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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Yemen**

Proposed UNFPA assistance:	\$20 million: \$10 million from regular resources and \$10 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2007-2011)
Cycle of assistance:	Fourth
Category per decision 2005/13:	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.0	7.0	13.0
Population and development	1.5	1.5	3.0
Gender	1.5	1.5	3.0
Programme coordination and assistance	1.0	0.0	1.0
Total	10.0	10.0	20.0

## I. Situation analysis

1. Yemen has improved its score on the human development index since 1990, but it is still ranked as a low human development country. The gross domestic product per capita is only \$565 and has remained constant over the last seven years. According to the latest available statistics, 42 per cent of households live below the poverty line. Poverty is mainly a rural phenomenon, with 83 per cent of the population living in rural areas.

2. Yemen has one of the highest total fertility rates in the world (6.5 births per woman). While the population growth rate decreased from 3.7 per cent in 1994 to just over 3.0 per cent in 2004, it continues to be an underlying cause of many of the problems the country faces. The relatively high growth rate has negatively impacted water resources, economic growth, education and primary health care. The population of Yemen, currently estimated at 19.7 million, is expected to double in 23 years, thereby aggravating the poverty situation and hindering prospects for sustainable development. More than half of the population is younger than 18.

3. Yemen, with 365 maternal deaths per 100,000 live births, has one of the highest maternal mortality ratios in the world. Maternal mortality accounts for 42 per cent of all deaths among Yemeni women of childbearing age. Approximately 75 per cent of maternal deaths are preventable, occurring because of a lack of access to and availability of high-quality reproductive health services. Eighty-four per cent of all births take place at home and only 20 per cent of these births have skilled attendants present. The neonatal mortality rate is 37.3 deaths per 1,000 live births. Neonatal deaths account for nearly half of the infant mortality rate, which is 75 deaths per 1,000 live births. A lack of awareness of reproductive health issues among women, men and communities hampers access to reproductive health care. Cultural

taboos also impede access to reproductive health services. The unmet need for family planning is 51 per cent, including 36 per cent for modern methods. The contraceptive prevalence rate for modern methods is estimated to be only 13 per cent.

4. The status of women is low, with the gender gap especially large in education. The illiteracy rate among women is 68 per cent, compared to 28 per cent among men. The enrolment rate for primary education is 49 per cent for girls and 78 per cent for boys. More than one in every three women in Yemen has undergone female genital cutting. Although Yemen has endorsed the Convention on the Elimination of All Forms of Discrimination against Women and has adopted a national women's development strategy, progress in empowering women has been limited. Representation of women in decision-making bodies is low.

5. A national HIV/AIDS strategy is in place, but knowledge about the disease is insufficient. In 2003, 12,000 HIV/AIDS cases were registered. Many of these cases were attributed to migrants.

6. In its poverty reduction, population and reproductive health strategies, the Government has exhibited a keen understanding of the challenges it faces. However, the capacity of government institutions to implement effective, pro-poor policy decisions that address societal and regional disparities is limited. Government institutions also lack the capacity to implement programmes that address the lack of reproductive health coverage among large segments of the population and the poor quality of the health system. Shortcomings in the public administration system, including limited institutional capacity, poorly paid and trained public servants, and outdated procedures have hindered the implementation of health reforms over the past few years.

7. Oil currently accounts for almost 90 per cent of total revenues. This affects the ability of the Government to finance essential services and investments, since oil revenues fluctuate from year to year. In 2003, for example, government spending in the public health sector was only 1.3 per cent of gross domestic product. The private sector and non-governmental organizations (NGOs) provide a significant portion of health services. However, many poor people cannot afford these services.

8. Yemen is making modest progress in attaining the goals of the 1994 International Conference on Population and Development (ICPD). If current trends continue, the country will not be able to reduce poverty and achieve the Millennium Development Goals (MDGs). International donor assistance to Yemen will remain key to reducing poverty and improving human development and social services.

## II. Past cooperation and lessons learned

9. UNFPA began its assistance to the unified Republic of Yemen in 1992. The third country programme (2002-2006) focused on two core programme areas: (a) reproductive health; and (b) population and development strategies. Gender equity and equality were mainstreamed throughout the programme.

10. UNFPA assistance concentrated on assisting the Government to establish strategies, policies and standards relevant to the ICPD Programme of Action. Yemen has now adopted a comprehensive national population strategy, a national HIV strategy, and a national strategy on women's empowerment. These strategies have been incorporated into the national poverty reduction strategy under the umbrella of the Millennium Project and have also been incorporated into the new five-year national development plan. The willingness of the Government to adopt these strategies has been recognized in the region, setting an example for neighbouring countries.

11. The previous programme supported the training of community-based midwives, an innovative approach that helped to expand services at decentralized levels. It piloted the use of mobile health services to expand coverage to hard-to-reach areas and scattered populations and was successful in enabling women to access services close to their homes. The programme registered notable achievements in assisting people to make informed choices about reproductive health. It also introduced population issues into the formal educational curriculum.

