



**Executive Board of the
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Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Yemen

Proposed indicative UNFPA assistance:	\$35.9 million: \$5.9 million from regular resources and \$30.0 million through co-financing modalities or other resources
Programme period:	Two years (2023–2024)
Cycle of assistance:	Sixth
Category:	Tier I
Alignment with the UNSDCF Cycle:	United Nations Sustainable Development Cooperation Framework, 2023–2024

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I. Programme rationale

1. Yemen's population, estimated at 32 million, is growing rapidly (2.4 per cent annually) and is very young; 63 per cent is below the age of 25 years and 40 per cent under 15 years. While poverty affected almost half of Yemen's population before the crisis, it now affects an estimated three-quarters.¹ Life expectancy at birth was relatively low (65 for men and 68 for women) before the war broke out in 2015;² it could be much lower now, seven years into the conflict. In 2019, Yemen ranked 179 out of 189 countries and territories on the Human Development Index (down from 153 before 2015).
2. After the eruption of fighting in 2015, Yemen's population came under two authorities: the de-facto authority that controls a significant proportion of the population in the north and the Internationally Recognized Government (IRG) that is based in the south.
3. Yemen's humanitarian crisis remains one of the worst in the world, driven by conflict, natural disasters, hunger and disease, coupled with a collapse of the economy and public institutions. Over 4 million people are internally displaced, of whom an estimated 73 per cent are women and children. Approximately 30 per cent of displaced households are headed by women, compared to 9 per cent before the escalation of the conflict. Approximately 15 per cent of the total population is disabled. A 2019 UNDP study³ indicates that if the conflict in Yemen persists until 2030, the country's development would be set back by nearly four decades. Climate change and extreme climatic events, such as heavy rains, floods, and desert locust infestation, have further exacerbated needs and reinforced the cycles of violence and forced displacement.
4. Yemen's maternal mortality ratio, estimated at 164 per 100,000 live births, is the fourth highest in the Arab region, driven mainly by a high fertility rate of 4.4 births per woman, limited access to emergency obstetric and neonatal care services (because of lacking human and financial resources), insecurity in many areas, and harsh socio-economic conditions, compounded by the COVID-19 pandemic. Only 51 per cent of health facilities are fully functioning, more than 70 per cent do not have regular supplies of essential medicines. Only 20 per cent of the functional health facilities provide maternal and neonatal services.⁴
5. The modern contraceptive prevalence rate in Yemen, which increased from 10 per cent in 1997 to 29 per cent in 2013, is expected to have gone down due to the conflict and the restrictive political environment against family planning, especially in the northern parts of the country, as well as supply-chain challenges caused by the crisis and the COVID-19 pandemic.
6. Yemen ranks last of 149 countries analysed in the World Economic Forum gender gap index and last of 160 countries in the UNDP gender equality index (0.834). While Yemen acceded to the Convention on the Elimination of All Forms of Discrimination against Women in 1984, Yemeni laws, especially family law, discriminate against women. Religious, cultural, social and political traditions drive the roles, responsibilities and division of labour between women and men.
7. Women and girls were already suffering disproportionately from gender-based violence and harmful practices, poverty and violations of basic rights prior to the current conflict. Now, they face increasing risks and vulnerabilities including the recent introduction of mahram requirements in many governorates in the north. An estimated 6 million women are currently in need of gender-based violence response services.⁵ Improving an enabling environment to address gender-based violence; scaling up prevention, early identification, case management and referral systems; and involving community influencers are key to

¹ <https://www.worldbank.org/en/country/yemen/overview#1>

² World Bank, 2019.

³ UNDP, Impact of War on Development, 2019.

⁴ Yemen HeRAMS Dataset, 2020.

⁵ Yemen Humanitarian Response Plan, 2021.

ending gender-based violence and harmful practices and to achieving gender equality and women's empowerment.

