measured in terms of the value of ODA to maternal, newborn and child health activities that reference newborn activities. This represents 20 per cent of such ODA to Yemen and translates to \$9 per newborn in Yemen (Save the Children, 2013, p. 53).

A key concern has been the reference to Yemen's "dismal track record" in prioritizing child and maternal nutrition within national health planning. The national health strategy needs upgrading to integrate the wide range of issues related to specific nutrition interventions. This needs to include resource requirements. It also needs to incorporate community-based preventive nutrition responses, such as infant feeding practices, hygiene promotion and improved safe water treatment and excreta disposal, among other improved household practices. The national code of marketing for breastmilk substitutes requires reinforcement that includes implementation capacity. These directions appear to be receiving improved focus within current transitional planning, notably within the Transitional Plan (2012-2014) for MoPHP. This includes explicit objectives of:

- reducing the prevalence of severe acute malnutrition among IDPs and host communities; and
- improving the quality of maternal, neonatal and child health services care in conflict areas.

Those objectives are accompanied by a number of highly relevant and priority activities and timeframes that integrate responses through

the use of SMART surveys, CMAM and IYCF services and therapeutic feeding and outreach nutrition activities, linked to ANC and health education awareness that includes attention to IDPs and other vulnerable communities. This adds up to a welcome acceleration and focusing of priority interventions that better link in GoY's work with partners and augur well for Yemen's strategic responses in accordance with its membership in the SUN Movement.

It is therefore encouraging to note that, early in the second transitional period, the Government adopted Cabinet Decree No. 91 of 2013 concerning the necessary measures to address widespread malnutrition in the country. The Decree requires the development, adoption, financing and incorporation into government plans and programmes of a "comprehensive national strategy for nutrition which involves all concerned actors and which defines causes, responses and the relevant implementing agencies" (Republic of Yemen, 2013). A multisectoral plan in accordance with SUN standards has now been drafted and costed.

The necessary levels of partner support – including from key donors – are now more timely than ever, not only in the context of the nutrition situation for children in Yemen being at its most dire, but also in the context of this more strategic approach to addressing that situation. This also makes the current elaboration of the investment case especially timely for so many children in Yemen. This reflects global work to inform post-2015 priorities, for which it has been estimated that the implementation of a bundled set of interventions that reduce the prevalence of stunting would provide an economic benefit-to-cost ratio of 15, and much higher if its conservative assumptions were relaxed (Hoddinott, Rosegrant & Torero, 2012, p. 42).

Those interventions focus on vitamin A, iron, iodine and zinc deficiencies. The extremely high proportion (95 per cent) of Yemeni households that lack adequate iodized salt intake is both a serious threat and a sound opportunity. There are "overwhelmingly high" benefits from universal salt fortification. This simply reflects the fact that measures to address child survival and well-being represent sound economic investments in addition to being fundamental rights of the

child, and that Yemen stands to derive strong benefits from the recent momentum of the transitional health planning, including SUN Movement membership, and early signs of improved national coordination and planning, including in resource commitment and funding flows.

7.2 Undernutrition

The relevance of tackling malnutrition concerns more than the health-related consequences in early childhood.

Nutrition has profound effects on health throughout the human life course and is inextricably linked with cognitive and social development, especially in early childhood. In settings with insufficient material and social resources, children are not able to achieve their full growth and developmental potential. Consequences range broadly from raised rates of death from infectious diseases and decreased learning capacity in childhood to increased non-communicable diseases in adulthood (ibid, p. 17).

Undernutrition may be measured in two main ways: wasting and 'stunting, with underweight being a measure of both of them.

Stunting among children is a strong nutritional indicator for combination of poor caring practices, hygienic situations, inadequate access to health services, coupled with chronic food insecurity as insufficient calorie intake translates into reduced child growth. Underweight or low weight-for-age is similarly defined and reflects both chronic and acute malnutrition. Wasting is based on standardized weight-for-height and low values can be a measure of acute malnutrition (WFP, 2012, p. 17).

Trend data for malnutrition are not readily available: country-level data are normally derived from Demographic and Health Surveys, which were conducted in Yemen only in 1991-1992 (for which such data were not included) and 1997. More recent survey data on child nutritional status may not be methodologically comparable, but nevertheless afford useful indicators of the situation (see Table 7.2).

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Box 7.1: Fourth 5-Year Health Development and Poverty Alleviation Plan 2011-2015 (part 2)

General Objective 1: Reduce morbidity and mortality rate among mothers, children and newborns

13. Increase use of family planning modern devices by 40 per cent.
 14. Reduce MMR 135 per 100,000 live births and NMR to 20 per 1,000 live births by 2015.
 15. Mainstream gender issues in the health system policies and strategies.
 16. Reduce IMR to 36 per 1,000 live births and U5MR to 41 per 1,000 live births.
 17. Improve health and medical services for children and adolescents.
 18. Promote school health programmes.
- General Objective 2: Reduce incidence of infectious and non-infectious diseases
21. Reduce deaths caused by malaria to 1 per cent of registered cases.
 22. Reduce HIV prevalence to less than 0.2 per cent.
 23. Reduce tuberculosis incidence in the society.
 24. Reduce bilharzias infection.
 25. Epidemiological disease control.
 26. Enhance health services with health quarantines.
 27. Reduce the incidence of eye diseases in the society, particularly cataract cases.
 28. Eliminate leprosy as a social health problem.
 29. Strengthen and improve environmental and occupational health.
 30. Reduce rabies mortality.

General Objective 3: Raise Efficiency of Treatment Services

23. Ensure safety of blood tests and services as well as blood derivatives.
24. Develop existing central labs and laboratories in large and medium-size hospitals in the capital and provinces.
25. Easy access to diagnostic services (X-ray, ultrasound, CT, MRI).

26. Extend and improve quality of emergency health services.
27. Reduce morbidity and mortality by casualties and violence.
28. Promote psychological health services and addiction cases.
29. Reduce the morbidity and casualties through medical camps.
30. Treat diseases caused by cancer and tumours.
31. Extend services provided by specialized cardiovascular treatment centres.
32. Extend services by specialized centres on nephrology and urinary system treatment.
33. Improve delivery of health and medical services at hospitals.

General Objective 4: Extend health services and raise health awareness

5. Extend basic health services coverage from 68 to 75 per cent and improve service quality.
6. Raise health awareness among community members over population and health issues.

General Objective 5: Promote the health system performance (institutional building)

19. Promote and constantly update the health system institutional capacities.
20. Support independent hospitals including authorities.
21. Secure necessary skills to assist service delivery.
22. Activate and update the health information system.
23. Provide medicine and health technology.
24. Develop and activate the social health insurance system.
25. Promote community role in managing and financing of health services.
26. Improve quality of health services, ensure patient safety and provide full set of health services.
27. Develop and activate administrative, financial and technical performance.

Source: MoPHP, 2011, p. 10.

Table 7.2: Trends in undernutrition for under-5 year-old children in Yemen

	1997 ¹	2003 ²	2005/06 ³	2010 ⁴	2011 ⁵	2012 ⁶
Wasting						
• Severe	2.6	3.0	4.4	3.9	3.6	
• Severe & moderate	12.9	12.4	15.7	15.0	13.0	15.9
Stunting						
• Severe	26.7	22.2	35.2	37.1	21.7	
• Severe & moderate	51.7	53.1	57.9	58.0	46.6	49.1
Underweight						
• Severe	14.5	15.2	15.0	19.0	12.6	
• Severe & moderate	46.1	45.6	42.9	43.0	35.5	40.5

Source: JSEA, Table 15.

Notes: 1. DHS; 2. Family Health Survey (GoY); 3. Household Budget Survey; 4. WHO reanalysis using 2003 HBS data using WHO growth standards; 5. WFP Comprehensive Food Security Survey 2012; 6. NSPMS.

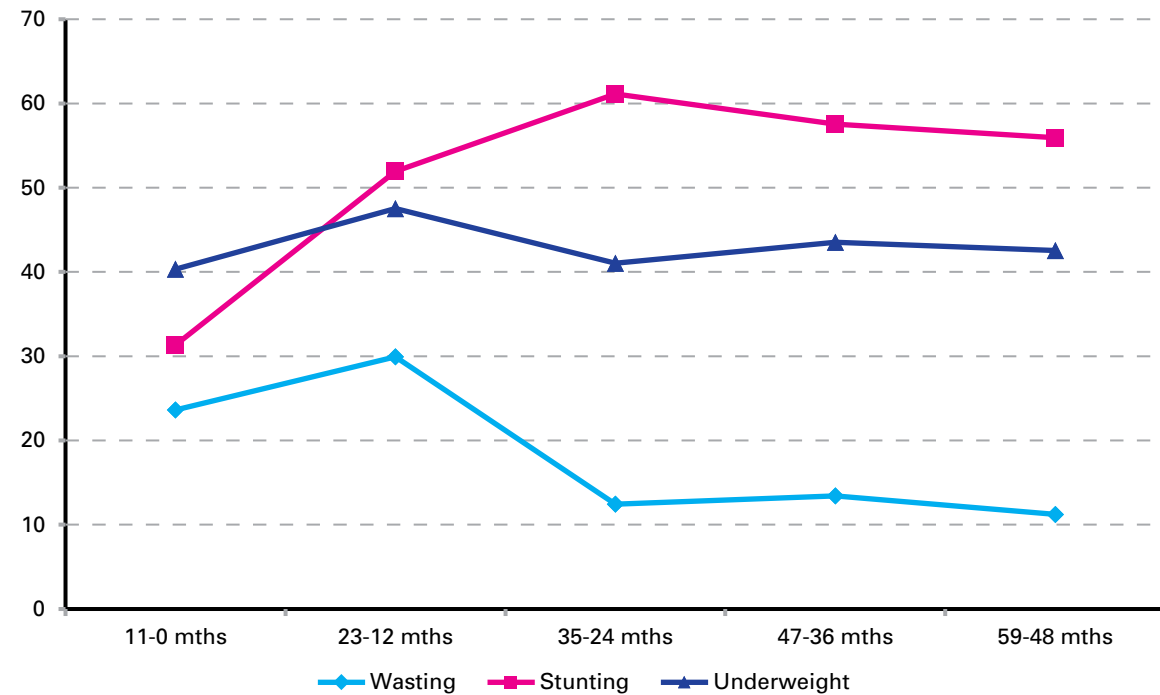
If there are any possible trends, it would seem to be that underweight could be steadily declining (improving: at least the share for moderate rates) while stunting is steadily deteriorating (apart from a sharp decline between the 2010 and 2011 data, but with further deterioration post-2011). National data conceal sizable variations. Generally (globally), boys have poorer nutrition rates than girls and, although this is the case in Yemen for wasting (18 per cent global acute malnutrition (GAM) for boys and 14 per cent for girls) and underweight (43 per cent for boys and 38 per cent for girls), stunting is more gender-neutral (50 per cent for boys, 48 per cent for girls). The rate of underweight in children is 26 per cent urban and 44 per cent rural. This is an 18 percentage point gap that is 7 points higher than in 2011 (although note different methodologies). This weaker rural situation is for both wasting and stunting, with higher rural rates of, respectively, 8 and 16 percentage points (MoPIC et al, 2013, Table MCH.3). Wasting and stunting rates also increase markedly as the household wealth quintile and the mother's education levels decrease (ibid, Table MCH.4). There are similarly higher than average rates across a number of governorates.

As of November 2013, the emergency threshold for severe acute malnutrition (SAM) of 5 per

cent has been exceeded in two governorates, Al-Hodeidah and Al-Dhalae, and the emergency threshold for GAM of 15 per cent is exceeded in six governorates of Hajjah coastal, Al Hodeidah, Taiz coastal, Aden, Lahj coastal and conflict-affected districts in Abyan (JSEA, p. 82).

Such variations above the average are alarming when it is considered that Yemen has the second highest rate of stunting in the world: at 58 per cent, compared to 59 per cent for Afghanistan (UNICEF, 2013, Table 2; the global data equate to the 2010 estimates in Table 7.2). Stunting is now increasingly accepted as being the primary indicator of childhood undernutrition and an important indicator of multiple public system failure. "It should replace underweight as the main anthropometric indicator for children" (Black et al, 2013, p. 17). The age-related trends in stunting, wasting and underweight for children in Yemen are shown in Figure 7.2.

Figure 7.2: Age-based trends in undernutrition in under-5 year old children in Yemen (% , 2012)



Source: MoPIC et al, 2013, Table MCH.2.

Although wasting is not uncommon around the period of weaning from breastfeeding, Figure 7.2 points to unusually high wasting rates (above 20 per cent national average in the first year) for much younger children. Wasting rates are especially high in Al-Hodeidah (32 per cent, more than double the WHO critical threshold), with rates of 22 per cent rate in Hajjah and 19 per cent in Aden.⁴⁹

However, for Yemen, every part of the country is a priority in addressing underweight children, even though some governorates are obviously in more critical circumstances than others. In general, wasting is endemic and high in western and southern coastal areas, and stunting is high countrywide. The prevention of stunting is a countrywide priority, while CMAM is focused mainly on those coastal areas.

Stunting rates are of especial concern, as they are more persistent – and irreversible – if left

unattended in the first two years and carry adverse consequences for children’s growth and development. Children who are stunted are more likely to drop out of school early, suffer from chronic diseases and be denied their potential to contribute to Yemen’s development.

The incidence of stunting is not only a product of the child’s nutritional status after birth, but is strongly linked to maternal and foetal factors: “about a fifth of childhood stunting could have its origins in the foetal period, as shown by being born [small-for-gestational-age]” (Black et al, 2013, p. 9). This concerns not only maternal nutritional status but is also a function of early pregnancy, which is high in Yemen and linked to early marriage. Stunting also has environmental links with the risk of waterborne diseases and unsafe water supplies. Of infectious diseases, diarrhoea is most critical in exacerbating stunting, especially for multiple episodes of diarrhoea within the first

⁴⁹ Data from SMART surveys conducted at governorate level throughout 2012. See Yemen Nutrition Cluster Survey Reports via <https://sites.google.com/site/yemennutritioncluster/documents/nutrition-survey-reports> (accessed 1 September 2013).

24 months, with five such episodes accounting for 25 per cent of stunting rates (ibid, p. 8).

This emphasizes the importance of multisectoral responses to undernutrition, commencing with the 1,000-day window of opportunity from the foetal stage until the child’s second birthday. This requires a focus on the factors that perpetuate an intergenerational lifecycle of undernutrition in Yemen, including attention to maternal nutrition that is linked to broader maternal health interventions and measures to promote adolescents’ knowledge and practices concerning reproductive health, as discussed in Chapter 6.

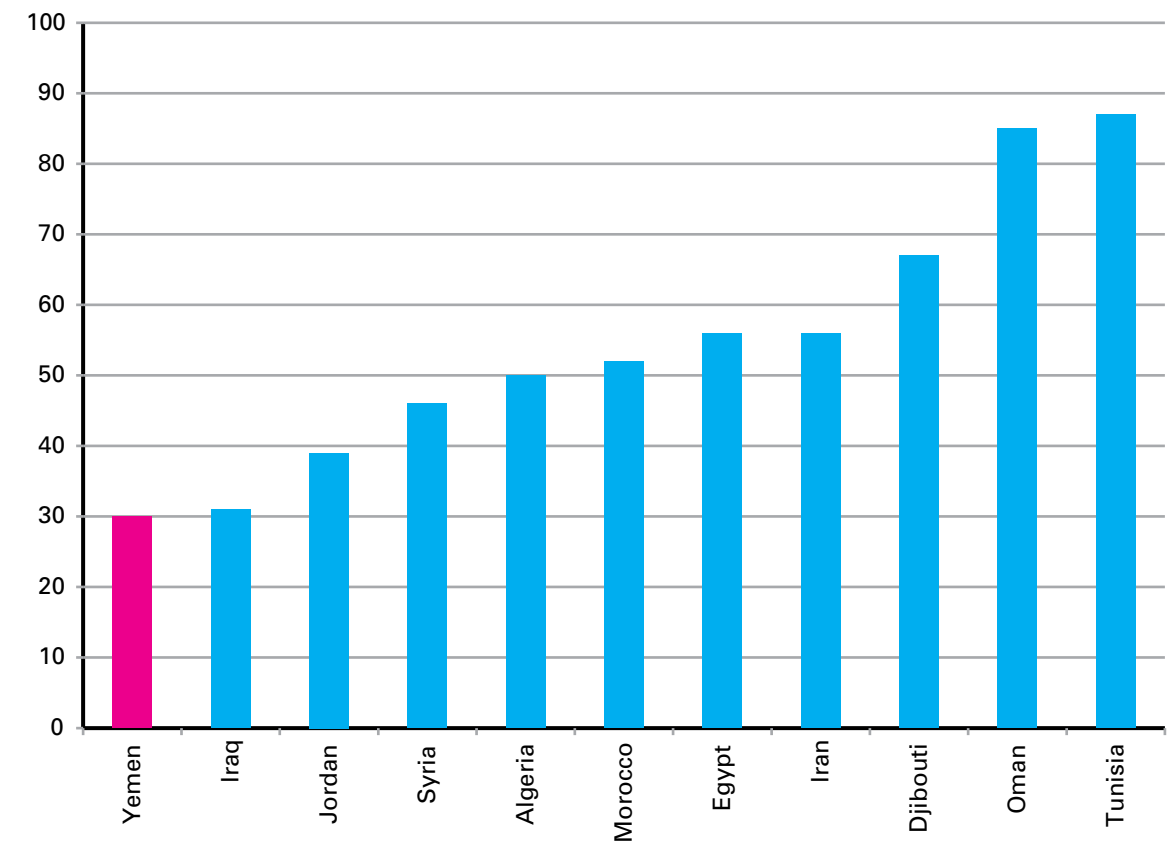
The nutritional status of women both before and during pregnancy, exacerbated by inadequate weight during pregnancy, is a major contributing factor to low birth weight and is linked to over one in five cases of maternal mortality. Low birth weight is a high risk factor in premature

death, serious developmental problems, poor cognitive development and additional requirements for medical care in future years (UNICEF, 2013b, p. 10). Poor maternal nutritional status also impedes the capacity to ensure optimal infant feeding practices.

7.3 Infant and young child feeding and care practices

IYCF is affected by maternal nutrition standards from the early stages of conception and is crucial from the infant’s birth. Inadequate breastfeeding practices are a major cause of malnutrition among young children in particular. Generally, breast milk is the best and the most important source of nutrients for infants and especially the colostrum is essential for properly initiating the immune system of newborns. Furthermore, breastfeeding is one of the most effective ways to feed young children

Figure 7.3: Early initiation of breastfeeding across MENA countries (%), 2007-2011



Source: UNICEF, 2013a, Table 2.

and to ensure child health and survival (UNICEF, 2013b, p. 11).

The single most important means of achieving improved nutrition and to minimize malnutrition in children is to ensure good breastfeeding practices.

Suboptimum breastfeeding has large mortality consequences worldwide, similar to those of stunting. ... More than three quarters of the burden attributed to suboptimum breastfeeding is due to non-exclusive breastfeeding in the first 6 months of life when even provision of water or teas leads to an increased risk of death (Black et al, 2008, p. 255).

This needs to commence at the infant's birth (the measurement of "early initiation" refers to the first hour after birth), continue as exclusive breastfeeding for the first six months and be complemented after that by the introduction of other foods (complementary feeding) until age two. Ideally, the introduction of complementary feeding after at least six months will commence with predominant breastfeeding (supplementing breastmilk with clean water or teas) to partial breastfeeding (introducing other liquids or solids). Appropriate breastfeeding and complementary feeding together prevent an estimated 19 per cent of all under-five deaths (Jones et al, 2003, p. 67). The importance that complementary feeding be appropriate – including calorie- and protein-dense foods – remains poorly understood, which is of concern in a country where it is so prematurely introduced.

Yemen has the lowest rate of early initiation of breastfeeding of countries in MENA for which data are available (Figure 7.3), with an exclusive breastfeeding rate of just 10.3 per cent (MoPIC et al, 2013, p. 86). While "most of the children in Yemen (97 per cent) are breast-fed for some time" (MoH, 2004, p. 128), the problem is in the low prevalence of important practices of early initiation, exclusive feeding and introduction of complementary feeding. A 2006 survey by UNICEF and the World Food Programme (WFP) showed that almost all children aged 0-6 months are breastfed, but about half of the mothers reported feeding some other liquids to their babies,

even before initiating breastfeeding. Common liquid and solid foods fed to infants (under 6 months of age) include water; sugared or salted water; fresh (animal) milk and milk powder; tea; fruit juices; commercial infant formula; ghee, butter, and yoghurt; and food from the family pot and prepared porridge (UNICEF, 2013b, p. 12; emphases added. Honey is also commonly used.).

To reiterate Black, it is necessary to focus primarily on exclusive breastfeeding for the first six months. This is the situation for just one in ten Yemeni infants, with lower rates in rural areas (8.2 per cent) and the poorest quintile of households (6.2 per cent) (MoPIC et al, 2013, p. 86). Reasons are difficult to generalize, with the two primary factors being either good knowledge but poor practice or poor knowledge, in both cases commonly shaped by persistent beliefs in traditional practices about either undesirable effects of breastfeeding or the desirable effects of complementary feeding, even from the first feed (UNICEF, 2013a, pp 40-46). Additionally, alarmingly high rates of qat chewing by women (73 per cent) – including pregnant women – negatively affect breastmilk production and lead to supplementary feeding, severe undernutrition and even death of the child (Mayen, 2013).

This results in a very poor start to life for most Yemeni children, especially when the alternative best practice is both a cost-free option and the most readily available response. Current barriers to improved practice appear to be inadequate systematic attention at the time of birth to encouraging or teaching early initiation, weak provision in ANC services for improving the newborn mother's knowledge and practice of exclusive breastfeeding and its benefits, and successful inducement by the marketers of powdered breastmilk substitutes for doctors to advocate alternatives to breastfeeding (additionally risky due to widespread poor water quality). A qualitative study in 2013 indicated that social or traditional perceptions were a key factor in associated decision-making, especially with a high rate of non-breastfeeding being attributed to the newborn purportedly rejecting the breast and a belief in many local areas that the mother's colostrum is harmful to the infant,

complemented by the successful marketing of breastmilk substitutes (with attendant risks of water quality) (UNICEF, 2013d, pp 40-57).

Collectively, this indicates the urgent need for action by GoY to implement the national code of marketing of breastmilk substitutes practice. That code has been prepared and adopted based on the WHO and UNICEF 1981 International Code of Marketing of Breastmilk Substitutes (which aims to regulate inappropriate sales promotion of infant foods that can be used to replace breast milk), and aims to strengthen breastfeeding KAP through skilled birth attendants at community level and ANC services.⁵⁰

The WFP comprehensive food security survey (CFSS) in 2011 found that 43 per cent of children under two years of age had been breastfed in the previous 24 hours. While the rate was highest for children aged 12-17 months, at 48 per cent, the lowest breastfeeding rate was recorded for infants aged under six months, at a mere 40 per cent (no urban/rural difference) (WFP, 2012, Table 7). In that survey, just 12 per cent of children under age six months had been exclusively breastfed within the preceding 24 hours, indicating a heavy incidence of premature complementary feeding. This is the age when they need to be exclusively breastfed, and gives a strong insight into key factors in child malnutrition and illness in Yemen.

In its 2010 periodic report to the Committee on the Rights of the Child, GoY makes negligible reference to breastfeeding – or even broader IYCF – and mainly reports that some CSOs are running "breastfeeding awareness campaigns" (Committee on the Rights of the Child, 2012, paras 132, 443). Aside from the national nutrition strategy and in view of the close relationship between broader health and WASH interventions, IYCF does not form a part of the National Health Strategy or the fourth health plan, except to the extent that it (primarily breastfeeding) is viewed as a part of more general infant health interventions. (To the extent that this has been the case, the data indicate this to be a particular area of ineffective intervention.) While there is explicit provision for micronutrient supplementation and therapeutic feeding, this critical preventative and more effective measure needs mainstreaming and

prioritization within national responses to infant and child health and nutritional well-being.

It is, however, important to note that the MoPHP Transitional Plan for 2012-2014 strengthens the overall emphasis in both community-based and health service activities around integrated neonatal and nutritional interventions, which affords an improved opportunity for more appropriate responses to be ensured. This needs to address the persistence of suboptimal feeding practices through those early years, to the detriment of children beyond their first year at times of growth spurts. This includes feeding practices with children after illness and child-responsive feeding, as well as complementary care-based practices in stimulation and play, and related hygiene practices in excreta disposal and proper cleaning of the child.

7.4 Household nutrition and food security

The World Food Summit in 1996 defined food security as follows: "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life". This indicates the multidimensional nature of food security, with attention to food availability, access and utilization. The measurement of food insecurity is a combination of household data on food diversity and frequency and relative nutritional importance of the different food groups that then applies thresholds that divide households into food consumption standards that are poor (severely food insecure), borderline (moderately food insecure) and acceptable (generally food secure) (WFP 2012, p. 16).

The WFP CFSS in 2009 determined that 31.5 per cent of Yemenis were suffering from food insecurity. The same survey two years later, in 2011, reported that this rate had soared – by over 40 per cent – to 44.5 per cent. Alarmingly, the proportion that was severely food insecure had close to doubled in that two-year period, from 11.8 to 22.2 per cent, and was 9 per cent in urban areas and 27 per cent in rural areas, with considerable variation across governorates (ibid, pages 19, 21). Although the updated food security monitoring survey, Yemen,

⁵⁰ For the International Code, see http://www.who.int/nutrition/publications/code_english.pdf.

2013, estimates a slight improvement of the food insecure situation compared to 2011, the situation is still unacceptably high: 42.5 per cent for the entire population is food insecure.

Larger families and wealthier families have lower rates of food insecurity, and female-headed households are more food insecure (52 per cent) than male-headed households (44 per cent) (WFP, 2012, p. 26). The dietary intake of young children was surely affected by the fact that, from 2009 to 2011, there was “a significant fall in the consumption of fruits, vegetables, pulses, meat, and dairy products” (ibid, p. 23). Barely 5 per cent of Yemen’s households consume satisfactorily iodized salt, with higher rates in the lowlands but otherwise fairly consistently low rates across the country (UNICEF, 2013e, p. 73). Unsurprisingly, then, 80 per cent of children in Yemen do not consume a minimum dietary diversity and are likely to have poor micronutrient density in their diet. ... Only 5 per cent of Yemeni children aged between six and 24 months were breastfed and met the minimum diet diversity (WFP, 2012, p. 37).

The problem continues for older pre-school-aged children, with just 11 per cent of children aged two to five years consuming vitamin A-rich foods and 33 per cent consuming animal-based proteins (ibid).

Returning to the multidimensional character of poor nutrition illustrated at the beginning of this chapter, Yemen additionally suffers a complex mix of barriers to improved nutrition. These include the escalated conflicts, the global crises in finance and food price increases, Yemen’s fragile oil situation, serious water shortages and weak basic services, and the household challenge of qat consumption. Most of these factors are beyond the control of Yemeni families but decision-making about the allocation of household budgets is within their control. The NSPMS of July 2011-March 2012 reported that

almost none of the rural households reported any protein intake (red meat, fish, or chicken) among children less than five years of age during the six-month reporting period, while only 8.8 per cent of urban households enjoyed protein intake. In addition, 60 per cent of rural households reported decreased meals among

children less than five years of age compared to those in urban areas at 40.8 per cent (JSEA, p. 82).

According to the CFSS, severely food insecure households allocate just 3.8 per cent of their expenditure to meat, fish and poultry but more than double that (8 per cent) to qat; just 7.8 per cent is allocated to fruit and vegetables, pulses and dairy combined. Qat cultivation is reported to consume up to 40 per cent of Yemen’s scarce and depleting water reserves (ibid, Table 21 & p. 51).

According to WFP, the 2010 National Food Security Strategy remains highly relevant beyond the 2011 crisis and, as the overall food insecurity situation has worsened, the aim of the Strategy to reduce food insecurity by one third over a five-year period has become more urgent, alongside an elevated need for immediate food assistance (WFP, 2012, p. 62). Improved household knowledge and practice are evidently instrumental to achieving that essential outcome. It is evident that strategic interventions remain critical to sustainable progress on child malnutrition.

7.5 Strategic approaches to child nutrition standards

The weak presence of nutrition-specific interventions within the primary current national health plans has been noted. This is not to say that they do not accommodate or anticipate such actions. The 2010 National Food Security Strategy defined 18 priority areas that included:

- improve nutrition, especially for women and children;
- improve health services, especially in rural areas;
- reduce population growth through family planning;
- achieve education for all, with emphasis on girls’ education; and
- foster links between nutrition, health, and education. (UNICEF, 2013a, p. 26)

This is a strong recognition by GoY of the importance of multisectoral responses to a complex challenge (see Figure 7.4 below, which also includes current performance data across the period from conception through to the child’s fifth birthday).

Figure 7.4: High impact nutrition interventions to five years of age

Pregnancy		Birth		0-5 months		6-23 months		24-59 months	
Use of iron-folic acid supplements	--	Early initiation of breastfeeding (within 1 hour of birth)	30%	International Code of Marketing of Breastmilk Substitutes		Yes			
				Maternity protection in accordance with ILO Convention 183		No			
Household consumption of adequately iodized salt	30%	Infants not weighed at birth	92%	Exclusive breastfeeding (<6months)	12%	Timely introduction of complementary foods (with continued breastfeeding)		76%	
						Continued breastfeeding at two years			
To increase children’s chances of survival, improve development and prevent stunting, nutrition interventions need to be delivered during the mother’s pregnancy and the first two years of the child’s life.						Full coverage of vitamin A supplementation		47%	
						National guidelines for management of severe acute malnutrition incorporating the community-based approach		Yes	
						Policy on new ORS formula and zinc for management of diarrhoea*			
						Policy on community treatment of pneumonia with antibiotics*			
Source: UNICEF, “Nutrition Profile: Yemen”, at http://www.childinfo.org/files/nutrition/DI%20Profile%20-%20Yemen.pdf (accessed 1 September 2013)									
*Information on these policies are being updated									

The State of the World’s Mothers 2012 report identifies six key nutrition-focused, low-cost interventions to better reduce infant mortality: iron and folic acid supplements; breastfeeding; complementary feeding; vitamin A supplements; zinc for diarrhoea; and WASH (Save the Children, 2012b, pp 23-25). Anaemia is the main risk factor for haemorrhage – and Yemen reports a high 38 per cent rate of anaemia in women – and calcium deficiency increases the risk of pre-eclampsia, these being the two globally leading causes of maternal deaths (Black et al, 2013, p.

19; WFP, cited in JSEA, p. 82). Addressing iron, folate and calcium deficiencies in pregnant women is therefore a major means of reducing maternal mortality. Reducing vitamin A and zinc deficiencies in infants “have the greatest effects among the micronutrients” in reducing the risk of serious infectious diseases in children (Black et al, 2013, p. 18).

At the point of service provision, primary strategic responses have mainly been directed to corrective measures via micronutrient supplementation and therapeutic feeding, including within

humanitarian programming and the promotion of IYCF. MoH, together with key partners such as UNICEF – including through the coordinated framework of the Yemen Nutrition Cluster (a coordination mechanism of nutrition partners) – has been scaling up CMAM. This includes the integration of nutrition into the Ministry's primary health care package, as well as the broader incorporation of nutrition and feeding responses in other programmes, including teaching good feeding and hygiene practices to school children. The scaling up of such efforts remains challenging, but 450 IYCF corners have been established within the health facilities and are reporting as of the end of October 2013. The SWF also affords important new opportunities in health- and nutrition-linked conditional cash transfers to priority households.

Therapeutic feeding programmes expanded rapidly over the past two to three years. However,

coverage remains relatively low and there are challenges in terms of quality of services. Also, the community component of the programme, which aims to help identify cases through active screening, referral and follow up of defaulters, remains very weak. This is due to the lack of effective community volunteer networks, the lack of national ownership and an inability to maintain the system through the mobilization and monitoring of volunteers.

The number of children treated for SAM increased from 15,000 in 2010 to more than 100,000 in 2013. The increase partly reflects the successful expansion of coverage across Yemen by Outpatient Therapeutic Programmes (OTPs) and Therapeutic Feeding Centres (TFCs), further complemented by the Supplementary Feeding Programme (UNICEF and WFP) and Stabilization Centres (UNICEF and WHO); those Centres respond to serious cases of wasted

children with complications. However, that growth mainly stems from the deteriorating nutrition situation among children (JSEA, p. 83). By mid-2013, more than 1,358 OTPs nationwide were treating SAM-affected children, centred on the roll-out of standardized monitoring and assessment of relief and transitions (SMART) surveys that provide an accurate local snapshot of malnutrition at governorate level.

In 2013, GoY began directing attention to the introduction of feeding programmes into schools through the provision of lunches. This measure is common in many countries for schools with large populations of children from poor households. Although the meals aim to be nutritious, they are more likely to contribute to strengthening school attendance. Care is needed in the design and delivery of school feeding programmes. Recent evidence from global studies suggests caution in terms of their nutritional value and emphasizes the stronger need for earlier interventions.

Rapid weight gain should not be promoted after the age of 2–3 years in children who are underweight but not wasted. Growth monitoring programmes should incorporate length and height measures, not just weight measures. New interventions that specifically promote linear growth instead of weight gain should be developed, tested, and promoted; exclusive breastfeeding, high-quality protein (e.g., animal), and micronutrients could be further investigated. Traditional school feeding programmes that increase [body mass index] with little effect on height might be doing more harm than good in terms of future health (Adair et al, 2013, p. 8).

The Institute of Development Studies (United Kingdom) composite Hunger and Nutrition Commitment Index (HANCI) measures national political commitment across 22 indicators, initially, for 45 developing countries including Yemen. The Index covers three areas of government action: policies and programmes; legal frameworks; and public expenditures. Its initial data are shown in Figure 7.5 (refer to the source document for details of methodology

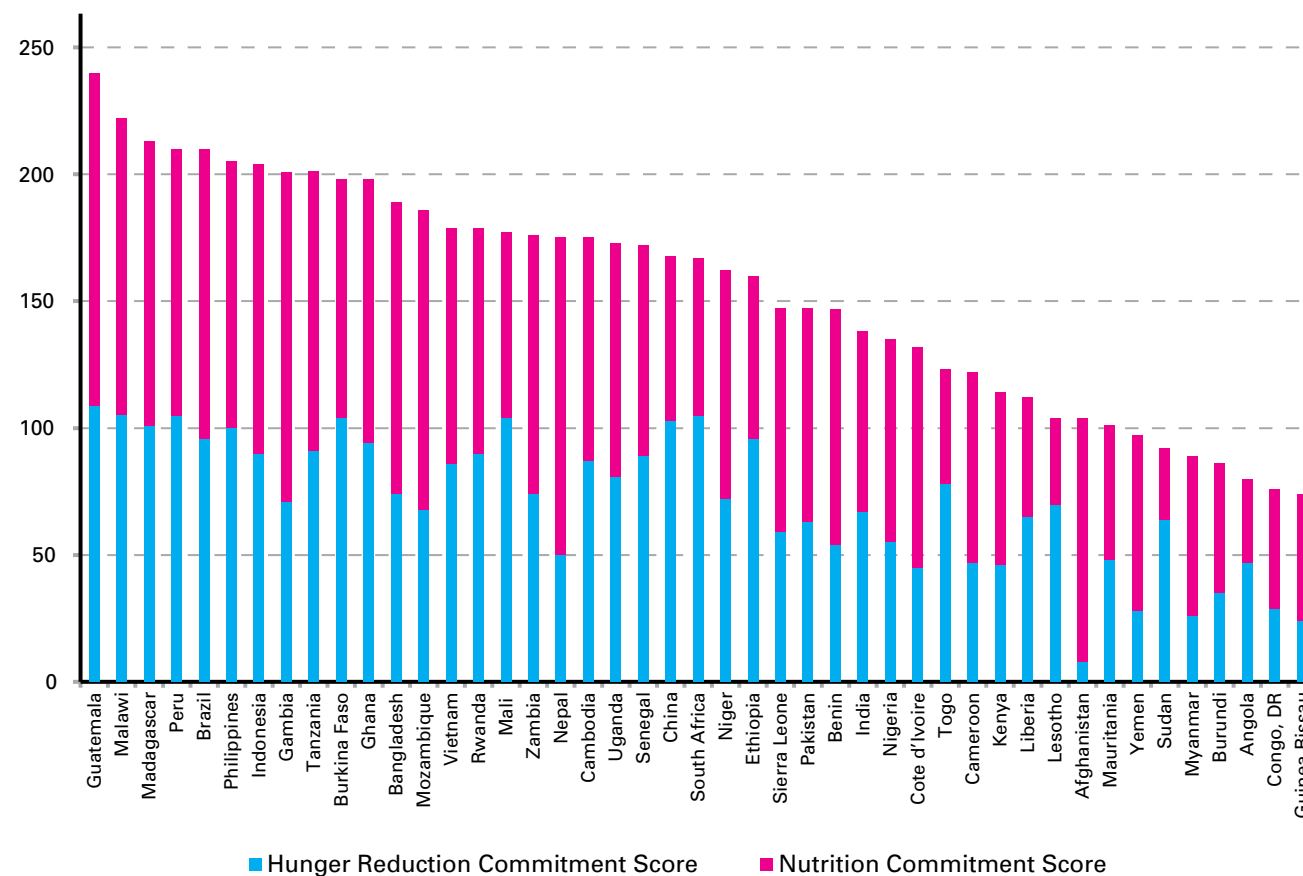
and component measurements). Yemen's very low comparative score is mainly due to its poor measure of commitment to hunger reduction – although its measure of commitment to nutrition is also low – as has already been discussed and for which stronger national political leadership needs to be matched by improved donor investment.

In 2013, UNICEF developed an investment case for nutrition in Yemen for dialogue with GoY and strengthened advocacy with key international development and donor partners. That case is premised on the poor priority accorded to nutrition responses in Yemen to date, in terms of policy and financial allocations. It aims to focus on 14 strategically-selected governorates through interventions based on one of its low-, medium- or high-impact scenarios. The results set down for the medium scenario are:

1. stunting prevalence will be reduced from 58 to 50.5 per cent;
2. SAM prevalence will be reduced from 4.4 to 0 per cent;
3. exclusive breastfeeding will be increased from 12 to 34.5 per cent;
4. maternal undernutrition will be reduced from 22.5 to 15 per cent;
5. iron-deficiency anaemia among children 6-59 months will be reduced from 68 to 50.2 per cent; and
6. iron deficiency anaemia among pregnant women will be reduced from 58 to 46.7 per cent (UNICEF, 2013b, p. 22).

At a global level, strategic interventions were focused and accelerated with the launch of the SUN Movement in 2010. By June 2013, SUN had been joined by 40 countries, with Yemen the thirty-first to do so, in November 2012.⁵¹ SUN is coordinated in Yemen via MoPIC, with the United Kingdom Department for International Development as the SUN Donor Convenor, and related implementation scale up occurring via the Nutrition and Food Strategy. This has been supported by GoY's carrying out, between 2011 and 2012, SMART surveys across several governorates that established an improved overview of nutrition indicators, including household practices and dietary

Figure 7.5: Commitment to hunger reduction and nutrition (HANCI, 2012)



Source: Institute of Development Studies, 2013, Table 10.

⁵¹ For Yemen's current status, see <http://scalingupnutrition.org/en/sun-countries/yemen>.

⁵² See, for example, the May 2013 "Analysis of the Costs of SUN Country Plans" for 14 countries including Yemen, at http://scalingupnutrition.org/wp-content/uploads/2013/05/Costs-of-SUN-country-Plans-Report_May-2013.pdf (accessed 1 September 2013).

diversity. SUN membership will strengthen qualitative performance through the benefits of cross-country learning and comparisons towards best practices in such areas as national planning, financing and costing analysis.⁵² This should, in turn, improve the levels, quality and nutritional outcomes of funding flows and donor cooperation.



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8. Education

8.1 Education summary

The national Constitution includes a state responsibility for education that is in general conformity with international human rights law. The relevant provision is as follows. Education is a right for all citizens. The state shall guarantee education in accordance with the law through building various schools and cultural and educational institutions. Basic education is obligatory. ... (Article 54)

Besides being a right and compulsory (obligatory), additional duties of the state are to ensure that primary education is free and provided on the basis of equal opportunity (Convention on the Rights of the Child, Article 28.1). The latter is assured in Yemen by virtue of Article 41 of the Constitution, which guarantees equality of all citizens in all rights and duties (which means, inter alia, that all girls and all children from marginalized populations have such education rights and that the state carries the duty to ensure that this is the case).

The right to a free basic education is provided within national legislation. The Public Education Act No. 45 of 1992 includes principles and provisions guaranteeing the child's right to education. Article 6 affirms that basic education is a fundamental human right guaranteed and facilitated by the State for all individuals. Article 7 provides for the establishment of schools in the Republic that are adequate to fulfil the educational requirements at all stages of education and considers that a school is adequate to take in all students if it is equipped with libraries and supplied with all other educational inputs. Article 8 also provides that education is free at all stages and is guaranteed by the State, which is progressively realizing this principle in accordance with a Cabinet-approved plan. Under article 9, it is incumbent on the State to achieve social justice and equal education opportunities, taking into account the socioeconomic circumstances that might stand in the way of some families when it comes to enrolling their children in education. Article 14 states that the educational policy must focus on striking a balance in the

education system and achieving fairness in the distribution of education services and resources among governorates and districts, in addition to achieving decentralized education management. Pursuant to article 18 of the Act, basic education is "a unified general education for all pupils in the Republic of Yemen. It lasts nine years, is compulsory and admits pupils from the age of six". (Committee on the Rights of the Child, 2010, paras 308 & 309)

The Ministry of Education manages education at pre-school, basic education and general secondary education levels. The Supreme Council for Education Planning is chaired by the Prime Minister and includes eight Ministers with education-related mandates, and has a coordination and oversight role, including its increasing recent efforts in consolidating education data.