12. Consultations with the Government, civil society organizations and donors confirmed that UNFPA should concentrate on supporting the implementation of the national population strategy as well as policies within the framework of the national development plan. UNFPA should continue to assist the Government in addressing issues such as the limited capacity, expertise and mechanisms in the health sector, with an emphasis on improving the quality of services.

13. To achieve this, UNFPA and other development partners have, under the leadership of the Population and Reproductive Health Department in the Ministry of Public Health and Population, established a reproductive health coordination mechanism to revitalize public health-sector reform and to improve donor coordination.

14. The programme will continue policy dialogue to further increase the commitment of the country to meeting the Millennium Development Goals, in particular as they relate to the ICPD Programme of Action. The programme will also promote gender equality and the implementation of population policies, with a focus on young people. Country-specific, sociocultural dimensions, especially with respect to gender and youth, will serve as a guiding principle for the new programme.

15. While past UNFPA assistance to Yemen focused on the central level, there is now a clear need to focus on governorates, districts and communities, with the aim of achieving nationwide

coverage. Major support should be provided to community-level public health outlets, which are used by the poorest people. The programme will utilize the comparative advantages of the private sector and civil society organizations. Centralized implementation and national cash-flow modalities will be adjusted to better support the implementation of the programme.

### III. Proposed programme

16. The proposed country programme takes into consideration the third five-year plan (2006-2011) of the Government. The programme is aligned with the national poverty reduction strategy and the Millennium Project initiative as well as with sectoral policies and plans. It builds on experience from the previous three UNFPA country programme cycles. The programme also reflects the findings of the 2005 common country assessment and the priorities of the United Nations Development Assistance Framework (UNDAF), which endorses a rights-based approach. The programme will emphasize partnerships with other development agencies, civil society and the private sector. Cooperation with the private sector will include training for service providers and commodity logistics.

17. The programme will seek to ensure that the national population strategy and related policies are translated into effective interventions. UNFPA will support a sector-wide approach to planning and budgeting within the reproductive health and population sectors.

18. The programme will focus on vulnerable groups, including young people, migrants and rural populations. It will continue to support community-based health providers and the effective use of their services. The programme will be expanded to include additional forms of service delivery to clients in rural areas.

19. The proposed programme consists of three components: reproductive health; population and development; and gender. Advocacy is a

cross-cutting issue that will be addressed throughout the programme.

#### *Reproductive health component*

20. The first country programme outcome is: effective implementation of the national population and reproductive health strategy. This outcome has four outputs: two under the reproductive health component and two under the population and development component.

21. Output 1: Increased availability of reproductive health services, with a focus on the poor, including young people in programme areas. This output will be achieved by: (a) enhancing the capacity of health providers to deliver high-quality, basic reproductive health services, including emergency obstetric care and counselling; (b) expanding mobile services to hard-to-reach areas; (c) securing the national supply of reproductive health commodities and strengthening national logistics management systems at all levels; (d) improving curricula, training materials and courses for service providers, with a focus on midwives; and (e) improving the analytical and management capacity of health managers in reproductive health at central and subnational levels.

22. Output 2: Increased demand for reproductive health services, including information, educational services and awareness relating to reproductive rights, STIs and HIV/AIDS, in targeted programme areas. This will be achieved by: (a) behaviour change interventions through formal education and peer education; (b) addressing men through religious establishments and the uniformed services; (c) public awareness-raising campaigns; (d) improving access to and availability of counselling and condoms; and (e) supporting NGOs in HIV/AIDS prevention.

#### *Population and development component*

23. Output 1: Priority components of the national population and reproductive health

strategy are reflected in national, sectoral and local plans, taking into consideration women's empowerment concerns. This will be addressed by: (a) incorporating national strategies into annual national plans at all levels, with a focus on line ministries and regional authorities; (b) supporting the appointment, sensitization and training of focal points at sectoral and regional levels for population and reproductive health planning; and (c) supporting institutions, including NGOs, to work with communities and religious leaders.

24. Output 2: National information systems providing disaggregated population and Millennium Development Goal-related data are improved, data disseminated and utilized. This output will be achieved by: (a) improving the capacity of national institutions to analyse and use population and reproductive health data for planning, monitoring and evaluating; (b) supporting the development of national data systems to monitor the Millennium Development Goals and the five-year development plans as they relate to the ICPD Programme of Action; and (c) improving the capacity of selected national training institutions in demography and statistics, reproductive health, and population and development.

#### *Gender component*

25. The outcome of the gender component is: an improved institutional framework to ensure that women and girls benefit from their rights. It includes one output.

26. Output 1: Increased national and local support for women's empowerment and rights, including reproductive rights. This output will be achieved by: (a) integrating gender concerns into national programmes and plans; (b) supporting the review and implementation of gender-friendly national legislation, including legislation on reproductive rights and safe motherhood; (c) addressing the eradication of harmful practices, including gender-based

violence; (d) supporting the incorporation of a gender-sensitive approach into national policies; and (e) sensitizing men and supporting education on gender equality and gender issues at all levels.