8. Yemen's adolescents, aged between 10 and 19, represent 22 per cent of the population and are expected to almost double by 2050. While the common country assessment (CCA) has categorized all youth as a vulnerable population, adolescent girls are disproportionately vulnerable. Nearly two thirds of girls in Yemen are married before the age of 18 and many before the age of 15. The child marriage rates are highest among displaced populations. Approximately 19 per cent of adolescent girls undergo female genital mutilation. Key drivers for the vulnerability of adolescent girls include gender inequality, multidimensional poverty, inadequate legal and policy frameworks, the ongoing armed conflict and the poor quality of services, including health and gender-based violence services. The current armed conflict and government sensitivity on youth issues limit opportunities for programming for young people in the country.

9. One important challenge for Yemen is the absence of up-to-date and reliable population data for both humanitarian and development programming. The current population data is mainly generated through humanitarian needs assessments while medium-to-long-term development-focused programming requires reliable population data. The last census, undertaken in 2004, was to be followed by a new one in 2014 when the country began to experience conflict. Yemen's fragmented statistics and civil registration and vital statistics systems require technical and institutional capacity-strengthening to generate reliable population data for humanitarian and development programming.

10. In response to the increasing humanitarian challenges, UNFPA has over the years expanded the scope of its programme delivery, shifting from upstream and midstream modes of support to downstream service delivery, focusing mainly on emergency reproductive health and gender-based violence response services. UNFPA established and supported reproductive health and gender-based violence service delivery points that have reached approximately 2.5 million women annually with reproductive health and gender-based violence response-related services. UNFPA has also provided leadership of the Rapid Response Mechanism that involves distribution of dignity kits alongside the emergency kits provided by WFP and UNICEF. Through this mechanism, UNFPA collects population data that has, in turn, guided Yemen's humanitarian response in recent years.

11. UNFPA will, in the proposed programme, enhance its collaboration and partnership with civil society, local communities and opinion leaders, authorities and United Nations entities to address the identified priorities. As a trusted member of the United Nations country team (UNCT) and the humanitarian country team, UNFPA will continue to provide leadership in coordination and service delivery for reproductive health, gender-based violence prevention and response as well as population data. With this leadership UNFPA aspires to reach the most vulnerable and those furthest left behind, as identified in the CCA, directly contribute to the realization of the United Nations Sustainable Development Cooperation Framework (UNSDCF) priorities and close the gap in achieving the Sustainable Development Goals (SDGs) for Yemen

12. Thematic as well as recent inter-agency humanitarian evaluations have observed: (a) insufficient coverage of reproductive health and gender-based violence (GBV) services; (b) weak linkages between humanitarian programmes and development initiatives; (c) negative social and cultural norms that limit women's empowerment; (d) insufficient disaggregated population data for real-time, evidence-based decision-making; and (e) limited focus on the most vulnerable, particularly adolescent girls and women and girls with disabilities. This points to the need to scale up emergency reproductive health and gender-based violence services while also actively looking for opportunities to establish a humanitarian-development continuum; stepping up advocacy and capacity building to address socio-cultural norms and harmful practices; supporting reliable population data collection for an improved focus on those furthest left behind; and working with adolescents and youth to increase their participation in relevant processes, among others, thereby reducing their needs, risks and vulnerabilities.

II. Programme priorities and partnerships

13. The proposed country programme is guided by the UNSDCF, 2022-2024, as well as the UNFPA Strategic Plan, 2022-2025, and the three transformative results (zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices). The programme results will be achieved through interventions that ensure women's access to an integrated package of reproductive health and gender-based violence services across the humanitarian-development-peace continuum. Specifically, in the two-year cycle, the country programme will contribute to: (a) addressing the demand and supply sides of family planning for married women; (b) improving maternal health, emergency obstetric and neonatal care; (c) reducing the incidence and impact of gender-based violence, especially among women and girls affected by the humanitarian crisis; and (d) improving the capacities of national statistics offices to generate and disseminate reliable population data.

14. In the absence of a national development strategy due to the many years of conflict, the United Nations system has prepared the UNSDCF as its collective support to Yemen towards achieving key SDGs and advancing the humanitarian-development-peace continuum. The country programme acknowledges that humanitarian programmes will remain relevant for easing the suffering of the Yemeni population in the near future but it is also committed to leveraging available large-scale humanitarian resources to strengthen development programmes whenever possible. For this reason, the programme is aligned with the UNSDCF as well as the Yemen Humanitarian Response Plan.