GoY has adopted a number of policy strategies that seek to improve the implementation of such legal guarantees, especially to achieve universal basic education, to close the gender enrolment gap and to improve education quality. These include the:

- National Basic Education Development Strategy (2015–2003);
- National General Secondary Education Strategy (2015-2007);
- National Strategy for the Development of Vocational and Technical Education (-2004 2014);
- National Strategy for the Development of Higher Education in Yemen (2006); and
- National Children and Youth Strategy.

GoY has also adopted the National Strategy for Literacy and Adult Education and has prepared a National Strategy for Early Childhood Development (2011-2015). Progress has also been directed to improving the linkages between these many strategies. A current primary sector-wide strategy document is the education plan developed by GoY and its development partners: the Medium-Term Results Framework for 2013-2015 (MTRF) (see Section 8.4).

UNESCO does not have similar annual trend

data for education. Table 8.1 compares Yemen's budgetary commitments to education to average rates for MENA countries and for low-income countries.

These data suggest that Yemen is above the averages for comparable countries on a GNP basis but below those averages as a proportion of government expenditures, the latter being of concern because it suggests a substantial decline from high levels for Yemen as other

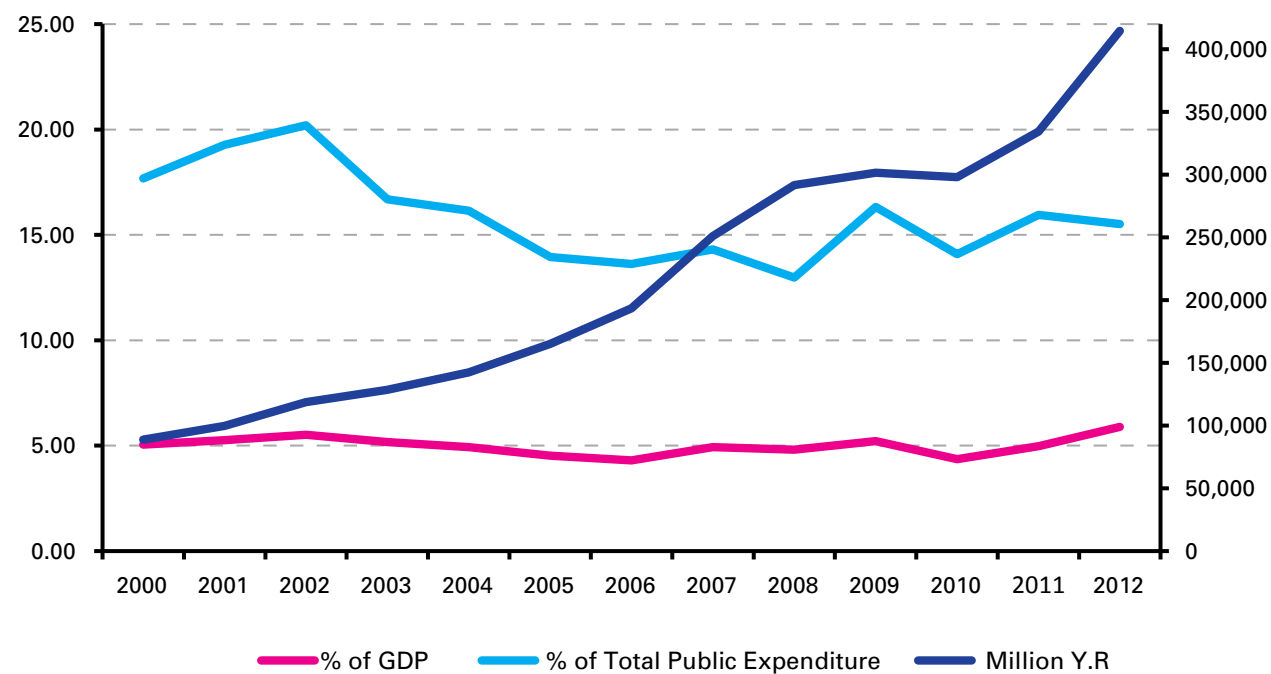
countries are increasing such shares for education. In 1980, both north and south Yemen were allocating 16 per cent of government expenditure to education and this had risen to over 20 per cent by around 1987 (at least for the Yemen Arab Republic: corresponding data not available for People's Democratic Republic of Yemen) (UNESCO, 1990, Table 3). Since 2003, education's share of expenditure has fluctuated around the 14-17 per cent range (see Figure 8.1).

Table 8.1: Public expenditure on education, 1999 & 2010 (%)

	Total public expenditure on education			
	As % of GNP		As % of total government expenditure	
	1999	2010	1999	2010
Yemen	6.3	5.6	19.6	17.7
Low income countries	3.2	4.3	14.5	17.1
Arab states	5.5	4.5	..	16.7

Source: UNESCO, 2012, Table 11. Figure in italics is for 2000; '..' indicates no data.

Figure 8.1: Trends in education expenditure in Yemen, 2000-2012



Source: file shared with UNICEF by MOPIC (2013) citing various quarterly reports

Two main 'shocks' to the government's budgets since 2008 have been the contraction in Yemen's economy and public expenditure (see Chapter 3.1) and the decline in external donor funds. Government expenditure on education fell by 18 per cent between 2008 and 2009 and by 12 per cent between 2010 and 2011, however GoY quarantined the education budget from such cuts and its share of total government expenditure increased from 13 per cent in 2008 to 19 per cent in 2011 (MoPIC et al, 2013, p. 32; data source differs from that used in Table 8.3). However, between 2009 and 2010, direct aid

to education in Yemen fell sharply from \$107 million to \$82 million, with corresponding funds for basic education falling from \$63 million to \$53 million (UNESCO, 2012, Annex Table 3).

Even though Yemen is meeting acceptable levels of outlays on education, it has been seen that this has been accompanied by commonly sub-standard physical environments of schools and very poor educational outcomes for children. That indicates, in turn, that Yemen is deriving very poor returns on its education investments (as noted in Chapter 8.4).

Table 8.2 Key equity-focused observations on challenges and priorities for action (education)

Selected indicators		
<ul style="list-style-type: none"> Pre-primary education is almost entirely school-based and is available to less than 1 per cent of that age group of children, is mainly fee-paying (private sector) and is fully urban According to UIS data, NER in basic education remains low (78 per cent in 2012-2011), with poor gender equity (0.81 F:M ratio), and appears to be deteriorating for both boys and girls since 2010 Basic education enrolment – mandatory from age 6 – does not peak until 11 years, and even then only at 84 per cent Yemen is unable to meet any of its EFA goals (or Millennium Development Goal education targets) with inequities being a key barrier to improved performance (this is also true for Yemen's HDI) Just 29.5 per cent of teachers are female (77.3 per cent in private schools are female) 21 per cent of children 14-6 years (compulsory school age group) are out of school – representing an estimated 1.14 million children, of whom 69 per cent are girls According to UIS data, 36 per cent of students entering first grade will not reach Grade 6 Comparative assessments of academic learning rank Yemen the lowest of all participating countries 		
Equity determinants		
Enabling environment	Demand for services	Service supply & quality
<ul style="list-style-type: none"> Negligible enforcement of legislative obligations on timely enrolment and completion of basic education Budget constraints due to inefficiencies and leakages in countrywide services and financial levels, and poor allocation in accordance with education priorities Weak and fractured development of a competent teacher workforce Weak practice in teacher placement in rural areas Poor management, coordination and monitoring system for countrywide education quality, including 'major disconnects' between various education strategies 	<ul style="list-style-type: none"> Perception of low-quality services influences parental attitudes to schooling Parental delays in enrolling children in basic education Lack of birth registration is an impediment to enrolment Poor parental support for child attendance, especially against domestic chores and labour Very high repetition rates (6.9 per cent) feed very high early dropout rates Parental concern for girls safety (female teacher, adequate latrines, security issues, transport) influences enrolment and support for education decisions Girls' education not prioritized 	<ul style="list-style-type: none"> Very poor learning achievement and related standards in science, mathematics and literacy Weak school parents' council operations need reactivation Scope to develop a system of students councils within schools Too few female teachers, including within coeducational schools Frequently inadequate school infrastructure and teaching supplies and materials, including timely distribution of essential texts Problem of regular power outages Burden of secondary and indirect fees and charges

<ul style="list-style-type: none"> Limited pre-primary education opportunities, especially within the public sector, and for poor households and rural populations: there are no community or home-based programs 	<ul style="list-style-type: none"> Increase in cost of living and economic pressure influences household budget considerations regarding cost of educating girls and boys Children in refugee communities are highly vulnerable to labour exploitation and trafficking in the absence of adequate schooling opportunities 	<ul style="list-style-type: none"> Basic education practice is not eliminating illiteracy
<p>Priority responses</p> <ul style="list-style-type: none"> Access to effective pre-primary education is a high priority for poorer households and for building timely enrolment and retention in basic education Stronger actions are required to encourage and enforce timely enrolment (closer to 6 years) Girls' education participation and retention demand stronger leadership and commitment, matched by local engagement towards changed practices Measures to recruit trained female teachers need strengthening and sustaining, especially across rural areas Measures to incentivize teachers to stay in rural and semi-rural schools beyond 2 years as urban migration is seriously affecting continuity in these areas Conditional cash transfers present opportunities in leveraging improved school enrolment/attendance and girls' access Education sector plans (including MTRF and GPE) need to more systematically include children with special needs Physical infrastructure needs substantially improved investment Yemen should remain a participant in TIMSS (and also join in PIRLS), especially in the absence of adequate national assessment mechanisms MTRF implementation merits strong commitment by MoE partners and donors Improved supervision (professional development) and monitoring and evaluation (formative and summative assessments of learners, teachers and whole-school) at the district and governorate levels Improved education management information system (EMIS) processes and mechanisms that can provide meaningful, relevant and timely data about the education outcomes, services and supply Common monitoring and evaluation mechanisms for piloting and testing new initiatives in the field with different international actors in order to identify effectiveness and efficiency of such initiatives for scaling through policy development or expansion activities Revision and improvement of curriculum and textbook development and review processes to ensure that learning outcomes are relevant and meet labour market requirements Support for teacher training system that responds to pre-service and in-service needs, prepares teachers for respectful and effective teaching and learning activities 		
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report, for which reference should also be made to Chapter 1.</p>		

This chapter commences with attention to pre-school and early childhood learning, proceeds to describe the progress toward universal basic education, and then reviews the situation of equity and of quality within education, before returning to a consideration of the current planning and reform situation. The particular focus of this chapter is on the period through to the end of basic education that would, ideally, extend to 15 years of age. However, with most

Yemeni children commencing basic education four to five years later than is provided for, the period of basic education not only covers most Yemeni children but is also where the overwhelming focus is currently directed in order to progress the national education system.

First, it is important to note that the events of 2011 represented a setback to basic education in Yemen: by the time of the new school year in

September 2011, more than 150 schools were occupied by either armed forces (34 schools in Sana'a) or IDPs (76 schools in Aden and 43 schools in Abyan) and some schools remained inaccessible or closed due to conflict-based security concerns, affecting 100,000 children (MoE, 2013a, p. 19). This has sharpened the urgency and relevance of the acceleration of reforms and strategic planning during the current transitional period, as characterized by the TPSD in general and the Global Partnership for Education (GPE) programme and MTRF in particular.

The impact of disruptions to electricity supplies continues to be a major concern even compared to the post-2011 situation. The JSEA reports that, for Yemeni enterprises, electricity supply problems rank second only to corruption as a major constraint, and electricity subsidization policy acts to increase inequitable outcomes for households (ibid, pp 130 & 173). In its view, electricity supply is "even more of a problem today due to repeated and extended power outages and increased power shedding in urban areas" (ibid, p. 174). This continues to impose a large cost on the quality of, in particular, health and education services for children, especially when combined with poor generator backup facilities and associated problems with fuel supplies.

8.1.1 Progress towards Millennium Development and Education For All Goals

The Education For All movement is committed to meeting ambitious but achievable goals in education. Launched in 1990, in 2000 it adopted the Dakar Framework for Action in order to better accelerate progress and to provide measurable progress indicators for six goals to be met by 2015 (see Box 8.1). The six EFA goals include: (a) expanding pre-primary programming especially for the most vulnerable; (b) ensuring universal access to free and compulsory primary education; (c) meeting the learning and employability skills needed by young people and adults; (d) achieving 50 per cent improvement in adult literacy, especially among women; (e) achieving gender parity in education of good quality; and (f) improving

quality in all aspects of education, particularly in learning outcomes related to literacy, numeracy and life skills.

Box 8.1: EFA Goals

Goal 1 Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

Goal 2 Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality.

Goal 3 Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.

Goal 4 Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Goal 5 Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.

Goal 6 Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

Source: UNESCO, at <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/efa-goals/> (accessed 20 August 2013).

The most recent global EFA indicators for Yemen are in Table 8.3, with average regional data for Arab States and for 'countries with low income' – both of which include Yemen – for comparison.

Table 8.3: Progress towards Education For All goals

Goal	Indicator	Year	1999	2010
1. Early childhood care and education	GER, pre-primary	Yemen	0.7	0.8
		Arab states GPI	15	22*
		Low income countries	11*	15
2. Universal primary education	NER, primary	Yemen	56	78.8
		Arab states	77	86*
		Low income countries	58*	80*
3. Learning needs	Youth literacy rate (15-24 years) ¹	Yemen	60	70
		Arab states GPI	74	89
		Low income countries	60*	74
		GPI	0.78	0.93
4. Improving adult literacy	Adult literacy rate (15 years & over) ¹	Yemen	37	64
		Arab states GPI	55	75
		Low income countries	51*	63
		GPI	0.62	0.79
5. Gender parity	GER, primary	Yemen	72	87
		Arab states GPI	89	98
		Low income countries	78	105
	GER, secondary	Yemen	40	36*
		Arab states GPI	59	69*
		Low income countries	29	42
		GPI	0.83	0.87

Goal	Indicator	Year	1999	2010
6. Educational quality	Survival rate to grade 5	Yemen GPI	74*	63
		Arab states GPI	92	95
	Pupil/teacher ratio, primary	Low income countries GPI	59	62
		Yemen GPI	22	24
		Arab states GPI	23	21
		Low income countries GPI	43*	43

Source: UNESCO, 2012, Table 10. Data in italics are national estimates; '..' indicates no data; '*' indicates partial estimate or imputation. GPI (gender parity index) data are the proportion of girls to boys. Notes: 1 Data for Goals 3 and 4 under 1999 and 2010 are for 1985-1994 and 2005-2010, respectively.

The EFA data show that, despite considerable advances in some areas over the last decade, Yemen is performing very poorly compared to other Arab States and in terms of progress toward the 2015 commitments, as well as poorly in most goals against the average for low-income countries. According to the UNESCO EFA Development Index,⁵³ Yemen ranked 119th of 128 countries. (UNESCO, 2010, Table A.3). On the basis of such data – and bearing in mind the situation since 2011 – Yemen is unable to meet its EFA commitments. Aside from post-2011 concerns, this is significantly associated with Yemen's weak situation in education for girls. This is particularly important in Yemen where educational opportunities of good quality present not only a safe learning environment, but the additional important benefits that help to reduce inequities, such as delayed marriage of girls and reduced fertility rates. Studies show that when a girl in the developing world receives seven or more years of education, she marries four years later and has 2.2 fewer children, and one extra year of primary or secondary school increases a girl's eventual wages by 10–20 per cent or 15–25 per

cent, respectively. There is a strong correlation between education level and food security/insecurity, a direct correlation existing between the educational level of mothers and child malnutrition. (OCHA, 2013a, p. 62)

Taking into consideration the situation of early marriage and the high birth rate among young women under the age of 18 as discussed in the Child Protection Chapter as well as the enormous challenges in food security and nutrition, education for girls is a matter of national urgency.

In terms of Millennium Development Goals, and as discussed in more detail in Section 8.2.2, although Yemen's net enrolment rate (NER) has increased considerably over the past decade from under 60 per cent in 1999 to 78.8 per cent in 2011, Yemen will not meet any of the indicators to achieve Goal 2 – universal primary education. In addition, according to UIS, although gender parity has increased steadily alongside net enrolment rates from .58 in 1999 to .81 in 2011, Yemen will not meet the indicator for gender equality in basic education,

⁵³ EFA Development Index (EDI) permits comparative review of education status between countries. Yemen was omitted from the 2012 UNESCO global report but it was included in the previous report in 2010 (with 2007 data). The EDI comprises four component measures:

- universal primary education (goal 2), measured by the primary adjusted NER;
- adult literacy (first part of goal 4), measured by the literacy rate for those aged 15 years and above;
- gender parity and equality (goal 5), measured by the gender-specific EFA index, an average of the gender parity indexes of the primary and secondary GERs and of the adult literacy rate; and
- quality of education (goal 6), measured by the survival rate to grade 5.

thus will fail to achieve Goal 3 – gender equality. More concerning is the trend that has emerged showing that although girls enrolment rates are increased, boys enrolment rates are declining and thus gender parity rates in enrolment may not reflect actual gains for girls education in Yemen.

The current national Constitution includes a state responsibility for education that is in general conformity with international human rights law. The relevant provision is as follows. Education is a right for all citizens. The state shall guarantee education in accordance with the law through building various schools and cultural and educational institutions. Basic education is obligatory. ... (Article 54)

Besides being a right and compulsory (obligatory), additional duties of the State are to ensure that primary education is free and provided on the basis of equal opportunity (Convention on the Rights of the Child, Article 28.1). The latter is assured in Yemen by virtue of Article 41 of the Constitution, which guarantees equality of all citizens in all rights and duties (which means, inter alia, that all girls and boys, including those from marginalized populations, have such education rights and that the State carries the duty to ensure that this is the case).

The details of the right to a free basic education is provided within national legislation. The Public Education Act No. 45 of 1992 includes principles and provisions guaranteeing the child's right to education. Article 6 affirms that basic education is a fundamental human right guaranteed and facilitated by the State for all individuals. Article 7 provides for the establishment of schools in the Republic that are adequate to fulfil the educational requirements at all stages of education and considers that a school is adequate to take in all students if it is equipped with libraries and supplied with all other educational inputs. Article 8 also provides that education is free at all stages and is guaranteed by the State, which is progressively realizing this principle in accordance with a Cabinet-approved plan. Under article 9, it is incumbent on the State to achieve social justice and equal education opportunities, taking into account the socioeconomic circumstances that might stand in the way of some families when it comes to enrolling their children in

education. Article 14 states that the educational policy must focus on striking a balance in the education system and achieving fairness in the distribution of education services and resources among governorates and districts, in addition to achieving decentralized education management. Pursuant to article 18 of the Act, basic education is "a unified general education for all pupils in the Republic of Yemen. It lasts nine years, is compulsory and admits pupils from the age of six". (Committee on the Rights of the Child, 2010, paras 308 & 309)

The Ministry of Education (MoE) manages education at pre-school, basic education and general secondary education levels. The Supreme Council for Education Planning is chaired by the Prime Minister and includes eight Ministers with education-related mandates, and has a coordination and oversight role, including its increasing recent efforts in consolidating education data.

In terms of pre-school education, the GoY has recognized pre-school education as a key part of the national education system since the adoption of Education Law No. 45 in 1992, and the education policy views pre-school education as reflecting the civilization of a society. The Early Childhood Development National Strategy (2011-2016) gives more focused impetus to pre-school education, although this is only one part of that strategy, which concerns the period up until the child turns eight years of age, and therefore covers infant health needs through to the early years of basic education. The strategy makes no reference to home-, community or centre-based early childhood education services as there is little to no awareness among national actors and institutions around this topic.

Regarding basic education, the legislative provision that a basic education in Yemen covers nine years likely meets the requirement of the Convention on the Rights of the Child concerning primary education. GoY has adopted a number of policy strategies that seek to improve the implementation of such legal guarantees, especially to achieve universal basic education, to close the gender enrolment gap and to improve education quality. These include the:

- National Basic Education Development Strategy (2015–2003);

- National General Secondary Education Strategy (2015-2007);
- National Strategy for the Development of Vocational and Technical Education (-2004 2014);
- National Strategy for the Development of Higher Education in Yemen (2006); and
- National Children and Youth Strategy.

GoY has also adopted the National Strategy for Literacy and Adult Education and has prepared a National Strategy for Early Childhood Development (2011-2015). Progress has also been directed to improving the linkages between these many strategies. The World Bank is supporting the on-going process to develop the National Yemen Education Vision – a cross-sectoral strategy that is being developed in cooperation with the three ministries of education (basic, higher and technical education and vocational training) under the coordination of the MOPIC. In the interim, the MoE is working in coordination with all actors in the field through the primary sector-wide education plan: the Medium-Term Results Framework for 2013-2015 (MTRF) (see Section 8.4).

Attention has been focused on the period of basic education, including pre-school, which urgently requires structural improvement for the benefit of the vast majority of children in Yemen. This is also in line with the commitments under the Millennium Development and EFA goals. The abovementioned frequency of delayed school entry means that most children are unable to complete a basic education by the time they turn 18 years of age, assuming that they do not drop out before the initial compulsory cycle of basic education (Grades 1-9).

Yemen has a sound legislative basis for education, complemented by numerous education strategy plans and reasonable shares of national public budgetary outlays. This merely serves to emphasize the weak implementation of the national education system and its associated poor quality outcomes, even taking into account external factors such as conflicts and economic malaise that present additional challenges.

Unsurprisingly, then, Yemen remains unable to meet any of its Millennium Development Goal or EFA commitments by 2015. This is

mainly attributable to challenges in education governance and administration, underfunding and underinvestment in pre- and basic education services, and poor initial and subsequent engagement in learning and schooling, compounded by the persistent gender-based inequities that especially adversely affect girls in rural areas, particularly adolescents. The lack of quality education in all areas, but particularly in semi-rural and rural areas, relates to different influencing factors: the learner and her situation (distance, home perception of school); the inputs (female-/teacher, pupil-teacher ratio, availability of teaching and learning materials and tools); the school infrastructure and environment (adequate facilities, WASH); and processes (school management, teaching and learning methodology, community participation). There are also specific barriers facing girls in education that are systemically persistent and require emphatic responses that extend beyond reforms to education management and pedagogical practice. This requires strong political leadership and the cooperation of key community leaders. The number of trained female teachers in incentivized positions needs to be markedly increased, especially in rural areas, not only in order to provide positive role models but also to ensure conditions that will keep girls in school throughout their basic education.

Collectively, according to survey data, an estimated 1.4 million out-of-school children under the age of 14 years, 734,000 of whom are under age 11 years. Slightly more girls are out of school (33 per cent) compared to of boys (28.7 per cent). The highest grade for non-attendance is Grade 1, with nearly half of all out-of-school children aged 6 or 7 years. This makes responses complex but necessarily focused on measures to promote timely school intake (including parental attitudes, improved access and pre-schooling opportunities); improved retention (especially female teachers and stronger learning quality in the early grades, specifically literacy); and return-to-school assistance (such as outreach and community learning programmes). In the context where initial/sustained engagement in learning is weak, it is unsurprising that repetition rates are high in Yemen, at around 6.9 per cent. Such high repetition rates represent a large cumulative resource burden that partly reflects the opportunity cost of weak investment

in teaching quality and adequate learning environments, i.e., a false economy for scarce resources.

To improve the situation in education in Yemen, there is an increasingly urgent need to ensure that education quality improves in all aspects and is accompanied by expanded access. Physical infrastructure requires immediate investment but by itself is not sufficient; girls and boys need to be supported in a holistic, responsive and child-centred learning system. Yemen's participation, not yet common in least developed countries, in the Trends in International Mathematics and Science Study (TIMSS) global learning assessment exercises (at present, confined to grade 4 level) is a welcome commitment, even if it results in a strong indictment of the national system of learning. These results demonstrate not only the general lack of learning in areas of science and mathematics but also more fundamental weaknesses in reading and comprehension underscored by Yemen's participation in the Early-Grade Reading Initiative.

In closing the gaps, the primary challenge appears to be the actual implementation of national strategic planning across the education sector. The JSEA refers to "major disconnects" between the various education strategies (JSEA, p. 114). The World Bank states that current education planning is a "solid basis" for progress but that effective implementation is the key concern (World Bank, 2010a, p. 58). These are challenges that the MTRF – complemented by the Global Partnership for Education and the National Yemen Education Vision – aims to ameliorate over the period to 2015, thus extending beyond the transitional leadership that presents further potential challenges.

Particular attention is required to two aspects that remain fundamental to the success of such reform efforts. First, the maintenance of education budgets at around a 20-per-cent share of government expenditure needs to be accompanied by measures to strengthen the direction of resources to education priorities. This is an important element of the MTRF. Secondly, educational reforms remain insufficient means for ensuring that children in Yemen are guaranteed their rights to an education. Legislative requirements generally consistent

with obligations under the Convention on the Rights of the Child need more concerted and pragmatic efforts to give them effect, especially in achieving timely universal entry into school and in creating an enabling and supporting environment through which all girls and boys participate in education. This means that the current strong progress in education planning must be accompanied by even stronger political leadership that engages families (including through fathers' and mothers' councils in schools), communities and their leaders in ensuring both equity for vulnerable groups and girls' equality in educational practice.

8.2 Toward universal basic education

8.2.1 Access to pre-primary education

Early childhood development (ECD) addresses the different dimensions of child development (cognitive, social, psychological, physical, emotional and social) from birth to age eight or nine years when children are normally expected to transition from early-grade to middle-grade education. Pre-primary education opportunities can be formal and compulsory (such as kindergarten) or informal (home-, community- or centre-based) and often target children aged 3-6 years. Access to pre-primary education that pays attention to the different domains of child development is shown to improve school readiness among young children and promote active and positive engagement in learning. Pre-school education helps children to acquire the cognitive, motor and communicative skills needed for primary school, and to prepare them emotionally and behaviourally. Children who do not receive pre-school education may fail to achieve their potential at all levels of education. (UNICEF, 2007b, p. 8)

ECD is also a critical means by which socioeconomic inequities may be offset in their impact on educational opportunity and performance.

The greatest need for pre-school education is among children from disadvantaged backgrounds, with uneducated parents, and

limited opportunities for early learning experiences at home. However, demand for pre-school education is concentrated in the more fortunate strata of society, and it is most easily provided in relatively well-off urban areas with well-established primary schools able to set aside resources and facilities. (ibid, concerning Turkey, where the government states its aim to make pre-school education both universal and compulsory)

With access rates below 1 per cent, Yemen is lagging behind the global and regional averages for pre-school enrolment rates; 41 and 19 per cent respectively (UNESCO, 2013). Most pre-school facilities in Yemen – 66.2 per cent – are privately operated and all are located in urban areas (JSEA, p. 116). Between 2005-2006 and 2011-2012, the number of centres expanded from 358 to 549. The pre-school teacher population increased 50 per cent to 1,997, which also meant that the child/teacher ratio increased from 15 to 19. (GoY & UNICEF, 2013, pp 25-6)

Central Statistical Organisation data for 2010-11 show that seven governorates have no pre-school centres (Al-Jawf, Al-Mahweet, Amran, Mareb and Sa'ada) compared to 188 centres in Sana'a City, followed by 85 in Taiz governorate, and that females comprise 46 per cent of students and 97 per cent of teachers. However, there are considerable differences between private and public centres: private centres average 38 children per centre with 14 children per teacher, and public centres average 125 children per centre with 16 children per teacher. (Central Statistical Organisation, 2012)

Of the 10 MTRF programmes, one (programme 9) concerns the development of pre-school education. The GPE includes a subcomponent to support that programme through delivering the following measures:

- provide and equip 200 ECD classes in targeted governorates with supplies and learning materials;
- improve teachers skills to enable them to impart knowledge and skills in a child-centred manner;

⁵⁴ 'Opportunity cost' originates in economic theory and has extended to public policy to refer to the cost of an opportunity foregone by deciding to make a different choice. In the present context, extending pre-schooling into rural areas involves higher cost overheads – construction costs, higher administrative overheads of likely a larger number of smaller facilities, etc. – but is a necessary cost in order to better meet goals of equitable access.



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- support advocacy and awareness-raising of communities on the value of early child education; and
- train pre-school heads and teachers on inclusive learning approaches (ibid, p. 35).

This also increases the demand for financial resources. This is a cost more likely to fall to the Government, given the likely reluctance of private providers to extend into less populated and/or lower-income communities. In order to maximize the impact of pre-school education on their educational performance and outcomes, the most vulnerable children must be targeted for pre-school entry, including lower-income and disadvantaged populations. This will require efforts to promote the importance of pre-school, "given the low priority given by families to this level of education" against primary and secondary education (JSEA, p. 116). Expanding the formal kindergarten programme will also create 'opportunity costs' by increasing overhead costs in better reaching rural areas (establishing and staffing new facilities) as well as encounter barriers to access in terms of affordability (given that most centres to-date are commercial undertakings).⁵⁴

If pre-primary education is to be positioned as an important entry into basic education, including with attention to equity-based goals,

then diversified modalities including home-, community- and centre-based models need to be explored.

8.2.2 Access and enrolment rates in basic education

In working to achieve Millennium Development Goal 2 – Achieve universal primary education – Yemen has shown considerable advancement in the last decade. As seen in Figure 8.2, both international and national data show increase in adjusted net enrolment rates at primary (6-11) and basic levels (6-14).

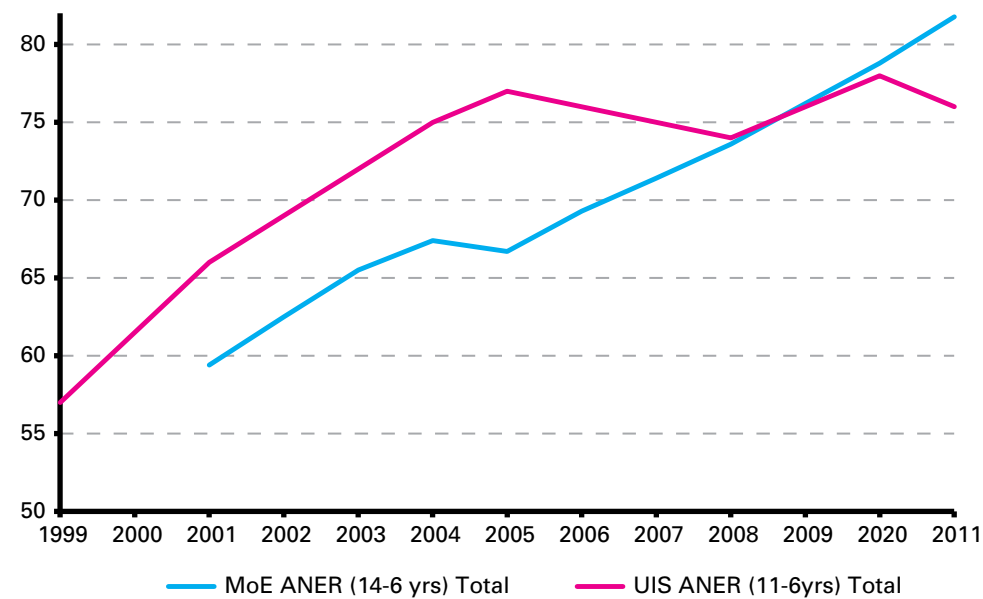
Although this advancement is steady and enrolment has been significantly improved, with such a short period of time remaining, it is clear that Yemen will not be able to meet any of the indicators required to achieve Goal 2. More worryingly, the speed at which enrolment rates are improving has slowed and, in according

to some sources, regressed. This is of serious concern to the MoE and the community of development actors working to improve both access to education and the quality of learning outcomes.

In terms of gender parity at the primary and basic levels, and as seen in Figure 8.3 below, Yemen has seen consistent increases in access to education for girls as access is broadened.

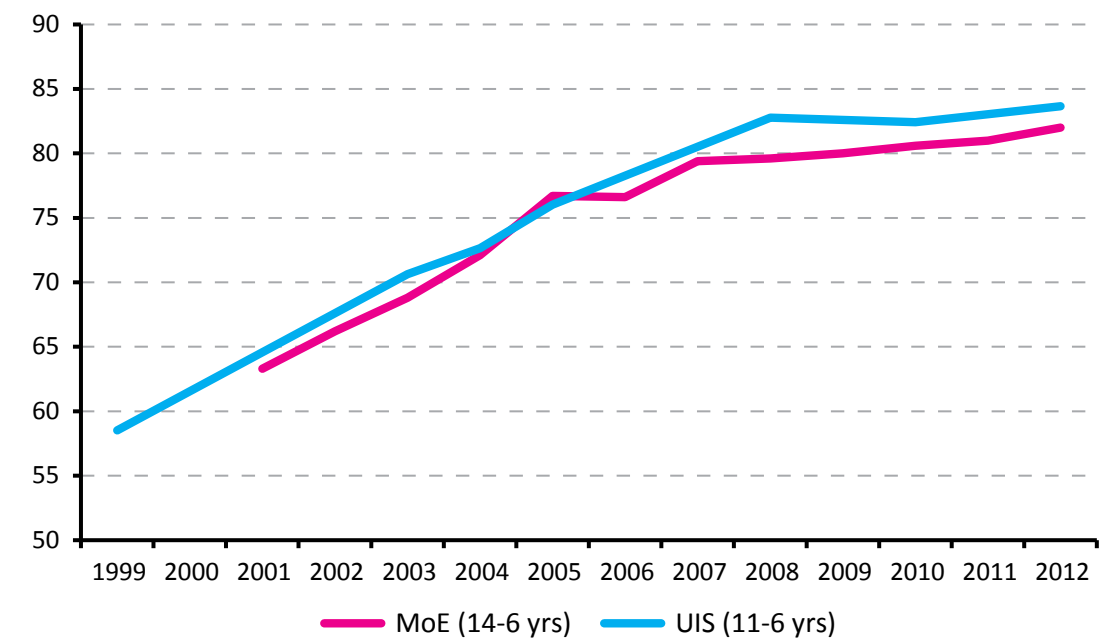
Although this shows admirable efforts to expand access to compulsory education services for girls, which is maintained despite the events of 2011, Yemen will not succeed in meeting the required indicator set for gender equality within primary education (Goal 3). The events of 2011 have resulted in a considerable disruption in access to education for girls and boys of basic education age across Yemen.

Figure 8.2 - Primary and basic adjusted net enrolment rate (from ministerial sources and UIS)



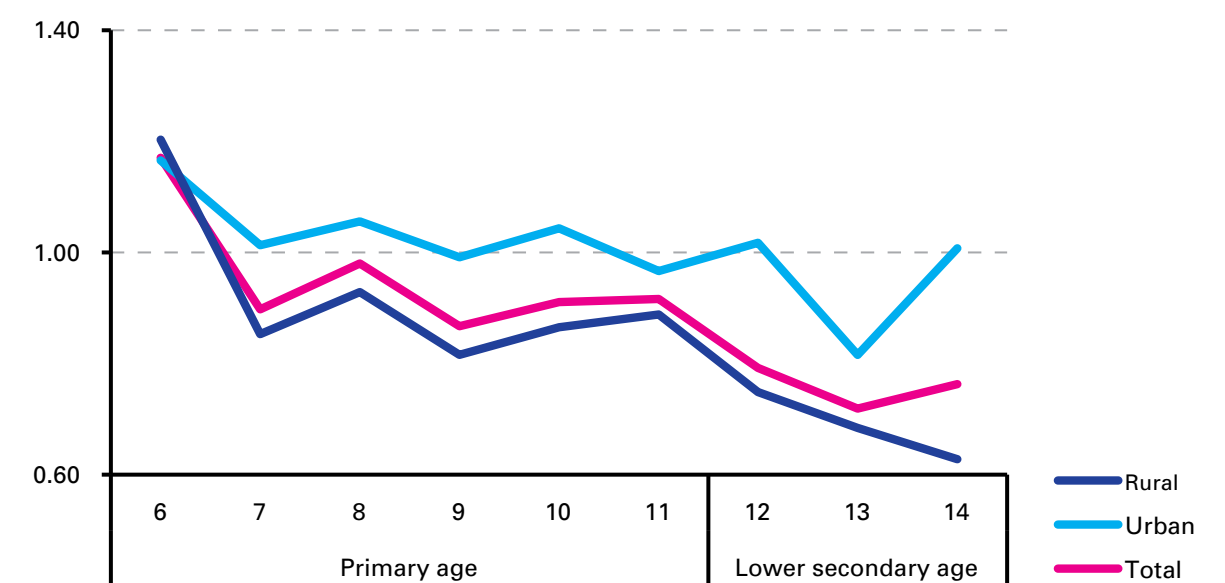
Source: UNESCO Institute of Statistics (UIS) database
 Note: UIS data is based on administrative government data. It captures the number of students registered at the beginning of the school year.

Figure 8.3 - Enrolment Gender Parity Index (100 = parity between boys and girls)



Source: UNESCO Institute of Statistics (UIS) database

Figure 8.4 – Gender parity by age-specific enrolment rates by geography



Source: National Social Protection Monitoring Survey in Yemen, Baseline, 2012 (UNICEF & IPC, 2013)

The slightly declining NER witnessed in 2010 continued with the 2011-12 NER for 6-14 year olds estimated according to national administrative data from the Ministry of Education to be 81.8 per cent (90.3 per cent among males, 72.8 per cent among females) (MoPIC et al, 2013, p. 68 & Table ED.5). This indicates a decline in NER between 2010 and 2012 of 9.6 per cent for males and 3 per cent for females (2010 data at MoE, 2013a, Table 7). However it must be noted that survey data from the NSPMS from 2012/13 indicates that NER is 77.4 (boys 77.4 and girls 67.1), which is considerably lower than published administrative data shown above.

Barriers to accessing basic education include both supply and demand factors which will be discussed at length in section 8.3. In brief, there is a chronic lack of safe education facilities with adequate hygiene and sanitation facilities for girls and boys across Yemen, particularly in rural areas. In addition, there is a pronounced gender factor influencing access to education, especially in rural areas where there is a combination of greater distances between schools, lower numbers of female teachers and often mixed sex schools. In addition, the Ministry of Education estimated that 221 schools are either damaged or destroyed by the conflict and need urgent repair, affecting close to 300,000 children. This rippled across the country through IDP populations uprooted and in need of essential services including education, but also as many were being housed in schools, this affected host communities who were left with damaged schools and no funds to repair or rehabilitate.

8.2.3 Out-of-school children

The low enrolment rates at pre-school and basic education levels foreshadow the large number of out-of-school children in Yemen. Bearing in mind that basic education from Grade 1-9 is compulsory, NER data reveal that 27 per cent of children aged 6-14 years remain out-of-school, with slightly more girls than boys out of school: 33 per cent to 29 per cent respectively (NSPMS, 2013). This represents a total of 1.6 million Yemeni children aged 6-14 years who are out of school, with girls being twice as likely as boys to be outside the school system, despite

their legal obligation and the associated duty of parents and school authorities. By comparison, the same source estimated that about 2.3 million children aged 6-17 years was out of school in 2012-2013, and it is likely that the rates would be higher for that extra 15-17 year old population (MoPIC et al, 2013, p. 75).

For a child entering basic education in 2012, the expected duration of schooling is 10.4 years for boys and 8.1 years for girls (MoPIC et al, 2013, p. 65). This still barely amounts to the completion of a basic education – for boys at least – and for most girls continues to mean not even that. It does, at least, represent a considerable improvement compared to the average school duration of Yemenis aged 25 years and over, with males having barely completed primary schooling (an average of 6.2 years). Females aged 25 years and over have only completed an average 2.2 years; females in the lowest wealth quintile have completed just 0.5 years (ibid, Table ED.1)

Unlike most countries with sizeable out-of-school populations, Yemen's more than 1 million such children (and this just for those aged up to 14 years) includes very large numbers of young children, with almost half of out-of-school children aged 6 or 7 years. "Out-of-school children are concentrated in rural areas of populous governorates and are more likely to be girls from poor households" (World Bank, 2010a, p. 40). Almost half of such children are in Al-Hodeidah, Al-Jawf, Dhamar, Hajjah and Ibb governorates.

UNICEF, in partnership with the MoE is currently undertaking a comprehensive study to profile out-of-school children in Yemen and identify the key bottlenecks and policies that influence child engagement in learning and schooling. From a supply side, there is widespread overcrowding in structurally unsafe schools that lack even the most basic necessary infrastructural components: only 65 per cent of schools have functional latrines and hygiene facilities and if it is available at all, most schools rely on patchy electrical supply (UNICEF, 2013). Reason for both repetition and dropout are ineffective teaching and learning practices, teacher absenteeism, low levels of learning achievement and the practice of violence in schools and (ibid, p. 44). Although it is prohibited according to Ministerial Decree

426, there is evidence that violence in schools is widespread and often severe; children are routinely beaten, verbally and psychologically abused.⁵⁷

Repetition rates are officially estimated to be a high average of 4 per cent for females and an even higher 5 per cent for boys, peaking for both sexes at grade 12 and with independent studies estimating even higher rates (ibid, p. 45). MoE itself reports higher rates, with rates in 2010-2011 for basic education of 5.5 per cent for females and 7.1 per cent for males (MoE, 2013b, p. 93).

Repetition is a considerable drain on education budgets and on classroom size, and a factor in decisions to drop out of schooling. It is also associated with student absenteeism, which is likely an indicator of both subsequent repetition and school withdrawal.

Missing classes is a problem for students and schools, as it tends to be difficult for those students to catch up on missed work, and it is additional work for schools to ensure special measures to monitor and evaluate the development of the absent children. Regular attendance is essential, since a high absenteeism ratio is often associated with academic failure and school dropout. (MoPIC et al, 2013, p. 72)

In addition, and crucially, schools are not provided with an operational budget and thus ongoing efforts to implement the policy abolishing school fees are met with practical failure as schools seek to generate funds to support operating costs (other than human resources). In addition, as mentioned above, education services have been entirely interrupted in large swathes of the country due to occupation of schools by armed forces, opposition forces, IDPs and others.

In addition to the school physical environment, Yemen faces many challenges in terms of human resources. The restructuring of the teacher training system in 2005 replaced regional institutes with urban and university-based B.Ed. programs that graduate new teachers without any practical training. This is exacerbated by a set of challenges in supervision systems

related to certification, retention, placement and management of a professional cadre of educators. This is highly relevant to the education of Yemen's rurally located girls – the group most likely to be out of school – as urban-based preparation means young women with limited movement are often unable to travel to cities for teacher training, compounding an already difficult situation where only 26.3 per cent of the public school teaching cadre is female.