#### **IV. Programme management, monitoring and evaluation**

27. The country programme will be implemented, monitored and evaluated within the context of the UNDAF and UNFPA policies and procedures. A baseline study of the output indicators will be undertaken in early 2006. Key executing agencies will be the Ministries of Planning and International Cooperation; Public Health and Population; Education; Religious Endowment; and Human Rights, along with the women's national committee and civil society organizations, including faith-based organizations. The Government will provide in-kind contributions, including staff salaries and the operating costs of clinics. UNFPA and the Government will mobilize additional resources from donors through a consolidated appeal process. UNFPA will cooperate with other United Nations partners in joint programming, including joint reviews, evaluations and monitoring.

28. The UNFPA country office in Yemen consists of a representative, a deputy representative, two assistant representatives, a national programme officer, an operations manager and eight support staff. Provisions will be made to recruit national project staff. The UNFPA Country Technical Services Team in Amman, Jordan, along with international and national consultants, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR YEMEN

<p><b>National goal:</b> by 2025, Yemen will be a middle human development country</p> <p><b>National priority:</b> improve human capital and social protection to achieve the MDGs</p> <p><b>UNDAF outcome:</b> by 2011, improved policy framework, resource allocation, and implementation capacity to bring population growth in line with development options and enable equitable access to quality basic social services</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Effective implementation of the national population and reproductive health strategy</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate increased by 10 per cent</li> <li>• Births attended by skilled health providers increased by 10 per cent</li> <li>• Safe motherhood and reproductive rights within health legislation by 2009</li> <li>• Government commitment to a 10 per cent increase in resources allocated to gender, population and reproductive health activities</li> </ul> <p><b>Baseline:</b> Family health survey; latest human development report; national reports</p>	<p><b>Output 1:</b> Increased availability of reproductive health services, with a focus on the poor, including young people in programme areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of service delivery points providing at least three modern contraceptive methods increased by 50 per cent in programme areas</li> <li>• Number of skilled birth attendants doubled in programme areas</li> </ul> <p><b>Output 2:</b> Increased demand for reproductive health services, including information, educational services and awareness relating to reproductive rights, STIs and HIV/AIDS, in targeted programme areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of young people accessing counselling</li> <li>• Proportion of young people in selected areas with positive attitudes on gender equity, equality and empowerment</li> </ul> <p><b>Output 1:</b> Priority components of the national population and reproductive health strategy are reflected in national, sectoral and local plans, taking into consideration women's empowerment concerns</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of trained focal points in national and sectoral planning and implementing agencies who analyse and use data for the planning, monitoring and evaluating of the national population programme increased by 50 per cent</li> <li>• Population concerns incorporated into regional annual plans</li> </ul> <p><b>Output 2:</b> National information systems providing disaggregated population and Millennium Development Goal-related data are improved, data disseminated and utilized</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of completed analytical annual reports on gender, population and reproductive health at national and subnational levels increased by 50 per cent</li> <li>• Number of annual surveys that contain data disaggregated by sex and socioeconomic status increased by 100 per cent</li> </ul> <p><b>Baseline:</b> 2004 Pan Arab Project for Family Health (PAPFAM) survey; 2006 baseline programme review; 2004 family health survey; national reports and surveys; national and sectoral expenditure review documents; annual health statistics</p>	<p>Ministries of: Planning and International Cooperation; Public Health and Population; Finance; Labour and Social Affairs; Religious Endowment; Human Rights; Education; Defence; and Interior</p> <p>National population council; central statistical organization; parliament; local councils and governors in programme areas</p> <p>Civil society organizations; development agencies; private sector; social marketing programmes; academia</p>	<p>\$13 million (\$6 million from regular resources and \$7 million from other resources)</p> <p>\$3 million (\$1.5 million from regular resources and \$1.5 million from other resources)</p>
Population and development				

**National goal:** by 2025, Yemen will be a middle human development country

**National priority:** improve human capital and social protection to achieve the MDGs

**UNDAF outcome:** institutional and human capacity improved to promote gender equity and empower women in the social, political and legal sectors

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender	<p><u>Outcome:</u> An improved institutional framework to ensure that women and girls benefit from their rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Gender issues effectively mainstreamed into sectoral, local and development plans and policies</li> <li>• National and local policy and leadership support to combat practices harmful to women's health</li> <li>• National women's advancement strategy introduced into national policies and programmes</li> </ul> <p><u>Baseline:</u> Family health survey; latest human development report; national reports</p>	<p><u>Output 1:</u> Increased national and local support for women's empowerment and rights, including reproductive rights</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of communities undertaking gender initiatives in programme areas increased by 25 per cent</li> <li>• Number of activities aimed at halting female genital cutting increased by 50 per cent</li> <li>• Number of women running for office at the central and governorate levels in programme areas increased by 25 per cent</li> </ul> <p><u>Baseline:</u> Baseline programme review of 2006; national surveys; media analysis; parliamentary and political forums and committees; programme reviews; national reports</p>	<p>Governors in programme governorates</p> <p>Civil society organizations; women's national committee; the media</p>	<p>\$3 million (\$1.5 million from regular resources and \$1.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>