15. Guided by gender and human rights approaches and focused on 'leaving no one behind', the country programme prioritizes women, adolescent girls and young people, with particular emphasis on internally displaced persons (IDPs), minority groups such as the Quamashes, persons with disabilities and other vulnerable groups. Given the prevailing humanitarian crisis in Yemen, the country programme will leverage actions to strengthen strategies that position women and youth as change agents. It will explore innovative solutions and digital technologies within the country context to scale up demand, delivery and utilization of reproductive health and gender-based violence information and services as well as population data management. The programme will also convene partnerships with civil society, academia, the private sector, financial institutions and the United Nations to promote human rights, influence policymaking and accelerate the implementation of targeted interventions on reproductive health, gender-based violence, mental health and psycho-social support and data, particularly for the most vulnerable women, including disabled women, adolescents and young girls living in rural areas and IDP camps.

16. In full consideration of the voices of vulnerable women that came through the thematic assessments and evaluations as well as the CCA, the proposed programme is tailored to address the unique circumstances of Yemeni women. The country programme will leverage joint United Nations programming in the context of universal health coverage and primary health care systems to improve the quality of integrated sexual and reproductive health services and use this leverage to address cultural norms and practices that are accelerating gender-based violence and harmful practices, especially among adolescent girls. The active participation of UNFPA in the humanitarian health cluster and its leadership of the reproductive health working group, as well as its leadership of the gender-based violence sub-cluster, will enhance this leverage. The programme will work with the United Nations, civil society and government institutions to improve health information management and population statistical systems that will, in turn, guide targeted interventions, particularly for the most vulnerable women, adolescents and young girls living in rural areas and IDP camps.

17. The country programme will prioritize four interconnected Strategic Plan outputs: (a) quality of care and services; (b) gender and social norms; (c) population change and data, and (d) humanitarian action. Humanitarian action is essential for this country programme and cuts across all other outputs. Programme interventions will be delivered through various modes of engagement, including service delivery, capacity-building, improved coordination, partnerships and South-South and triangular cooperation.

18. The three programme outputs are integrated and reinforce each other. Output 1 will provide referral services for women and girls targeted under Output 2, ensuring that they are able to access quality services that address gender-based violence and harmful practices. Midwifery initiatives proposed under Output 1 will also play a critical role in ensuring a Minimum Initial Service Package for reproductive health in crisis situations and altering social norms. Output 3 will enable identification and targeting of those furthest left behind that require to be supported under Outputs 1 and 2.

A. Output 1: National and subnational health systems have strengthened capacities to provide integrated reproductive health information and services, including emergency obstetric care, family planning and gender-based violence response, particularly for vulnerable women and adolescents affected by the humanitarian crisis

19. This output is aligned with the UNSDCF Outcome 2 on good governance for improved public services and Outcome 4 on strengthened social protection and social services, as well as all three transformative results. The output will be achieved by improving the quality of care, addressing the demand side of interventions, and increasing access to services in humanitarian settings. The programme will employ service delivery, capacity development, coordination and partnership with national and regional institutions and other relevant stakeholders, knowledge management and advocacy as the main modes of engagement.

20. The output will support the health system building blocks, with particular focus on health information systems, the health workforce and service delivery, to improve the availability and utilization of high-quality, integrated reproductive, maternal and newborn health services, medical care for GBV survivors and integrated services for adolescents and youth. To this end, the output will strengthen national capacity to implement the Minimum Initial Service Package for reproductive health in crisis settings while ensuring flexibility to integrate comprehensive reproductive health and gender-based violence interventions and contributing to health system resilience whenever the context allows.