From a demand side, participation in compulsory education is influenced by a range of different and intersecting factors. Late enrolment and poor initial engagement in learning in Grade 1 results in the highest rates of non-attendance at primary level, which is often associated with poor readiness and lack of preparation but can also be attributed to repeated illness linked to poor hygiene practice. The NSPMS found that one in six children enrolled in basic and secondary education had missed at least three days of school in the 30 days prior to the survey. Although there was no gender difference in absenteeism rates, there were differences in their main factors beyond illness – accounting for around 30 per cent of both male and female absentees – with the next most prevalent reason being lack of interest for boys and housework for girls. In addition, socio-cultural factors mean that these girls are also more vulnerable to be withdrawn from schooling so that, from an early age (nine years), a gender gap in the proportions of out-of-school children has opened up and widens until 14 years of age, when boys start withdrawing from school in increasing numbers. However, girls outnumber boys out of school every year of age from nine years of age for the remaining years of childhood, with the slightly higher proportion of out-of-school boys prior to age eight reflecting boys being more likely to be enrolled to commence their basic education later than girls. (ibid, Figure ED.8)

Entry into the labour market and the time-burden of unpaid household chores is also a significant factor in children's participation in education (ILO/CSO 2012). Lastly, parental education and household attitudes to and prioritization of

⁵⁷ 'Physical Abuse in Basic-Education Schools in Aden Governorate, Yemen: A Cross-Sectional Study', Eastern Mediterranean Health Journal, 19 (2013), 337 cited by Zyck (2013).

education, particularly girls' education, often constitute major influencing factors in child participation in education

Although the national education system seems to be ill-equipped to adequately accommodate the very large numbers of out-of-school children, especially when learning standards remain so weak (see Chapter 8.4.2), strengthened interventions in equity-based pre-school access, improved household practice in timely school enrolment by age six, and changed parental views of the value of an education (especially to girls) appear to be fundamental pathways to reducing the phenomenon in Yemen of such high dropout rates during the period of mandatory basic education. Likewise, expanded access to pre-school and basic education as well as improved quality in education services provided, particularly in terms of teaching and learning practices, availability of qualified and trained teachers, and the bare minimum of learning facilities are essential for improving participation in education among girls and boys.

8.3 Equity in access

Access to education and marginalization in Yemen is influenced by a range of factors including wealth, geographical location, gender and special needs. It was noted in Chapter 3.3.1 that the global measure of human development is primarily deflated for Yemen due to the education-related component indicators. This is even more so when those indicators are adjusted for inequality, which halves Yemen's already poor (by any comparison) education index.

One common factor in inequality within the education sector concerns the costs of education. This would be expected to be important under conditions of high rates of household poverty, although that is more difficult to quantify when those rates are so prevalent, as in Yemen. However, as was described at the beginning of this chapter, Yemen has clearly stated that basic education is free to all children, and this is enshrined within law. In the absence of an operating budget or capitation grants to schools, the burden for school running costs falls upon

households to pay social charges that, by any reasonable measure, constitute proxy school fees. Within adolescent consultations in 2013, a group of students reported that

We pay these fees to the school:

- 300 YR registration fees
- 50 YR exam fees
- 150 YR Certificate fees at the yearend
- 250 YR seating number fees
- 50 YR cleaning materials
- 100 YR Absenteeism fees
- 50 YR Rental fees (WASL Project, 2013, p. 19).

There are also indications from field discussions with schools that in an effort to remedy shortages in teachers, schools are raising the necessary costs for additional salaries from parent contributions. It is evident from the previous section that any consideration of the education situation in Yemen raises concerns about inequities that include geographic factors but clearly raise issues about strongly entrenched gender-based barriers. The achievement of equitable outcomes within education is multidimensional and accordingly impacts and is impacted by sectors other than education, including in such areas as water and sanitation services (especially latrines, and particularly for adolescent girls), the interface between household poverty and school fees and transport access, and nutrition and health standards and feeding programmes. Equity considerations also concern various population groups that experience particular vulnerabilities, primarily internally displaced communities and marginalized populations of Mohamasheen.

In addition to income-related factors influencing equity in access to education, geography plays a considerable role in influencing whether or not children participate in compulsory education. Administrative and survey data show marked differences in enrolment rates across governorates. Survey data indicates that children from the governorates of Hajjah and Hodeida are most likely to be out of school, while children growing up in Sana'a are the least likely to be out of school. More than half of all children between 6-11 years old growing up in Hajjah are out of school. This is followed by Hodeida, where 43 per cent of children in that age group are out of school. In comparison, only 8 per cent of children from Sana'a city are out

of school. In the remainder of the governorates, between 20 per cent-34 per cent of children are out of school. Administrative data gives a different ranking of governorates. Nearly half of all children from Al Jawf governorate (49 per cent) are out of school, followed by Hajjah, Sa'ada and Reimah. A number of governorates have no out of school children between 6-11 years old at all.

8.3.1 Gender equity and girls' access

Gender is a clear influencing factor regarding participation in education in Yemen. The discussion in Chapter 8.2.2 included the following observations:

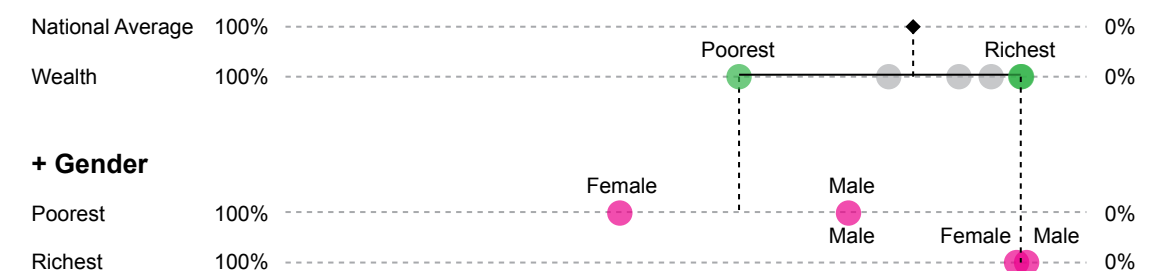
- by 2011, girls' NER had not even reached boys' NER of more than a decade earlier;
- the closing of the gender gap in basic education enrolment deteriorated in 2011 due to the poorer security situation;⁵⁸ and
- a more recent reason for any apparent reduction in the gender gap is the decreasing enrolment of boys from – rather than the entry of girls to – basic education.

Reference to the EFA goals outlined in Section 8.1 reinforces such concerns, with Yemen performing very poorly compared to the average both for Arab States and low-income countries in all areas of gender parity. Gender-based inequities are now one of the primary barriers to Yemen's progress towards the Millennium Development Goal concerning universal primary education, although the more recent general downturn in school enrolment for boys and girls – particularly those aged 6 and 7 years - is also an important barrier. Yemen is one of the countries of the region that are viewed as 'holding back' regional progress toward educational goals. For example, while Morocco and Oman were very close to that goal (by 2010), Yemen is included as one of the countries strongly hampered by low levels of girls' participation that include their very high share of out-of-school populations (United Nations & League of Arab States, 2013, p. 18).

The gender gap in education is so large across Arab States that it has been observed that girls as a population are 'marginalized' (UNESCO, 2013). Yemen's performance on gender parity and equality is especially alarming, including against the poorest countries. On the basis

Box 8.2: Gender inequalities in Yemen against regional standards

Yemen. 58% of poor girls aged 7-16 had never been to school in 2005



"In Yemen, not only are wealth disparities wide, but they are further aggravated by gender disparities. On average, only 21% of 7-16 year olds in the country had never been to school in 2005, but this increased to 43% of the poorest in the country, and to 58% for the poorest girls." Source: UNESCO, 2013, p. 3.

⁵⁸ Literature that refer to the 'gender gap' commonly do so in either or both a qualitative and quantitative sense. When used in the quantitative form, its meaning is frequently not defined, even though targets may be cited (see, for example, UNICEF, 2007a; UNESCO, 2010; UNESCO, 2012; GoY et al, 2013). In many cases, such references seem to be to measures of gender parity and associated shortfalls, or else to the difference between boys and girls in rates such as enrolment. These are different statistical uses of the term, and may lead to confusion, especially when setting national goals and, later, measuring such progress. The reader's caution is required.

of the UNESCO EDI, even by the standards of Arab States, girls in Yemen may be reasonably perceived as 'extremely marginalized' (see also Box 8.2, which illustrates the compounding of inequities based on gender, location and income).

The gender gap in enrolment is lowest in Grade 1, but this is clearly due to very low levels of enrolment at age six years and even more so for girls than boys. Some 65.4 per cent of six year girls are enrolled in basic education, compared to 75.8 per cent of boys (MoE, 2010/2011). This rate seems to be deteriorating, especially in urban areas, with enrolments only peaking around ages 10-11 years, which is additionally of concern because "late entrance is usually associated with academic failure" (ibid, pp 64-66).

The National Basic Education Development Strategy of 2003-2015 included a goal of reducing the gender gap to 11 per cent by 2010 (UNICEF, 2007a, p. 3). The context concerns the percentage point gap between the sex-based GERs for basic education, for which 2010 data show a gap of 20.6 points (MoPIC et al, 2013, Table 8). According to UNESCO global data for 2002 and 2010, the GER improved for females in that period from 64 to 78 (primary) and from 32 to 42 (lower secondary), so that the gender gap reduced considerably, assisted by the corresponding rates for males in the same period declining by, respectively, 1 and 7 points.

Regardless, this is a large shortfall against a target over a comparatively short period of eight years. Although Yemen experienced continuing challenges within its domestic circumstances over that period, such a shortfall more strongly indicates a structural problem that appears to include an absence of sufficient political will or leadership on the issue of gender equity, at least within basic education as well as lack of systematic interventions to address the issue.

Girls' education participation is doubly impacted by low enrolment and high drop-out from Grade 5 onwards. The combination of income and geographical factors with gender results in lowest enrolment of girls from Grade 5 onwards, particularly from rural and poor backgrounds. This has been attributed to lack of accessibility, socioeconomic and cultural factors (that may

vary across communities) and institutional factors. The latter include the presence and role of female teachers in promoting girls' enrolment and retention, for which education policy changes over the past decade do not appear to have significantly progressed that situation, especially within rural areas. The key policy needs identified within a 2007 report are:

- increased recruitment and retention of female teachers in mixed schools across rural areas;
- improved access to schools across rural areas (which may require smaller schools, more girls-only schooling and options for residential schools for adolescent girls);
- the creation of a more gender-supportive and female-friendly environment within the education system (including within education administration); and
- the strengthening of EMIS toward improved performance against educational targets and goals. (UNICEF, 2007a, pp 23-19)

To these policy measures should be added the importance of addressing the weak physical infrastructure of so many schools, especially concerning the sanitation needs of adolescent girls and physical security and health standards, including equipment necessary for learning and more reliable electricity supply. A further factor cited by the Committee on the Rights of the Child is that "[n]egative stereotypes of girls remain in school curricula" (Committee on the Rights of the Child, 2005, para 63(f); "remain" has been revised to "is rampant" in a more recent reference: Save the Children, 2012, p. 23)).

On the question of female teachers, there is something of a reinforcing cycle of inequity at play. Poor female school completion rates mean, in turn, low numbers of females qualified to enter teaching. This is especially true for women in rural areas, and most female teaching graduates seek urban school posts. Measures to rectify the teacher shortfall have required recruitment of unqualified teachers, with limited capacity to include sufficient numbers of female recruits, as well as to increase the proportion of female teachers who are unqualified. (World Bank, 2010a, pp 72-3) By 2010-2011, 26.2 per cent of teachers in basic education were female (the proportion in private schools is 77.3 per

cent, but 92.5 per cent of teachers are in the public sector) (Central Statistical Organisation, 2012). There are considerable variations across governorates, ranging from 6.6 per cent in Reimah to 76.9 per cent in Aden (see Figure 8.5).

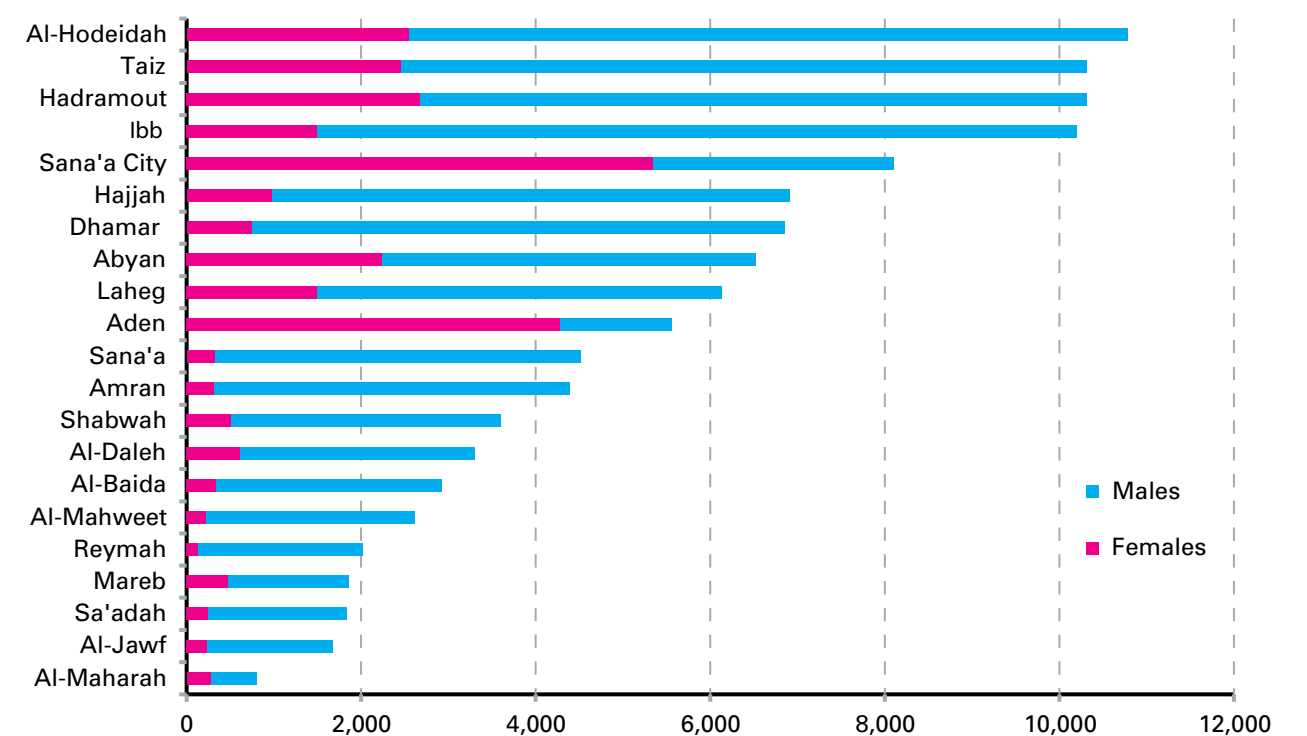
The education of the child's mother is also important in improving educational participation and completion, especially within rural areas and for girls.

While the access rate to grade 1 among urban children is relatively the same regardless of their mothers' education, it is highly correlated with the mother's education among rural children, especially rural girls. The average access rate of rural girls to grade 1 is only 75 percent if their mothers did not attend school at all, but it is significantly higher at 96 percent if mothers completed grade 6. In fact, this is almost the same average rate as for urban girls. (World Bank, 2010a, p. 112)

There is an echo of the cycle of inequity referred to for female teachers in the issue of

the importance of the mothers' education level: it still requires measures to break that cycle in order to have its own momentum. The World Bank questions the need for girls-only schools as a means of improving girls' education participation, especially across rural areas of Yemen. It observes that this is a common cultural stance, and it was also a frequent but not unanimous message from participants in the consultative workshops held in the process of drafting this present report (that is, from people connected to the education sector in Yemen). The Bank notes that sex-segregated schools have higher average retention rates for girls – 73 per cent retention to grade 6 in girls-only schools compared to 42 per cent in mixed schools – but "it is not known whether this disparity is due to the gender-separated schools, or to the greater numbers of female teachers in girls' schools" (ibid, p. 189). However, segregated schooling in rural areas would almost inevitably lead to more schools offering shorter years of schooling, and this is also an important factor in lower retention rates. Closer

Figure 8.5: Teacher numbers by sex per governorate (2009-2010)



Source: CSO Yearbook, available online via <http://www.cso-yemen.org/?lng=english>

analysis “concludes that the presence of female teachers is more important for girls’ retention than the gender separation of a school” (ibid, p. 190). Contrary to UNICEF (2007a), therefore, moving toward sex-segregated schools offering shorter duration schooling would lead to lower girls’ retention than the placement of more female teachers in mixed-sex schools.

Finally, although both boys and girls are adversely affected in their education achievement by household income levels, this is especially true for girls.

Girls [from households in the top wealth quintile] are more than twice as likely to be enrolled in basic education than those in the bottom quintile. The wealth gap becomes worse for secondary education: for each boy in the [lowest] quintile attending this level there are seven boys in the [wealthiest] quintile. In the case of females, the difference is alarming: in the richest quintile around 41 per cent of girls aged 15-17 are enrolled in secondary education, while in the poorest quintile this figure is virtually zero: only 1.2 per cent. (MoPIC et al, 2013, p. 70)

This, in turn, points to the capacity to more formally link girls’ education participation, especially within rural areas of Yemen, with cash transfers through the social protection system as a means of better achieving national education policy goals. This is an aspect of current practice, with measures aimed to reach 25,000 girls in lower grades in disadvantaged communities in selected governorates (OCHA, 2013b, p. 3). This is being supported by the training of 700 female teachers, although MoE estimates that 4,500 additional female teachers are required across rural areas (ibid). The cash transfers are conditional on maintaining at least 80 per cent attendance with an additional ‘achievement bonus’ for overall 65 per cent or better examination results at grades 6 and 9, and have served to reduce school dropout (World Bank, 2013).

School feeding programmes are means of increasing school attendance. As noted in Chapter 7.5, they are unlikely to be appropriate as nutritional interventions and may even, in

that regard, do more harm than good.

There are potential contradictions in such programmes. Evidence indicates that they are effective in tackling child hunger (rather than poor nutrition) that inhibits classroom focus and learning, and may therefore improve attendance and learning by an educationally at risk population. However they are more efficient when not limited to some students to the exclusion of others within a school setting. Also, there are efficiency trade-offs to be made between local procurement of supplies and external procurement and supply chains, including with attention to nutritional factors (MoE Namibia, 2012; MoE Namibia & WFP, 2012)

These considerations may not be so problematic in Yemen. A focus on selected rural schools reduces the need for targeting, given higher proportions of students in need and the poorer rates of attendance to be tackled. This is additionally so in targeting girls’ attendance, and girls appear to be the only beneficiaries of current school feeding programmes (MoPIC et al, 2013, p. 74). The Food for Girls’ Education programme provides 53,000 schoolgirls in 19 Yemeni governorates with family take-home rations.⁵⁹

Given that this is a comparatively very small beneficiary population, if there is evidence of such programmes being instrumental in increasing girls’ school attendance, then a substantial expansion of coverage across targeted governorates and schools may be merited. This may also afford improved opportunities for procurement and delivery that gives stronger attention to nutritional merits as well, especially in line with WFP energy and protein recommendations and desired fat, iron and calcium levels.⁶⁰

8.3.2 Children with disabilities

In Yemen, schools are legally required to ensure accessibility to children with special needs and different abilities. In addition, universities are required to accept students with disabilities

and to exempt them from paying tuition fees (JSEA, p. 69). The general situation of children with special needs was discussed in Chapter 6.3.3 and is taken up further in Chapter 10.2.5, including some reference to measures of support to children with respect to schooling and associated family support.

In most – if not all – countries, children with special needs experience exclusion from ‘mainstream’ education, whether or not their particular needs and abilities impact the pace of or capacity for learning. The right of the child with special needs or different abilities to an education is equal to that of all children. Failure to fulfil that right is also instrumental in failing to ensure other rights.

Studies across countries show a strong link between poverty and disability – one that is in turn linked to gender, health and employment issues. Children with disabilities are often caught in a cycle of poverty and exclusion: Girls become caregivers to their siblings rather than attend school, for example, or the whole family may be stigmatized, leading to their reluctance to report that a child has a disability or to take the child out in public. The education of those who are excluded or marginalized, however, brings about poverty reduction. (UNICEF, 2013a, p. 29)

The social stigmatization of children with special needs contributes to their exclusion from mainstream schooling that is commonly compounded by such schools being poorly equipped – physically and pedagogically – to adequately accommodate them. But any such exclusion or inadequate provision of necessary services cannot be excused once the child attains that stage of Constitutional right to an ‘obligatory’ basic education. These conditions – which cover a diverse and difficult to address range of physical through to psychological conditions – place complex obligations on education authorities and teachers, among other duty bearers.

There has been some progress in this regard in Yemen with the establishment of the Inclusive Education Directorate within MoE in 1997, supported by guarantees within the Children’s Act No. 45 of 2002 (Articles 115 & 118). Those provisions guarantee government support to children with different mental or physical abilities

or needs and the establishment of additional classes in ‘regular’ schools to teach special needs students. Further, the Welfare Act and the Rehabilitation of the Disabled regulations regulate the admission, curriculum and examinations for children with special needs. It was reported that, by 2010, the Directorate was working with 12,000 special needs students in 110 schools across 15 governorates, including children with special needs, Mohamasheen children, working children and street children. (World Bank, 2010a, p. 33) Given the likely size of that combined population of vulnerable children, this is an important but small proportion of such children.

Amongst measures that need to be taken are:

- early screening of infants for forms of special needs and abilities, which help to equip families to best manage the child’s condition for its fullest development, especially through to school entry;
- pre-school education interventions that better cater to and benefit children who experience the greatest disadvantages, including those with special needs;
- pre-service teacher training on practice in the effective inclusion of children with special needs into the classroom for their optimal learning;
- urgent measures to improve the physical school environment across Yemen that include attention to the needs of children with different physical abilities; and
- strengthened recording of children with special needs within EMIS.

In its concluding observations on Yemen’s second periodic report on the International Covenant on Economic, Social and Cultural Rights, the Committee recommended a number of additional actions by GoY to improve access to education by children with a disability:

- compulsory training of all teachers (beyond special education teachers);
- individual education plans for all students;
- availability of assistive devices and support in classrooms, and educational materials and curricula;
- barrier-free physical access to schools and their facilities;
- teaching of sign language;
- allocation of sufficient financial resources;

⁵⁹ WFP, at <http://www.wfp.org/countries/yemen/operations> (accessed 1 July 2013).

⁶⁰ See WFP at <http://foodqualityandsafety.wfp.org/specifications>.

and

- enforcement of the legally established exemption from payment of university tuition fees for persons with special needs. (Economic and Social Council, 2011, para 29)

These are actions that need consideration in the absence of the inclusion of children with a disability within the current Medium-Term Results Framework for the education sector, and – apart from a minor reference to children psychosocially conflict-affected – within the GPE (GoY & UNICEF, 2013, p. 27).

8.3.3 Vulnerable and marginalized groups: Mohamasheen children and children living in post-/conflict conditions

Key information – including databases and analyses – on the educational status of other vulnerable populations is very limited within Yemen, especially related to current circumstances. The greater economic hardships of such households exacerbate education barriers even compared to the dire situation for the wider population. Also, the situation is changing under conditions of displacement and rural-to-urban movement.

Mohamasheen children

What little information on Mohamasheen schooling is available comes from a 2010 study carried out in Taiz⁶¹ summarized by AYN and IDSN.⁶² This is complemented by a June 2008 study carried out by SOUL in Sana'a, Aden and Hodeida, covering 250 households.⁶³ This study also includes a number of focus

groups and key informant interviews. Newly marginalized people have been included in the study population as long as they live in the same communities and share the same infrastructure and services as traditionally marginalized people.⁶⁴ More than half of all Mohamasheen children (58 per cent) aged 6-14 years studied by SOUL are out of school. The majority of out-of-school children in that age group have never attended school. Some 44 per cent of children aged 6-14 years never attended school, 14 per cent have attended school at some point and only 42 per cent are currently enrolled in school. Some 30 per cent of students had repeated a year and 30 per cent were frequently or sometimes absent. SOUL note that 23 per cent of 6-18 year olds surveyed were sick in the month preceding the study. The report conjectures that this is above average and recommends that the increased susceptibility to illness needs to be taken into consideration when discussing Mohamasheen children's absenteeism from school.⁶⁵

It is noteworthy that the drop-out rate of Mohamasheen children found by SOUL is not much different from drop-out rates observed in survey data from non-Mohamasheen. SOUL conjectures that barriers to education faced by Mohamasheen are primarily to do with access to education. Once Mohamasheen children are enrolled, their chances of progression are not too dissimilar from non-Mohamasheen communities. Cumulative drop-out rates or the likelihood of completing primary (grades 1-6) or basic (grades 1-9) education are not available from the SOUL study. The Taiz study found that 87 per cent of Mohamasheen children drop out of basic school before reaching ninth grade.⁶⁶

Steinbeiser states that Mohamasheen children may be prevented from attending Yemeni schools, though in the areas studied by SOUL Mohamasheen children attended school alongside non-Mohamasheen

children.⁶⁷ Anecdotal evidence indicates that Mohamasheen students may be asked to participate in school cleaning due to their perceived roles as garbage collectors. This observation is confirmed by Alhakimi.⁶⁸

In summation, although Mohamasheen children appear to follow similar patterns as non-Mohamasheen children in terms of enrolment and attendance, there are different multi-dimensional considerations that influence their participation in education in Yemen.

Children living in post-/conflict conditions

In Sana'a city, during the events of 2011, education services and facilities were particularly affected. In Sana'a 77 schools were attacked in 130 incidents. The schooling of about 200,000 children was disrupted.⁶⁹ Levels of insecurity impact some areas more than others, and over 100,000 children are currently learning in unsafe schools.

According to [a United Nations] report, 165 attacks on schools took place in 2012, mostly in Sana'a and Abyan Governorates. Ansar Al-Sharia, the Yemeni military and Al-Houthis were chiefly responsible. Teachers and pupils were threatened or intimidated in 61 documented incidents, and 57 schools were damaged by shelling. Military forces also used schools to store weapons in 36 incidents, sometimes resulting in closure of the schools. According to the Education Cluster, over 420 schools in Yemen operate in unsafe conditions due to conflict-related damage, exposing more than 100,000 children to safety risks. (OCHA, 2013c, p. 4)

In the South of Yemen, the two most populous districts of Abyan, Zinjibar and Khanfar, were

also the most affected by the conflict. Armed conflict and insecurity as well as the resulting road closures led to price hikes and shortages in food and medication, which forced Zinjibar and Khanfar residents to flee to Aden and Lahj governorates. Estimating that 23 per cent of IDP children are out of school may be an underestimate. A survey in Lahj governorate found a total of 3,650 school aged IDP children, of which only one third (1,212) are enrolled, implying that two in three school-aged IDP children in Lahj are out of school. It is noteworthy that in Houdah district in Lahj, children housed in schools did not attend school, but children living in houses did.⁷⁰

In the North of Yemen, the war between the Yemeni army and Houthi's in the northern governorate of Sa'ada between summer 2009 and early 2010 led to an increase in attacks on schools. Government officials report that all 725 schools were closed during the war, 220 of them were completely or partially destroyed or looted. Up to 75 were almost completely destroyed.⁷¹ Over the past seven years, more than 230 schools in Sa'ada have been destroyed or damaged and the majority are reported as not having been rebuilt.⁷² There are media reports⁷³ of harassment, physical assault, imprisonment, torture and kidnapping of teachers during that period. Houthi's allegedly pronounced death threats and threats of permanent banishment from their home areas. There are reported arrests of students and teachers who refused to chant slogans. A senior government education figure was detained illegally in December 2012. The same source said that Houthi forces used schools as detention facilities.⁷⁴ During the fighting between Houthi and government forces, dozens of schools were occupied by combatants from either side.⁷⁵ The education of 30,000 children was disrupted.⁷⁶ This

⁶⁷ SOUL

⁶⁸ Cited in AYN and IDSN (2013).

⁶⁹ Child Protection citing Report of the Secretary-General on Children in Armed Conflict, April 2012, at pg. 32, para. 168. abbi, Brief Assessment of Education Situation in the South (Sana'a, Yemen: UNICEF Yemen Country Office, 2013), p. 12.

⁷⁰ Child Protection citing YEMEN: Saada schools reopen: 220 destroyed, damaged or looted, IRIN, 28 February 2010, <http://www.irinnews.org/Report.aspx?ReportId=88255>; Muhammad Al-Shamiri, Director of Sa'ada Education Office. Interviewed by Fuad Rajeh for Education under Attack, 9 March 2013.

⁷¹ Zyck, p. 22.

⁷² Note that the discourse surrounding government and Houthi Human Rights violations is highly charged. The government has a better media penetration than the Houthi's, hence media reports are more likely to be anti-Houthi than anti-government.

⁷³ Child Protection citing Houthi militias arrest 14 persons in Sa'ada, 1 December 2012, <http://www.alsahwa-yemen.net/arabic/subjects/5/2012/12/1/24893.htm>

resulted in combatants considering schools as legitimate targets of attack and the destruction of 17 schools and the cancellation of the school year in affected areas, particularly Harf Sufyan within Amran governorate.⁷⁵

Besides domestic issues and their impact on education participation, regional migration and refugee populations present another dimension to education access in Yemen. Refugees and migrant populations in Yemen primarily comprise adults and older children seeking not only refuge but improved economic opportunities, such that there is a smaller proportion of those populations seeking educational opportunities. However, with such large numbers in Yemen – including for longer periods than anticipated if they were using Yemen as a transit country and have been prevented from doing so – there remain highly vulnerable populations of school-age children for whom school attendance is a preferred option. Identifying and accessing such children is a continuing challenge, especially given the

persistence of smugglers' camps. Although refugee children are eligible to enrol in schools, limited facilities may dissuade or exclude them from doing so. According to one report only a quarter of Somali children in Sana'a are enrolled in schools as many are unable to pay for uniforms, books, transport or food or are discouraged from attending schools due to harassment and discrimination. UNHCR provides education in refugee camps, but the quality of education is low and drop-out rates particularly for girls are high (Save the Children, 2012, p. 24)

For the extent of the broader humanitarian response to education needs in Yemen, see the map at Box 8.2. For discussion of the impact of conflicts on schooling, see Chapter 10.5.5.

The estimated 15,000 refugees who had arrived in the first half of 2013 from Syrian Arab Republic primarily comprise families with children who had all been in school before fleeing. All Syrian refugee families intend to return home

when it is safe to do so, and hope to be able to register their children in schools in Yemen in the meantime, although they express concern about being able to do so (CARE, 2013).

8.4 Educational quality and outcomes

The rate at which quality in education services in Yemen has improved has failed to match the rate of improvement in access to education over the last decade. The perceived quality of education services provided heavily influences parental decisions around enrolment. As such, the issue of quality in education is also one of enrolment. Quality in education has emerged as the highest priority and first component of the MoE's Mid-Term Results Framework.

The main EFA and Millennium Development Goal indicators of educational quality are academic performance (outcomes) and the retention of students through to their completing at least a basic education. On such measures, educational quality in Yemen is very weak as is apparent from delayed school intake rates (peaking at 88 per cent for boys and 84 per cent for girls by 11 years of age), low enrolment rates and poor education duration levels. Although Yemen's 'quality of education' measure (survival rate to grade 5) was ranked 112th by 2007, this in fact followed a deterioration unmatched by any other country, of a 24.2 per cent relative decline since 1999 (ibid, Table A.4). As such, the learning system in Yemen, including inputs, processes and learning outcomes requires considerable attention if it is to ensure that children's schooling prepares them for meaningful participation in the national social, political and economic spheres.

Quality of pre-primary education

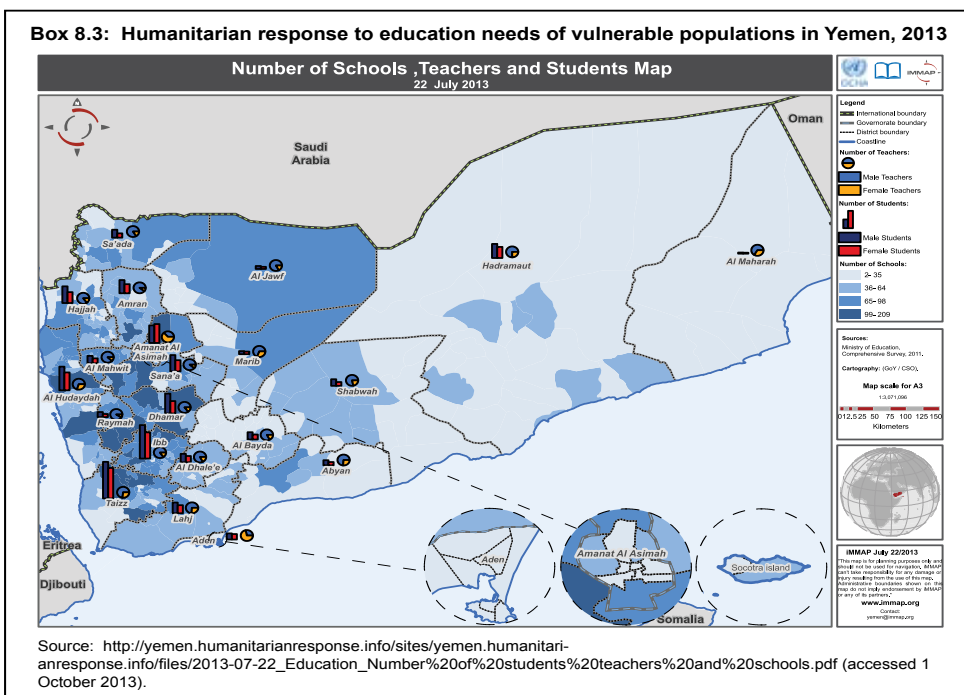
As currently there is no school readiness assessment mechanism, it is difficult to assess the extent to which inputs and processes at the pre-primary level are yielding learning achievement. However, the quality of service provided, whether through public or private facilities is heavily influenced by the current

quality in inputs and processes at this level especially in terms of curriculum, teacher preparation and teaching and learning practices. Regarding curriculum, there is no learning outcome framework identified, either independent of or in direct relation to the prescribed learning outcomes for Grade 1. The MoE produced and distributed copies of new teacher guidelines for kindergarten in 2013, but no formal curriculum structure outlining specific learning objectives exists, nor is there a national school readiness assessment mechanism to identify the impact of private or public pre-school programmes on children's readiness for primary education.

In terms of quality control and management, GoY has prepared by-laws regulating pre-school centres, guidelines for their inspection and curriculum guides and prospectuses for their further development, and the centres have been integrated into the MoE EMIS.

Despite efforts by MoE to date in developing pre-school standards, [t]he quality of education in private institutions is also questionable. Although there are three new teacher guidance manuals available, there is no standard curriculum and no monitoring and evaluation of the quality of services provided in these institutions. Often, private preschool institutions are located in private houses and thus do not offer a suitable environment. There is no certification for teachers; most of them are either former basic education teachers or women who are jobless and available for such a market. (ibid)

For the short term, it remains important to ensure the implementation of the MTRF pre-school component – including with the GPE inputs – and to better promote awareness of the merits of pre-school to children. This is a prerequisite for further expansion of coverage focused on equity goals from 2015, using diversified modalities. The necessary quality control regulations and mechanisms, staff competencies and curriculum will need to be standardized across all programmes and facilities, whether public or private, fee-paying or free.



⁷⁵ Child Protection citing Report of the Secretary-General on Children in Armed Conflict, April 2010, at pg. 40, para. 163. http://www.protectingeducation.org/sites/default/files/documents/unscreport_2010.pdf.

⁷⁶ Child Protection citing IRIN, Yemen: Rebel occupation of schools threatens northern ceasefire, 10 May 2010, <http://www.irinnews.org/report/89079/yemen-rebel-occupation-of-schools-threatens-northern-ceasefire>.

⁷⁷ Child Protection citing Report of the Secretary-General on Children in Armed Conflict, April 2010, at pg. 40, para. 163. http://www.protectingeducation.org/sites/default/files/documents/unscreport_2010.pdf.

Quality in education at basic level

The quality of basic education services in Yemen depends on a number of correlated components. The restructuring of the teacher training system in 2005 replaced regional institutes with urban and university-based B.Ed. programmes that graduate new teachers without any experiential training. This is exacerbated by a set of challenges in supervision systems related to certification, retention, placement and management of a professional cadre of educators. This is highly relevant to the education of Yemen's rurally located girls – the group most likely to be out of school – as urban-based preparation means young women with limited movement are often unable to travel to cities for teacher training, compounding an already difficult situation where only 26.3 per cent of the public school teaching cadre is female. In the absence of practical modern training, teaching and learning practices are poor and traditional, with little focus on active or child-centred methodology. Exceptionally high teacher absenteeism places a large resource burden on MoE and especially impacts the already vulnerable grades 1-3 (MoE, 2013b, p. 146, and see Chapter 4 and Annex (Amran study)). Teacher absenteeism coupled with overcrowded classrooms presents a significant challenge to ensuring the necessary time-on-task required for quality learning achievement (GIZ, 2013). School management and supervision systems are ill-prepared to counter these challenges.

Besides the teacher and her preparation, other challenges to quality in education in Yemen include the lack of curriculum standards and learning outcome frameworks by subject and grade, as well as a disparity between learning outcomes and national labour market needs (UNESCO, 2013). There is a scarcity of teaching and learning materials including essential textbooks, which are produced and distributed by the State but often fail to reach schools before the end of the academic year (GIZ, 2007).

There is also little by way of monitoring and evaluation mechanisms at child, teacher and school level and highly centralized functionality in administrative and technical tasks (e.g.,

teacher recruitment and remuneration, curriculum and school book development and distribution practices). Without this vital data, there is a weak evidentiary base for effective and realistic decision making by education administrators and managers.

The results of long-term weakness in the quality of education are clear. As discussed in section 8.2.3, internal efficiency is weak with high repetition rates of around 6.9 per cent. As with many countries, this high repetition rate links to even higher dropout rates for basic education; in 2011-2012, 10.7 per cent of girls and 9.4 per cent of boys dropped out of school. This has been linked to the Government's 'automatic promotion policy' that is likely also linked to the absence of a national system of measuring academic learning (MoE, 2013b, p. 93; World Bank, 2010a, p. 45). Although discussions to establish a national assessment system are ongoing, Yemen does not yet have one" (World Bank, 2010a, p. 51).

Lastly, and perhaps most importantly, the strongest result of long-term weaknesses in the quality of education in Yemen is underlined by the very low learning achievement of learners. Yemen is one of just 10 MENA countries to participate by 2011, at grade 4 level, in the standardized TIMSS testing. TIMSS testing occurs at grade 4 and grade 8 level every four years, and affords Governments and educators an independent and international benchmark against which to measure science and mathematics standards. For both the science and mathematics surveys (for grade 4), Yemen's results were not only the lowest of the participating 50 countries but its survey results were defined as 'not reliable' due to at least 25 per cent of students having scores "too low for estimation" (Mullis et al, 2012, Appendix E; Martin et al, 2012, Appendix E).

Although Yemen is performing very poorly by such standards, it is to be congratulated on its participation, which will provide an important standard against which to assess progress within the context of current educational reforms. Hopefully, this will also extend to Yemen joining in the parallel global Progress in International Reading Literacy Survey (PIRLS). "The poor performance of Yemeni students in the TIMSS is partially attributed to their inability

to read the test questions. Yemeni students did better in the questions that were either numerical or based on figures rather than text" (World Bank, 2010a, p. 53).

These initial indications of serious weaknesses in literacy were confirmed through the findings of the 2011 Yemen Early Grade Reading Assessment. In 2011, an assessment funded by the United States Agency for International Development found that the average Grade 4 student in Yemen was only able to correctly read six words per minute. Further, 27 per cent of these children were unable to read a single word (YEGRA, 2011). These constitute elementary learning outcomes for Grade 1 students – both in Yemen and internationally. It is particularly alarming to see such poor learning achievement among such a high percentage of Grade 4 children, especially considering the trends of late enrolment which mean that these children are mostly aged 11–12 years instead of 9–10 years.

This is a serious indictment of the quality of Yemen's education system (see MoE, 2013a, pp 33-4 for GoY's observations of education quality). It highlights the particular challenge of literacy rates in Yemen, which are very poor even for those who have completed grade 5 (ibid, p. 54; MoE, 2013a, pp 25-26). Unsurprisingly, given that they are twice as likely to be out of school, females have around double the illiteracy rate of males (MoE, 2013a, p. 28). However, girls who do remain in school have higher learning achievements than boys, with corresponding gender differences that were also high by global standards (World Bank, 2010a, pp 55-56). Emphasizing the extent of gender discrimination even within the workforce, females with higher rates of education are more likely to suffer high rates of unemployment (ibid, p. 57).

MoE's internal review of the effectiveness of the implementation of education strategies for 2012 established that performance outcomes ranged across its five functional areas from a 34 per cent implementation rate for 'enrolment and fairness' down to just 3 per cent for pre-school education, with a success rate across the 10 component programmes ranging between

1-20 per cent (MoE, 2013b, pp 12-14). Across the more than 500 'planned activities' within those programmes, it concluded that some results had been achieved for less than 60 per cent of those activities (ibid, p. 39).

Despite such weak indicators of educational quality and performance – and of associated gender equity – it has recently been argued that the reforms to the general education curriculum are student centred, based on good curriculum planning and present a "solid basis for effective teaching and learning ... [except that] there is no system in place to support its implementation" (ibid, p. 58).

8.5 Reforms in strategic education planning

Recognition of the weaknesses in educational practice and considerable challenges to educational participation and quality has, during the transitional phase, resulted in GoY's development with key partners of the Medium-Term Results Framework for 2013-2015.

The MTRF covers pre-school education, basic education (grades 1-9), general secondary education (grades 10-12) and adult literacy, and is complemented by the GPE programme. The GPE Fund was established in 2011, replacing several previously existing funds. The GPE programme targets 13 governorates on a series of criteria including low school achievement, regional representation and lack of coverage from other sources, and focuses on the pre-school, basic education and adult literacy components of the MTRF. There are three primary objectives across those governorates.⁷⁸ These are that, between 2011 and 2015:

- grade retention will be increased from 77.8 per cent to 81 per cent;
- the gender parity index will be increased from 0.69 to 0.72; and
- the out-of-school rate will be reduced from 28 per cent to 26.6 per cent. (GoY & UNICEF, 2013, p. 12)

The MTRF acknowledges that Yemen is unable to meet its EFA goals, and that events from 2011

⁷⁸ The 13 targeted governorates are: Abyan, Aden, Al-Baidha, Al-Daleh, Al-Hodeidah, Al-Jawf, Amran, Dhamar, Hajjah, Mareb, Reimah, Sana'a and Shabwa,

require a reactivation of education services in many conflict-affected parts of the country, improvements to physical infrastructure, and 'rescheduled' education reforms in order to accelerate progress from the transitional period and beyond (MoE, 2013a, pp 35-36). The targeted MTRF outcomes to be achieved by 2015-16 are:

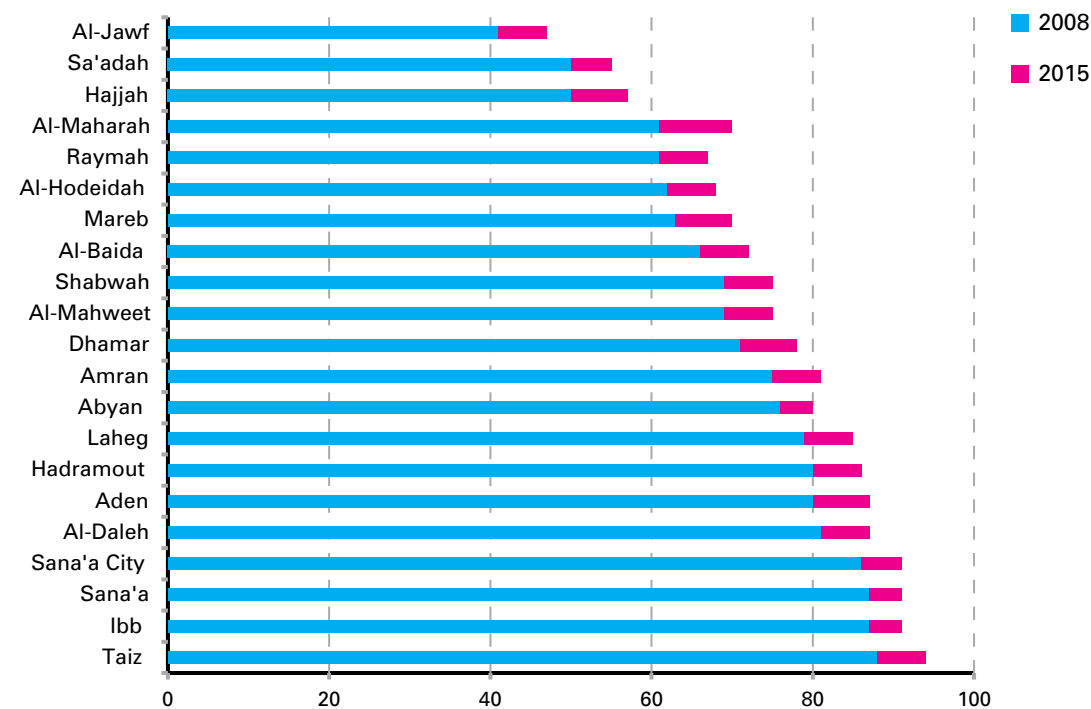
Quality of education

1. Decrease the total failure rate in basic education from 11.3 per cent to 8.8 per cent and the female failure rate from 8.6 per cent to 6.1 per cent;
 2. Decrease the failure rate in secondary education for males from 11.3 per cent to 8.8 per cent and for females from 8.6 per cent to 6.1 per cent;
 3. Improve the school completion rate to Grade 6 from 63.3 per cent to 65 per cent;
 4. Increase Early Grade Oral Reading Fluency and Comprehension in Grade 3 from 16 (baseline) to 20 words in one minute; and
 5. Increase the average scale score for Yemeni students' Grade 4 achievement in TIMSS and in Mathematics from 348 2011to 400 in 2015.
- Enrolment and equity

6. Increase GER for basic education from 86.1 per cent to 89.3 per cent, and for secondary education from 35 per cent to 39.9 per cent;
7. Increase NER for basic education from 78.8 per cent to 82.7 per cent, and for secondary education from 23.2 per cent to 26.5 per cent (23.4 per cent for females, 29.4 per cent for males);
8. Increase the Net Intake Rate (NIR) in Grade 1 from 56.3 per cent to 65 per cent (for both boys and girls);
9. Reduce the secondary education failure rate from 11.3 per cent to 8.8. per cent (total) and from 8.6 per cent to 6.1 per cent for females;
10. Reduce the gender gap in net enrolment from 0.81 to 0.84 in basic education and from 0.71 to 0.80 in secondary education; and
11. Provide educational services for out-of school children, children with special needs, children having difficulties in accessing educational services, and children living in disaster or conflict areas. (MoE, 2013a, pp 36-37)

The associated NER situation and projected estimates are shown in Figure 8.6.

Figure 8.6: Basic education NER by governorate (2008 & 2015)



Source: MoE, 2013, Annex 1.

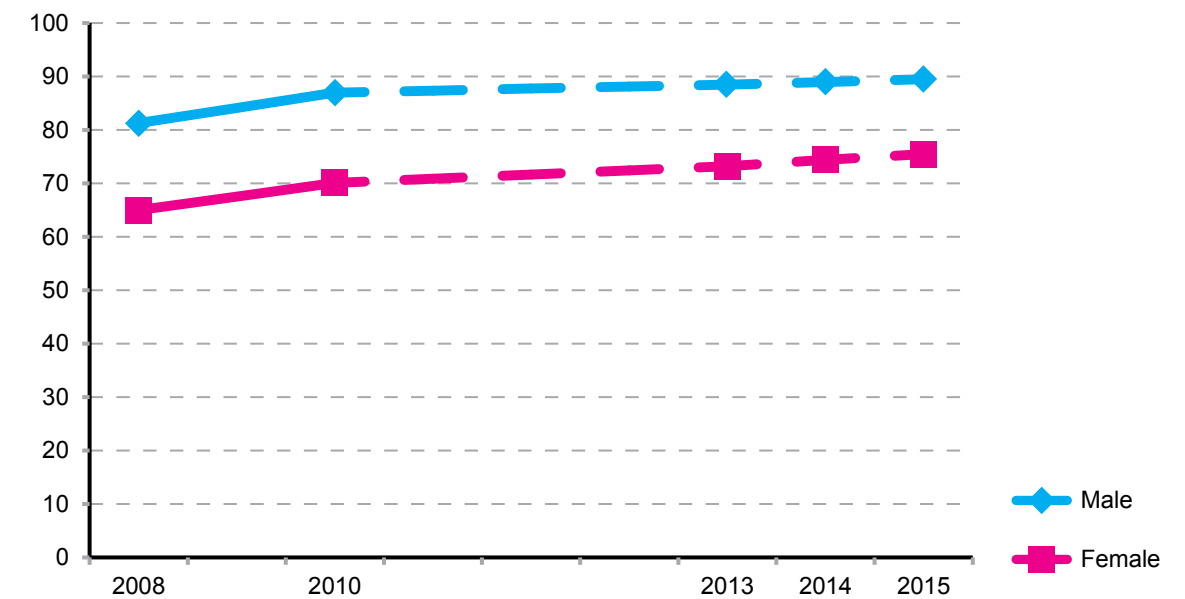
Even though the NER improvements to be achieved by 2015 may seem modest, the challenge is greater in terms of the estimated intervening deterioration since 2011, including in withdrawing girls from schooling due to security concerns. Nevertheless, the largest estimated NER increase is for boys in Al-Mahrah governorate (12 points), followed by a 9-point improvement in NER for girls in Aden. Nationwide, NER is planned to increase 4.7 points to 86.0 for boys and 7.5 points to 72.5 for girls (as noted, likely a larger increase is necessary for girls given reports of their greater withdrawal since 2011).

As is evident from Figure 8.7 there is little discernible closing of the gender gap for 6-14 year olds, with a 2015 target of a 14 point gap for basic education NER: a narrowing in that gap of 2.3 points since 2008. As was discussed in Chapter 8.3.1, there appears to be a stronger case for increasing the number of female teachers in co-educational schools than in constructing girls-only schools. The World Bank modifies the 2007 UNICEF call for more schools closer to populations as means for increasing education participation by girls in rural areas by acknowledging the trade-off required to meet cost-efficiencies.

A balance will need to be struck between (1) building smaller schools that are close to population clusters so that young children do not have to travel far and (2) increasing class sizes a bit so that they are somewhat more sustainable. In these regards, two policy options could be considered: (1) providing smaller schools for the primary levels (grades 1-6) close to communities and (2) investing in merging schools that offer grades 7-12, but building schools that are not always in, but are close to, communities and that are accessible through school transportation. Multigrade teaching will become even more critical for the small community-specific schools. (World Bank, 2010a, pp 79-80)

Budgetary considerations are discussed in Chapter 3.1, but some comment is merited in this present context. Although there is no explicit global target for education outlays within domestic public budgets, UNESCO appears to advocate a minimum threshold of 20 per cent of public revenue, with at least 70 per cent of that amount being directed to pre-primary and basic education (UNESCO, 2010, p. 128). UNESCO data put the education share of public outlays at 16.0 per cent in 2010, compared to an average for Arab States of

Figure 8.7: NER for 6-14 year olds



Source: MoE, 2013, Table 7 & Annex 1.

16.7 per cent and for low-income countries of 17.1 per cent (UNESCO, 2012b, Table 9). The concern is that this marks a reduction from earlier years so that it is important to cease that declining share of public revenues going to education and stabilize it around that 20 per cent level. The 2011 level is put at 19 per cent (MoPIC et al, 2013, p. 32). It is also clear from this chapter that, if budget levels are not a major problem, then the investment value in terms of educational returns are extremely weak.

See further at Chapter 3.1. For now, public outlays on education need to be assured of the benefits of a growing revenue base in the event that the national economy strengthens in the post-transition period from 2014 (effectively, a 'peace and democracy dividend' for children's education). Challenges clearly remain, including concerning the effectiveness of the allocation of such public financial resources.

There is evidence of inequalities in the way that education resources are distributed. In particular, inequalities exist at the higher levels of education. These inequalities exist by gender (males benefit more from education resources than do females), by locality (people from urban areas benefit more than do those from rural areas), and by level of poverty (the richest benefit more than do the poorest). Overcoming these inequalities will be vital to achieve Yemen's education goals. (World Bank, 2010a, p. 109)

These are inequalities that have been built into the MTRF. As the process of developing the National Yemen Education Vision continues, the main challenge will remain one of implementation and the retention of political commitment to education into 2014 and beyond.

9. Water, Sanitation and Hygiene

9.1 Water, sanitation and hygiene summary

Water and sanitation are among the most serious challenges confronting Yemen's development. With particular regard to children, the primary commitment is the target included within Millennium Development Goal 7: between 2000 and 2015, the proportion of people without sustainable access to safe drinking water and



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basic sanitation will be halved.

As referred to in Chapter 3.3.2, Yemen is considered to unlikely to achieve its water and sanitation targets under the Goals. Progress towards the sanitation targets has been insufficient and progress toward the water targets has regressed. These are aspects considered in additional detail in the following sections.

Table 9.1: Key equity-focused observations on challenges and priorities for action (WASH)

Selected indicators		
<ul style="list-style-type: none"> • Yemen's water resources are rapidly depleting, with annual usage exceeding supply by 0.9 billion cubic metres, and just 2 of 15 groundwater basins in the country are self-sustaining. • Just 8 per cent of Yemen's water usage is municipal, including domestic consumption; 48 per cent goes to qat production. • The rate of access to improved drinking water sources was 55 per cent in 2011, down from 66 per cent in 1990. • Coverage of water piped to premises improved from 12 per cent in 1990 to 26 per cent in 2011. • 29 per cent of households must walk at least 30 minutes to fetch water, likely imposing heavy burdens on at least 1 million women and girls. • Daily water consumption averages just 29 litres per person, indicating that at least 1.5 million children may already be below minimum basic water consumption standards. • Just over half (53 per cent) of households had improved sanitation facilities by 2011, and open defecation remains the practice in at least 20 per cent of households. Almost half (47 per cent) of schools are built without any WASH facilities. • Fewer than 8 per cent of households properly treat their water, whether or not it is from an improved source. 		
Equity determinants		
Enabling environment	Demand for services	Service supply & quality
<ul style="list-style-type: none"> • Overdue, inadequate progress in safe water and improved sanitation coverage • Weak institutional capacities and budgets for national leadership • There is a need to embrace water policy in the framework of natural resource management in the public interest • Counterproductive policy in water management, with qat production diminishing household water share • Unsustainable water depletion rates and falling aquifer levels due to excessive abstraction. • None equitable access to water supply and ownership of water resources. • Increased rates of water related conflicts. 	<ul style="list-style-type: none"> • Harmful cultural practices in sanitation, especially affecting post-pubescent females • Unacceptable household practices re open defecation especially among children and in treatment of infant faeces • Impact on women and girls in water fetching roles • Poor knowledge and practice in hand-washing prior to food handling and after toilet usage • High costs to many of the poorest households in purchasing water • Corresponding low rates of per-capita water consumption with direct impact on health and hygiene. 	<ul style="list-style-type: none"> • Poor maintenance of water sources and supply networks • Very weak WASH standards in schools • Local management needs stronger parental/household participation to strengthen priority-setting • This needs to better link WASH in schools and in communities • Urgent need for improved water and sanitation access within refugee and displaced communities
Priority responses		
<ul style="list-style-type: none"> • TPSD identification of water as one of three current priority issues needs articulation as an immediate set of strategic actions. • WASH-related planning and responsibilities need to be reformed and better aligned and coordinated. • Accelerated installation of piped water to premises is necessary, including in terms of the burden on females. • Recognition of the need to prioritize access to and use of water in accordance with the best interests of the population needs concerted leadership and legal enforceability • Water facilities and supply networks require improved maintenance and upgrading. • Attention is required to improved domestic hygiene practices, including safe excreta disposal, hand-washing and water treatment. • WASH in Schools initiatives, required not only for hygiene purposes but also for education goals, need stronger commitment and action, and to be accompanied by community engagement. • Access to water and sanitation facilities by refugees and IDPs needs improved response. 		

- WASH humanitarian interventions must be well integrated in the WASH programme, promote sustainable solutions and strengthen emergency preparedness.
- Building national and local WASH capacities including the development and revision of policies, strategies and setting of standards and guidelines.

Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.

GoY acknowledges, during the transitional period, that water management is one of the three complex issues demanding immediate response. The other two, population growth and the qat dilemma, directly impact the necessary WASH response framework.

Domestic water usage constitutes a small and potentially declining share of total usage, leaving children additionally vulnerable to life-threatening diseases, dangerously low water consumption levels and very poor sanitation standards and hygiene practices, in the home and at school. These threats indicate the wider cross-sectoral importance of WASH standards. A recent analysis by UNICEF attributes the main causes of undernutrition among children under five years of age to the high levels of maternal malnutrition and low birth weight. Stunting and underweight are strongly linked to high rates of diarrhoea. In turn, respiratory complications, diarrhoea and fever are strongly linked to sanitation standards, hygiene practices and safe and piped drinking water (UNICEF, 2013f).

Access to water from improved sources has declined over the past 20+ years, despite improvements in water piped to homes in rural areas. The even greater decline in access to other water sources reflects the rate at which aquifer levels are depleting. Poorer households are even harder hit by the high costs of privately purchasing additional water supplies. Less than 3 per cent of households that are dependent on unimproved water adequately treat that water. Open defecation remains the practice for more than 20 per cent of the population and appears to be higher for young children, and hygiene standards including proper hand washing remain weak, even where such practices are understood. Across many rural areas of Yemen

where open defecation is practised, it may well be the case that it is the associated low levels of proper hand washing that represents the primary hygiene risk factor, but both poor practices need to be addressed. Few schools have access to safe water, and most lack suitable sanitation facilities, with consequences for student health conditions and attendance, especially for adolescent girls.

This means that children suffer a range of serious vulnerabilities that include inequitable situations for large numbers countrywide, such as:

- the adverse impact on girls and their education of obligations in water fetching and carrying;
- the high cost of water for, in particular, poorer households dependent upon expensive private suppliers;
- the increased vulnerabilities of children in poorer households to readily preventable life-threatening risks including AWD, cholera and other water-borne diseases;
- the risks to infants in households with unsafe water due to breastmilk substitute feeding practices;
- the negative impacts on girls' education and hygiene in view of large numbers of schools having inadequate or no sanitation facilities or water for hand washing;
- the threats of poor sanitation standards to contamination of local water springs, wells and aquifers; and
- the increased risks to children's health of poor child excreta disposal and open defecation practices combined with weak hygiene practices.

More recent WinS initiatives by GoY and its

development partners merit concerted support, but continue to face strong barriers, including evidently weak government commitment in the face of many national priorities. Such initiatives, importantly, position responses to school WASH requirements within a broader community context that builds commitment and strengthens sustainability.

Perhaps the most important global indicator of the importance of WASH beyond 2015 is that the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda has urged that it be elevated from one of 21 targets within eight goals to one of 12 goals in its own right, with accompanying targets that better acknowledge the central place of children within water and sanitation standards:

- provide universal access to safe drinking water at home, and in schools, health centres, and refugee camps;
- end open defecation and ensure universal access to sanitation at school and work, and increase access to sanitation at home
- bring freshwater withdrawals in line with supply and increase water efficiency in agriculture and
- recycle or treat all municipal and industrial wastewater prior to discharge. (High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013, p. 42; targets to 2030 to be determined)

These are all of direct and urgent importance to the situation in Yemen, and attest to the validity of recent efforts at reform and capacity-building at national through local levels. Despite such efforts, technical capacities and coordination across the ministries and agencies responsible for different aspects of water and sanitation remain in need of urgent reform and strengthening.

The sanitation situation is dire. This includes "a critical institutional gap in rural sanitation, including schools: there is no official institution responsible for water, sanitation, and hygiene in schools" (Social Fund for Development et al, 2012, p. 6). So is the water situation. A particular concern is that, as water stocks deplete, where are cuts to usage to be made?

With municipal (including household) shares of water consumption of 8 per cent, any further

downward pressure will be catastrophic for people's well-being. Qat production in Yemen is increasingly untenable let alone, as shown in Chapter 7.4, detrimental to household expenditure patterns – especially in low-income families – and to the nutritional status of children. In the absence of strong national political leadership and associated policy measures, the two primary pressures will be to further reduce water for human consumption and to further curtail the use of water for hygiene purposes such as hand-washing. Household water shares need to and must increase, especially given low per-capita consumption rates. Yemen may already have 1.5 million children below the lowest minimum consumption threshold that also puts most of the population immediately at risk of insufficient water consumption. But water shares for productive food-based agriculture must also increase, even as national water demand far exceeds depleting supplies and huge allocations continue to be assured for qat production.

Nationally appropriate and sustainable water resource management and domestic and schools-based sanitation policies are in urgent need of concerted implementation, and must be complemented by action to reduce population growth. This needs to give effect to the national Constitution's rights-based guarantees that conform to Yemen's international obligations.

This still all remains conditional upon substantial reforms to national administration and planning in WASH that strengthens resource commitments and effective coordination through governorate and district levels. Progress in conventional (modern) water and sanitation systems has basically only kept pace with population growth. Yemen's urban and rural communities have used suitable traditional technologies for centuries. With the promise of bringing modernization to the water sector, such technologies have been widely abandoned. Good examples of traditional but also ecological technology are dry sanitation (latrines) and rainwater harvesting. Most Yemeni communities today seem to be caught in an uncertain situation with regard to water and sanitation, while losing resilience and their traditional tools and being unable to harness modern conventional systems.

9.2 WASH in communities

9.2.1 Current water policy context

In its TPSD, GoY identifies water security as one of three complex issues that are vital to address (MoPIC, 2012, p. 36). Water use in Yemen exceeds supply by 0.9 billion cubic metres annually (ibid, p. 38). Accordingly, over the past three decades, drilling depths for water aquifers in Sana'a have increased more than 10-fold and only two of Yemen's 15 groundwater basins are self-sustaining (cited in Friedman, 2013).

Water is almost certainly Yemen's most important and valuable natural resource. According to Article 8 of Yemen's Constitution: All types of natural resources and sources of energy, whether above ground, underground, in territorial waters, on the continental shelf or the exclusive economic zone are owned by the State, which assure their exploitation for the common good of the people.

This is consistent with the landmark General Assembly resolution 1803 (XVII) of 14 December 1962 on the permanent sovereignty over natural resources:

The right of peoples and nations to permanent sovereignty over their natural wealth and resources must be exercised in the interest of their national development and of the wellbeing of the people of the State concerned (para 1).

In essence, Yemen's water resources are to be managed by the Government in the best interests of the "common good" of the people. This is a subject of scrutiny in the transitional period, including with respect to the other two complex issues (population growth and the qat dilemma) and the nature of water governance in accordance with General Assembly resolution 1803 and the national Constitution.

A joint socioeconomic analysis conducted in 2011 concluded that water governance is very weak in Yemen and contributed to the rapid decline of water resources which are expected to run dry within one to two decades in the densely populated highlands. Water sector

governance is mainly shaped by traditional collective institutions largely overtaken by the individual appropriation of the groundwater resource, and modern laws and regulations proving highly ineffective in the Yemeni context. The latter is characterized by weak enforcement of legislation.

In dealing with the water crisis, the Government faces a number of challenges:

- Rapid population growth adds to pressure on water resources. By 2025, availability per person may be 35 per cent lower than it is today;
- The implications of running out of water in certain areas;
- Investment needs in the water sector exceed 2\$ billion for the next five years;
- The need to reallocate water from agriculture to household use, and within agriculture away from qat;
- Institutional weaknesses and conflicting responsibilities;
- The impact of climate change and how to adapt to it (MoPIC, 2012, pp 39-38).

The acknowledgement of the need to redirect water allocation from qat production to more productive agricultural purposes, and from agriculture in general to household usage, is an implicit recognition that water for qat is at the direct expense of water for families, especially for children. Just 8 per cent of water usage is municipal (including by families), qat production consumes more than 40 per cent, 2 per cent goes to industry and the remaining 50 per cent is for non-qat-based agriculture. The economic value of the qat economy primarily benefits the wealthiest sectors, and it is the poorest households that allocate larger shares of their income to qat consumption, at the expense of household food security and nutrition standards (ibid, p. 38; and see Chapter 7.4). The National Dialogue has been urged to direct, and has been directing, its attention to the place of qat within post-transitional Yemen.⁷⁹

Additionally, water supply problems require many households to supplement their access with private water purchases.

Costs, however, are high – water from a private tanker can cost up to ten times as much as network water. It is predominantly the poor who are not connected to networks, and who have therefore to pay these high prices (JSEA, p. 102).

Water policy and practice is, therefore, very much an issue for poor households and for children. A key concern within the accompanying immediate suggested interventions drawn from the National Water Sector Strategy and Investment Plan is that apart from seeking to address institutional weaknesses, they do not directly address any of the other identified challenges (see MoPIC, 2013, p. 39). Regardless, implementation of the Strategy has fallen short of expectations. The main reason for this is that water resources are in the hands of hundreds of thousands of fiercely independent local households, and top-down regulatory approaches to water resources management have gained little traction in Yemen's chronically centrifugal governance environment. Little impact on water use or resource sustainability has so far resulted from the government's initiatives (JSEA, p. 103).

Since 2011, there has been stronger recognition

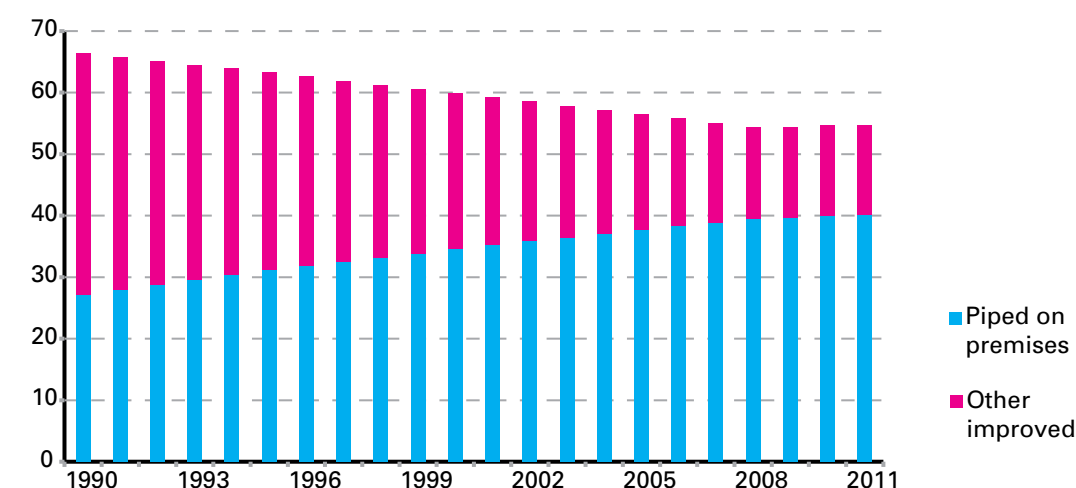
of the merits of decentralized approaches to water management and of collaboration between public agencies and community-based initiatives.

9.2.2 Water access and trends

In 1990, 66.3 per cent of Yemenis had access to improved drinking water sources. This indicates a 2015 Millennium Development Goal target of 83.2 per cent: a halving of the shortfall. The 2011 national rate is 54.8 per cent, a deterioration against the 1990 rate. These data are from the Joint Monitoring Programme for Water Supply and Sanitation (JMP), and are global estimates to ensure comparability across countries as well as periodic trend data and may thus vary from official national data.⁸⁰ As Figure 9.1 shows, the important measure of water piped to the premises has increased – although appears to be plateauing – but the "the rate for "other" improved water sources has declined even more.

The expansion of water piped to premises has occurred in rural households – a steady growth from 11.5 per cent in 1990 to 25.6 per cent, a rate that has remained static since 2008 – while

Figure 9.1: Trends in household access to improved water in Yemen (% , 1990-2011)



Source: UNICEF/WHO JMP website, at <http://www.wssinfo.org/data-estimates/table/> (accessed 1 September 2013).

⁸⁰ JMP data are derived from multiple national sources over time: DHS, national Census, Family Health Survey, Household Budget Survey and MICS.

the corresponding urban rate fell from 84.5 to 70.8 per cent over the same period (Figure 9.2). The percentage of households relying on other improved sources (public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs, rainwater collection) declined between 1990 and 2011 from 11.2 to 1.2 per cent (urban) and from 46.6 to 20.9 per cent (rural).

The NSPMS derived somewhat different estimates (for 2012), with basically three main sources of water in urban areas: piped water inside the dwelling (49 per cent), tanker truck (22.4 per cent) and jerry can filtered water (19.5 per cent). In the case of rural households, the main source is piped water inside the dwelling (21.1 per cent), but the diversity of sources is wider: tanker truck (13.2 per cent), tube well or borehole connected to pipes (10.5 per cent), protected dug well (10.5 per cent) and unprotected dug well (10.7 per cent) are also well represented (MoPIC et al, 2013, p. 55).

Much of that difference may be explained by definitions of various forms of water sources as 'improved' or 'unimproved'. The NSPMS data distinguish between six forms of improved water and eight categories of other water

sources, and the former group of sources, taken together, imply lower rates (than do JMP data) of improved water in urban areas (52 per cent compared to JMP's 72 per cent) but the same rate in rural areas (47 per cent) (ibid, Table H.9; note cut-off line in that table, as well as that confidence levels for the data can be wide).

The main current concerns are about domestic water fetching (jerrycans in urban areas and wells and boreholes in rural areas) that commonly fall to women and girls, the dependency upon tanker trucks that are especially heavy economic burdens on low-income households, and the reliance on water that is or may be unsafe for drinking. According to NSPMS data, 28.8 per cent of households have at least a 30-minute walk in order to access water (32.6 per cent of rural households) (MoPIC et al, 2013, Table H.12). This equates to 7.3 million Yemenis, and at least 1 million women and girls who continue to have to gather and cart water over long distances.

There are multiple factors underlying Yemen's deteriorating household water supply situation. Ground water levels have been lowering (for example, by 6-7 metres annually in Sa'ada basin), making it more difficult to access water

stores. This also increases the risks of structural underground collapses that have begun to contaminate water supplies (UNCT, 2010, p. 36). As water becomes harder to access, local conflicts have increased and many households have relocated, whether as displaced persons due to conflict or as part of a rural-to-urban shift, where water access has not been improved.

Yemen's depleting water reserves are associated with very low domestic consumption that has a direct relationship with national economic well-being (Figure 9.3).

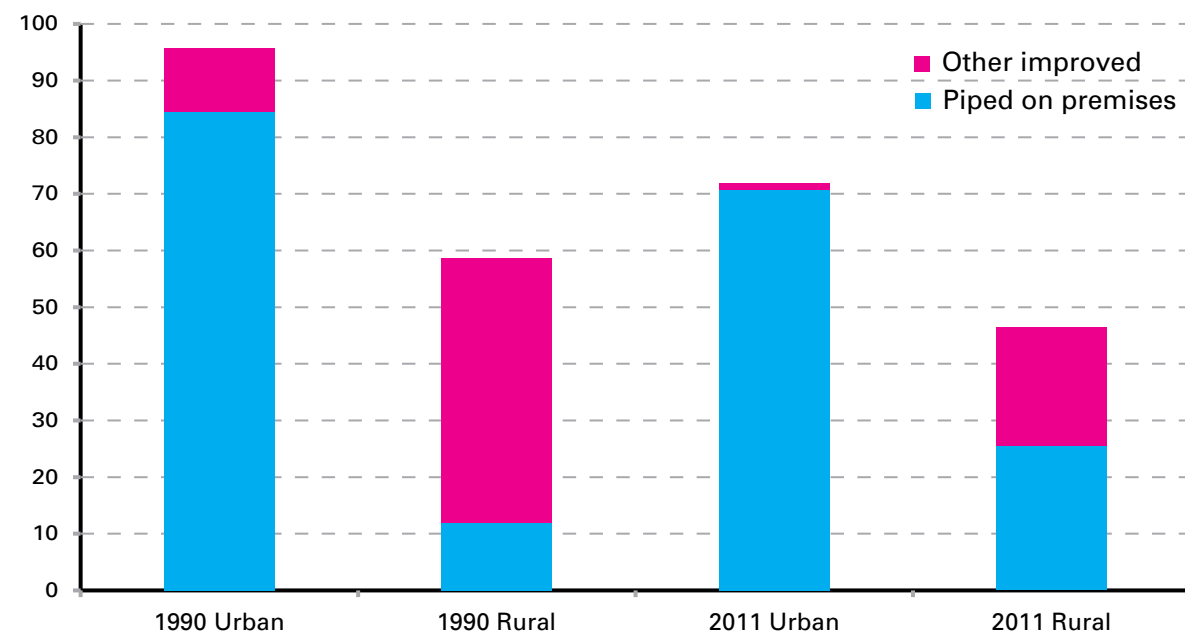
This means very low rates of per-capita water consumption. The NSPMS derives a daily rate of water consumption of 29 litres per person, with wealth-based inequalities translating to a rate of 23 litres for the bottom three quintiles (that is, the poorest 60 per cent of the population) (MoPIC et al, 2013, Table H.13). The global optimal daily per capita level is 100 litres, with 50 litres defined as an intermediate level and 20 litres as a basic level for short-

term survival.⁸¹ This indicates that, together with lowering aquifers and depleting reserves, most Yemenis and certainly most children in Yemen are highly and increasingly vulnerable to severe water insecurity. That is already the case for the poorest quintile, with average daily consumption of 20 litres, meaning that as many as 1.5 million children are already below that lowest minimum threshold (ibid, p. 59; assumes an average 7.3 persons per household as per 2006 MICS). This is further exacerbated by high population growth so that, by 2025, per capita water availability may be 35 per cent lower than at present (MoPIC, 2012, p. 39).

9.2.3 Sanitation access and trends

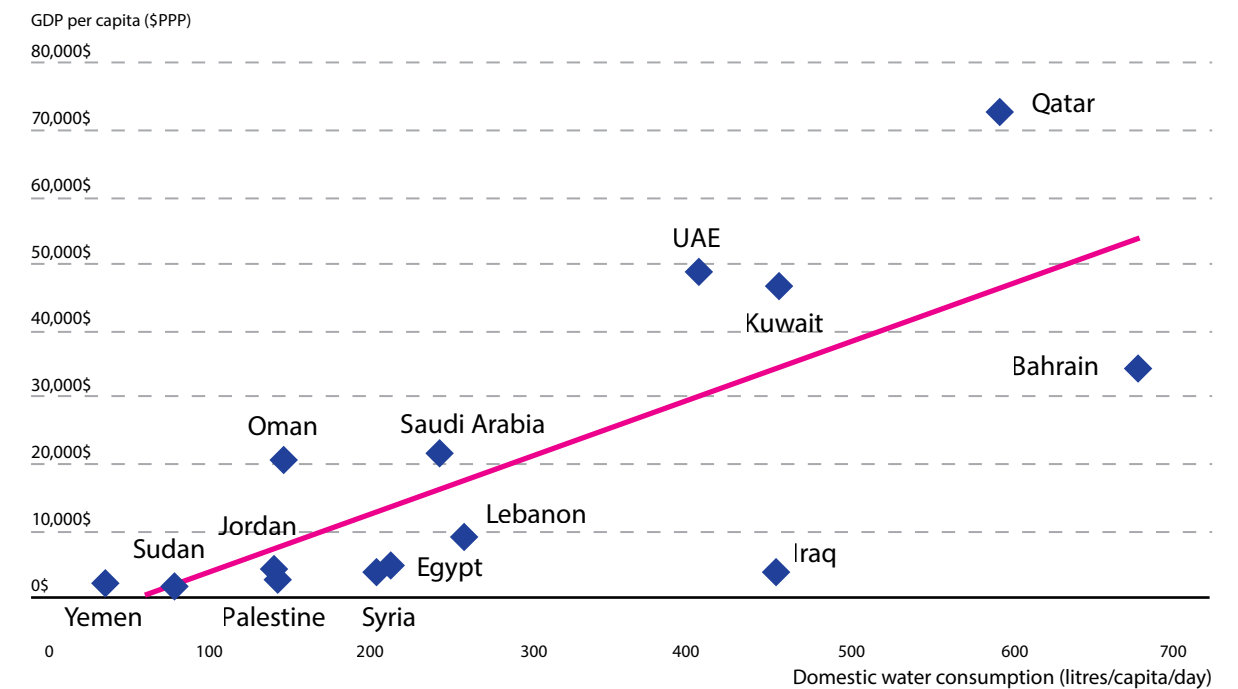
The situation for sanitation has been somewhat more successful, but still falls well short of 2015 targets. Improved sanitation facilities include flush or pour toilets discharging to public piped sewer/septic tanks; flush or pour toilet latrines connected to a cesspit; ventilated

Figure 9.2: Changes in improved water sources, urban and rural (% , 1990 & 2011)



Source: UNICEF/WHO JMP website, at <http://www.wssinfo.org/data-estimates/table/> (accessed 1 October 2013).

Figure 9.3: Domestic water consumption relative to GDP per capita in countries in Western Asia (as defined by the United Nations)



Source: World Water Assessment Programme, 2012, Figure 33.1.

⁸¹ WHO (2003), Domestic Service Quantity, Service, Level and Health, available at http://www.who.int/water_sanitation_health/diseases/WSH03.02.pdf (accessed 25 September 2013); WHO (2011), "How much water is needed in emergencies", available at http://www.who.int/water_sanitation_health/publications/2011/tn9_how_much_water_en.pdf (accessed 25 September 2013).

improved pit toilet latrines; and pit latrines with a slab as hole cover. According to JMP data, 24 per cent of Yemenis had access to improved domestic facilities in 1990, indicating a 2015 target of 62 per cent. The 2011 national rate is 53 per cent, which suggests that this target is not unattainable but likely will not be attained due to the events of and since 2011. This is especially so given an apparent plateauing of that progress since around 2008 (Figure 9.4).

Despite such improvements, the decline in open defecation in rural areas – from 54 per cent in 1990 to 32 per cent in 2011 – still exposes far too many households, especially their children, to a range of life-threatening diseases. Access to improved sanitation for rural populations has improved since 1990 from 12 to 34 per cent, but this still falls well short of the 2015 target of 56 per cent (see Chapter 9.5). In rural households, the number of people with improved sanitation only exceeded the number of people practising

open defecation as recently as 2006. The fact that one person in 50 in urban areas still practices open defecation exposes large proportions of the population to potential outbreak of serious illnesses such as cholera. This, in turn, emphasizes the importance of national efforts to improve hygiene knowledge and practices that are discussed later in the chapter.

JMP and NSPMS data yield similar rates for urban households with improved sanitation (93 per cent and 94 per cent respectively) but a higher rural rate for NSPMS, at 51 per cent for 2012 compared to JMP's 34 per cent for 2011. Improved sanitation facilities are highly correlated with wealth quintiles, with a mere 8 per cent of the poorest households having improved facilities, increasing to 99 per cent of the wealthiest quintile (MoPIC et al, 2013, Table H.14).

9.3 WASH in schools

The provision of safe drinking water and improved sanitation in schools is an important component of child health and disease prevention, is a fundamental entitlement of children's education and is instrumental in strengthening the retention of adolescent girls in schools. UNICEF extended the Millennium Development Goal commitment concerning household water and sanitation to include WASH standards in schools. This has meant the global inclusion in its country-level WASH strategies for 2006-2015 of an additional goal to "ensure that all schools have adequate child-friendly water and sanitation facilities and hygiene education programmes" (Economic and Social Council, 2006, para. 23).

A 2013 KAP report of a survey of 4 of Yemen's 106 most vulnerable districts in which UNICEF is actively engaged observed that most focus group respondents, key informants and community leaders "confirmed the absence of safe water in schools", or even of unsafe water. Many schools either have no water or else water only to the toilet, with many students either bringing their own or else accessing water from nearby houses. Similarly, that survey also reported few functional toilets in schools, with most being unusable due to lack of water. Where there are functioning toilets, they may often only be used by teachers and male students due to those facilities being shared (UNICEF, 2013d, pages 84-87).

Where water is available in schools, it is for very limited purposes, meaning even less water in for hand-washing and sanitation purposes. The survey yielded mixed outcomes from respondents about whether or not teachers encourage students to hand-wash with soap that was primarily associated with the absence of water, although almost all teachers and most health workers reported that they (teachers) do so (ibid, pages 88-89).

It is difficult to imagine – but possible – that the situation in schools outside UNICEF-targeted districts could be even worse. A 2010-2011 MoE comprehensive education survey found that 47 per cent of schools are built without adequate WASH facilities and only 9 per cent of schools have water but lack all

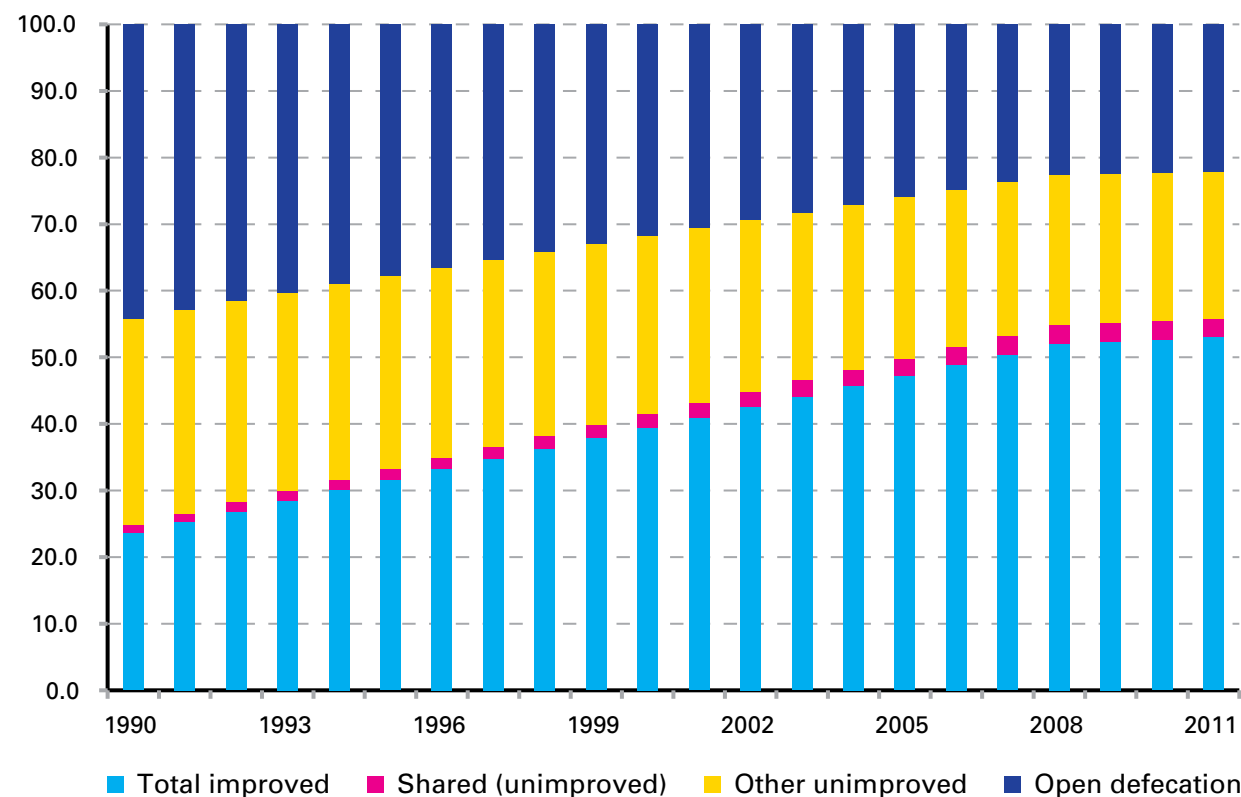
WASH facilities. Many rented schools do not have any toilets – or schools with not much additional space for toilets and unconventional solutions then need to be found for such cases. The average student/toilet ratio where there are toilets in schools is 299 whereas the norm is 25 (cited in Social Fund for Development et al, 2012, p. 6).