21. The output will specifically prioritize the following interventions: (a) scale up the integrated and adolescent-friendly reproductive health service delivery points to meet the emergency needs of women and girls in the current conflict; (b) strengthen reproductive health commodity security to improve access to maternal and reproductive life-saving medicines, including contraceptives; (c) support community-based health delivery systems, including mobile outreach teams and community midwifery networks in underserved communities; (d) support public midwifery training institutions and work closely with relevant government departments and midwifery associations to streamline the quality of midwives trained, in line with national needs; (e) strengthen the reproductive health and GBV information management systems, which are critical for tracking and monitoring service delivery; (f) strengthen national capacity to implement the maternal and perinatal death surveillance and response system throughout the country; (g) enhance evidence-based advocacy and awareness-raising on reproductive health issues, including family planning; (h) implement a multisectoral strategy for the promotion of adolescent and youth health and their participation in development and peace initiatives; (i) provide holistic and survivor-centred essential multisectoral services, including mental health and psycho-social support, in response to gender-based violence and harmful practices, making integrated GBV response services more inclusive and accessible to women and young persons with disabilities.

22. In close collaboration with other United Nations entities, including the World Health Organization (WHO), UNICEF and the International Organization for Migration (IOM), the country programme will provide leadership in the coordination of reproductive health programmes, focused on improving the performance of the key actors. The programme will seek opportunities for joint programming in health information systems, supply chain management and skills development of health workers.

B. Output 2: Community systems and mechanisms are strengthened to address harmful practices and facilitate prevention and response to gender-based violence, including child marriage and female genital mutilation

23. This output is aligned with UNSDCF Outcome 2 on good governance for improved public services and Outcome 4 on strengthened social protection and social services, as well as all three transformative results. The output will be achieved by (a) addressing demand-side interventions; (b) improving the quality of actors and national counterparts; and (c) tackling harmful practices. The modes of engagement for this output will be capacity development, coordination and partnership with national and regional institutions and other relevant stakeholders, knowledge management and advocacy.

24. Major interventions under this output will include: (a) scaling up existing initiatives to end child marriage as well as female genital mutilation prevention and mitigation interventions; (b) improving national and subnational coordination mechanisms on prevention and response to gender-based violence and harmful practices; (c) strengthening the capacities of governmental and non-governmental partners to enhance gender equality and combat gender-based violence and harmful practices; (d) engaging communities, including boys and men, in addressing rooted socio-cultural norms impeding the empowerment of women and ending gender-based violence and harmful practices; (e) establishing mechanisms for longer-term support to survivors of gender-based violence and harmful practices, including by linking the response with livelihood initiatives, and advancing community participation in governance structures; (f) strengthening youth-led and youth-serving organizations and expanding the opportunities for young people, especially adolescent girls, to participate in decision-making and shaping of policies and programmes.

25. In collaboration with UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR) and leveraging the comparative advantages of the United Nations country team, UNFPA will, through its GBV Area of Responsibility, strengthen collaboration and joint programming on programmes addressing gender-based violence and harmful traditional practices, including child marriage and female genital mutilation. UNFPA will also work closely with government institutions that dispense justice and enforce human rights to provide legal assistance and redress for GBV survivors.

C. Output 3: Improved enabling environment and capacity of national policymakers, humanitarian actors and other stakeholders for the production and utilization of high-quality disaggregated population data for the design and monitoring of sexual and reproductive health, gender-based violence and maternal health policies and programmes

26. The output is aligned with the UNSDCF Outcome 2 on good governance for improved public services, Outcome 3 on increasing income security and access to decent work, and Outcome 4 on strengthened social protection and social services. The output also contributes to all three transformative results. The output will be achieved by strengthening policy formulation and implementation, employing capacity development, knowledge management, coordination and partnership with national and other stockholders, advocacy and policy dialogue as well as South-South cooperation as the main modes of engagement. The output will ensure that up-to-date population data and its analysis are available for policy and programmes that aim to ‘leave no one behind’ and ‘reach the furthest left behind first’.

27. The output will (a) support the National Population Council to advocate for population issues and create an environment for programming on population issues; (b) strengthen the capacity of the national statistical office to produce, generate, analyse and disseminate population data results, including humanitarian data, disaggregated by age, sex, race, ethnicity, wealth, disability and other ‘leaving no one behind’ factors; (c) strengthen the national information system, including the geographical information and civil registration and vital statistics systems; (d) support the National Population Council to build the capacity of government planners to integrate population, reproductive health, gender and GBV issues

in sectoral plans and frameworks; (e) support population projections for policy and programme planning; and (f) strengthen the current system of registering IDPs fleeing from fighting and natural disasters.