The situation is obviously much worse than those averages for many schools in rural areas of Yemen and across particular governorates. A Call to Action for WASH in Schools (WinS) was launched in Dubai in 2009 through a broad coalition of agencies that include UNICEF, WHO, Save the Children, CARE and other partners. It aims to increase actions towards ensuring universal child-friendly WASH facilities in schools. In 2012, UNICEF at the MENA regional level decided to target Yemen (alongside Egypt and Sudan) for the formulation of WinS action plans. A workshop in Sana'a in July 2012 established the framework for proceeding at the national level. This noted the weak resource commitment to tackling the poor situation of WASH in schools and the multiple dimensions of the barriers to doing so, including limited technical capacity across the relevant public agencies (ibid).

It proposed community-level development of a school-as-entry-point' concept that better integrates community and school-based WASH services that can be used as well for micro-ecosystem and bio-diversity restoration through campaigning for extensive tree-planting integrated with WinS, in order to restore, and kind-of reclaim the desert to the school and the human settlements that surrounded it (ibid, p. 7).

At the same time, the development of a WinS action plan acknowledges that, in the current political and economic context, there appears to be insufficient government commitment to sustainably tackling the dire school-based WASH situation. This clearly demands considerable resource investment at a time when there remains inadequate policy determination about water resource management for the "common good of the people" (as per the national Constitution) and in conformity with General Assembly resolution 1803. In that context – and especially coinciding with

Figure 9.4: Trends toward improved household sanitation (% , 1990-2011)



Source: UNICEF/WHO JMP website, at <http://www.wssinfo.org/data-estimates/table/> (accessed 1 September 2013).

alarming depletion of national water reserves and corresponding increased competition for those scarce resources – children in schools across Yemen still lack GoY fulfilment of their duty-bearer obligations on this most basic right to water. A substantial tangible improvement is required in their school-based access to water and associated sanitation and hygiene standards. This needs to be supported by the strengthening of national policy advocacy that leads to a national WinS strategy (for which discussions have commenced), complemented by a national health strategy.

9.4 Hygiene practices

Correct knowledge and practice of hygiene is critical for the health and survival of the child and is dependent upon access to safe water and improved sanitation. These are closely linked to nutrition standards and responses, and to the prevention of infant and young child illnesses that are some of the main causes of child mortality and morbidity. Water-borne diseases and infant feeding using unsafe water are major threats to child health and survival and require adequate knowledge of water usage, feeding practices and the safe disposal of child faeces.

Diarrhoea is endemic in Yemen and is attributed as the cause of 11 per cent of deaths in children under five years of age, the second largest cause of death for the age group beyond the neonatal period. Poor access to improved water is a major contributor to increased prevalence and severity of diarrhoea, which also contributes to undernutrition, both low weight and low height. With low rates of breastfeeding, especially of exclusive breastfeeding throughout the infant's first six months, many young children are exposed to serious risks associated with the use of breastmilk substitutes with unsafe water. Children in poor households and rural areas are at even higher risks of water-related or -borne diseases and nutritional deficiencies.

Alarming – especially given such high rates of unimproved water sources – there is very poor practice in the appropriate domestic treatment of water. Less than 8 per cent of Yemeni households treat their drinking water, and this rate is the same whether it comes from an improved or unimproved source, but is lower for lower-income groups. This indicates the absence of treatment of water across almost all



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of the poorest and most exposed households (MoPIC et al, 2013, p. 107).

The 2013 KAP report revealed the weakness of domestic sanitary hygiene knowledge and practices across Yemen. Although there seemed to be widespread good knowledge and practice of storing water, and fairly widespread awareness of the importance of hand-washing with water and soap, most people appear to believe that washing with water alone is sufficient. Use of soap seems to be more likely after agricultural handling of pesticides or after eating fatty foods than after toilet usage or before eating food. While most houses have toilets, some either do not use them properly due to water shortage or else prefer to go outdoors. It also appears that a majority of people view a child's faeces as less harmful than an adults' and are more likely to dispose of it outdoors or in the garbage or have the child defecate outdoors (UNICEF, 2013d, pages 94-96).

Figure 9.5 describes 17 countries; several countries are grouped together across the zero value of the y-axis (no open defecation). The risks to Yemeni children from both open defecation practices by households and from diarrhoea-related mortality are overwhelmingly about WASH standards and practices. It can be of no comfort that one country in the region (Sudan) exceeds Yemen's poor standards, primarily for open defecation. On the basis of available evidence, data on open defecation in Yemen appear to reflect higher rates for young children, precisely at the time when they are especially vulnerable to health risks from weak

sanitary hygiene standards. High fertility rates coupled with declining water access indicate increasing risk factors for children in Yemen in this regard.

9.5 National coordination and planning framework

Chapter 9.2.1 commented on institutional shortcomings in national water strategy. As the water situation deteriorates, national resource management has weakened and has been poorly complemented by a policy that has enabled allocation of scarce water to qat production. National political instability and socioeconomic insecurity have hindered planning, resourcing and implementation of improvements.

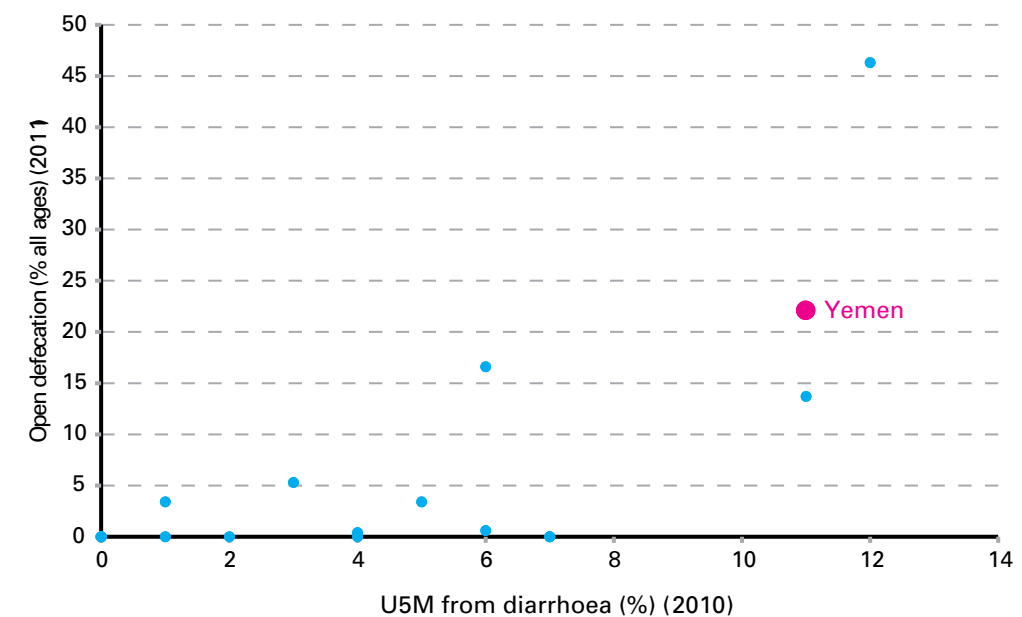
A survey in 2010 by the General Authority for Rural Water Supply Projects (GARWSP) and donors excluded non-functioning water systems from its measurement of rural access to improved water, and derived a rate of rural coverage of just 34 per cent. This compares with the JMP and NSPMS rates of 47 per cent, as per Chapter 9.2.2. Similarly, the GARWSP survey derived a rate of improved sanitation in rural households of 27 per

cent, substantially below the JMP estimate of 34 per cent and as compared to the NSPMS estimate of 51 per cent. In terms of financial resourcing, poor GoY funding for WASH-related functions (via the Ministry of Water and Environment) is compounded by fragmented resourcing across different ministries and agencies.

These respective indicators together point to the current weakness of the national water and sanitation-related policy and coordination framework and the absence of a national-level policy to regulate the sector. This remains a serious challenge in Yemen, especially given rapidly depleting water resources under conditions of high population growth. Besides the Ministry of Water and Environment, GARWSP and the National Water Resources Authority, are the devolved responsibilities of governorate administrations and local water corporations, plus more specific subcomponents via, for example, MoPHP and MoE.

In addition, as is evident from other chapters of Part B, WASH is directly and causally connected to a range of rights and vulnerabilities of children, including child mortality and morbidity,

Figure 9.5: Key WASH-based risk factors for children, MENA countries (%)



Sources: WHO Global Health Observatory, at <http://apps.who.int/gho/data/node.main.24?lang=en>; WHO/UNICEF JMP database, at <http://www.wssinfo.org/data-estimates/table/>. Data are for all countries of MENA except Lebanon & Libya (no open defecation data) and Palestine (no U5M/diarrhoea data).

nutritional standards and school attendance. A weak WASH policy and coordination framework has a cascading effect across those other areas of children's survival, well-being and development. This becomes increasingly evident – and challenging – as more local-level knowledge and interventions are strengthened, such as is occurring through the recent implementation of SMART surveys in many vulnerable governorates and the implementation of community-based sanitation responses (community-led total sanitation, supported by SFD).

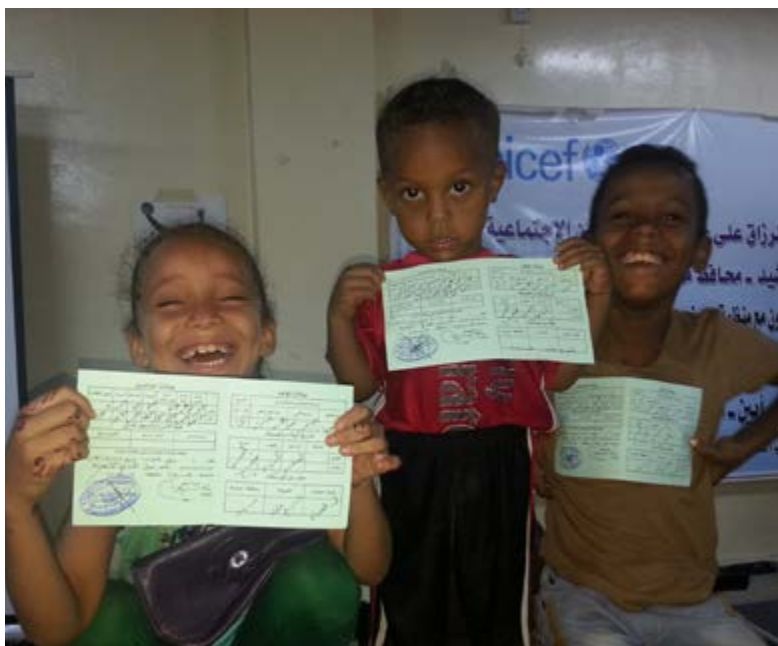
Finally, it needs to be noted that the sector remain highly dependent on ODA, and that more concerted efforts remain necessary in tackling capacity shortcomings on the part of various WASH-related national duty bearers. These issues were considered further in Chapter 3.1.

10. Child protection

10.1 Child protection summary

The right of the child to protection cuts across all aspects of children's rights. It brings to the fore the wide range of duty bearers – from government and international partners through families and communities – that carry obligations across a similarly wide range of serious and often criminal violations of those fundamental rights. Unlike in the previous chapters of Part B, this also means that the scope of priorities coming within a consideration of child protection may be more diverse and may vary between countries – often due to existence of different social norms and cultural traditions that are detrimental to children – and may vary over time

The 1998 SitAn addressed five populations of “children in especially difficult circumstances”: working children; children living and/or working on the street; institutionalized children (including those in conflict with the law); children with disabilities; and children from marginalized groups. The 2004 SitAn focused on the girl child, ‘juvenile delinquents’, orphans, refugees, child labour, children with disabilities, ‘akhdam’ and street children. This present chapter reflects changes both in global



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understanding – such as in the inclusion of justice for children – and in national conditions, by including stronger attention to aspects of violence against children, more extreme forms of exploitation and conflict-based protection rights.

Compared to previous chapters, many of the rights violations covered in this chapter are less transparent and more difficult to detect. They often concern threats and risks that are sporadic in their occurrence, complex in their root causes and appropriate responses and concealed or ignored in their nature or frequency. This makes many forms of abuse or exploitation in this chapter difficult to quantify as well as to respond to in a timely manner.

This chapter commences with attention to family and community-based priorities in the improved protection of children, starting with the most instrumental of means of protection that impacts the scope of the larger report: the assurance of the child's identity through her or his birth registration.

Table 10.1: Key equity-focused observations on challenges and priorities for action (child protection)

<p>Selected indicators</p> <ul style="list-style-type: none"> • Yemen has the lowest rate of birth registration across MENA countries, and just 25 per cent for children under five years of age (CRA 2013). • Birth registration is 10 times higher for the richest (50 per cent) than the poorest (5 per cent) quintile. • An estimated 600,000 children under age 18 are single or double orphans, and about one in five are in households receiving SWF assistance. • Early marriage has been declining but appears to be stuck at around 10 per cent of females under age 15. • There is no law prescribing a minimum marriage age (Algeria, Egypt, Libya, Morocco, Oman, Somalia and United Arab Emirates stipulate 18 years). • FGM/C remains high in parts of Yemen (17 per cent of 49-15 year-olds and 15 per cent of 14-0 year-olds). • 97 per cent of FGM/C occurs in the home, and 73 per cent takes place before the infant girl is one month old. • 25 per cent of 9-2 year-olds have at least one form of disability. • Of juveniles accused of an offense, 98 per cent are male and 73 per cent are dealt with in juvenile courts (in nine governorates). • Yemen's use of seven years as the minimum age of criminal responsibility is the lowest (with some other countries) in the world, and contrasts with the Committee on the Rights of the Child minimum standard of 12 years. • Child labour (14-5 years) is 23 per cent, compared to the 9 per cent MENA average, and Yemen is the only country in MENA where the rate for girls exceeds that for boys. 								
<ul style="list-style-type: none"> • 83 per cent of child labour is unpaid (97 per cent girls, 70 per cent boys). • 30,000 children aged six years and older are estimated to be living and/or working on the streets (85) (2008 per cent boys, 15 per cent girls) of whom 60 per cent do both. • Three parties – Al-Houthi, Ansar Al-Sharia and GoY forces – are on the United Nations Annex I list of parties that “recruit or use children” in armed conflict, with 84 cases documented between July 2011 and March 2012. • In the same period, the United Nations documented 135 children killed and 429 children maimed due to conflicts 								
<p>Equity determinants</p> <table border="1"> <thead> <tr> <th><u>Enabling environment</u></th> <th><u>Demand for services</u></th> <th><u>Service supply & quality</u></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Failure to legislate GoY reforms to improve child protection in critical areas of vulnerability • Weak birth registration system • Formal and informal service fees, including bribes and corruption, and its impact on service access • Inadequate understanding of the situation of Mohamasheen children, impeding a relevant national strategic response • Continuing reports of child recruitment to armed forces, despite recent progress towards its curtailment • Important opportunities opening in MRM, including with other armed groups • Inadequate national framework for monitoring and responding to the needs of refugee, migrant and displaced children, including </td> <td> <ul style="list-style-type: none"> • Girls at special risk of harmful traditional practices (mainly early marriage and FGM/C) • widespread gun culture leading children to carry weapons and use of children in revenge killings • Vulnerabilities in child abuse and violence in domestic, community and school settings • Stigmatization (shame) drives responses to children with a disability • Widespread household practices of child labour that includes hazardous work, such as agricultural pesticide handling • Household poverty as a driver of many vulnerabilities, including </td> <td> <ul style="list-style-type: none"> • Lack of standards of alternative care institutions and their regulation and monitoring • Poor local systems in, e.g., birth registration, child labour regulation, social welfare services and case management, services in strengthening family capacity to protect children (including economic empowerment) • Inadequate justice system, including policing practice, judicial procedures and sentencing options • Services to children with a disability lack coherence and are very limited • Mixed contamination of explosive devices in civilian areas and the proliferation of unconventional explosive devices means long-term risks to many children and requires ongoing education and response services • Formal responses to MRM and grave violations require stronger local actions and coordination </td> </tr> </tbody> </table>			<u>Enabling environment</u>	<u>Demand for services</u>	<u>Service supply & quality</u>	<ul style="list-style-type: none"> • Failure to legislate GoY reforms to improve child protection in critical areas of vulnerability • Weak birth registration system • Formal and informal service fees, including bribes and corruption, and its impact on service access • Inadequate understanding of the situation of Mohamasheen children, impeding a relevant national strategic response • Continuing reports of child recruitment to armed forces, despite recent progress towards its curtailment • Important opportunities opening in MRM, including with other armed groups • Inadequate national framework for monitoring and responding to the needs of refugee, migrant and displaced children, including 	<ul style="list-style-type: none"> • Girls at special risk of harmful traditional practices (mainly early marriage and FGM/C) • widespread gun culture leading children to carry weapons and use of children in revenge killings • Vulnerabilities in child abuse and violence in domestic, community and school settings • Stigmatization (shame) drives responses to children with a disability • Widespread household practices of child labour that includes hazardous work, such as agricultural pesticide handling • Household poverty as a driver of many vulnerabilities, including 	<ul style="list-style-type: none"> • Lack of standards of alternative care institutions and their regulation and monitoring • Poor local systems in, e.g., birth registration, child labour regulation, social welfare services and case management, services in strengthening family capacity to protect children (including economic empowerment) • Inadequate justice system, including policing practice, judicial procedures and sentencing options • Services to children with a disability lack coherence and are very limited • Mixed contamination of explosive devices in civilian areas and the proliferation of unconventional explosive devices means long-term risks to many children and requires ongoing education and response services • Formal responses to MRM and grave violations require stronger local actions and coordination
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unaccompanied and separated children (integration within broader national policy and planning)	children moving onto the streets, growing risks of child trafficking, organ trade, 'tourist' marriage	<ul style="list-style-type: none"> Community dialogue/engagement and empowerment in addressing social norms and values detrimental to certain child rights are needed for sustainable response in addressing especially traditional harmful practices
Priority responses		
<ul style="list-style-type: none"> Strengthening social welfare systems by identifying minimum package of social welfare services and case management for all vulnerable children. This should include policy development and needed structures at national and sub-national levels. The reform and restructuring of the national birth registration system needs to include decentralized provisions, linkages between civil registration and public health facilities, and adoption of a digital system. Adoption and implementation of child rights and juvenile justice laws are required with special focus on child-friendly procedures, promoting the alternative care and non-custodial measures, with particular attention to girls' rights, the minimum age of criminal responsibility and the minimum age of marriage, age of child recruitment, age of child labour. 		
<ul style="list-style-type: none"> Further advancing progress in eliminating harmful practices affecting girls – early marriage and FGM/C – need more concerted national commitment linked with local engagement with key leaders, i.e., religious and community/tribal leaders. Measures to ensure appropriate procedures for establishing the child's age in judicial proceedings are welcome and need to be standardized, especially where the death penalty may be misapplied. The MRM framework established by the Security Council in resolution 1612 merits strong and continuing support and commitments by GoY, UNICEF and key partners. Child labour laws and regulations are in need of more systematic implementation and prosecution, with wider nationwide coverage, matched by stronger assistance to children living/working on the streets, especially targeted to younger children and to opportunities for family reunification. In addition, there is an urgent need to offer livelihood activities including cash transfer and income generation to enable and empower the children and their families economically. Recent detection and prosecutions for child trafficking and the growing organ trade need to be more rigorously undertaken, including bilateral cooperation. This to include also the increased number of unaccompanied migrant children from the Horn of Africa. Special or stronger efforts are required in the protection, restoration and monitoring and reporting of schools and health facilities exposed to conflict. The child-focused and rights-based global post2015- proposals (High-Level Panel) require active advocacy and support by GoY, UNICEF and key partners. 		
<p>Notes: 'Selected indicators' and 'priority responses' are primarily derived from this chapter. 'Equity determinants' are mainly informed by the nationwide consultative workshops held as part of the preparation of this report. See Chapter 1.</p>		

The extent of protection priorities for children – and especially the most vulnerable – is an important indicator of, as well as barrier to, the equity of national development. It reveals the depth – or lack of depth – of national commitment not just to children's rights but to human rights in general.

This is so even though Yemen has a quite strong legislative, policy and institutional framework for child protection purposes, alongside more recent initiatives by GoY, including via the HCMC and MoHR. But it continues to lack technical capacities and resource commitments and is

hampered by overdue reforms to legislation and enforcement in important areas. Primary drivers of so many of the more common and persistent child threats and vulnerabilities require individualized responses that need skilled case-based assessment and management. But GoY's limited child protection responses remain primarily institutional in practice. Community-focused and family-based social work technical capacities are essential but such personnel remain scarce. Such professional responses need to emphasize family support and empowerment that promotes acceptance of and practices in child protection, and

awareness of the consequences of neglect and abuse of the child, including in fuelling risks of their vulnerabilities to living or working on the streets, to exploitative and hazardous forms of child labour and to trafficking.

There is a common view that a range of public policy and service frameworks are insufficiently responsive to the different conditions that may exist across different governorates and areas. This is particularly evident with child protection responses in view of local variations in norms and practices, especially for more complex but effective continuum-of-care interventions, such as in prevention, protection, rehabilitation and reintegration. Improved local relevance of responses needs to be less reactive and more focused on proactive/protective and supportive mechanisms to vulnerable families and communities that are focused on empowering and strengthening their capacities. In turn, this would serve to mitigate many current risk factors in making children more vulnerable to multiple forms of violence, abuse and exploitation.

Most children in Yemen are victims of a combination of vulnerabilities whose main drivers may be either inherent to domestic or community practices commonly shaped by social norms, or else external to such local community conditions, such as geopolitical factors or demand-driven sources of exploitation. Despite legal requirements that this be done, Yemen appears to have by far the lowest rates of birth registration in the MENA region, with very high variations across governorates. The more comprehensive attention to this issue in 2013 by GoY and key partners – especially UNICEF – is a strong indicator of impending improvements in this critical area of children's rights and, especially, of their protection.

Levels and forms of domestic violence against children include many forms of corporal punishment that cross into criminal assault (at least if such actions were inflicted upon adults). Efforts to tackle such violence and abuse of children encounter resistance in view of perceived parental and other duty bearers' 'rights', especially when defined as 'discipline'. This is further exacerbated by law enforcement and judicial practices that effectively sanction or tolerate such abuse. This, in turn, acts to dissuade complaints from being lodged, even

in an area of potential serious injury to the child that is commonly concealed within the place of the abuse (such as the home or school).

As is the situation across many areas of child protection and justice for children, overdue law reform continues to be delayed by Parliament's deferral of consideration of important legislative reforms approved by the Cabinet of the transitional Government. This is certainly the case with threats to the protection of girls, including harmful traditional practices, with Yemen now not even having a minimum age of marriage for girls, to their considerable detriment. Similar to the practice – that varies in prevalence across Yemen – of FGM/C, the necessary responses require appropriate legislation and, at least as importantly, effective engagement with affected households, practitioners, health workers, community and religious leaders and children themselves in order for measures towards elimination to be sustainably effective. Following the National Team's report, drafting was finalized for the proposed 15 laws including the unified child rights law. That draft has been finalized, but has not yet been submitted for advocacy towards Parliamentary ratification. Such actions have also been prioritized through the NDC process in support of adoption by the Parliament.

For children with a disability, the knowledge base remains inadequate because children have diverse forms of disability that require diverse responses. Primarily, however, children with a disability need improved and more equitable (with other children) access to opportunities and to fundamental rights such as an education and the acquisition of livelihood skills. GoY's ratification of the Convention on the Rights of Persons with Disabilities – and its communications protocol – is a positive step, but improved knowledge and stronger priorities in public policy responses remain necessary. This will become an increasingly urgent priority with the physical and psychological consequences of mines and UXOs beyond the end of conflict and the longer-term trauma suffered by many children affected by protracted exposure to military actions, shelling of civilian areas and threats of drone attacks and airstrikes.

The justice system continues to fall well short of international human rights obligations and

standards, especially for children. ‘Severe mistreatment’ during arrest and interrogation, arbitrary detention outside of sentences, detention with adults, and inadequate use of rehabilitative alternatives to detention continue despite some very welcome improvements in the juvenile justice system in recent years. Critically, there are three issues of particular concern as serious breaches of the Convention on the Rights of the Child and broader human rights requirements. First is the minimum age of criminal responsibility that is still set at 7 years and should be at least 12 years. Second is the treatment of children from age 15 years within the adult criminal justice framework. And third is the continued vulnerability of too many children sentenced to the death penalty in the context of the common absence of adequate proof of age and manifestly defective procedures for judicial determination of the child’s age when the death penalty is applicable. Contrary to GoY assurances to the Human Rights Council, there are various estimates of the number of children who remain vulnerable to – and in fact are verified as having been subjected to – the death penalty or to remaining under sentence of death, so that current proposed reforms by the Office of the President and the Supreme Judiciary Council may be overdue but remain welcome in their progress toward implementation. The Ministry of Justice has formed a specialized medical committee within Juvenile Justice that visits children who have been sentenced to the death in Yemen.

The complex, diverse and extensive nature of the more extreme forms of violence and exploitation of children in Yemen has in recent years at least benefited from markedly improved monitoring, reporting and review mechanisms. The two Optional Protocols to the Convention on the Rights of the Child, on children in armed conflict and on the sale of children – and their periodic reporting and review processes are complemented by the MRM framework, with Yemen a party to all three processes. The procedures for the ILO child labour conventions and the Palermo Convention – and its first Protocol that Yemen needs also to ratify – further strengthen the national system of independent monitoring and accountability against global standards. Child labour is widespread and is overwhelmingly unpaid, with high levels of child labour in dangerous and hazardous work, especially in agriculture. This primarily requires

improved enforcement of laws and regulations for child labour and associated prosecutions, and needs stronger accompanying measures of support to street children in view of economic conditions being a key factor in driving so many children into highly vulnerable conditions.

The same is true for trafficking of children, especially given extreme threats to these children and the difficulties of detection. However, some recent cases of arrest and prosecution demonstrate a capacity to duly respond despite legislative shortcomings – as has similarly been demonstrated with the organ trade – although these actions have been minimal in terms of the apparent extent of the problem. Stronger efforts remain necessary, including through bilateral, regional and international coordination and cooperation between countries of origin, transit and destination to combat child smuggling and trafficking (including of migrant unaccompanied children from the Horn of Africa) resulting in the effective prosecution of perpetrators and the protection of victims. This has been made more feasible since GoY’s acknowledgement of the existence of human trafficking in Yemen.

Serious breaches persist across all areas of grave violations against children, although United Nations-led reforms at the global level have considerably improved the national monitoring and response framework, supported by constructive engagement between international partners (including the Special Representative of the Secretary-General for Children in Armed Conflict) and GoY and key armed groups toward improved protection of children from recruitment and use. This will, hopefully, also lead to improved measures of protection for schools and hospitals that have been vulnerable to attacks by all sides in continuing conflicts. Regrettably, even if such dialogue can lead to reduced conflicts in Yemen, large numbers of children will remain vulnerable to the continuing risks of mines, UXOs and ERWs, indicating the continuing need for national and subnational attention in the diverse area of grave violations and child protection activities.

One further promising development at a global level is in current post-2015 planning. It has been commonly noted that the Millennium Development Goals were not only “rights free”

(even if fulfilment of most of those Goals served such purposes) but that they lacked any explicit attention to child protection priorities. The recent report of the post-2015 High-Level Panel introduces welcome changes in this regard (see Box 14.1). Of 12 proposed goals, three of them include child protection indicators that appear to be intended as specific targets: eliminating child marriage and violence against girls and women; the provision of free and universal legal identity (including birth registration); and all four indicators of the goal to ensure stable and peaceful societies, including rights-based justice systems (High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013, Annex II).

Together with the opportunities for national transformation beyond the end of the transitional period and the stronger global monitoring and reporting frameworks for serious threats to child protection, children in Yemen should hopefully begin to see some tangible improvement in their clearly highly vulnerable situation of widespread denial of protection in so many areas of their rights.

10.2 Family and community protection

10.2.1 Birth registration

The registration of the child at birth is a core right of all children, especially in ensuring their legal identity under domestic law, including their nationality. Article 7 of the Convention on the Rights of the Child states:

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.
2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Establishing the child’s identity at birth is an essential means of guaranteeing access to many other rights, including education registration, receipt of social assistance, political enfranchisement, eligibility for a passport and

entitlement to other essential services. In the justice system, it may reduce the risk of a child being tried as an adult, which is especially important in Yemen where this even exposes the child to the risk of execution, as well as early marriage and military recruitment.

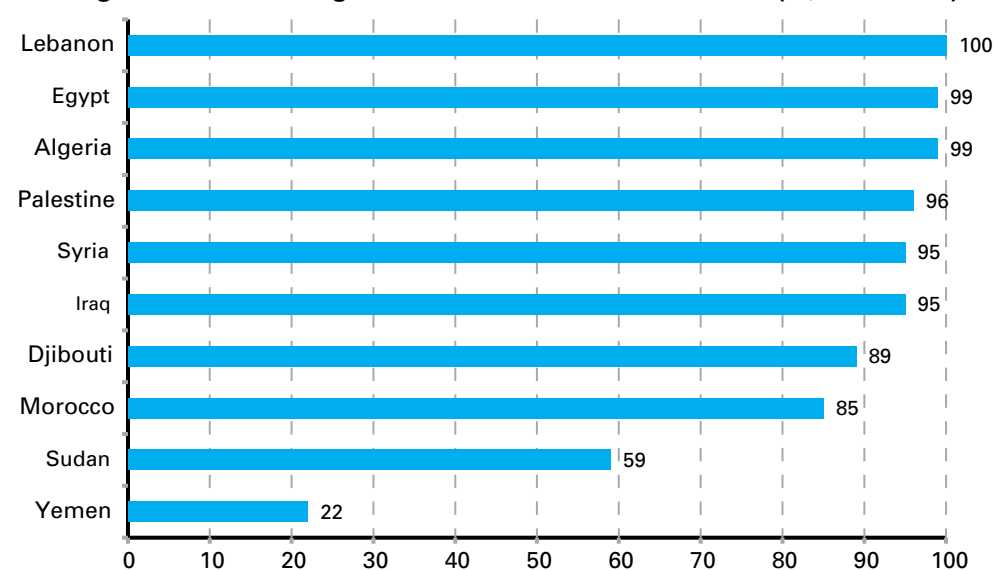
The obligation of States Parties to ensure that no child is stateless carries more implications for Yemen than it does for most countries, especially in view of regional factors in human movements between the Horn of Africa and the Arabian Peninsula. A 2013 situation assessment of birth registration in Yemen notes that in practice refugees often will be denied the right to register their children. These problems are also reported to occur in Yemen to refugee children ... [of] whom an estimated 5,000 to 7,000 children may be born each year. Yemen has also 347,000 internally displaced persons (IDPs) who may experience registration problems of their own. As for birth registration information about the identity of the parents is required, which IDPs may not be able to produce because of their displacement and verification is hard given the way civil registration record-keeping is organized, the registration of a new-born child may be hard or outright impossible (Civil Registration Centre for Development, 2013, p. 45).

Figure 10.1 compares birth registration rates for countries in MENA for which such data are available, although all other countries of the region evidently have rates greater than 90 per cent (ibid, p. 11).

In Yemen, birth registration is the responsibility of the Civil Status and Registration Authority, within the Ministry of Interior. At the time of national unification in 1990, birth registration was estimated to be 20 per cent in the north and 65 per cent in the south, with a combined national rate of 31 per cent. By 2006, the Authority reported a national rate of 37 per cent, a mere six percentage point improvement over 16 years.

More importantly, Yemen requires birth registration within 60 days of birth but only 8 per cent of births are registered within that period. The Government further provides a grace period until the one year mark, but barely one in five of all registered births occurs within

Figure 10.1: Birth registration rates in MENA countries (% , 2005-2011)



Source: UNICEF, 2013a, Table 9.

that extended period. This indicates a double registration problem: most children whose births are registered are lodged later than the legal timeframe (mainly as school entry approaches), and most children are not registered at all. Comparison of those 2006 Authority data with (differently defined) MICS data from the same year suggests that registration rates may be a little higher but still remain very low and largely delayed (ibid, pages 9 & 12).

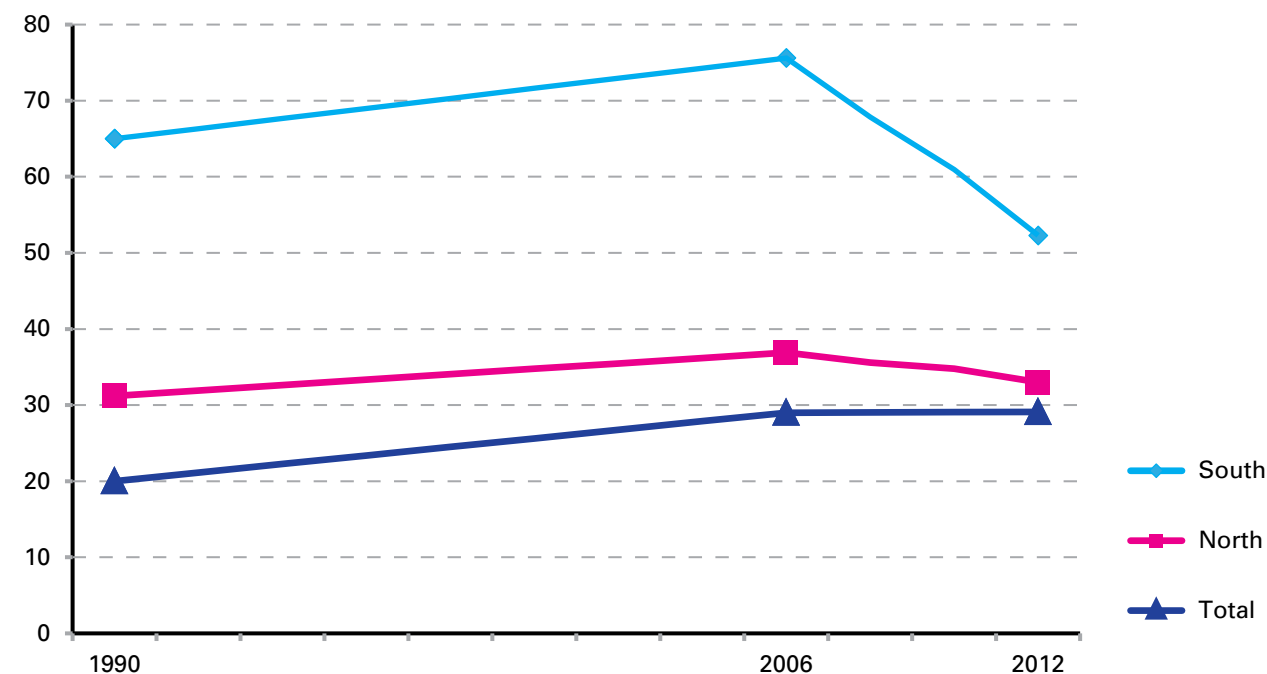
The events of 2011 led to a decline in already very low birth registration rates, which in 2012 were 13 per cent lower than in 2010, declining further in 2011 and recovering in 2012 (ibid, p. 14). Although trends are difficult to establish, with data for 1990, 2006 and 2012 derived from different sources (respectively, the two pre-unification agencies, the Authority and the NSPMS), Figure 10.2 illustrates an evident deterioration in registration in recent years (if there is indeed a trend, this could date from before or after 2006, and is similarly confirmed by the MICS data).

One in three Yemenis (33 per cent) have their births registered; this is the case for just 17 per cent of children under five years of age (18.8 per cent of boys and 15.2 per cent of girls, and 42 per cent in urban areas and 10.5 per cent in rural areas) (MoPIC et al, 2013, p.109; 2012

data). Act No. 23 of 2003 made a range of reforms to the Civil Status and Civil Registration Act No. 23 of 1991 which included measures to improve registration coverage. Two customary impediments that were statutorily repealed – even though the extent of associated practice is difficult to determine within a manual system – concerned enabling birth registration by either parent (not, as previously, the father or a male relative) and providing for the registration of children born out of wedlock. Nevertheless, for children in that latter situation, it remains the case that they may still be denied formal registration on their birth record of either or even both parent, which may open an inconsistency with the Convention on the Rights of the Child (Article 8.2). (Committee on the Rights of the Child, 2012, paras. 87 & 90)

One benefit of the Yemeni system is that the same Authority is responsible both for birth (and death) registration and for the issuance of national identification documentation, especially as parents' possession of the latter assists their lodgement of the former. At present, however, 70 per cent coverage of national identification only occurs by 30 years of age, mainly commencing from age 16 (Civil Registration Centre for Development, 2013, p. 16). Many if not most children are already born by the time their parents reach that age.

Figure 10.2: Changes in birth registration rates in Yemen (% , 2012-1990)



There are different birth registration rates across governorates, with comparatively strong rates for Aden and Hadramaut but less than 10 per cent coverage in half of Yemen's governorates (Figure 10.3).

For birth registration the highest rates are found in urban areas, and among the richest and best-educated citizens. The disparity between registration rates of rich and poor in Yemen is extremely large by international standards. (ibid, p. 21)

NSPMS data indicate that, between 2006 and 2012, registration rates mainly deteriorated in rural areas, from 16.4 to 10.5 per cent, while the urban rate increased from 38.2 to 42 per cent. The wealth-based disparity is very large, with a rate of 50 per cent for the wealthiest quintile compared to just 5 per cent for the poorest quintile (MoPIC et al, 2013, p. 109).

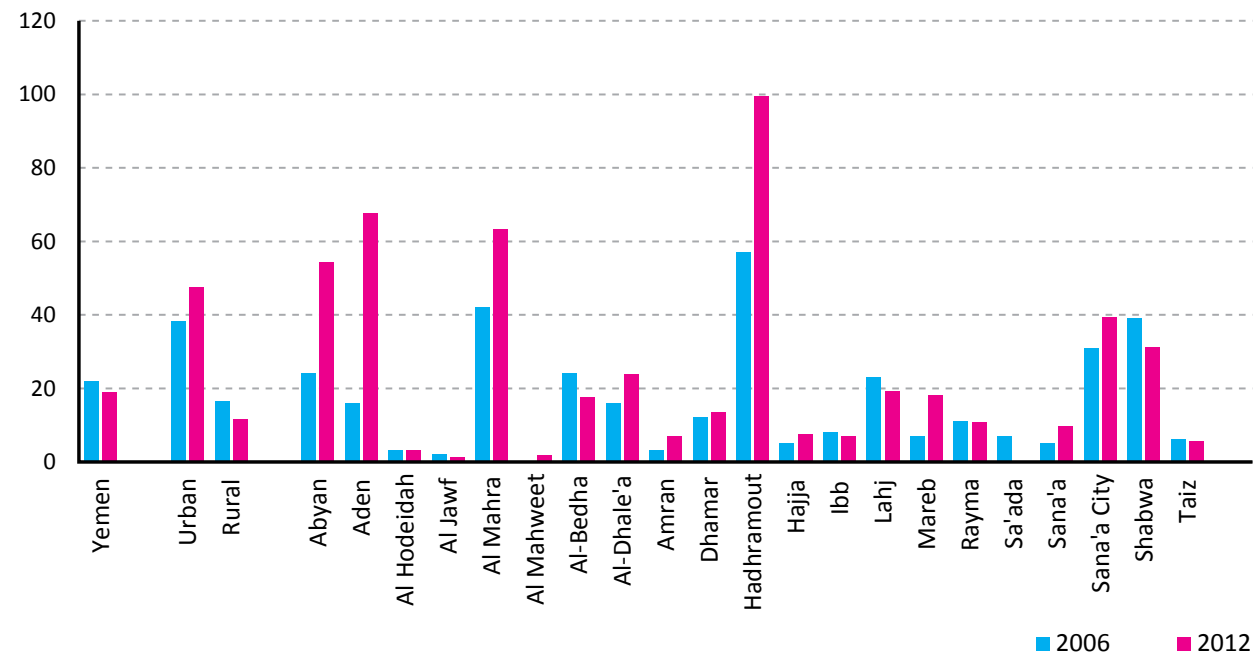
The comprehensive review of Yemen's birth registration system carried out for GoY and UNICEF in 2013 concluded the need for

extensive reform and restructuring of that system, not the least being moving from a manual to a digital system. In particular, it urged attention to the similar system in Egypt, which has achieved universal birth registration through improved decentralization of registration (without requiring a large number of local offices) and close functional cooperation between the civil registration and public health facilities, with registration linked to birth attendance. While further reform of associated laws is recommended, it remains more important that existing provisions are implemented and enforced. That review also advocates the merits of strengthening rapid birth registration coverage through the 2013-2014 voter registration process (ibid).

10.2.2 Domestic violence and corporal punishment

It is perhaps a reflection of the broader national approach to responding in kind to offenses against persons – an emphasis upon retribution rather than rehabilitation – that domestic and community (notably school-based) approaches

Figure 10.3: Birth registration rates by governorate (% , 2006 & 2012)



Source: Civil Registration Centre for Development, 2013, Graph 5; derived from MICS 2006 & NSPMS 2012 (Sa'ada not covered).

to child development in terms of discipline are so commonly punitively focused. The Children's Act No. 45 of 2002 provides that GoY (via MoSAL and the HCMC) shall protect children who are vulnerable to ill-treatment and exposure to physical torture "taking into account the legitimate and legal right of parents to discipline their children", such that it has been seen as necessary to draft amendments that restrict the parents' "right to impose discipline", including to prohibit "beating which causes a disability" and "amputation of a limb" (Committee on the Rights of the Child, 2012, para. 131).

What is notable about the need for such amendments is that corporal punishment in most States and cultures is not understood to include permanent (physical) injury to the child, especially in such extreme forms, and conventionally stops short of what in most jurisdictions would be deemed to constitute serious criminal assault.

This was likely further damaged by the change in the 1994 Constitution, which removed the previous provision that forbade the use of cruel or degrading forms of punishment and

declared that 'no laws permitting such means may be enacted'. Reflecting this omission, cruel, inhuman, and degrading punishments are integrated into the penal code today (Manea, 2010, p. 11).