28. UNFPA will collaborate with United Nations organizations, including the World Food Programme, UNICEF, IOM, UNHCR and the Office for the Coordination of Humanitarian Affairs to strengthen the coordination of data producers and data users across sectors, as well as at national and subnational levels.

III. Programme and risk management

29. UNFPA in partnership with the Government, under the overall coordination of the Ministry of Planning and International Corporation and in collaboration with United Nations entities, will plan, implement, monitor and evaluate the programme, following UNFPA guidelines and procedures.

30. The programme will be implemented across the whole country; it will ensure resource efficiency and programme effectiveness through the integration of gender-based violence and reproductive health services and by linking the current humanitarian programmes with development initiatives. To this end, the programme will utilize the current UNFPA humanitarian hubs and its wide range of humanitarian implementing partners as a base for implementation of the proposed country programme. The programme will also focus on an outreach modality through community midwives and integrated mobile teams to ensure that the programme reaches the small population groups that are sparsely distributed in topographically hard-to-reach areas as well as in IDP camps, and people with disabilities.

31. The implementation modality will be a combination of direct implementation and implementation through partners, including non-governmental organizations (NGOs) as implementing partners. While the country is currently politically divided, the condition of the populations and the general operating environment in both parts of the country remain largely the same; hence, the modes of engagement will be same for both the north and the south. The harmonized approach to cash transfers will be adopted for the implementation of national execution, in collaboration with relevant United Nations organizations.

32. UNFPA will implement an integrated resource mobilization and partnership plan, which includes leveraging South-South cooperation for learning and accelerated implementation of high-impact practices, within the humanitarian-development-peace continuum. UNFPA will sustain its collaboration and coordination with resident and non-resident United Nations entities under the framework of the UNSDCF and the Yemen Humanitarian Response Plan, to ensure a coherent, integrated and effective response. The country programme will leverage internal and external resources mobilized through bilateral, multilateral and multi-country actions, including through the UNSDCF and humanitarian resource mobilization efforts.

33. The country programme will be delivered through a core team of technical and programme staff, while technical support from the regional office and headquarters will be brokered and secured, as required. UNFPA will leverage expertise across the UNCT, including the United Nations system-wide technical and operational working groups, to support the delivery of UNFPA programme results. It will implement the already approved office realignment to ensure an adequate cadre of staff to steer both humanitarian and development programmes. UNFPA will also maintain decentralized offices that will enable easier access to programme sites and foster closer working relations with local partners and programme beneficiaries or representatives of target groups.

34. The country programme is informed by a gender and risk analysis and will adopt mitigating measures to respond to external and internal vulnerabilities. The continued fighting in most parts of the country, ongoing political tensions, adverse weather events such as floods and droughts, the impact of the COVID-19 pandemic, and sudden escalation of insecurity, including the abduction of humanitarian staff, especially in the south, remain major risks during this programme cycle and could have a negative impact on the programme. To mitigate these risks, UNFPA will regularly conduct a risk analysis to assess socio-political, economic and operational factors that impact programme implementation and take

appropriate corrective actions. Business continuity, risk mitigation and emergency preparedness plans will be updated regularly. Lessons previously learned from the COVID-19 pandemic mitigation measures – including telecounselling services; social distancing at service delivery points and in training venues; and infection control – have worked well and will also be applied to this programme to ensure programme continuity.

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

36. UNFPA and the Ministry of Planning and International Cooperation will oversee the country programme implementation, in line with UNFPA policies and procedures and following results-based management principles and standards. This will include periodic monitoring and evidence generation on programme implementation, with opportunities for course corrections through annual and midterm reviews.

37. UNFPA and its partners in Yemen will carry out annual programme reviews and field monitoring visits. The country office will develop a monitoring and evaluation plan and related tools for periodic progress reviews and for monitoring with national and other relevant entities. The country office and implementing partners will collect data disaggregated by age and sex as well as the most important vulnerability categories, with particular focus on those furthest left behind. The country programme will be monitored to track its contribution to the UNSDCF as well as the national voluntary commitments made on ICPD+25 in Nairobi in 2019.

38. UNFPA will collaborate with other United Nations entities and key bilateral partners to strengthen monitoring and evaluation capacities and systems at national and subnational levels. This includes strengthening national statistical capacities, including the capacity for routine age- and sex-disaggregated data collection, to ensure effective monitoring, evaluation and reporting on the progress towards achievement of the SDGs.

39. In line with the costed evaluation plan for the country programme, UNFPA will participate in UNSDCF monitoring and evaluation processes and undertake a comprehensive evaluation of the country programme to document lessons and guide the subsequent programme cycles towards achieving the three transformative results by 2030.

RESULTS AND RESOURCES FRAMEWORK FOR YEMEN (2023-2024)

NATIONAL PRIORITY: Not Available				
UNSDCF OUTCOME(s): 2: By 2024, people in Yemen, especially women, adolescents and girls and those in the most vulnerable and marginalized communities, experience more rights-based good governance, comprising effective people-centred, equitable and inclusive gender-sensitive and age-responsive improved public services, and the rule of law. 4: By 2024, people in Yemen, especially women, adolescents, girls and those at risk of being left behind, will experience strengthened social protection and social services that are people-centred evidence- and needs-based, equitable, inclusive and gender- and age-responsive.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> ● Proportion of the population having access to basic services (disaggregated data by sex, age and type of service) <i>Baseline: 40% (2021); Target: 60%</i> ● Extent to which laws and regulation that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: 63% (2019); Target: 70%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> ● Antenatal care attendance at least four visits <i>Baseline: 40%; Target: 60%</i> ● Percentage of births attended by skilled personnel <i>Baseline: 71%; Target: 85%</i> ● Number of national statistical publications with disaggregated data on sexual reproductive health by age, sex and wealth quintiles <i>Baseline: 4; Target: 5</i> ● Contraceptive prevalence rate for modern methods <i>Baseline: 13.5; Target: 18</i> ● Unmet need for family planning <i>Baseline: 27.4; Target: 20</i> 	<p><u>Output 1.</u> National and subnational health systems have strengthened capacities to provide integrated reproductive health information and services, including emergency obstetric care, family planning and gender-based violence response, particularly for vulnerable women and adolescents affected by the humanitarian crisis.</p>	<ul style="list-style-type: none"> ● Number of health reproductive health facilities supported by UNFPA <i>Baseline: 126; Target 140</i> ● Number of GBV service delivery points supported by UNFPA: <i>Baseline: 51; Target: 56</i> ● Number of people completing pre-training and on-the-job training of midwives <i>Baseline: 0; Target: 400</i> ● Number of young people reached annually with life-skills, awareness-raising and other adolescent reproductive health programmes <i>Baseline: 0; Target: 10,000</i> 	<p>Ministry of Health; Ministry of Social Affairs; Ministry of Youth; WHO, UNICEF, IOM; non-governmental organizations</p>	<p>\$21.5 million (\$3.5 million from regular resources and \$18 million from other resources)</p>