In Yemen, it is evident that there is a substantial overlap with domestic violence, which all too often does extend into criminal assault. While corporal punishment is generally characterized as pertaining to children, including outside the home and in other formal settings such as schools and institutions, domestic violence is deemed to be family-based (including occurring outside the home) and concerns both adults – typically females – and children. That corporal punishment is legally constrained from including permanent disability or amputation of parts of the child indicates the far more extreme forms that it may take in Yemen, such that it overlaps with domestic violence and even more extreme criminal violations. It is also apparent from current legal provisions that there is widespread impunity for such criminal acts against children that are considered to require additional legal sanction, regardless of whether

or not that is actually enforced.

A key reason that so many children remain vulnerable to such violence and abuse is that "numerous draft laws are pending adoption before the House of Representatives" (Committee on the Rights of the Child, 2009a, para. 11). That situation remains largely unchanged, despite some revisions to the Penal Code No. 12 of 1994 and provisions of the Children's Act (see Yemen's 2010 periodic report to the Committee on the Rights of the Child: Committee on the Rights of the Child, 2012, paras. 128-131).

Effectively, as a consequence, corporal punishment remains lawful "and widely practised" within households and "is still used as a disciplinary measure in schools despite its official prohibition" (Committee on the Rights of the Child, 2005, para. 41). Two of the factors attributed to domestic violence against adolescents have been attributed to parental efforts to move them onto the streets to bring money into the household and as a measure to prevent girls from going out (WASL Project, 2013, p. 10).

The current situation includes the following:

- MoE Decree No. 10 of 2001 "explicitly prohibits corporal punishment at schools; the decree nevertheless does not include penalties in cases of non-compliance and no complaint mechanism has been put in place for victims to report violations";
- MoE and other partner agencies including UNICEF have undertaken some small-scale public awareness campaigns and teacher training programmes on the negative impact of and alternatives to corporal punishment;
- there is "a lack of consistent and official data regarding the incidences of corporal punishment in the home, in alternative care settings, and at school";⁸²
- various Yemen-based surveys indicate that corporal punishment is inflicted in a majority of homes, is higher in rural communities and is more severe where

- parents have lower educational levels;
- corporal punishment is more commonly used on boys than girls and, in schools, is mainly used for not doing as told (47 per cent of cases); and
- one in four children agree "that teachers and administrators need to hurt children as disciplinary measure" – showing how the abuse of children is socialized and perpetuated across generations (Save the Children, 2012, pages 31-29).

Although rates of violence against children in the home and schools are higher in rural areas, rates of violence against children in the community are higher in urban areas.⁸³ Of households with at least one child, 25 per cent included a child who had experienced violence in urban areas compared to 4 per cent for children in rural households, with political violence being the most common form and the child's movement between school and home being the most common location (MoPIC et al, 2013, Tables CP.7 & CP.8). The NSPMS reports that verbal abuse and physical punishment by mothers or primary caregivers are the most common forms of punishment (respectively, 77.7 per cent and 63.5 per cent). According to that Survey report, households with higher levels of verbal and physical violence are those less advantaged in terms of socioeconomic conditions, which might be explained by the adults being more susceptible to stress, frustration or helplessness and thus making children vulnerable to domestic violence (ibid, p. 116).

Breaking the cycle of violence and abuse in the home and institutional settings where children are entitled to rely upon adult caregivers as their protectors is clearly a major challenge in Yemen. The necessary reform to legislation is but a first step, and requires far stronger political leadership and judicial enforcement than has occurred to date. This needs to be complemented by a more concerted and large-scale community awareness and behavioural change effort that is led by GoY. It needs the widespread support of religious and community

⁸² Research in 2012 on prevalence of and attitudes towards violence in schools and the community was jointly carried out by UNICEF, MoE and an NGO, SOUL for Development, under the guidance of an international consultant. The outcomes of that research were not available as at end-September 2013.

⁸³ The NSPMS defines violence in the community to include political and tribal violence, exposure to landmines and UXOs, traffic injuries and sexual violence outside the home, amongst other causes (MoPIC et al, 2013, Table CP.7).

leaders within a framework that values the safety and protection of children as a primary means by which they will develop in terms not only of their rights but also in the best interests of Yemen's national aspirations.

10.2.3 Alternative care and orphans

For children unable to live with their biological parents, for whatever reason, there are various options that include living with other relatives or extended family, community-based care within other domestic settings (including 'kafalah' or family foster care), or institutional care either with other carer families or within institutions such as orphanages. In Yemen, these include 'social guidance homes', centres for street children and 'comprehensive social services centres' (Committee on the Rights of the Child, 2012, para. 141). The Government also has the duty to ensure that the child is not separated from its family against the parents' will, unless a judicial decision deems that separation to be in the child's best interests. (Convention on the Rights of the Child, Articles 9 & 20) With reports of some families viewing places such as orphanages as part of national charitable support, there is also a need to ensure that children are not placed into institutional care when their families may need better guidance or even some minor material assistance.

GoY reports that it is developing a unified regulation for orphanages and other forms of institutional alternative care. The number of orphanages – both government- and NGO-run – has grown in recent years, from 12 in 2005 to 31 in 2008. These had a capacity for almost 3,000 children in GoY-run facilities and almost 2,000 children in GoY/NGO-run or NGO-run facilities. In practice, it appears that some such facilities service additional child populations from the local communities on a non-residential basis (Committee on the Rights of the Child, 2012, paras. 192-194 and Tables 16 & 17).

The system of 'kafalah' is preferred in instances where the child has relatives or a family with whom to live. These caregivers receive financial assistance. An estimated 117,000 orphaned children in such households were assisted through SWF in 2007 (NSPMS data show that orphaned children represent 0.1 per cent of

(direct) SWF beneficiaries). An estimated 40,000 orphans in foster care were sponsored by NGOs on a monthly basis (ibid, para 150).

Under conditions of weak oversight and monitoring – at least until GoY implements its proposed unified regulations – the actual numbers of children in alternative care or in need of alternative care are vague. The previous SitAn of 2004 reported population estimates for orphans that ranged from 70,000 (2002 report) to more than 583,000 (1997 DHS) (Al-Mansoob & Al-Awg, 2004, p. 44). Part of the problem remains definitional, including the upper age limit adopted and whether or not to include children who continue to live with one surviving parent under conditions that may not differ materially from children with an absent and non-contributing father.

The 2012 NSPMS measured the population of children aged under 18 years with at least one dead parent. The national rate is estimated at 5.2 per cent, which indicates a total of at least 560,000 children with one or both parents dead; this is very similar to the DHS estimate in 1997, bearing in mind that the population is now considerably greater. The rate is higher in rural (5.4 per cent) than in urban (4.4 per cent) areas, and higher for orphaned children with caregivers who have no education (7.1 per cent) than those with at least secondary education (3.8 per cent).

A vulnerable population in need of careful attention is the growing numbers of children without parental care within conflict-affected areas, following many years of war and the deaths of parents. In areas such as Sa'ada it is understood that the numbers of such children exceeds the numbers of IDP children, under conditions of almost non-existent alternative care options and especially non-institutional responses that may facilitate more durable solutions.

10.2.4 Social norms, harmful traditional practices and girls

The Convention on the Rights of the Child commits States to "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children" (Article 25.3). Article 41 additionally

welcomes States making provisions that are more conducive to fulfilling children's rights, which has been the case across African countries, which have – through their own regional children's rights instrument – required that harmful customs and practices be eliminated and that any cultural, traditional or religious practices that are inconsistent with their rights be discouraged. This is a stronger, or maybe a clearer, provision of children's rights compared to the Convention and sets an important child rights benchmark for States with various forms of harmful traditional or cultural practices against children.

Yemen is a nation that is strongly bound by and protective of its traditional and religious beliefs and customs. This is true at a national and institutional level as well as at a local and household level. One obvious example is that the parents and community look at a child as an adult so the child bears bigger responsibilities compared to his/her age. Children are often required to adhere to strict social norms while still developing physical and psychological maturity. Due to social acceptance and perceived necessity, children are required or obliged to assume adult responsibilities. There is a difficulty in recognizing children's entitlement to special protection appropriate to their physical and psychological maturity. Yemen's rich cultural heritage also means that such norms may vary regionally. The large local variations affect, for example, the practice and prevalence of FGM/C. While this illustrates the extent of cultural or traditional diversity, it may also challenge the need for shaping associated practices or behaviours where Governments have a responsibility to regulate and even legislate.

Earlier reference has been made to several important factors with respect to the relationship between and impact of such norms of behaviour on the rights of children in Yemen. While the Convention on the Rights of the Child guarantees the development of respect for the child's cultural identity and national values (Article 29.1(c)), this must ensure full respect for the cultural and religious rights of minorities (Article 30). For children more generally, the key observation is contained in the preamble to the Convention, which says that States ratifying the Convention take account of "the importance of

the traditions and cultural values of each people for the protection and harmonious development of the child". This recognizes the importance of traditions and cultural values at the same time as it recognizes that such guarantees of respect do not extend to traditions and cultural values that are not consistent with the child's protection and harmonious development, that is, where they are in conflict with the best interests of the child.

For women – including the girl child – the Convention on the Elimination of all Forms of Discrimination against Women is clearer under conditions whereby "a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women" (Preamble) and that States Parties (including Yemen as a ratifying State) must take "all appropriate measures [towards...] the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women" (Article 5(a)).

A range of traditional practices towards children – notably the girl – that are deemed not in her best interests by virtue of being harmful are discussed in this section. There are, as well, aspects of gender-based discrimination against boys, largely due to sex-role stereotyping. Boys remain more vulnerable to being on the streets (even though girls are more vulnerable once they are there), to exposure to the most hazardous forms of child labour, carrying weapons, trafficking, recruitment into armed forces and armed groups (again, even though girls in the same situation are often more vulnerable) and even child marriage. Such stereotyping also makes them more vulnerable to the qat culture (Chapters 6.5, and 10.4.2), although girls remain even more at risk from harmful traditional practices, such as early marriage and FGM/C, as discussed below. GoY has moved to address some such practices through legislative reform that is in some instances matched by measures of implementation. It has been noted in earlier chapters that such efforts by GoY have continued to be hindered by actions by a minority of legislators to block such law reforms (especially in areas of girls' inequities and vulnerabilities).

This means that a number of legislative reforms remain overdue and most certainly require urgent attention in the early stages of the post-transitional Government. In some cases, the absence of such reforms not only breaches international obligations, but also restricts associated policies and programmes to tackle what are effectively strongly entrenched violations of the rights of the (girl) child.

Nevertheless, responses to traditional and cultural norms that breach the child's rights require more than laws, and more than enabling policies and budgets. The vast majority of shortfalls in child rights compliance in Yemen exist despite laws that prohibit such behaviours or conditions, and despite policies and budgets to (at least some extent) address them. (As too many Yemeni children know from experience, having a law that prohibits their abuse or vulnerability to harmful practices does not ensure their safety.) In various chapters of Part B it has been noted that existing laws – while needing amendment to be child rights compliant – are sufficient to enable substantially improved compliance. The problem is, first and foremost, severe shortfalls in implementation or enforcement that often seems to signify a lack of commitment by authorities, whether at the central or devolved levels or both.

Commonly, this indicates the pervasiveness of cultural norms at the institutional and governance level that needs addressing in order for appropriate engagement with communities and households in moving towards the necessary behaviour changes in norms and values that continue to harm children. Partnerships are critical in this regard, not only with international agencies of the United Nations or key donor partners, but also with the national and international NGOs that can accelerate local engagement and change strategies.

Polygyny

In contrast to approaches such as those via the African Union, GoY notes that with respect to polygamy, which is legal in the country (for men to have more than one wife, that is, polygyny), women and children suffer negative psychological and social impacts, but views the appropriate response as being to assist

children to better cope with those negative consequences (Committee on the Rights of the Child, 2012, para. 136).

A particular concern, however, is the extent to which girls under 18 are vulnerable to polygynous marriages for economic or tribal reasons in the absence of the girl's consent, under conditions of a large age difference between her and an older male.

A 2013 UNICEF study estimates that 7 per cent of women in Yemen are in polygynous marriages, and that this increases with the woman's age (data from late 2012 that accords with the 1997 rate of 7.1 per cent). This could indicate that the practice is declining or it could reflect the custom of a man marrying a deceased relative's widow, although it is higher for women who have no education (8 per cent) than those who are educated (5 per cent). The rate for young women aged 15-19 years is 3 per cent, compared to 3.5 per cent in 1997 (UNICEF, 2013e, ages 96-97; Central Statistical Organisation, 1997, Table 5.4; 2012 data are for those 103 districts of Yemen in which UNICEF is engaged, the 1997 data are countrywide).

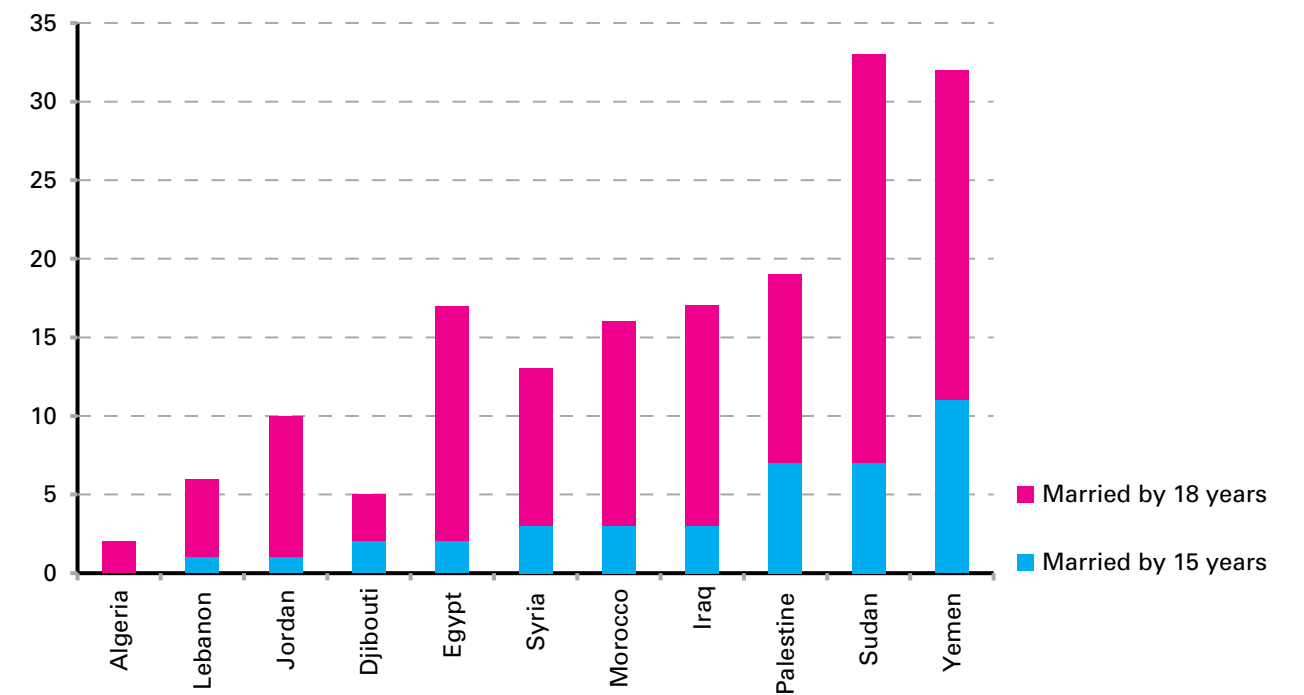
Early marriage

Yemen continues to have very high rates of child marriage, including by regional standards and especially for marriage by 15 years of age (Figure 10.4).

Marriage below the age of 18 years is prohibited under the Convention on the Elimination of all Forms of Discrimination against Women, which also requires legislative specification of the minimum marriage age (Article 16.2, which refers to "a child" rather than the specific age limit). This is essentially due to concerns about capacity for exploitation of girls (especially where age differences are greater or informed consent is not respected), the adverse impact on the girl's education, and the dangers of pregnancy at a young age. Four main factors have been proposed as placing girls at risk of early marriage in Yemen:

First, many very poor families view young girls as a financial burden, prompting them to marry their daughters off to alleviate that burden. Second, some families also see their daughters as an economic asset because of the payment

Figure 10.4: Rates of child marriage across MENA states (% , 2002-2011)



Source: UNICEF, 2013a, Table 9.

of a dowry, in the form of money or gifts offered to the bride by the groom prior to marriage. ... Third, in traditional societies like Yemen, marriage can also be regarded by the family as a means of protecting girls from pre-marital sex, which would undermine family honor. And lastly, sometimes girls themselves see marriage as their only option, especially those who leave school at an early age (Human Rights Watch, 2011, pages 16-17).

In Yemen, these concerns are compounded by exceedingly low rates of girls' education such that it may be difficult for many families to see the link between the girls' right to an education and the risks of an early marriage. But many girls see that link, and it has been reported, from consultations with girls who have been married at an early age, that most of them indicated that they left the school after marriage under pressures by the relatives, child-rearing responsibilities and family problems but still have the desire to re-join the school. On the other hand, a group of them are not interested. For those who could make it

and complete their study after getting married, husbands helped them to do so or it was a pre-condition before marriage (WASL Project, 2013, p. 20).

At the very least, the high rate of marriage by 15 years – affecting fully one in every nine girls – is of particular concern for each of those four risk factors especially, as was noted in Chapter 6.5, that high adolescent fertility rates present life-threatening risks to many adolescent girls. Girls are also more vulnerable to early marriage as a coping strategy by their families during times of crisis, as is presently evident for IDP families and from the events of 2011 (JSEA, p. 67). In addition, the early marriage of girls has been described as "amount[ing] to violence against them as well as inhuman or degrading treatment, and is thus in breach of the Convention [against Torture]" (Committee against Torture, 2010, para 31). This is especially the case where there is a sizeable age gap between the girl and her husband, not the least due to the consequences for a girl who has not yet reached adult maturity being vulnerable to arrested emotional development

Box 10.1: Extreme forms of child marriage in Yemen

In 2008, Nujood Ali, who was married at the age of nine to a man in his thirties, became the youngest known divorcee in Yemen, at the age of 10. Her husband repeatedly beat and raped her, until one day she decided to go to a courthouse to speak to a judge. With the assistance of a lawyer, Nujood was granted a divorce, but had to repay her husband \$200. Her husband was not penalized for abusing or raping her.

Source: Human Rights Watch, 2011, p. 19. At the age of two years, Nada Al-Ahdal was sent to live with her uncle. Nine years later her parents took her back but, disturbed by an unfamiliar house of qat chewing and shisha smoking, she asked to be returned to her uncle. At that point, she learnt that money had exchanged hands and she was engaged to be married. She was threatened with being killed if she returned to her uncle. "I decided that I have two choices; to leave or to die. So I chose the first," Nada says. With her uncle away and not answering the phone, Nada contacted an adult acquaintance who moved her from Sana'a to Hodeida. Learning of her situation, her uncle collected her and took her back to Sana'a, where they both learned that her parents claimed that her uncle had kidnapped her. She is now striving to continue her education and be safe from the arranged marriage. "I'm not an item for sale, I'm a human being and I would rather die than get married at this age", said 11-year old Nada.

Extracted from A Al-Eryani, "11 year old runs from home to escape marriage: 'I'm not an item for sale'", National Yemen (13 July 2013), at <http://nationalyemen.com/2013/07/13/11-year-old-runs-from-home-to-escape-marriage-im-not-an-item-for-sale/> (accessed 1 October 2013).

with the sudden transition to adult roles.

Current trends in early marriage are difficult to establish and should be assisted considerably by the upcoming DHS. The 1997 DHS showed a solid decline in such rates, with the proportion of women who were married by age 15 years at 29.5 per cent for women aged 30 years and over, falling to 23.9 per cent for 25-29 year-olds, dropping further to 14 per cent for 20-24 year-olds and 6.2 per cent for 15-19 year-olds. The corresponding rate for marriage by 13 years declined from 10.5 per cent for women aged 30 or more years to 1.4 per cent for 15-19 years (Central Statistical Organisation, 1997, Table 5.5). The MICS data for 2006 put the proportion of 20-24 year-olds who were married by age 15 years at 11 per cent, which is a 3 percentage point decline on the DHS data for 20-24 year-olds nine years earlier. However, it is 5 percentage points higher than the rate for 15-19 year olds in 1997.

The NSPMS gives rates for married women aged 15-49 years of 15.5 per cent married by age 15 and 43.6 per cent married by age 18 (MoPIC et al, 2013, Table CP.3). The UNICEF baseline survey puts the proportion of all women aged 15-49 years married by age 15 at 19 per cent (UNICEF, 2013e, p. 94). This is a broader cohort than the NSPMS rate because it includes women never married, such that a rate lower than those national data might be expected. Alternatively, it may reflect UNICEF's targeting of more at-risk districts, such that upcoming DHS data will be helpful in better understanding any such trend.

According to the 1997 DHS, only one in three women view 20 years or over as the ideal age for marriage, although that rate increases as the age of the respondent decreases (apart from already married younger women) (Central Statistical Organisation, 1997, p. 78). At the same time, a majority of women also favour an older age of marriage than applied to them (ibid). The rates are higher for women with an education than for those without and in urban compared to rural areas. The attitudes of mothers about their daughters' ideal marriageable age is very likely to be an important factor in the observed decline in early marriage.

This is also important in reducing the pregnancy-related risks to young wives, especially under

conditions of spousal age difference and polygyny. In 1997, 16.1 per cent of married 15-19 year old females were married to men who were at least 10 years older, and the larger the spousal age gap the more likely the marriage is to be polygynous (ibid, Table 5.7). The MICS of 2006 yielded a similar rate of 15.8 per cent, and rates appear to be higher in urban than rural areas (Ministry of Health and Population & UNICEF, 2008, p. 57). In 1997, 25 per cent of married women had husbands at least 10 years older than they; the UNICEF baseline survey reported this rate (across the 103 districts of UNICEF engagement) at 22 per cent in 2012 (UNICEF, 2013e, p. 98).

Of particular concern is the issue of national legislative provisions.

Prior to unification in 1990, North Yemen's Personal Status Law set the minimum age for marriage at 15. In the south, it was 16. In 1994, 15 became the age of marriage for all of Yemen. In 1999, further changes to the Personal Status Law occurred. A provision allowing forcibly married girls to divorce while maintaining their right to maintenance was repealed (Human Rights Watch, 2011, p. 18).

Yemen has been a State party to the United Nations Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages since 1987. Its two relevant provisions – presently breached within Yemeni law – are that both parties to marriage give their full and free consent (article 1) and that States Parties enact legislation to specify a minimum age of marriage (article 2). Both of these provisions are also enshrined in the Convention on the Elimination of all Forms of Discrimination against Women (article 16). The Parliament's abolition in 1999 of article 15 of the Personal Status law removed the minimum marriage age for both girls and boys of 15 years. Subsequent reviews toward improved compliance with international obligations and standards led to proposed amendments to set a minimum age of 18 years. A majority of the Parliament voted to adopt a minimum statutory age of 17 years, but this was stalled by parliamentarians opposed to that revision who were, in turn, supported by a report by the Sharia Legislative Committee opposing a minimum marriage age for girls on the grounds of not only religious teachings but also the interests of the child (ibid, p. 21; Anti-

Slavery International, 2013, p. 38).

These views are not widely held across the region, where many countries have legislated a minimum age of or close to 18 years.

Raising the minimum age of marriage to 18 can have a multiplier effect, as it can positively impact the achievement of targets related to education, health and gender equality. Some countries, including Algeria, Egypt, Libya, Morocco, Oman, Somalia and the United Arab Emirates, have a minimum age of marriage of 18 years old. Others, including Bahrain, Djibouti, Iraq, Jordan, Kuwait, Lebanon, Mauritania, Qatar, the Sudan, the Syrian Arab Republic and Tunisia, allow marriage for girls at ages ranging from 15 to 17. The Comoros, Saudi Arabia and Yemen do not have any laws on the age of marriage (United Nations & League of Arab States, 2013, p. 22).

Law reform in this area is long overdue. Legislative safeguards need to include provisions for ensuring the mutual informed consent of both parties, especially given reports of parental coercion of the young woman to marry an older man for reasons of honour or a contract entered into by her male guardian. At least as grievous is the emerging phenomenon of so-called tourist marriage whereby Gulf tourists come to Yemen, usually for the summer months and marry much younger girls for large dowries. After the summer the tourists return to their countries in many cases leaving children behind without fathers (Ministry of Health and Population & UNICEF, 2008, p. 56).

In its sixth periodic report to CEDAW, GoY raised its concern about this practice of male tourists marrying girls from lower-income Yemeni families and then ending the marriage upon their exit from Yemen. In that report, GoY proposes legal safeguards to require that the marriage be permanent (CEDAW, 2007, p. 18). In this context, GoY's advice to the Human Rights Council to the effect that the proposed setting of a minimum 17 years of marriage will address the problem of such marriages of convenience is quite clearly insufficient recognition of the nature of the problem and of the necessary response (Human Rights Council, 2009a, para 14). The Committee on the Rights of the Child has viewed the practice as sexual exploitation,

and called on GoY to prohibit and criminalize it (Committee on the Rights of the Child, 2009b, para 30).

Another harmful traditional practice is that of “exchange marriages”, in which there is agreement between men to the marriage of their daughters, often “in order to avoid paying unaffordable high dowries or to strengthen ties between the families involved”. Such marriages are commonly between cousins – with the attendant risks of congenital disorders in offspring – and commonly end in divorce.

Although GoY has advised the United Nations of its commitment to setting a minimum age of marriage with appropriate safeguards, none is yet forthcoming. In 2009, Yemen advised the Human Rights Council that the proposed 17-year minimum legislative revision “will be implemented upon completion of its issuance procedures” (Human Rights Council, 2009a, para 14). The current TPSD views the adoption of “the draft law on the legal marriage age of girls” as one of the ‘immediate suggested interventions’ in order to tackle population growth as one of that Programme’s three vital issues for Yemen’s development (MoPIC, 2012, p. 41).

A review of legislation affecting children’s rights in Yemen conducted in 2012 included the following recommendation: The necessity to specify a minimum age of marriage at the age of 18 years; and to develop penalties concerning the child marriage aligning with the international standards (National Team for legislation review, 2012, p. 11).

Following the National Team’s report, drafting was finalized for the proposed 15 laws including the unified child rights law. That draft has been finalized, but has not yet been submitted for advocacy towards Parliamentary ratification. Such actions have also been prioritized through the NDC process in support of adoption by the Parliament.

Female genital mutilation/cutting

FGM/C is highly regionally specific in Yemen. Although a survey in 1991 did not measure prevalence, its data indicated that the genital cutting of females was approved of by more

than one in five women in Taiz (24 per cent), Aden (28 per cent), Al-Hodeidah (80 per cent), Hadramaut (90 per cent) and Al-Mahrah (98 per cent). The 1997 survey by the Central Statistical Organisation estimated FGM/C prevalence at 23 per cent, with regional variations between coastal (69 per cent), mountainous (15 per cent) and plateau/desert (5 per cent) areas. It reported a modest reduction in prevalence towards younger age groups of women, ranging from 25 per cent for women aged 40 years and over to 19 per cent for 15-19 year-olds. Rates were higher for women with at least a secondary education (35 per cent) compared to illiterate women (22 per cent), and a prevalence rate of 23 per cent for mothers was accompanied by a 20 per cent rate for their daughters (3 percentage points lower than for mothers) (Central Statistical Organisation, 1997, pages 153-154).

The MoH Family Health Survey in 2003 provides a somewhat different situation. It estimated FGM/C prevalence at a significantly higher 38 per cent, reported that rates were lower – rather than higher – as education of the mother increased, and put the prevalence rate for mothers at 16 percentage points higher than for daughters (38 per cent compared to 22 per cent) (MoH, 2004, pages 165-166). Both surveys reported that the main reasons for women supporting FGM/C were cleanliness (‘tahara’), followed by custom or tradition, and then that it is in conformity with religious tradition. For both, the main reasons for women opposing the genital cutting of girls were that it was a ‘bad tradition’ followed by it being contrary to religious teaching (ibid, Tables 18.2 & 18.3; Central Statistical Organisation, 1997, Tables 11.6 & 11.7). The 1997 data show that religious support for and against FGM/C by female respondents were almost identical at, respectively, 32.5 per cent and 31.5 per cent; the corresponding rates from the data six years later more clearly diverged at, respectively, 28 per cent support and 41 per cent opposition on religious grounds.

The 2012 NSPMS data estimated the prevalence of FGM/C at 16.7 per cent for women aged 15-49 years and at 15 per cent for girls aged 0-14 years. These rates are startlingly lower than the 1997 and 2003 data, even bearing in mind that these latter surveys refer to a different cohort of ever-married women. The associated disaggregations for the woman’s education

and for her wealth quintile are, given wide confidence intervals, at least indicative. For women’s wealth index, FGM/C prevalence is lowest for women in the fourth (second richest) and third (middle) quintiles, and falls strongly level; corresponding declines at the richest and poorest levels are, at best, minor (MoPIC et al, 2013, Table CP.5).

While the 1997 data indicated that FGM/C practice increased with the woman’s education, the 2003 data indicated the reverse, and the 2012 data supports the 2003 observation at a much stronger level: declining for women aged 15-49 years from 20 per cent for those with no education to 10 per cent for those with at least secondary education. The impact of the mother’s education is reflected in the data showing that for girls aged under 15 years, the prevalence dropped to 4 per cent for those whose mothers had at least a secondary education. However it also dropped for lower education levels, albeit by a smaller proportion, suggesting that other factors are influencing that generational decline in prevalence (ibid).

The 1997 data may be helpful in this regard. That DHS showed that mother’s support for circumcision of her daughter was largely confined to those who had themselves undergone the practice. The husband’s attitude seems in the majority of cases to be of little if any relevance: in 66 per cent of cases of women who knew about female genital cutting (largely correlated with women who practise it), the woman either was unaware of her husband’s attitude to the practice or understood or thought that he opposed it. The higher the husband’s level of education, the stronger his opposition to the practice (this is from the study that concluded the opposite for women). Nationally – given the regionally-focused nature of FGM/C – the large majority of women are opposed to it (Central Statistical Organisation, 1997, Table 11.5).

Cutting of the girl overwhelmingly occurs in the home (97 per cent) and with a razor or scissors (96 per cent) (ibid, Table 11.3). It also

overwhelmingly occurs within the first month after birth; barely 3 per cent of cutting takes place after the child is one month old and 73 per cent occurs in the first 10 days (ibid, Table 11.2). The NSPMS data of 2013 largely confirm those 1997 data. Although no complications were reported in almost 90 per cent of cases (DHS), 12 per cent of mothers in the 2003 Family Health Survey “reported that their daughters experienced frequent complications” (MoH, 2004, p. 168). It would be useful to be able to have data available on neonatal mortality and morbidity that is disaggregated by both sex and (given the locality-specific practice) governorate or district level.

The effective elimination of female circumcision must include community health education and awareness (54 per cent of support is on the basis of “cleanliness”) as well as support from religious leaders (it would seem apparent that the strength of women’s opposition on religious grounds is informed by religious teaching). It will also require strong leadership from government and key political leaders as well as effective legislation and its implementation. There is no law against FGM in Yemen, although a ministerial directive has been effective since 9 January 2001 prohibiting the practice in both government and private health facilities. In 2008, a national plan for the elimination of the practice of FGM was developed by the HCMC; in addition, amendments have been proposed to the Child Rights Act to criminalise FGM, but these are still awaiting approval (Save the Children, 2012, p. 27).

Those amendments relate to UNICEF support to GoY in the broader legislative review that is now being submitted to Parliament. The elimination of the genital cutting of girls requires a careful but determined focus on legislative prohibition and enforcement, consistent support from health workers, and engagement with parents (especially mothers) and community and religious leaders. This needs clear political leadership. Such an approach has yielded some impressive results, such as has occurred over the past decade in a number of countries, especially in Africa.⁸⁴ These are generally the measures set down in the Cairo Declaration for

⁸⁴ For example, UNICEF situation analysis of children in Eritrea in 2012 observed that FGM/C prevalence among girls aged under five years fell sharply between 2002 and 2011 – from 89 per cent to 11.5 per cent – due to a legislative prohibition, strong political support for abandonment of the practice, a number of prosecutions and, most importantly, community-level engagement of mothers, practitioners, and religious and community leaders.

the Elimination of FGM of 2003, which Yemen has adopted.⁸⁵ Successful interventions complement improved household knowledge and behavioural change with more momentum-building community empowerment programmes that embrace rights-based and culturally sensitive approaches. A particular challenge in Yemen is its much weaker respect for and attitudes towards the rights of girls.

GoY's advice to the Human Rights Council in 2009 that the practice "is about to be wiped out" indicates that there may be weak understanding of the necessary responses (Human Rights Council, 2009a, para. 55). Even so, the reported marked decline in practice in the NSPMS data may indicate effective current measures by GoY and its partners, although comparability of data over time from different sources remains an impediment. Once again, this is an area where the next DHS will be a useful addition to such understanding.

10.2.5 Children with a disability

The situation of children with a disability, which was discussed in Chapter 6.3.3, and cuts across all sectors. It is compounded by the comparative weakness of responses to these children – especially linked to their continued social stigmatization – that means that they may readily be systemically excluded, even from essential services. This has been discussed in Chapter 8.3.2 in terms of the right to an education, and the stigmatization of so many forms of disability in Yemen is similar to the case in too many countries. In Yemen, measures for children with disabilities are very limited and generally comprise:

- care and rehabilitation services to children through the Disability Fund for Care and Rehabilitation, that include health services (such as corrective surgery), material support, educational assistance (tuition fees or learning aids) and assistance to institutions and communities; and
- support from local disability-based NGO that are largely focused on rehabilitation and training workshops (Committee on the Rights of the Child, 2012, Part VII.A;

JSEA, p. 69).

Together with the absence or low level of early screening of childhood disability (discussed in Chapter 6), this means that interventions to promote the inclusion of these children are severely limited, as are reliable data on the extent and nature of the forms of disability. Also affected in Yemen are the numbers of children who are victims of land mines and ERW (see further in Chapter 10.5.2), and the inevitably high and largely undetected numbers of children who have been emotionally and psychologically traumatized by conflicts. These conditions impose critical pressures – and obligations – on a wide range of duty bearers, including parents, communities and government services, and have longer-term implications for large numbers of children.

During the consultative workshops held at governorate level to prepare for this report, children with a disability were ranked as a key priority by the child protection workshops held in Sa'ada and Taiz. Among the issues raised in these discussions were the long-term impact on rural children of mines and UXO in their post-conflict livelihoods and the risks of congenital defects in children born of marriages between relatives.

As noted in Chapter 4.1, Yemen ratified the Convention on the Rights of Persons with Disabilities in 2009, and its initial report has been overdue since 2011. It ratified the Optional Protocol concerning a communications procedure at the same time, just the thirtieth Member State to do so

10.3 Justice for children

The national situation concerning children in the justice system remains one of serious shortcomings between obligations and practice, to the profound detriment of many children in Yemen. This is an evident observation from reading the previous two government periodic reports to the Committee on the Rights of the Child, even though there have been some important improvements in recent years.

This section does not attempt to describe the situation concerning juvenile justice in Yemen over recent decades, although it does aim to be informed by that background in better understanding the current situation.

The reader interested in that recent history should refer to Volume IV of the 1998 SitAn and Yemen's third and fourth periodic reports to the Committee on the Rights of the Child (GoY et al, 1998b, Chapter 4; Committee on the Rights of the Child, 2004, Part VIII.B.1, and 2012, Part IX.C). Key points arising from the 1998 analysis include:

- there were relatively small numbers of children in the justice system but they were subject to numerous serious rights violations via the processes of arrest, trial and sentencing, including "severe mistreatment" during arrest and interrogation;
- many children had to serve their sentences in adult prisons under harsh conditions;
- most children in the justice system were detained and/or institutionalized for reasons of social hardship rather than criminality;
- the shortcomings of institutions for the detention of children demonstrated the need for alternative approaches focused on family- and community-based care and development;
- many provisions of the Juvenile Welfare Act No. 24 of 1992 – notably the establishment of juvenile courts within each governorate – had not been implemented, and the Ministry of Justice had no separate structure for administering its juvenile justice mandate;
- juvenile correction centres ("Houses of Direction") lacked effective rehabilitative programmes; and
- the situation was far worse for female juvenile detainees, with no separate facilities, no rehabilitation or education services, a lack of female police and prison personnel, and their common repudiation by their families that also means they cannot get signed release and thus remain in prison (GoY et al, 1998b, pp 34-32).

Reforms to legislative provisions with regard to justice for children by 2014 included expansion of juvenile courts to nine governorates (new

courts in Dhamar, Hadramaut, Al-Hodeidah, Hajjah, Abyan, Ibb and Taiz joined the existing courts in Sana'a City and Aden); improved specialist staffing and training; and engagement with CSOs and NGOs in juvenile welfare programmes. The expansion of juvenile detention facilities appears both to have enabled the transfer of children from adult prisons and seen more juveniles be moved into detention (Committee on the Rights of the Child, 2004, paras. 282-285) By 2014, Yemen had a total of ten juvenile care and rehabilitation homes accommodating 440 boys and 100 girls across seven governorates (three for girls) and serving more than 3,000 young people in 2007 (Committee on the Rights of the Child, 2012, Table 90). This, hopefully, indicates successful rehabilitative and educational intervention rather than any serious level of overcrowding.

The fourth periodic report describes further attention to reforming the Juvenile Welfare Act in order to "lay emphasis on guaranteeing the rights of children in conflict with the law" and strengthen the child justice-based mandates and capacities of the Ministry of Justice. These reforms were approved by GoY and submitted to the Parliament, but evidently still lack its approval (ibid, paras 465-468). Actual progress reported includes the establishment via the HCMC of a National Child Protection Network, the HCMC taking of "steps to improve conditions for children in conflict with the law", and further strengthening of training of those different professions involved in the juvenile justice area. This is supported by MoHR making periodic follow-up visits to places of child detention, and MoSAL's establishment in 2007, in cooperation with HCMC, of new social observation centres and protection centres that aim to provide non-custodial remedies and community participation (ibid, paras 472, 477, 484, 492).

These are among a range of important measures to strengthen the system of justice for children in recent years, especially since 2010. A National Technical Committee on Juvenile Justice was established through Ministerial Decision 152 of 2010, and a juvenile justice information system has been installed in selected locations in Sana'a and Taiz. There has been expanded training of law enforcement officials; a programme on social monitoring and non-custodial measures

⁸⁵ The Cairo Declaration for the Elimination of FGM was adopted on 23 June 2003 by 27 States participating in the Afro-Arab Expert Consultation on Legal Tools for the Prevention of Female Genital Mutilation, available at http://www.sexarchive.info/ECE6/html/pdf_fgm_cairo2003_eng.pdf (accessed 1 October 2013).

has been developed and implemented in four governorates; and more than 1,000 children annually receive free legal assistance. Work is also underway toward establishing child-friendly police units, prosecution units and courts.

By 2011, GoY reported a total of 44,634 juveniles accused of an offence (97.5 per cent male), of whom 72.5 per cent were in the nine governorates that have separate juvenile courts. With just 411 cases being dealt with in 2011 in juvenile courts, this is hopefully more indicative of a high incidence of not proceeding with charges or diversion from court proceedings rather than a substantial backlog of cases, especially given reported high levels of pre-trial or arbitrary detention of juveniles (Central Statistical Organisation, 2012: 21 Security and Justice, Tables 13 & 20).

The recent reforms will go some way towards addressing agreed continuing weaknesses. In its fourth periodic report, GoY notes a number of continuing problems, including Parliamentary delays in adopting agreed legislative reforms, continued poor professional capacities and inadequate governorate-level coverage, and “weaknesses in the mechanism for monitoring and registering juvenile cases and violations of children’s rights” (Committee on the Rights of the Child, 2012, para. 495). In that context, it is unsurprising that there are very serious and persistent failings within the child justice system. The United Nations Committee against Torture stated in 2010, following GoY’s presentation of its report, that it remains deeply concerned at the continued practice of detention of children, including children as young as 7 or 8 years of age; it is also concerned at reports that children are often not separated from adults in detention facilities and that they are frequently abused. The Committee also remains concerned at the very low minimum age of criminal responsibility (7 years) and other shortcomings in the juvenile justice system (Committee against Torture, 2010, para. 25).

Among those continuing shortcomings is the arbitrary detention of children. This included the arbitrary detention of a number of demonstrators since the 2011 uprising, who were released later without any charges or

due legal process. UNICEF and NGO partners additionally identified 46 cases of young males and females below 18 years of age who were kept imprisoned or in detention beyond the expiration of their sentences due to the inability of their parents or guardians to pay the ‘blood money’ or civil compensations ordered additional to their custodial sentences. Such circumstances of “insolvent detention” apply until such time as either the payment is made, the Government collects charitable contributions to meet the payment or the other party forgives the situation. Insolvent detention contravenes legal provisions and the Convention on the Rights of the Child.

The punitive coercion of children to provide civil guarantees for money paid as compensation for injuries (‘irsh’) and blood money imposed on their family members is considered to be an illegal penalty under the provisions of the Constitution, which states that punishments shall not be applied by illegal means (Article 50). The relevant provision of the Convention on the Rights of the Child is Article 37(b):

No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.

All such children need to be promptly released from detention beyond the expiration of their sentences, and uniform and rigorous means of monitoring and review put into practice that includes provision for compensation to juveniles whose rights have been violated in such ways.

Another even more vulnerable group of children impacted by detention are infants and young children whose mothers are in prison. GoY advises that these children are kept in prison with their mother “as it is in the best interests of children of this age” and that, upon turning two years of age, they are released to a guardian “if there is one” (Committee on the Rights of the Child, 2012, para 488). There were 162 children living in prison under such circumstances in the period 2003-2008 (ibid, Table 69). It is not known what fate awaits young children with no guardian in lieu of their mother. It is not apparent what efforts, if any,

Box 10.2: Guiding principles for Justice for Children

1. Ensuring that the best interests of the child is given primary consideration
2. Guaranteeing fair and equal treatment of every child, free from all kinds of discrimination
3. Advancing the right of the child to express his or her views freely and to be heard
4. Protecting every child from abuse, exploitation and violence
5. Treating every child with dignity and compassion
6. Respecting legal guarantees and safeguards in all processes
7. Preventing conflict with the law as a crucial element of any juvenile justice policy
8. Using deprivation of liberty of children only as a measure of last resort and for the shortest appropriate period of time
9. Mainstreaming children’s issues in all rule of law efforts

Source: United Nations, 2008, p. 1.

are taken to facilitate early release of the mother by the time her child reaches two years of age. There are, evidently, inadequate measures in place for women giving birth in detention. It has been reported that the relevant 1991 decree is “due to be amended to make sure that children born in prison are registered, to create neonatal facilities in women’s prisons and to consider the child’s best interest in deciding where a child born in prison should live” (Save the Children, 2012, p. 35).

Such practices, including as summarized by the Committee against Torture, reflect a current situation in which institutional duty bearers to children continue to fail to sufficiently comply with the improvements that GoY has been making to the system of justice for children in Yemen. But it also demonstrates some serious structural barriers in legislation and judicial practice that are well overdue for resolution in accordance with international obligations

and standards. An important starting point in this regard is to ensure attention to the guiding principles for justice for children that have been set down by the United Nations Secretary-General (see Box 10.2). The two most obvious such shortfalls – in addition to problems in domestic legislation – are in the associated minimum age of criminal responsibility and the continued risk to young people of the application of the death penalty despite existing legislative provisions.

10.3.1 Minimum age of criminal responsibility

Yemen currently sets the minimum age of criminal responsibility at seven years. This is the lowest age globally and appears to predominantly be an inheritance – across the few countries that still adhere to such an age – of prior colonial law (mainly, it would seem, British colonial law).⁸⁶ Despite such origins, there has been a persistent desire in some post-colonial States (for example in the Caribbean and Africa) to cling to such historically outdated practices. In some jurisdictions – including Yemen – an additional difficulty arises when criminal law sets a separate age above which a child may be deemed to have part or all of an adult’s responsibility for the conduct of a criminal act. In Yemen, such an age applies from 15 years. This means that a child aged 7-14 years inclusive is treated within the criminal justice system as a juvenile for whom guilt carries a penalty set at one third of the maximum and, for a child aged 15-17 years inclusive the a penalty is set at a half that applicable to adults.

There is a serious additional concern about the frequent situation in Yemen of the low rates of birth registration that were discussed in Chapter 10.2.1, where there is judicial uncertainty about the child’s age in criminal proceedings. This is especially problematic at the margins, that is, for children without age identification who may be below the ages of 7, 15 and 18 years but are not afforded the norm of judicial benefit of the doubt. It is especially of concern at that 18 year threshold (at the time of committing an offence) in view of Yemen’s continued application of the

⁸⁶ There are some instances of six years as the minimum age (within some states of the United States of America).

death penalty.

The Committee on the Rights of the Child issued a general comment on such matters in 2007, based on its interpretation of the provisions and purposes of the Convention on the Rights of the Child as well as supplementary provisions in other international standards for juvenile justice (such as the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, known as the 'Beijing Rules'). It therefore

- “concluded that a minimum age of criminal responsibility below the age of 12 years is considered by the Committee not to be internationally acceptable”;
- recommended that States parties “change their laws with a view to achieving a non-discriminatory full application of their juvenile justice rules to all persons under the age of 18 years”; and
- decided that where the child’s proof of age cannot be established at or above the applicable minimum age then “the child shall have the right to the rule of the benefit of the doubt” (Committee on the Rights of the Child, 2007, Part IV.C).

The Penal Code provides that uncertainty of the child’s age requires the judge to estimate the age with the assistance of an expert’s council (Article 31). Evidently, these age assessments are commonly based on bone-age measurements that remain, globally, controversial and subject to a wide margin of error (Human Rights Watch, 2013, pages 17-18). Human Rights Watch has therefore called for the adoption of an independent age determination process that includes trained forensic medical professionals, compliant with international best practice (ibid, p. 4). The Ministry of Justice has, more recently, established by decree, in July 2013, a Specialized Forensic Committee.

Concerns remain that the legislative safeguards for children according to age are not diligently applied by some courts, likely exacerbated by doubts of the child’s actual age, due to problems with court-based age determination, the absence in many governorates of juvenile-specific courts, and continued weaknesses in the practice of

child-friendly justice. Draft amendments that have been prepared to raise the minimum age from 7 to 10 years have been further addressed in a more concerted review of domestic laws concerning justice for children that advocates the minimum age of 12 years that is more compliant with the Convention on the Rights of the Child (see Chapter 10.3.2).

It is additionally necessary to ensure that all cases against juveniles (currently, at least those aged under 15 years) need to be directed to juvenile courts – and, meanwhile, to escalate training of police, prosecutors and judges in areas without juvenile courts in aspects of child-friendly justice – and associated detention within separate facilities. The importance of the benefit of the doubt cannot be overemphasized, including in applying sentences of detention. Attention is also required to ensure that those areas of procedural guarantees to a fair trial denied to children aged 15 years and over are reversed, including no pre-trial detention with adults.

10.3.2 Death penalty for children

In 1994, Yemen abolished the death penalty for persons aged under 18 years at the time of the offense. For a capital offense for adults, the juvenile penalty is a sentence of imprisonment of between three and 10 years. Of 85 executions of under-18 year olds recorded globally since 1990, 49 were in Islamic Republic of Iran and 19 were in the United States of America, with seven other countries, including Yemen, accounting for the other 17 executions.⁸⁷ Very few countries now continue to practice legally sanctioned death penalties; for example, China prohibited the juvenile death penalty in 1997, Pakistan did so in 2000 (but reinstated it in July 2013), and a Supreme Court ruling in 2005 prevented any states of the United States from applying the death penalty to under-18 year olds. The Iranian Parliament approved such a bill in 2003, but it still requires approval of the Shura Council to become law.⁸⁸

In its fourth periodic report to the Committee on the Rights of the Child, GoY advised that

The death penalty in our country has never been carried out on any child and a review is undertaken in cases where a juvenile’s age is difficult to ascertain, with the President of the Republic intervening to stay any sentence of this kind where the offender’s age has not been accurately determined (Committee on the Rights of the Child, 2012, para. 482).

The global data cited include two executions of juveniles in Yemen since 1990, one of which occurred after the 1994 legal prohibition. However, there are documented claims that there have been many more executions of juveniles and that this continues. For example, it has been reported that, since 2007, Yemen has executed 15 young men and women who claimed to be under 18 at the time of their offense. Prosecutors have demanded death sentences for dozens of additional juvenile offenders. In some cases, defendants lack the documentation to prove they were under age 18 at the time of their alleged crime; in other cases, public prosecutors and judges simply disregard available evidence. . . . As of January 2013, at least 23 young men and women await execution under death sentences in Yemeni prisons despite having produced evidence indicating they were under 18 at the time of the crimes for which they were convicted (Human Rights Watch, 2013, pages 1-2)

That report says that all such sentences concern charges of murder, and that Yemeni criminal courts sentenced juvenile offenders to death either by disregarding entirely proof of their age at the time of the alleged crime, or using forensic examinations of dubious evidentiary value to determine the defendants’ age (ibid, p. 3).

A separate report in 2012 claims that at that time there were 186 children facing the death penalty, with doubts about judicial age determination in many instances in view of the existence but disregard of birth certificates, school certificates and health vaccination certificates and in other instances of contradictory or inconclusive forensic age assessment reports (UNICEF & European Union, 2012, pages 2-3).

In marked contrast, in its UPR hearing at the Human Rights Council, GoY categorically refuted the need for Yemen to

take any measures to abolish child executions because they do not exist and have no place in legislation or the judicial system. The age of criminal responsibility that would constitute a possible basis for capital punishment is 18 years. No child under 18 has ever been executed, and this finds its basis in the Islamic sharia (Human Rights Council, 2009a, para 53).

Nevertheless, it advised the Council that a recommendation by Denmark – that Yemen “remove juvenile prisoners from death row” – was “either already implemented or in the process of implementation” (ibid, para 92). While this may be understood as tacit recognition that juveniles have been sentenced to death, it is not an admission that the sentence has been carried out. However, Yemen also advised that it did not support a recommendation by Israel to, inter alia, “abolish ... the execution of minors” (ibid, para 94.9, although Israel is not recorded as having made such a recommendation).

As an Important and welcome means of resolving such anomalies and concerns, the Office of the President pledged to suspend all executions against persons suspected to have been children upon commission of the crime until a committee of experts – consisting of forensic specialists and social workers – was established. The subsequent decree has, as noted in the previous section, resulted in the Specialized Forensic Committee, comprised of four members – all doctors – and supported by an international forensics expert. As a priority, the Committee is reviewing at least 20 cases for which execution is an imminent risk. Committee members have also travelled to Dhamar, Ibb, Taiz and Sana’a Capital, governorates with the highest numbers of children vulnerable to execution, for which 36 cases were reviewed.

10.3.3 Progressing justice for children

The Government has been developing increasingly responsive national policies and associated strategic implementation plans in a range of areas of children’s rights and well-being. In many if not most such instances, implementation has been constrained by weak budgetary support, monitoring and technical capacities. The adoption of the TPSD

⁸⁷ From <http://www.amnesty.org/en/death-penalty/executions-of-child-offenders-since-1990> (accessed 1 August 2013).

⁸⁸ From <http://www.deathpenaltyinfo.org/executions-juveniles-us-and-other-countries> (accessed 1 August 2013; last updated 23 February 2011).

has enabled a more relevant, focused and coordinated policy reform framework, with improved sectoral responses in some key areas, including nutrition responses and education reform as two important examples. This, hopefully, augurs well for the period from 2014.

As has been frequently observed, associated legislation, including implementation and enforcement in addition to the provisions, remains of concern.

A rights-based national legal system is the single most important means of ensuring the foundations of an environment for children in Yemen that is in compliance with the Convention on the Rights of the Child. It enables enforceable and consistent standards to be established within a rule of law framework, and may best ensure rights-based national policies and associated financial commitments toward fulfilling such rights. It was noted at the outset of Chapter 4 that Yemen continues to display challenges in meeting its obligations under international human rights law due to the lack of effective translation of these voluntary undertakings in domestic legislation. For children in Yemen, four of the main challenges in the domestic legal framework are that:

- national laws continue to depart from obligations and standards of the Convention on the Rights of the Child;
- so many children remain at a judicial disadvantage due to a lack of national identity under conditions of low rates of birth registration;
- minority interests within Yemen's legislature (Parliament) continue to block important reforms that enjoy both government approval and Parliamentary support; and
- "ineffective enforcement of the rule of law is an important aspect of weak governance" (UNCT, 2010, p. 15).

That latter constraint is exacerbated by the continued absence of an independent NHRI in accordance with the Paris Principles. This is true despite the welcome efforts of the Government (via MoHR) to provide a mechanism that aims to be compliant with those Principles.

According to its periodic report to the Committee on the Rights of the Child, GoY was prompted

by the Committee's comments on previous reports to undertake a comprehensive review of core child-related national laws. Accordingly, associated draft amendments were approved by the Cabinet in 2006 and submitted to the Parliament (Committee on the Rights of the Child, 2012, paras. 21-22). Those observations included proposed reforms to laws to resolve inconsistencies in the definition of the child, shortcomings in the application of justice for children and measures to protect children from harmful traditional practices such as early marriage and FGM/C. In 2013, these matters remain largely unaddressed by the Parliament and are generally discussed in Chapters 10.2.4 and 10.3.

A 2012 comprehensive national review of child-related legislation included a consideration of compliance with international standards and obligations, and has been supplemented by progress towards the ratification of the third Optional Protocol to the Convention on the Rights of the Child concerning individual communications. The 2012 review was an initiative of the Government of National Reconciliation, with a view to harmonising domestic laws with international human rights instruments ratified by Yemen. It examined laws that included the Children's Act No. 45 of 2002, the Juvenile Welfare Act No. 24 of 1992 (as amended by Act No. 26 of 1997), the Crimes and Penalties Act No. 12 of 1994, the Personal Status Act No. 20 of 1992, and the Civil Procedures and Execution Act of 2002 (as amended), among others (in total, 55 laws, draft laws and executive regulations), with reference to the national Constitution as well as Islamic (Sharia) law and the 2012 Arab Legislative Guide Model on the Rights of Children.

The report of that review noted the need for the new (post-transitional) Constitution to ensure that international human rights law prevails over domestic law (Republic of Yemen, 2012, p. 8). It urged, inter alia, legislative reforms to:

- improve the definitions in domestic law of the child to extend protections for all under-18-year olds, including within criminal jurisdictions;
- raise the minimum age of criminal responsibility from 7 to 12 years and address the 15 year commencement of adult criminal status with consideration

of age of maturity and non-custodial measures;

- reform judicial provisions for children in areas of ensuring their legal representation, proceedings in juvenile courts, and stronger guarantees of non-custodial care (including at the pre-trial stage);
- strengthen protections against exploitation, including in areas of use of children in armed conflicts, child trafficking, begging, sexual and/or economic exploitation and violence against children within the domestic sphere and in institutions;
- criminalize the torture of juveniles and enforce prohibition of the death penalty, life imprisonment and corporal punishment of all children (under 18 years);
- ensure birth registration and penalties for non-compliance and put in place measures to determine the child's age in cases of violence and abuse;
- provide for gender equality between all children, including in areas of education, domestic circumstances, the age of child custody and across vulnerable and marginalized populations;
- stipulate a minimum age of marriage of 18 years for both girls and boys, and of 15 years for child labour; and
- criminalize FGM/C as a gross criminal abuse against the girl child.

The intent of the transitional Government has been to "promote harmonization of national legislation with international conventions in a manner that is in keeping with the teachings of Islam" (Committee on the Rights of the Child, 2012, para 2). Most States Parties to the Convention on the Rights of the Child that are predominantly Islamic have been able to do so; some others have lodged reservations that effectively subordinate the Convention to state interpretation of Sharia law, although many such states have subsequently withdrawn such reservations as any perceived contradiction is typically not material. Yemen has lodged no reservations, which signifies that – consistent with most such countries – it has envisaged no problem in harmonizing domestic laws with the Convention. However, the proposed legislative reforms to ensure such compliance presently

remain vulnerable to the opposition of the Committee to Codify the Sharia Provisions. This especially continues to impact two main areas: setting a minimum age of marriage of 17 or 18 years; and strengthening the legal provisions for children in danger within the justice system, including of state execution.

At present, the two primary requirements are political leadership to ensure Parliamentary passage of harmonizing domestic legislative reforms in important areas of children's rights, and the adoption of a new national Constitution that ensures that international legal obligations prevail in the domestic jurisdiction.

The range of current primary concerns have been summarized by the United Nations Committee against Torture. In responding to Yemen's periodic report on the associated Convention, it has expressed concern that too many children are being put in detention, that the standards of such detention fall short of international standards, that too many children continue to be detained with adults, that alternatives to detention remain inadequate and that detention continues not to be treated as a measure of last resort (Committee against Torture, 2010, para. 25).

The evident blockages to a more effective system of justice for children are:

- a continuing serious shortfall in practice compared to policies and laws mandating government agencies' and institutions' care, development and rehabilitation of young people in the justice system;
- an associated weakness in moving more concerted away from the punitive and retributive focus of the Constitutional framework (Part 2) as it affects young people;
- a political failure to overcome the Parliamentary thwarting of government legislative reforms to achieve improved compliance with international standards;
- continuing judicial decision-making in sentencing that fails to adopt necessary precautionary judgement in instances of uncertainty or an absence of sufficiently formal proof of a child's age;
- continued anomalous legal provisions concerning the lower and upper age limits of criminal responsibility of the child;

- evidently illegal practices by penal authorities concerning arbitrary detention of children; and
- unacceptable judicial practices that constitute serious breaches of international human rights law in sanctioning the death penalty for juveniles despite formal government guarantees to the contrary.

These remain as continuing priorities, but within an increasingly strengthening system of justice for children that includes a more recent acceleration of a range of child-friendly practices that need to be sustained and expanded.⁸⁹

10.4 Violence and exploitation of children

10.4.1 Extreme forms of violence, abuse and sexual exploitation

Both the Convention on the Rights of the Child and Yemen's Children's Act and Penal Code place strong duties on the Government to ensure the protection of children from violence, abuse and sexual exploitation. The Convention is strengthened in these regards by its Optional Protocol on the sale of children, child prostitution and child pornography, to which Yemen acceded in 2004. In its fourth periodic report to the Committee on the Rights of the Child, GoY emphasizes that the Children's Act "provides for the protection of children from all forms of exploitation" but proceeds to describe proposed legislative revisions that are acknowledged by the Government as necessary to "protect children's rights and to protect children themselves from all exploitation" (Committee on the Rights of the Child, 2012, para. 505).

Coinciding with the entry into force of the abovementioned Optional Protocol in Yemen, GoY adopted the National Strategy for Children and Young Persons 2006-2015, together with an implementation plan. Core ministries – including MoSAL, Ministry of the Interior, MoHR and Ministry of Justice – set up units or departments focused on child protection



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activities. Accompanying revisions to laws to enable improved child protection responses have been approved by Cabinet but continue to await Parliamentary adoption. The HCMC also established national child protection networks, including the National Committee against Child Smuggling. (Committee on the Rights of the Child, 2009a, paras. 130-132)

As discussed in Chapter 10.2.2, with quite extreme forms of corporal punishment inflicted on many children in Yemen in households, schools and other institutions, it is unsurprising that there are many indications of widespread domestic violence, together with a weak legislative framework and culture of prosecution. This includes extreme forms of abuse of children and persistent and serious levels of gender-based violence.

Parents and guardians are unlikely to lodge complaints of even extreme forms of violence against children, especially where it occurs within the home or even the school, either because they or a close family member are the perpetrator or because the abuse is perceived to be a private matter or no more than a 'discipline' issue. Reporting rates are higher for girls but likely reflect a small proportion of the actual rates of violence and abuse against children. Sexual violence may in practice be higher

for girls, but is even less likely to be reported when the victim is a boy. Reporting reluctance includes a fear of family shame or community rejection or at times the absence of female police officers to whom to take a complaint, as well as the absence of follow-up psychosocial and health services for sexual abuse.

Children continue to lack legal recourse to lodge complaints about even these more extreme forms of domestic and sexual violence. In its consideration in 2009 of GoY's initial report on the Optional Protocol on the sale of children, the Committee on the Rights of the Child expressed its "deep concern"

that the State party does not have specific legislation on child victim protection. In particular, there is no definition of the victim, while child victims are held responsible, tried and placed in detention, and that boys and girls victims of child prostitution may be subject to punitive sanctions and stigmatization (Committee on the Rights of the Child, 2009b, para. 48).

The Committee urged improved efforts to address the root causes and cultural attitudes concerning extreme forms of child exploitation, alongside the promulgation of the approved legislative reforms. This includes its concern that the proposed changes do not include the obtaining of a child for the purposes of prostitution within its provisions concerning the commercial sexual exploitation of children (ibid, paras. 26, 34 & 37). It further highlights the absence of legislative provisions for protection of child victims that still leaves them at risk of punitive sanctions (including imprisonment) and stigmatization. The Committee therefore recommended

that the State party take all necessary measures to ensure that child victims of all crimes under the Optional Protocol are properly identified, not subject to any fines or sentenced to imprisonment, protected from future abuse and provided with rehabilitation and reintegration assistance (ibid, para 50).

The agreed revisions to the Children's Act, including the Government's proposed insertion of a special chapter for the protection of child victims of abuse and neglect, will provide

a suitable response mechanism, especially if accompanied by child-friendly reporting mechanisms and community awareness measures.

10.4.2 Child labour

Child labour is primarily of concern because it exposes children to economic exploitation and physical hazards and commonly adversely impacts the child's education. This is distinguished from "working children", which refers to children aged 5-11 years primarily engaged in unpaid domestic work that does not impede their education. Child labour refers to conditions of being too young to work under legal provisions or hazardous work.

As noted in Chapter 4.1, Yemen has been a comparatively early State party to the core ILO conventions, especially by regional standards. Both of the key child labour conventions entered into force in Yemen in 2000. Under the minimum age convention (No. 138), GoY has specified 14 years as the minimum age of employment for children (15 years is stipulated in the convention with scope to initially opt for that lower age), with 18 years being the minimum age at which persons may be employed in hazardous work.

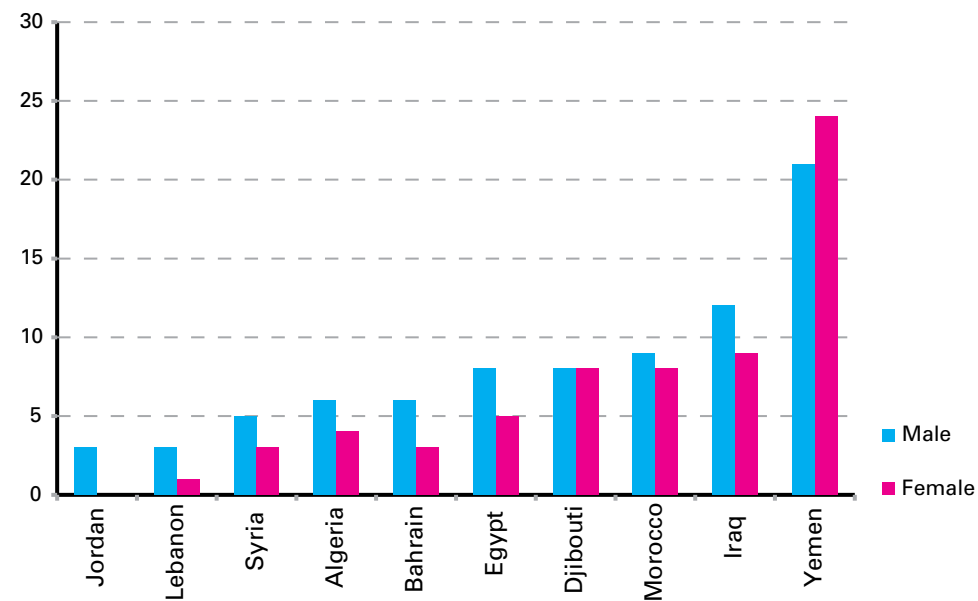
Yemen has very high rates of child labour, especially by regional standards (Figure 10.5). The national average child labour rate for Yemen is put at 23 per cent, compared to a MENA average of 9 per cent (UNICEF, 2013a, Table 9). Not only is its rate double that of the next highest country (Iraq), but it is the only MENA country (for which data are available) where the rate for girls exceeds that for boys.

The high national rate of child labour displays large variations across governorates. The NSPMS estimated child labour at 18.9 per cent in late 2012, with governorate-level variations ranging from 0.5 per cent in Shabwa and 0.7 per cent in Lahj to 43.6 per cent in Reimah and 46.4 per cent in Al-Hodeidah (Figure 10.6).

Entry into labour in contravention of those ILO instruments was seen to escalate in the wake of the conflict of 2011, either as schools became less safe, working family members engaged in protest actions, economic contraction worsened or families increased their efforts to cope with greater financial hardship. More commonly,

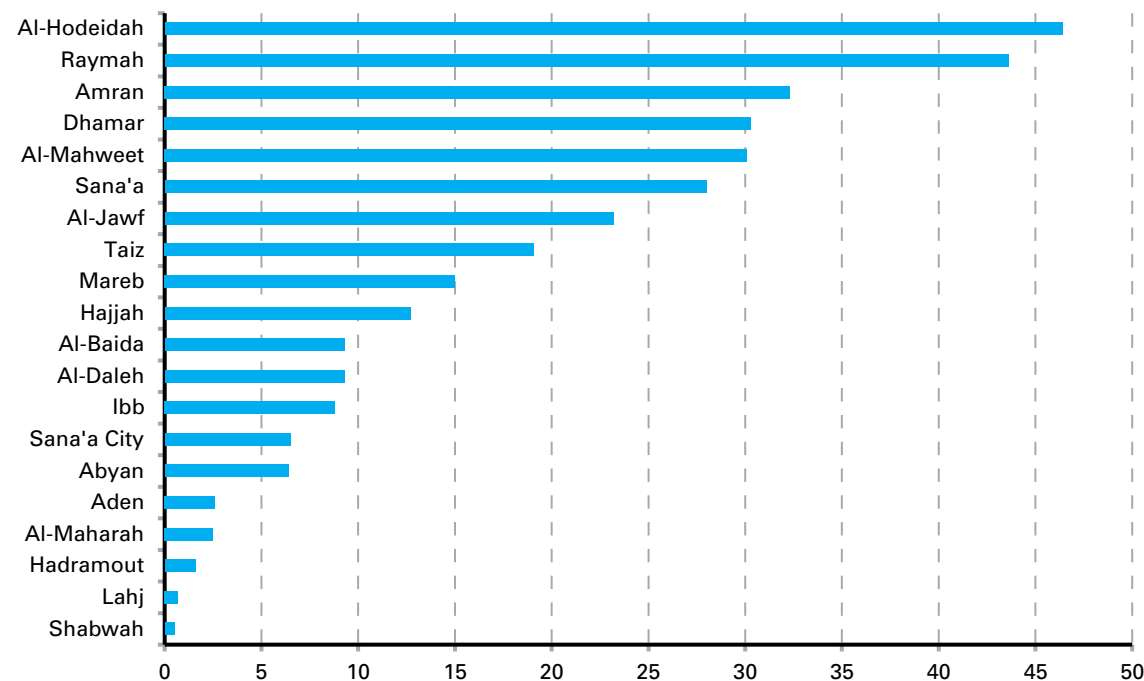
⁸⁹ For international standards and a helpful reference to child-friendly justice in both policy and practice (albeit with reference to Africa), see African Child Policy Forum & Defence for Children International (2012), *Achieving Child-Friendly Justice in Africa*, available at <http://www.crin.org/docs/Child-friendly%20Justice-English.pdf> (accessed 1 October 2013).

Figure 10.5: Child labour (5-14 years), MENA countries (% , 2002-2011)



Source: UNICEF, 2013a, Table 9. No data for countries not shown.

Figure 10.6: Proportion of children engaged in economic activity by governorate (% , Q4 2012)



Source: International Poverty Centre for Inclusive Growth, 2013, Table 6.2. No data for Sa'ada.

children are involved in family-based labour, especially in rural households engaged in agricultural or home-based economic activities. This can mean that children's school attendance is more seasonally affected, and that they are at increased risk of exposure to harmful pesticides, including in qat production.

The 2010 national child labour survey reported that 21 per cent of children aged 5-17 years were employed in Yemen, with rates of 11 per cent for children aged 5-11 years and 29 per cent for children aged 12-14 years, which are in the age group below the ILO obligation (except for 14-year olds, apart from attention to the nature of their employment) (ILO & Central Statistical Organisation, 2013, p. 8; see p. 5 for the criteria used for child work and labour according to types and durations of employment and age of the child). This equates to a total of over 1 million children aged 5-14 years who are working.

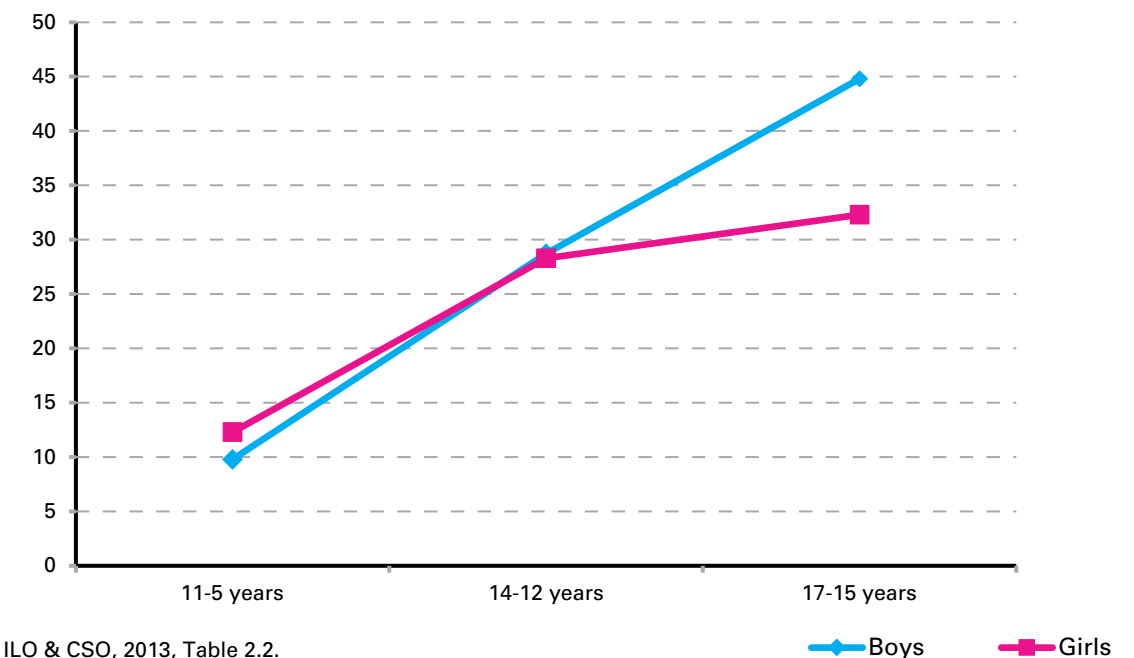
Entry into labour in contravention of those ILO instruments was seen to escalate in the wake of the conflict of 2011, either as schools became less safe, working family members engaged in protest actions, economic contraction worsened or families increased their efforts to cope with greater financial hardship. More commonly, children are involved in family-based labour, especially in rural households engaged in

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That survey yielded slightly higher rates for boys than for girls aged 5-17 years, although this primarily reflects a substantial drop in girls' employment after they have ended their years of formal education (Figure 10.7). However, that rate concerns work in the week prior to the survey, and data for child labour over the year prior to the survey substantially increases these rates – primarily reflecting the improved capturing of seasonal labour, especially around

Figure 10.7: Prevalence of child employment by age and sex (% , 2010)



Source: ILO & CSO, 2013, Table 2.2.

March and August – from 21 to 26 per cent across the 5-17 year age range. At the 15-17 year age group, the rate increased for that longer reference period by 8 percentage points for both boys and girls, which also means a greater rate of increase for girls (ibid, pages 8-11).

Other observations from the labour force survey (including the relevant sources in that report) include:

- more than half (51 per cent) of children aged 17-5 years are engaged in unpaid household services, representing 58 per cent of children in urban households compared to 48 per cent in rural households (Table 2.5 & Figure 2.11);
- the proportion of girls in unpaid household service is not only higher (61 per cent of girls, compared to 42 per cent of boys) but also for longer durations (12.8 hours weekly, compared to 7.5 hours for boys) (Table 2.6 & p. 19);
- girls are overwhelmingly employed in private households (52 per cent) and agriculture (45 per cent), and boys are primarily employed in agriculture and associated primary activities (56 per cent) and private households (29 per cent) (Table 3.1);
- most working children are unpaid (97 per cent of girls and 73 per cent of boys) (Table 3.4);
- for children who are in paid employment, their rates of pay equate to between 45 and 58 per cent of adult earnings (p. 32);
- an estimated 1.3 million children are classified as child labourers in Yemen, with 50.7 per cent engaged in hazardous work, 36.6 per cent who are aged under 14 years, and 12.7 per cent of 17-14 year olds who are working more than 30 hours per week (Table 3.5); and
- of those child labourers, 83.3 per cent (96.9 per cent of female child labourers and 70.3 per cent of male child labourers) are unpaid workers (Figure 3.6.b).

That report also concludes that child labour risk factors increase for children in low-income families and those with poorer schooling rates, although it is unable to state the nature of any associated causal relationship. It views the fact that most working children are employed in their own households as both a challenge and

an opportunity, in terms of awareness-raising and the promotion of protective responses (ibid, pp 58-59).

The relationship between education and employment ages also needs attention, not only at that level of family attitudes and practice but also at the level of national policy. The Constitutional obligation concerning education is the completion of the nine years of basic education that commences at age 6 years. This implies an optimal completion of the minimum period of basic education at 14 years and associated entitlement to enter employment from age 15 years. However, most children in Yemen neither commence schooling at age six nor complete their nine years of basic education within nine years, so that most children enter the labour force without fulfilling their schooling obligations. According to the labour survey data, 85 per cent of 15-year-old children enrolled in school were at or below grade 9 level (ibid, Table 2.4). Given that this figure does not include the substantial numbers of that age group who would have already withdrawn from schooling, that rate of timely completion of basic education by 15 years would be even much lower than the reported 15 per cent, let alone the corresponding 1.5 per cent for 14 year olds.

Coinciding with GoY's ratification of the two ILO child labour conventions, the Government adopted a national strategy to end child labour (the National Policy and Programme Framework for the Eradication of Child Labour and Elimination of its Worst Forms, developed in 2005), and undertook a series of measures to that end, including with employer, employee and NGO sectors and across governorates. Ministerial Decree No. 56 was issued in 2004 to prohibit and regulate child labour, the Child Labour Unit was established in MoSAL, and national laws and regulations "were compiled, analysed and harmonized with international conventions and disparities between the two were eliminated" (Committee on the Rights of the Child, 2012, paras. 496-500; Save the Children, 2012, pp 32-33).

However, implementation has been decidedly lacking. The operationalization of the national policy and programme framework has been delayed more than five years due to lack of

funds and poor coordination, with resourcing of ministries central to child labour elimination – and to broader child protection measures – being "severely curtailed" by national security priorities (United States Department of Labour, 2012, p. 672). Furthermore, changes have yet to be made to the 1995 Labour Law, which recognizes children under 15 years of age as "young persons" and prohibits their employment for more than 42 hours per week (Article 48). There are no provisions in the Labour Law regarding children aged 15-17, nor is there any provision for light work. Furthermore, regulations contained in the Labour Law exempt children who work "with their family under the supervision of the head of the family, provided that their work is performed in suitable health and social conditions" (Article 53) (ILO & Central

Statistical Organisation, 2013, pages 4-5).

An advance was made through Cabinet Resolution No. 205 of 2012, which mandates the Minister of Planning and the Central Statistical Organisation chairperson to annually update child labour data and to coordinate with the Minister of Finance to ensure adequate resourcing for the development of the child labour database. This is, however, yet another important measure in need of adequate implementation, especially within the context of the other reforms agreed to by GoY and lacking adequate implementation since 2000 and the national enforceability of ILO Conventions 138 and 182. A range of such priority actions is presented in Box 10.3.

Box 10.3: Actions that would advance the elimination of the worst forms of child labour in Yemen

Area	Suggested Actions	Year(s) Action Recommended
Laws and Regulations	Amend Ministerial Decree No. 56, Labor Law No. 5, and Law No. 45 on the Rights of the Child (Child Rights Law) to provide coherence and consistency in the law and to comply with international standards.	2009, 2010, 2011, 2012
Coordination and Enforcement	Ensure there is sufficient funding for inspections to be carried out in nonurban areas and that inspections are targeted in the sectors where the worst forms of child labor are prevalent.	2009, 2010, 2011, 2012
	Record and make public the numbers of inspections, investigations, arrests, and prosecutions for child labor and trafficking-related offenses.	2010, 2011, 2012
Policies	Discontinue the use of children in armed conflict and institute criminal penalties for violations of the law.	2009, 2010, 2011, 2012
	Reevaluate and implement the National Policy and Programme Framework for the Eradication of Child Labor and Elimination of Its Worst Forms.	2009, 2010, 2011, 2012
Social Programmes	Make public information on the implementation of the National Strategy for Addressing Trafficking in Persons.	2011, 2012
	Implement a disarmament, demobilization, and rehabilitation program for children recruited into armed conflict.	2011, 2012
	Increase funding to return vulnerable out-of-school youth to temporary or full-time learning centers.	2011, 2012
	Evaluate social protection programmes to determine whether they have had an impact on reducing child labor, particularly in the agriculture and fishing sectors.	2011, 2012

Source: United States Department of Labor, 2012, p. 674.

The ILO has urged GoY to take necessary measures to rectify many of the shortcomings identified in the national child labour survey. These include the passage through Parliament of the necessary reforms to legislation, as well as reiterating its repeated requests for GoY to provide it with copies of the regulations on penalties for child labour violations under the Labour Code (ILO, 2013a). Among additional concerns voiced by the ILO are continued low rates of compliance with child labour laws and that the application of legal sanctions remains low, and the continued absence of labour inspectors trained in child labour outside urban areas, despite MoSAL achieving a trebling of inspectors trained in child labour inspection (from 18 to 57) in 2010 (ILO, 2013b).

As referred to in Chapter 4.1, there is also merit in Yemen ratifying the Migrant Workers' Convention – not only because of some important provisions for children but also due to sizable numbers of migrant working children – and the two ILO conventions concerning maternity conditions and domestic workers. The Domestic Workers Convention entered into force globally in September 2013, and requires the setting of minimum ages in line with the two child labour conventions, and that there is no interference with the compulsory or further education of children above that minimum age who are engaged in domestic work (Article 4).

Clearly, there remain important reform priorities to be enacted in order to better achieve nationally embraced guarantees and benchmarks for the regulation and enforcement of child labour standards. Most of those priority actions are already provided for within existing legislation and regulations.

10.4.3 Children living and/or working on the street

With comparatively very large populations of refugee children, children who are internally displaced by conflict, large numbers of households living in poverty, high rates of food insecurity and unemployment, large numbers of school dropouts and predominantly unpaid child labour, Yemen is encountering increasing numbers of “street children”. These include unknown numbers living on the streets but

are overwhelmingly children who spend their days on the streets in an effort to eke out a basic living. Such children are among the most vulnerable to exploitation and to extreme threats to their protection such as trafficking. In addition are many Mohamasheen children, in view of not only their families' particular extreme and multiple inequities but also the prevalence of those households being confined to street-based livelihoods.

Population estimates are very difficult to derive. A 2008 report cited an HCMC study that put the number of street children at 30,000 across eight governorates. An NGO study indicated that these children are as young as six years of age and comprise 85 per cent boys and 15 per cent girls, with 60 per cent working and sleeping on the streets and 30 per cent sleeping in a temporary residence. (A CSO shadow report to the Committee on the Rights of the Child in 2005 gave an unofficial estimate of 2 million children living and working on the streets – which translates to a likely implausible figure of more than one in four 6-17 year-olds) (Save the Children Sweden et al, 2011, p. 54).

GoY's response has been the introduction of the Programme for the Protection and Rehabilitation of Street Children and the establishment of four safe childhood centres (Committee on the Rights of the Child, 2005, para 73). Those responses are described as providing protection and rehabilitation programmes and family and social reintegration, with the participation of civil society. The centres, based in Sana'a City, Aden, Hodeidah and Taiz, are managed by NGOs and offer a combination of social welfare, psychosocial recovery and social reintegration, complemented by food provision, appropriate accommodation, health care and educational opportunities. By 2008, more than 400 street children were being assisted by the three safe childhood centres. In addition, around 30 centres operated by various NGOs and the Child Labour Unit of MoSAL provide a range of support services to street children (and child workers) (Committee on the Rights of the Child, 2012, paras. 508-511 & Tables 71-72)

Despite such progress, the Committee on the Rights of the Child has stated that it is concerned about the scarce availability of social reintegration and physical and psychosocial

recovery measures for child victims, whereas the State party acknowledges the shortage of local expertise, the absence of residential centres, the shortage of centres offering rehabilitation and assistance for social reintegration to child victims (Committee on the Rights of the Child, 2009, para. 53).

This observation primarily refers to the continuing need to strengthen the scope and technical capacities – and therefore effectiveness – of existing responses, especially given that 400 beneficiary children appears to be barely 1 per cent of the population on the streets. Also of concern are the limitations of current responses, with centres tending to appear to be longer-term institutional in their nature, whereby efforts at reintegration largely occur once the child is 18 years. A key barrier is that, when important causes of a child's movement to the streets are domestic violence and poverty, intervention by social workers is required; this needs to examine individual vulnerabilities and the likely need for multidisciplinary support.

Under current conditions of instability, high poverty and conflict, augmented by a widespread absence of skilled agents for case management intervention, this remains an extremely challenging policy goal. Further, outreach services to street children will continue to be confronted by the relative invisibility of the most vulnerable children that is compounded by weaknesses in the legal detection and prosecution of those seeking to exploit and traffic in their lives, including their economic and sexual exploitation.

This indicates that a focus on addressing the situation of street children needs to ensure that broader public policy is responsive to the main drivers of that situation. It also means that – as for so many other areas of child vulnerability and exploitation – the necessary and overdue legislative reforms must be expedited through the Parliament and the accompanying police and judicial agencies are better enabled to intervene and respond in a child-friendly manner. However, it is also apparent that effective responses need to include attention to family reunification if those interventions are to be durable.

10.4.4 Child trafficking

Trafficking in persons, especially children, is one of the most extreme forms of exploitation. It is also a highly concealed activity that is difficult to quantify, not only because of its secretive conduct alongside reports of bribery and corruption of surveillance agents, but also a continuing difficulty in defining and therefore prosecuting such activities (for example, problems in distinguishing between trafficked children and illegal immigrants). It is commonly a cross-border practice and is therefore necessarily governed by global instruments and inter-State cooperation. The most important such instruments are the United Nations Convention against Transnational Organized Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (commonly referred to, respectively, as the Palermo Convention and the first Palermo Protocol), which were both adopted by the General Assembly in 2000 and entered into force in 2003. The purposes of the Protocol are:

1. to prevent and combat trafficking in persons, paying particular attention to women and children;
2. to protect and assist the victims of such trafficking, with full respect for their human rights; and
3. to promote cooperation among States Parties in order to meet those objectives (United Nations, 2001, Annex II, Article 2).

Yemen ratified the Convention in February 2010. Although 157 Member States have ratified the Protocol, Yemen is one of just four MENA countries (along with Islamic Republic of Iran, State of Palestine and Sudan) that have not done so to date.

The situation in Yemen is complex, primarily due to Yemen being a source country, a destination country and a transit country for trafficking in persons for either or both forced labour and sex trafficking, both of which commonly include children. In addition, it is reported that traffickers originate in governorates other than those that are most vulnerable to trafficking, and increases in frequency during Ramadan (UNICEF, 2007c, p. 7).