<ul style="list-style-type: none"> ● Adolescent (aged 15-19 years) birth rate <i>Baseline: 27 per 1,000 (2010); Target: 14 per 1,000</i> ● National birth registration system in place <i>Baseline: No; Target: Yes</i> 				
<p>NATIONAL PRIORITY: Not available</p>				
<p>UNSDCF OUTCOME(s): 2: By 2024, people in Yemen, especially women, adolescents and girls and those in the most vulnerable and marginalized communities, experience more rights-based good governance, comprising effective people-centred, equitable and inclusive gender-sensitive and age-responsive improved public services, and the rule of law. 4: By 2024, people in Yemen, especially women, adolescents, girls and those at risk of being left behind, will experience strengthened social protection and social services that are people-centred evidence- and needs-based, equitable, inclusive and gender- and age-responsive.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> ● Number of gender responsive district capacity development plans implemented <i>Baseline: 0 (2019); Target: 40</i> ● Proportion of the population having access to basic services (disaggregated data by sex, age and type of service) <i>Baseline: 40% (2021); Target: 60%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> ● Proportion of women and girls aged 15 years and older subjected to physical or sexual violence by persons other than an intimate partner in the previous 12 months <i>Baseline: physical violence: 14.7%; sexual violence: 3.3%</i> <i>Target: physical violence: <11%; sexual violence: <2%</i> ● Female genital mutilation prevalence of girls under age 5 and under age 15 <i>Baseline: 7% and 18%; Target: 0% and 2%</i> ● Percentage of women (aged 20-24 years) married or in-union by age 15 <i>Baseline: 12.9%; Target: 7%</i> 	<p><u>Output 2.</u> Community systems and mechanisms are strengthened to address harmful practices and facilitate prevention and response to gender-based violence, including child marriage and female genital mutilation</p>	<ul style="list-style-type: none"> ● Number of community leaders whose capacity has been built on prevention or mitigation of GBV annually <i>Baseline: 50; Target 100</i> ● Percentage of governorates with at least one functioning women-to-women network <i>Baseline: 60%; Target 70%</i> ● Number of functioning community protection committees in the country <i>Baseline: 6; Target 20.</i> ● Number of women supported annually to initiate livelihood activities <i>Baseline: 4,500; Target:5,000</i> 	<p>Ministry of Social Affairs and Labour; National Committee for Women; Ministry of Human Rights; Ministry of Health; Ministry of Justice; United Nations entities; non-governmental organizations</p>	<p>\$11.3 million (\$1.3 million from regular resources and \$10 million from other resources)</p>

NATIONAL PRIORITY: Not available				
UNSDCF OUTCOME: 2: By 2024, people in Yemen, especially women, adolescents and girls and those in the most vulnerable and marginalized communities, experience more rights-based good governance, comprising effective people-centred, equitable and inclusive gender-sensitive and age-responsive improved public services, and the rule of law. 3: By 2024, people in Yemen, especially women, adolescents, girls and those at risk of being left behind, become more resilient to economic shocks by increasing their income security and access to decent work. 4: By 2024, people in Yemen, especially women, adolescents, girls and those at risk of being left behind, will experience strengthened social protection and social services that are people-centred evidence- and needs-based, equitable, inclusive and gender- and age-responsive.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Unemployment rate, by sex, age and disabilities <i>Baseline: 13.4%; Target: 10%</i> • Proportion of the population in humanitarian need <i>Baseline 67%; Target: 60%</i> • Proportion of the population having access to basic services (disaggregated data by sex, age and type of service) <i>Baseline: 40% (2021); Target: 60%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • At least one population and housing census conducted during the last 10 years <i>Baseline: No (2021); Target: Yes (2024)</i> • Civil registration: (a) 100% birth registration achieved; (b) 80% death registration achieved <i>Baseline: No (2021); Target: Yes (2024)</i> • National disaster risk reduction strategies adopted and implemented in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030 <i>Baseline: No (2021); Target: Yes (2024)</i> 	<p><u>Output 3.</u> Improved enabling environment and capacity of national policymakers, humanitarian actors and other stakeholders for the production and utilization of high-quality disaggregated population data for the design and monitoring of sexual and reproductive health, gender-based violence and maternal health policies and programmes.</p>	<ul style="list-style-type: none"> • Number of national institutions with capacity to analyse, synthesize and utilize population data <i>Baseline: 1; Target 2</i> • Number of national actors with the skills and knowledge on civil registration, in line with current practices <i>Baseline: 0; Target:50</i> • Number of population data products in support of SRH, GBV and adolescent health supported by UNFPA <i>Baseline: 0; Target: 4</i> • Percentage of districts covered by UNFPA supported to register new IDPs fleeing from fighting and natural disasters <i>Baseline 90%; Target 100%</i> 	<p>Ministry of Planning; National Population Council; Central Statistics Organization; academic and research institutions; United Nations entities; non-governmental organizations</p>	<p>\$2.8 million (\$0.8 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.3 million from regular resources</p>