Some Yemeni children, mostly boys, migrate to the Yemeni cities of Aden and Sanaa, or

travel across the northern border to Saudi Arabia and, to a lesser extent, to Oman where they are subjected to forced labor in domestic service, small shops, or as beggars. Some of these children are forced into prostitution by traffickers, border patrols, other security officials, and their employers once they arrive in Saudi Arabia; some children are forced to smuggle drugs to Saudi Arabia. ... Yemen is also a source country for girls subjected to sex trafficking within the country and in Saudi Arabia (United States Department of State, 2013, pages 395-396).

This trafficking in children is in addition to earlier references to commercial sexual exploitation, tourist marriages and other forms of exploitation of children, including child recruitment into armed groups (see next section). GoY reported in its fourth periodic report to the Committee on the Rights of the Child that, as the large majority of cases of child trafficking are in the form of cross-border movement for purposes of labour exploitation and the smuggling of goods, it “therefore takes the view that this phenomenon is largely one of the irregular migration by children and not child trafficking” (Committee on the Rights of the Child, 2012, para. 520). Its responses have been shaped by this view, and include HCMC’s endorsement in 2008 of a national plan to combat child smuggling and the inclusion within revisions to legislation of a new section (“child exploitation offences”) within the Penal Code that prescribes sentences of imprisonment on persons who are involved in the cross-border movement of children for purposes of the child’s “illegal exploitation” (ibid, paras 523-4). This emphasis on smuggling rather than trafficking acts to shift the focus of responses away from the more serious forms of exploitation; once illegal exploitation of the child is the purpose of the act of smuggling, the phenomenon is that of trafficking in children. Moreover, conditions in the areas of Yemen most vulnerable to in-migration mean that unaccompanied children smuggled into Yemen are immediately vulnerable to trafficking. The constant and increasing flow of regional populations into Yemen have led to additional measures being taken to improve coordination across GoY ministries and to develop and tighten border security and judicial procedures.

The legislative reforms remain unapproved by

the Parliament. Even so, existing provisions impose strong penalties. The Children’s Act provides for up to two years imprisonment for a person “who deliberately sets out to conceal a child or substitute one child for another or hand over a child to anyone other than the person’s parents” (Article 155) and between 10 and 15 years imprisonment for a person “who sells, buys or in any way disposes of a male or female child” (Article 164). The Penal Code additionally provides for up to 10 years imprisonment for anyone who causes a person to enter or leave Yemen with the intention of interfering with children (Article 148) (Save the Children, 2012, p. 34).

Despite such existing provisions, it is reported that in 2009, only six people were convicted of child smuggling, down from 22 persons in 2005 (ibid). GoY reports that 17 people were convicted and sentenced for trafficking offences in 2012, although no details are known (United States Department of State, 2013, p. 396). Assuming improved border surveillance and efforts at detection and prosecution, this cannot be assumed to indicate successful reforms when the problem is reported to be increasing. The Government has taken some measures, such as raising community awareness, opening a reception centre in Haradh and providing training for judiciary staff, police, and border guards. In its report on trafficking in persons for 2012, the United States Department of State reported on Yemen’s efforts in prosecution, protection and prevention efforts as follows: The government made no discernible progress in enforcing laws against human trafficking ... The government’s efforts to protect victims were negligible ... The government made no efforts generally to prevent trafficking during the reporting period; however, it took some steps to address the recruitment of children in the armed forces (ibid, pp 396-397).

By 2012, it was more apparent that GoY had acknowledged that the issue of child trafficking is not predominantly an issue of child smuggling. To support a scaling-up of efforts to curb human trafficking in Yemen, a workshop was conducted in Sana’a in January 2013 to assist anti-trafficking legislative drafting, consistent with both the first Palermo Protocol and Arab Model Laws against Trafficking in Persons (the workshop was a partnership between the

United Nations Office on Drugs and Crime and the League of Arab States). This coincided with the establishment in early 2013 of the National Committee to Combat Human Trafficking chaired by MoHR. The draft law against human trafficking that it was mandated to prepare also includes provisions that are consistent with the Optional Protocol to the Convention on the Rights of the Child on the sale of children.

It is, however, apparent that national efforts to better tackle child trafficking continue to be hampered by the current national situation, including problems in budgetary levels and technical capacities. This evidently extends to the professional practices and capacities of the law enforcement and judicial sectors. Human smugglers have also shown themselves to be adept at adapting to strengthened surveillance and response efforts, including in an environment of corruption given the financially profitable nature of these activities. Intergovernmental coordination between GoY and Saudi Arabia needs to be strengthened, and the Parliament needs to support the Government’s approved reforms through to their promulgation, even though this has not been an evident barrier to law enforcement. Government also needs to adopt a zero tolerance approach to investigating and prosecuting public officials complicit in trafficking in persons, and to act to eradicate reported continuing practices of “chattel slavery” that include children in some parts of Yemen (notably in the governorates of Al-Hodeidah (Al-Zuhrah district) and Hajjah (Caidanah and Kheiran Al-Mahraq districts).

The initiatives taken by GoY since early 2013 are to be welcomed, and hopefully also foreshadow Yemen’s ratification of the first Palermo Protocol and associated strengthening of international cooperation. UNICEF understands that by mid-2013, 500 cases of human trafficking had been detected by Yemeni security forces, and 150 persons are being detained for related crimes (including nationals of Egypt, Jordan and Syrian Arab Republic). The current high state of insecurity and poverty makes their actions exploitative of human misery and suffering in the extreme.

⁹⁰ See National Organization for Combat of Human Trafficking, at <http://www.alnasser-ye.org/component/content/article/1-latest-news/226-2012-11-03-23-26-15.html#> (accessed 1 September 2013).

Organ trade

In Yemen’s initial report on the Optional Protocol on the sale of children in 2008, the Government reported that there is no law governing trade in human organs. However, the Cabinet had approved a provision within the Code of Offences and Penalties that applied a term of up to five years’ imprisonment for a person who traffics human organs within Yemen or across its borders, increasing to seven years where the victim is a child under age 18 years. That provision was, and still is, awaiting the consideration of the House of Representatives (Committee on the Rights of the Child, 2009, para. 21).

The extent and character of trafficking in human organs is extremely difficult to establish, let alone to detect. GoY’s approval of a legal amendment was at least a recognition of the issue and was provided with some content by a 2012 report to Cabinet by the Minister of Health on its practice in recent years and especially in 2011. That report notes that some criminal groups smuggle Yemenis to Egypt for the removal and sale of their organs. Over the past two years, Yemeni security forces have arrested members of a large network working in the organ trade, which was sending its victims to Cairo for kidney removal in exchange for no more than \$3,000. Yemeni security forces attribute the phenomenon to the exploitation of the difficult living conditions of the victims. According to confessions from a Yemeni member of the network obtained by the criminal investigation department in Yemen, the process involves transferring the victims to Cairo through brokers in Yemen for \$1,000 per person. That network member confessed to having lured over 400 Yemenis that included a considerable but unknown number of children to Egypt since 2011 for such purposes, with kidneys making up half of trafficked organs and the remainder comprising eye corneas, hepatic lobes (part of the liver), knees and sperm.⁹⁰

That Yemeni authorities have been able to act on this trade in human organs and body parts in the absence of the passage of the approved amendment to the Code of Offences

and Penalties indicates that it has capacity to act on human trafficking more generally and that existing legal provisions are sufficient for such action even though they evidently need strengthening. It would also appear that the provision in the Optional Protocol on the sale of children for reporting on legislative coverage of trafficking in children's organs – that prompted GoY's reference to the issue in its 2008 report – may have been one important factor in putting this issue on the national agenda, although it needs to be acknowledged that GoY had acted some years previously to strengthen provisions in criminal law in this regard, including with attention to children. The recent actions of Yemen's security forces have moved that issue to more mainstream attention, including as a health policy as well as criminal law concern. This, in turn, enables GoY to report in more substantive terms in future periodic reports to the Committee on the Rights of the Child, and strengthens the opportunities for GoY agencies and key international partners to respond more strategically. As for human trafficking more generally, there remains a need also to strengthen bilateral cooperation with authorities in key destination countries.

10.5 Grave violations against children in situations of armed conflict

The area of children and armed conflict has undergone three especially important global reforms:

- the United Nations General Assembly's receipt in 1996 of the report on 'Impact of Armed Conflict on Children' (the 'Machel Report') and associated resolution to establish the mandate of the Special Representative of the Secretary-General for Children and Armed Conflict;
- the adoption by the General Assembly in 2000 of the Optional Protocol to the Convention on the Rights of the Child on children and armed conflict (see Chapter 4.3); and
- the adoption by the Security Council of resolution 1612 (2005) that formally established the mandate for the MRM and the associated Security Council Working Group on Children and Armed Conflict.

MRM is a process led by the United Nations which involves a broad circle of stakeholders, including the Security Council, national Governments, various United Nations departments and agencies, international and local NGOs and affected communities. The purpose of the MRM is to provide for the systematic gathering of accurate, timely, objective and reliable information on grave violations committed against children in situations of armed conflict, as well as in other situations of concern as determined by the Secretary-General.⁹¹ The MRM resolution occurred because of concern about poor progress by parties to conflicts (State parties and non-State actors) both in acting to curtail the involvement of children in armed conflict and in duly reporting on such actions. It comprises six categories of grave violations of children's rights committed by armed forces or armed groups:

- recruitment or use of children;
- killing or maiming of children;
- rape or other grave sexual violence against children;
- abduction of children;
- attacks against schools or hospitals; and
- denial of humanitarian access for children.

The events of 2011 have changed the national situation with respect to most if not all of these categories, even though associated information has been limited. Recruitment to the army or rival armed groups became a 'livelihood option' for many children, including those who reportedly dropped out of school to do so (JSEA, p. 67). Although household poverty remains a constant driver of recruitment, cultural norms are also an important factor for boys in many areas of Yemen and political or ideological views were an added driver in 2011. This meant an increased physical presence of armed elements in urban areas, including children, and significantly tightened security arrangements, assisted considerably by the peaceful transfer of power to a transitional government in February 2012. At the same time, however, other violations increased, including in Abyan governorate and Sana'a City that have included child casualties due to mines and other ordnance and peaked in the third quarter of 2012, followed by a sharp reduction in areas

where mine action teams had access (United Nations, 2013b, para. 20).

In June 2013, the Secretary-General issued a report on children and armed conflict in Yemen, with attention to each of the areas of grave violations, covering the period July 2011 to March 2013. That report is an important reference for the following sections.

10.5.1 Recruitment and use of children

During the reporting period, the United Nations documented 84 cases of recruitment and use of children. Of these cases, 69, all involving boys aged between 10 and 17 years, were verified by the Country Task Force on Monitoring and Reporting (United Nations, 2013b, para. 23).

As an important part of the United Nations monitoring and reporting framework, the Secretary-General maintains a "list of parties that recruit or use children, kill or maim children, commit rape and other forms of sexual violence against children, or engage in attacks on schools and/or hospitals in situations of armed conflict on the agenda of the Security Council", known as "Annex I parties". There are three such parties listed for Yemen, all of which have been listed because they are "parties that recruit and use children in armed conflict". Pro-Government tribal militias and the Al-Houthi group, otherwise referred to by themselves as 'Ansar Allah' were listed in 2011, the Yemeni Armed Forces and the First Armoured Division⁹² were listed in 2012, and Ansar al-Sharia was listed in 2013 (United Nations, 2013a, Annex I; United Nations 2013b, para 3).

GoY's initial report to the Committee on the Rights of the Child on the Optional Protocol on children and armed conflict states that the laws of Yemen prohibit the compulsory or voluntary recruitment into armed forces below 18 years, including into reserve forces and compulsory national service (Committee on the Rights of the Child, 2013a, para. 10). However, voluntary recruitment under 18 years is presently not prohibited and further legislative amendment is

necessary. GoY is unable to comment on claims of child recruitment – such as those that include it as an Annex I party – as it "has no official figures on the recruitment of children below legal age in armed conflict" and no figures on children used by Al-Houthi rebel groups, although it acknowledges that the forced recruitment of boys has been reported by 17 per cent of caregivers and many IDPs report the systematic recruitment of children by armed groups in conflict zones, "some allegedly as young as 14 and 15" (ibid, paras 16-17).

The recruitment and use of children by Government Forces is considered to be continuing, mainly in Sana'a City but also in Abyan, Aden and Sa'ada governorates. It is encouraged by recruitment drives, inadequate screening procedures and limited alternative economic options for children, sometimes facilitated by brokers using false identification papers or children misrepresenting their actual age in the widespread absence of birth registration records (United Nations, 2013b, paras. 25-27),

Information on the use of children by Al-Houthi/Ansar Allah is very limited, due to security and humanitarian conditions and a culture of tolerance by families and communities about such matters that includes beliefs of an obligation to support the group's protection of their lands and families (ibid, p. 29). In 2012, up to 30 per cent of verified reports of recruitment by Ansar al-Sharia were of children. Of 21 such verified reports, 2 boys died during combat, 3 were maimed, 2 returned to their homes and the rest continue to be associated with the group. Many boys joined the armed group based on promises of a better life and monetary rewards, coupled with the Ideology of Extremist Islamic Groups which implied that they would go straight to heaven. Some were drugged, and three were recruited for purposes of sexual exploitation and abuse (ibid, para 32).

⁹² Since 2013, as per Annex I, Government forces includes the Yemeni Armed Forces, the First Armoured Division, the military police, the special security forces, the Republican Guards and pro-Government militias.

⁹¹ .(from the MRM guidelines field manual; July 2011; OSRSG –CAAC- UNICEF –DPKO)

10.5.2 Killing and maiming of children

During the reporting period, the United Nations in Yemen documented reports of 564 children, 135 of whom were reported killed (111 boys, 24 girls) and 429 were reported maimed (370 boys, 59 girls). Of these, 290 cases were verified, with 79 children (62 boys, 17 girls) killed and 210 (180 boys, 30 girls) maimed. The majority of unverified cases occurred between July and December 2011, when 274 children were reportedly either killed (49 boys, 7 girls) or maimed (190 boys, 28 girls) (ibid, para 33).

In most instances (53 per cent of cases), the perpetrators remain unknown, mainly due to the use of mines, UXOs, ERW and improvised explosive devices (IEDs). Government forces were verified as responsible for 31 per cent of such cases (26 children killed and 63 maimed), and 10 per cent were jointly due to AQAP and Ansar Al-Sharia (13 killed and 16 maimed) and two children were verified as being killed by Al-Houthi (ibid, para 34).

Such incidents indicate the continuing high risks to children in their daily lives. Large numbers of mines and ERW remain in places of normal community living and areas of children's movement and play well beyond the end of conflict, including the risks from landmines to children tending herds in areas remote from clearance efforts as well as medical and rehabilitation services. Even prior to the events of 2011, many districts were contaminated by mines and UXOs and many more areas are now increasingly affected by mines and UXOs as well as the increased use of IEDs. (While the numbers of children killed or maimed in 2012 was a marked decrease from 2011, incidents from UXO and mines doubled.) The shelling of areas believed to be occupied by armed groups commonly include communities occupied by families. The indiscriminate shooting of demonstrators invariably includes child victims. The impact of drone strikes on children – not only their killing or maiming but also the wider and longer-term psychological trauma – has already been referred to (Chapter 2.2; actions by the United States in Yemen have not been subject to MRM scrutiny via Security Council oversight, although the Secretary-General has recently included reference to the effects of

drones on children in his report to the Security Council; United Nations, 2013a, paras 8, 11 & 166).

Primary responses to the situation of affected children occur through close partnerships between GoY and United Nations agencies, other international partners and national/local NGOs. These responses focus on linking monitoring and reporting with efficient responses to victims of grave violations, and include efforts to increase mine risk education through schools and communities. This extends to the training of teachers in mine risk awareness and the education of 500,000 people (50 per cent children) in 2012 on identifying the risks of UXOs and mines and of safe responses. This has been carried out by the Yemen Executive Mine Action Centre, UNICEF and other partners, and is mainly focused on the affected areas of Abyan, Aden, Hajjah, Lahj and Sa'ada governorates. A strategy for the national mine action programme adopted by GoY in February 2013 will enable a systematic response to the problem of mines and UXOs.

10.5.3 Rape and other grave sexual violence

Both girls and boys are at risk of serious sexual violence within conflict situations in Yemen. The rape and sexual exploitation of girls is generally considered in Chapter 10.4.1, and although attribution of perpetrators can be difficult under conditions of conflict, those conditions certainly increase the risks.

One particular form of such grave acts is the forced marriage of girls, which is reported to have affected up to 100 girls in Abyan alone during 2012, involving leaders or members of Ansar Al-Sharia. Such reports are very difficult to confirm, and the United Nations was able to verify seven of those cases, involving the forced marriage of girls as young as 13 years. Family factors are not only economic, even though dowries as high as \$5,000 are paid to the families of girls whose monthly incomes average \$12. Other verified instances in 2012 include two girls being offered as 'gifts' by their brothers who had been allowed to join armed groups. Most girls who are victims of forced marriages within armed groups are from Abyan governorate. Many become pregnant as

a consequence, and in all of the verified cases the girls reported being abandoned along with their children when their husbands fled from Abyan as government forces regained control (ibid, paras 44-45).

A number of boys are also victims of sexual violence that is often even more concealed, such that the Secretary-General has said that it is "difficult to estimate the extent" of such abuse. However, it is understood that boys are increasingly being recruited by Ansar al-Sharia for purposes of sexual abuse and exploitation, which commonly follows their need to escape the stigmatization suffered by such abuse within their own communities. Just three such cases were confirmed in 2012, of which two boys have returned to their families and are receiving recovery assistance (ibid, para. 46).

10.5.4 Abduction of children

For similar reasons, reports of cases of the abduction of children by armed forces and armed groups are limited due in part to the nature of the violation and the constraints in verification procedures. Of five such reports in 2012, the Secretary-General advises that four (all boys) were verified. An eight-year old boy was abducted with his father from a military camp attacked by Ansar al-Sharia in Abyan and their fate is still unknown. A boy was abducted by Al-Houthi and later found dead in Hajjah governorate, and two brothers were abducted by an unknown armed group in Sana'a governorate (ibid, para. 47).

10.5.5 Attacks on schools and hospitals

Attacks on schools and hospitals by armed forces and groups are especially egregious because they are direct attacks on the most vulnerable civilian populations. Attacks on schools are a deliberate targeting of children: their safety, their right to an education and their essential development. They have compound adverse consequences in causing major disruption to services for populations external to the conflict as well as instilling conditions that carry longer-term negative consequences, including psychological impact, difficulties in resuming attendance levels and resource costs

of rehabilitating infrastructure. Such attacks make it more difficult to locate teachers in vulnerable locations as well as resulting in many households deciding to keep their children – especially girls – away from such sites.

In total, 242 attacks on schools were reported [in the 21 months to March 2013]. All except three incidents were verified. These incidents occurred mainly in Sana'a city (94 attacks) and the governorates of Abyan (45 attacks) and Sana'a (88 attacks), but also in Aden, Hajjah, Hadramaut, Lahj, Sa'ada and Taiz governorates (ibid, para 48)

These reported attacks included 110 incidents of physical destruction of schools, including by shelling in crossfire between government forces and armed groups. Many schools have been closed and occupied by armed groups for military use, predominantly Ansar al-Sharia that in some instances led to retaliatory shelling, including at least 19 schools in Abyan, allegedly by government forces. Besides physical attacks on schools, there are 79 verified reports of intimidation and threats to students and teachers, mainly through the use of sound bombs and proximate shootings that may stray into school grounds. A third form of school attacks comprises military groups using school facilities as a place of refuge and for weapons storage and even 46 verified attacks where armed forces and armed groups took over the school for ongoing military purposes (ibid, paras. 49-52).

In the same period, 18 attacks on hospitals were reported, of which 17 were verified – nine in Hajjah, three in Taiz, two in Aden and one each in Abyan, Hadramaut and Sana'a City. These attacks included shelling and aerial bombardment, the killing of medical personnel assisting injured demonstrators, occupation of the facility for use in military operations, and physical intimidation of health personnel. All attacks in Hajjah have been by Al-Houthi groups, and resulted in eight health centres being closed that affected, inter alia, nutritional interventions for an estimated 5,000 malnourished children. Such incidents include government forces' actions, including aerial bombardment (Al-Razi Hospital in Abyan), an attack on and occupation (Al-Thawrah Hospital in Taiz) that drew an opposition counterattack

and three reports of forcible entry of hospitals by Central Security Forces in search of patients (including random shooting that killed one boy) (ibid, paras. 54-57). On 5 December 2013, militants staged a deadly attack on a hospital at the Defence Ministry complex in Sana'a, killing 52 people and wounding people.

10.5.6 Denial of humanitarian access to children

Denial of access is another means by which armed forces and groups explicitly target vulnerable civilian populations, especially given that the humanitarian agents are divorced from any strategic role. Half of the 46 verified incidents in the reporting period related to the hijacking of vehicles of United Nations agencies and international NGOs, such as a truck carrying UNICEF water and sanitation supplies. Other actions include the abduction of humanitarian personnel, arrests by government forces of United Nations workers and acts of intimidation against humanitarian workers, and the blocking of access to areas requiring assistance. Al-Houthi groups have also disrupted and restricted humanitarian operations within Sa'ada governorate that have resulted in some humanitarian agencies withdrawing their operations (ibid, paras. 58-62). Further reference should be made to Chapters 3.6 and 4.5.1.

10.5.7 Responses and follow-up

Despite such serious and diverse challenges, progress during 2012 has included dialogue with the various armed forces and armed groups toward better protecting the situation of children in such circumstances and holding the perpetrators accountable. This has especially resulted in reductions in the frequency of child recruitment and their use by such groups.

The Special Representative of the Secretary-General on Children and Armed Conflict visited Yemen in November 2012, followed by a visit in early 2013 by a delegation of the Security Council. At the end of its mission, the Security Council welcomed the commitment by the Government to end the

recruitment and use of children by the Yemeni security forces through the adoption and implementation of an Action Plan in line with resolution 1612 (2005) (United Nations, 2013c, p. 2).

Commitments that were translated into concrete actions since the visit of the Special Representative include the issuing in November 2012 of a Presidential Decree that bans the recruitment and use of children, followed by Cabinet Resolution No. 1 of 2013 on reviewing the level of implementation of Yemen's commitment to ending child recruitment and use in armed conflicts. The Government also committed itself, via Cabinet Resolution No. 212, to the Paris Principles and Guidelines on children associated with armed forces or armed groups.⁹³ In February 2013, GoY established an interministerial committee – chaired by the Minister of Legal Affairs, with technical support from UNICEF – to serve as the main mechanism for developing an action plan to address child recruitment and use by government forces. In addition, dialogue between the Special Representative and the Al-Houthi leadership has been working towards the release and family reintegration of children in its groups.

Progress has also been made in the development of legislative amendments to strengthen provisions towards better prohibiting child recruitment and other grave child rights violations. As with other critical areas of children's rights, these legislative amendments have been approved by Cabinet but still await Parliamentary ratification.

As noted above, even as progress is being made towards the reductions in a range of grave violations, serious problems remain, especially – as reported by the Secretary-General – that children are at high risk of being killed and maimed by mines, unexploded ordnance and explosive remnants of war, as well as by suicide attacks, improvised explosive devices and drone strikes. I condemn in the strongest possible terms the grave violations of children's rights by the use of such weapons, and call upon all stakeholders to prevent such attacks and take steps to reduce their impact on children (United

Nations, 2013b, para. 84).

Although GoY has renewed its efforts against mines, an expansion of the de-mining programme is required, based on international standards, and programmes of care and assistance to survivors need prioritization, especially targeted towards child victims of mines, UXO and ERW, given that child victims are increasing in number. This also needs complementing by the development and implementation of a national mine risk awareness strategy.

Combatting the threats to schools and hospitals by most armed forces and groups needs concerted focus towards a commitment to action similar to that occurring for child recruitment; such actions have commenced with a Presidential decree against attacks on hospitals following a workshop on the issue in December 2012, accompanied by an initiative by the International Committee of the Red Cross to collect data on attacks on hospitals and engage

with GoY and armed groups in advocacy against such attacks. GoY may usefully consider support for cross-party commitment to the (currently draft) Lucens Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict, as this may provide a useful basis for such action, including to the extent that it may be adapted to similarly cover hospitals and health centres.⁹⁴

Most important are the collective efforts of GoY and key civil society groups through the NDC, combined with improving cooperation between GoY, notably the Office of the President, and UN agencies and key international partners in strengthening the MRM procedures, especially via the MRM Country Task Force. These are the primary constructive prospects for national progress in improving the situation of large numbers of the most vulnerable children in Yemen across these most serious violations and impediments to children's most fundamental rights and guarantees.

⁹³ See the Paris Principles (February 2007) at http://www.unicef.org/protection/files/Paris_Principles_EN.pdf (accessed 1 October 2013).

⁹⁴ See the (draft) Lucens Guidelines at http://www.protectingeducation.org/sites/default/files/documents/draft_lucens_guidelines.pdf (accessed 1 October 2013). The Guidelines cover "both the armed forces of states and the fighting forces of non-state parties to armed conflicts".

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ANNEX A: Stakeholder engagement in the preparation of the Situation Analysis

The process of preparation of this report primarily engaged key partners and stakeholders in two ways: the establishment of a Steering Committee led by the Ministry of Planning and International Cooperation (MoPIC) to oversee and monitor the process; and the conduct of a range of consultative sector-based workshops at national and governorate levels.

Steering Committee

The Steering Committee comprised representatives of the following agencies:

- MoPIC
- Higher Council for Motherhood and Childhood (HCMC)
- Ministry of Human Rights (MoHR)
- Central Statistics Organization (CSO)
- Social Fund for Development (SFD)
- Ministry of Finance (MoFin)
- Office of the United Nations Resident Coordinator (UNRC)
- United Nations Children's Fund (UNICEF)
- Child-focused International NGO (Save the Children)
- Child-focused National NGO (SOUL for Development & Democratic School)

The Committee reviewed and endorsed the inception report that described the drafting timeframe and steps and the proposed structure of the final report, and reviewed progress in that regard. It also served as the first point of feedback on report drafts and agreed on final publication details and the report's launch.

Sector-based workshops

Over the period mid-June to early August, a series of workshops were held with a wide range of agencies, in order to receive inputs on current priority issues and opportunities for progress in tackling them. Workshops were held for each of the following areas:

- Health, nutrition & WASH;
- Education;
- Child protection.

Besides the series of national workshops held in Sana'a, governorate-based workshops were held as follows:

- **Aden:** Abyan, Aden, Al-Dhala, Hadramaut, Lahj and Shabwa governorates;
- **Al-Hodeidah:** Al-Hodeidah, Al-Mahweet, Hajjah and Reimah governorates;
- **Sa'ada:** Al-Jawf, Al-Mahrah and Sa'ada governorates;
- **Sana'a:** Al-Baidha, Amran, Dhamar, Mareb and Sana'a governorates; and
- **Taiz:** Ibb and Taiz governorates.

A report of those workshops has been prepared as a companion report to this Situation Analysis, especially as a reference for participants and field-based agencies, a field-based input into the UNICEF midterm review process, and a report to UNICEF global staff on the role and nature of the workshops in informing the process of situation analysis preparation.

Annex B. Key indicators of the status of children in Yemen

1. Basic child survival indicators (mortality and survival)

	Under-five mortality rate				Infant mortality rate (under 1)		Neonatal mortality rate		U5MR average annual rate of reduction (%)				Life expectancy at birth (years)
	1970	1990	2000	2012	1990	2012	1990	2012	1970-1990	1990-2000	2000-2012	1990-2012	2012
Yemen	293	126	99	60	89	46	43	27	4.2	2.4	4.0	3.3	63
MENA	190	72	52	30	54	24	27	15	4.8	3.4	4.3	3.9	71
LDCs	238	171	136	85	107	58	..	30	1.7	2.3	4.1	3.2	61

2. Basic child survival indicators (nutrition)

	Infants with low birth weight (%)*	Children (%)* who are:				Under-fives suffering from (% WHO)*:				Vitamin A supplementation full coverage rate (6-59 months) (% 2011)	Households consuming iodized salt (%)*
		Early initiates to breast-feeding	Exclusively breastfed (<6 mths)	Introduced to solid, semi-solid or soft foods (6-8 mths)	Breastfed at age 2 (20-23 mths)	Under weight (moderate & severe)	Under weight (severe)	Stunting (moderate & severe)	Wasting (moderate & severe)		
Yemen	32x	30z	12y	76y	..	43y	19y	58y	15y	11	30y
MENA	..	..	..	..	..	7	..	18	8	..	..
LDCs	13	53	48	63	64	23	7	37	10	70	60

3. Basic child survival indicators (sanitary health and immunization)

	Total population (% , 2012) using:		Routine EPI vaccines financed by government	1-year-old children immunized (% , 2012) against:							Newborns immunized against tetanus (% , 2011)	Under-fives with suspected pneumonia seeking care (%)*	Under-fives with suspected pneumonia receiving antibiotics (%)*	Under-fives with diarrhoea receiving ORT (%)*
	Improved drinking water sources	Improved sanitation facilities		TB (BCG)	DPT (DPT1)	DPT (DPT3)	Polio (polio3)	Measles	Hep B (HepB3)	Hib (Hib3)				
Yemen	55	53	15	64	89	82	89	71	82	82	66	44z	38z	33z
MENA	87	83	83	93	94	89	90	88	90	55	86	70	63	35
LDCs	65	36	24	86	90	80	82	80	76	75	78	49	41	41

4. Basic education indicators

	Youth (15-24 years) literacy rate (%)*		Number per 100 population (2012)		Pre-primary school GER (% , 2008-2012*)		Primary school GER (% , 2008-2012*)		Primary school NER (% , 2008-2012*)		Primary school Net attendance ratio (%)*		Survival rate to last primary school grade (admin data, % , 2008-2012*)	Secondary school NER (% , 2008-2012*)		Secondary school Net attendance ratio (%)*	
	M	F	Mobile phones	Internet users	M	F	M	F	M	F	M	F		M	F	M	F
Yemen	96	76	54	17	1	1	100	81	83	70	75z	64z	76	48	31	49z	27z
MENA	95	89	101	33	26	24	104	96	92	88	89	86	88	69	64	..	..
LDCs	76	67	48	7	15	15	109	103	83	79	75	73	57	36	30	34	32

5. Basic child protection indicators

	Child labour (% , 2002-2012*)		Child marriage (% , 2002-2012*)		Birth registration (% , 2005-2012)	FGM/C (% , 2002-2012)			Violent discipline (% , 2005-2012*)	
	Male	Female	Married by 15	Married by 18		Women	Daughters	Support for practice	Male	Female
Yemen	21	24	12	32	17	17	15	41	95	95
MENA	11	7	3	18	87	..	..	..	89	90
LDCs	25	22	15	45	38	..	..	..	..	..

6. Adolescent (15-19 years) knowledge and practice indicators

	Adolescents currently married/ in union (% , 2002-2012)*		Births by age 18 (%)*	Adolescent birth rate (2006-2011*)	Adolescents justification of wife beating (% , 2002-2012*)		Adolescents use of mass media at least once a week (% , 2000-2012*)		Adolescents who have comprehensive knowledge of HIV (%)*	
	Male	Female			Male	Female	Male	Female	Male	Female
Yemen	..	13	25x	80x	..	..	..	..	..	2z
MENA	..	13	7	37	..	53	..	..	..	..
LDCs	3	27	29	113	..	52	68	59	..	22

7. Sexual and reproductive indicators

	Total fertility rate			Average annual rate of TFR reduction (%)		Contraceptive prevalence (females, 15-49 years) (% , 2008-2012*)	Comprehensive knowledge of HIV (females 15-24 years) (% , 2007-2012*)		
	1970	1990	2012	1970-1990	1990-2012		Urban	Rural	Ratio of urban to rural
Yemen	7.5	8.7	4.2	-0.7	3.3	28x	4x	1x	6.7x
MENA	6.7	5.0	2.9	1.5	2.5	59	..	..	..
LDCs	6.7	5.9	4.2	0.6	1.6	35	35	24	1.4

8. Basic maternal survival indicators

	Antenatal care coverage (% , 2008-2012*)		Delivery care coverage (% , 2008-2012*)			Maternal mortality ratio (2010)	
	At least once	At least four times	Skilled attendant at birth	Institutional delivery	C-section	Adjusted	Lifetime risk of maternal death: 1 in:
Yemen	47z	14y	36z	24z	9y	200	90
MENA	83	60	79	71	25	170	190
LDCs	74	37	46	43	6	430	52

9. Urban and rural disparities

	Birth registration (% , 2005-2012*)			Skilled attendant at birth (% , 2008-2012*)			Underweight prevalence in children under five (%)*			Under-fives with diarrhoea receiving ORT (% , 2008-2012*)			Primary school net attendance ratio (%)*			Use of improved sanitation facilities (% , 2011)		
	Urban	Rural	Urban to rural ratio	Urban	Rural	Urban to rural ratio	Urban	Rural	Urban to rural ratio	Urban	Rural	Urban to rural ratio	Urban	Rural	Urban to rural ratio	Urban	Rural	Urban to rural ratio
Yemen	42	11	4.0	62z	26z	2.3	..	..	..	30z	34z	0.9	83z	64z	1.3	93	34	2.7
MENA	95	78	1.2	89	63	1.4	..	..	..	39	31	1.3	93	82	1.1	93	69	1.3
LDCs	54	34	1.6	75	38	2.0	17	27	1.5	46	40	1.2	84	71	1.2	48	31	1.6

10. Disparities by household wealth (with ratios of richest 20% to poorest 20%)

	Birth registration (% , 2005-2012*)			Skilled attendant at birth (% , 2008-2012*)			Underweight prevalence in children under five (%)*			Under-fives with diarrhoea receiving ORT (% , 2008-2012*)			Primary school net attendance ratio (%)*			Pre-school attendance (% , 2005-12*)		Children left in inadequate care (2005-2012*)	
	Poor 20%	Rich 20%	Ratio	Poor 20%	Rich 20%	Ratio	Poor 20%	Rich 20%	Ratio	Poor 20%	Rich 20%	Ratio	Poor 20%	Rich 20%	Ratio	Poor 20%	Rich 20%	Poor 20%	Rich 20%
Yemen	3	51	15.5	17	74	4.3	..	..	..	31z	37z	1.2	44z	87z	2.0	0	8	46	22
MENA	76	94	1.2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
LDCs	28	55	2.0	29	78	2.7	32	14	2.3	38	47	1.2	63	88	1.4	6	25	..	..

Source: UNICEF (2014), State of the World's Children Report, Tables 1-14. NMR data for 1990 in Table 1 are from UNICEF (2012b). Additional reference should be made to UNICEF's online database via http://www.unicef.org/statistics/index_step1.php.

Notes: Many data in these tables may not accord with data used within the text of this report, given that locally derived data that result from various studies and surveys or from formal national databases may vary from the global aggregation and derivation of estimates from various sources. This does not imply any judgement of the veracity of different data sources, for which the use within this report may differ according to the purposes, for example, of progress over time or comparability with the wider region. Some data categories are not included due to, for example, unavailability that, for Yemen, mainly concerns HIV & AIDS, mainly due to low prevalence and small numbers. Some categories for which there are no data are included due to their relevance to Yemen, in the event that such data are available in future years.

Data symbols: 'x': DHS (1997), 'y': FHS (2003), 'z': MICS (2006), '..' data not available, '*' data for most recent year available (2007-2011, unless otherwise shown).

Annex C. Conflict assessment and the situation of children in Yemen

The following is a brief summary of the conflict assessment report prepared for the United Nations Country Team in Yemen. It describes the key elements of that report with particular attention to the content that is of more direct relevance to the situation of children and young people in Yemen.

A number of conflict situations are identified as existing in Yemen (with “priority conflicts” identified in bold):

- **Defined conflicts:** Southern separationist conflict, Houthi-Government conflict, Houthi-Islah conflict, Houthi-Salafist conflict, Extremist group (AQAP) violence/conflict;
- **Thematic conflicts:** resource-related conflicts (water, land, other), inter-tribal conflicts; and
- **Precarious situations:** Elite competition/conflict, frustrated former protesters.

While Al-Houthi forces remain a threat to national stability, they are also viewed as holding appeal to many Yemeni youth for ideological reasons, although the assessment emphasizes that the dissatisfaction of many underemployed young people constitutes recruitment potential for the various forces and groups that resort to armed violence against the Government or to local authorities. In this context, the feeling of many 2011 protestors that the national reform process has been hijacked by interest groups and elite powers remains a potentially more important threat than do more violent and armed groups more confined to local geographic areas. The report, however, favours a current understanding that the National Dialogue process affords an opportunity for potentially adequate engagement by such segments of the population.

The assessment accordingly identifies nine “overarching conflict drivers” that, importantly, include:

- **Inadequate and inequitable basic services:** largely driven by dissatisfaction with health and education services – viewed as either or both of poor quality and of inequitable provision – that also gives rise to local and regional feelings of exclusion, especially if tribal or elite patronage is perceived;
- **Poverty and inequality:** rising food prices has been a key trigger of conflict in Yemen, and increasing food insecurity alongside a weak income base make income inequality in a context of political and economic elites a major driver of conflict from north to south as well as across many of the protest groups from and since 2011;
- **A large unemployed youth population:** a rapidly growing and youthful population under conditions of limited job prospects is occurring alongside an economic downturn and weak national economic situation, with the youth population bulge poised to grow larger, and has a volatile capacity to feed into conflict and instability; and
- **Education deficits:** although many well-educated Yemenis experience unemployment, low education rates and poor education levels handicap Yemen’s development and lead to a reliance on skilled and technical foreign workers, while leaving many young people lacking in critical reasoning that leaves them susceptible to the ideological arguments of armed groups and more likely to be sent to religious schools affiliated with particular sectarian agendas or with armed groups.

A number of “capacities for peace” are also identified: a culture of dialogue, a willingness to engage in mediation and arbitration, a willingness to acknowledge other groups’ grievances, a culture of empathy and support for the vulnerable, and common concerns and aspirations. The assessment report concludes that “[r]esponding to the drivers of conflict and building upon the capacities for peace” leads to various “strategic and programmatic options ... including the need for a rights-based approach that provides opportunities for multiple segments of society, including women, men, youth, and vulnerable (including female-headed) households”.

Given that Yemen is neither in the midst of a single “hot” conflict nor in a post-conflict situation, a range of options is identified with respect to each individual conflict situation, including peacebuilding measures, community and civic engagement, local economic regeneration and livelihoods strengthening. The importance of the linkages between conflict responses and broader human development actions illustrate the cross-sectoral and partnership character of efforts to transcend those key drivers of the various conflict situations.

Finally, it is worth noting Annex B to the assessment report, which highlights a number of key sources of conflict risk in MENA that are relevant to Yemen and are of a more quantitative character than the largely qualitative basis of the main report. These are:

- **Extractive industries and conflict:** not only are countries with oil at 50 per cent greater risk of conflict than those without, that risk doubles for lower-income oil states such as Yemen, and increases further where oil and gas reserves are confined to a single socioeconomically worse off part of the country;
- **Youth bulges and opportunity costs:** populations with a large youth component – like Yemen – have an increased risk of domestic conflict, although this is less likely to be true where young people have access to educational and employment opportunities and to political and civic participation;
- **Regime change and delayed instability:** regime change rarely leads to new conflict in the short term, but such conflict is more likely to emerge within two years of leadership change if that new leadership is either perceived as weak or else has imposed harsh internal security measures, prompting popular opposition that escalates into renewed conflict; and
- **The conflict-governance trap:** poor governance is more likely to lead to conflict that, in turn, further weakens governance, whereas various assessments indicate that countries with positive governance ratings are 50-30 per cent less likely than poorly governed countries to experience conflict recurrence.

Source: UNCT (2013), Conflict Assessment of the Republic of Yemen, prepared by S A Zyck (Draft, April 2013)

Annex D. Priorities in improving the situation of children (1998)

1. Maternal and child health

Improving maternal and child health status

- Reducing maternal mortality
- Reducing neonatal mortality
- Controlling infectious disease

Improving health care

- Increasing access
- Increasing female health care providers
- Increasing health care financing
- Increasing budgetary efficiency
- Strengthening health care management
- Strengthening monitoring and information systems

2. Nutritional status of children and women

- Eliminating protein-energy malnutrition
- Eliminating micronutrient malnutrition

3. State of basic education in Yemen

Improving rural girls' access to schooling

- Promote community-based alternative girls' schooling initiatives
- Improve the availability and distribution of female teachers
- Raise local and national awareness of the importance of girls' education
- Improve school facilities for girls
- Reduce private costs associated with girls' schooling

Improving the quality and relevance of learning

- Improve the physical learning environment
- Improve the content and relevance of school curricula
- Improve teacher training
- Improve classroom learning methodologies and time on task

Improving education management and funding

- Decentralize education management
- Increase education sector funding
- Increase community involvement in the funding and delivery of education services
- Increase private sector involvement in

the funding and delivery of education services

- Improve education management information system

4. Water and sanitation conditions

- Increased community participation
- National capacity-building
- Greater focus on the poor
- Increase sector funding
- Increased emphasis on sanitation

5. Children in especially difficult circumstances

Child labour

- Strengthening child labour legislation and accompanying enforcement mechanisms: minimum working age, hazardous forms of work, minimum wages and benefits, inspection mechanism
- Awareness raising and social mobilization
- Combatting poverty

Juvenile justice and institutionalized children

- Strengthening legislation and accompanying system for administering juvenile justice
- Improving juvenile detention conditions
- Promoting and expanding community-based approaches to caring for socially-disadvantaged juveniles
- Finding alternative care solutions for socially disadvantaged girls

Children with disabilities

- Strengthen measures for the prevention of child disability
- Strengthening and expanding home and community care and rehabilitation of children with disabilities

6. Gender equity and implementation of the Convention on the Elimination of all Forms of Discrimination against Women

- Implement the Beijing Platform of Action from the Fourth World Conference on Women

Source: GoY, 1998a.

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