



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

Distr.: General  
4 October 2011

Original: English

**First regular session 2012**

1 to 3 February 2012, New York

Item 7 of the provisional agenda

**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Yemen**

Proposed indicative UNFPA assistance: \$25 million: \$10 million from regular resources and \$15 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2012-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	5.8	9.0	14.8
Population and development	1.9	3.0	4.9
Gender equality	1.9	3.0	4.9
Programme coordination and assistance	0.4	-	0.4
Total	10.0	15.0	25.0

## I. Situation analysis

1. Yemen ranked 140 of 182 countries on the UNDP Human Development Index in 2009. According to the latest available statistics, 46 per cent of households live below the poverty line. Seventy-three per cent of the population lives in rural areas. During the last decade, the ability of the Government to finance essential services and investments has been decreasing, mainly due to the impact of the global financial crisis and the decline in oil revenue.

2. The population is estimated at 23 million. The population growth rate is 3 per cent per annum. Early marriage, the high adolescent fertility rate and the low use of family planning contribute to the relatively high total fertility rate (6.2 births per woman).

3. The population growth rate leads to a number of problems, including the depletion of water resources, malnutrition, slow economic growth, insufficient education and insufficient health-care capacity. Inconsistencies, a lack of periodicity and a lack of national capacity hamper the availability of reliable data on population trends.

4. Yemen has one of the highest maternal mortality ratios in the region. The maternal mortality ratio is 210 maternal deaths per 100,000 live births. Eighty-four per cent of all births take place at home, and skilled birth attendants are present at only 27 per cent of them. The prevalence of obstetric fistula is high, especially among rural women.

5. Access to maternal health care is limited to 43 per cent of the population and is hampered by poverty, the lack of health services, and low awareness and knowledge of reproductive health and rights. It is unlikely that Yemen will be able to achieve Millennium Development Goal 5 (which seeks to improve maternal health) by 2015.

6. The unmet need for family planning is high, and cultural taboos and misconceptions impede access to existing services. Nevertheless, the contraceptive prevalence rate for modern methods increased from 13.4 per cent to 19 per cent between 2003 and 2009.

7. The reproductive health strategy, 2011-2015, recognizes rapid population growth, maternal health and access to family planning as major challenges to development in Yemen. However, the institutional capacity to implement pro-poor policies and to address societal and geographical disparities needs to be strengthened.

8. Gender inequality is considered to be a major obstacle to reducing population growth and the maternal mortality ratio. The illiteracy rate among women is 65 per cent, compared to 27 per cent among men. Although Yemen has endorsed the Convention on the Elimination of All Forms of Discrimination against Women and has adopted the national women's development strategy, there has only been limited improvement in the socio-economic status of women. Gender-based violence remains prevalent. More than one in every three women has undergone female genital mutilation/cutting. Parliament has suspended the adoption of a law establishing a minimum age for marriage.

9. More than 43 per cent of the population is below the age of 15. This creates a 'youth bulge' that will require efforts to empower youth as well as develop youth-friendly policies. Within the context of high adolescent fertility, high maternal mortality and a high prevalence of gender-based violence, the needs of young women require special attention.

10. Political instability, natural disasters, growing social unrest and the influx of refugees make the country prone to humanitarian crises. In the last five years, several armed conflicts have erupted, and more than 320,000 people have fled their homes to live in camps or within host communities. The risk of further political

destabilization may hinder the development prospects of the country. In order to mitigate the risks of continuing unrest and instability that may impede implementation efforts, the country office has prepared a contingency plan to ensure business continuity that relies primarily on involving more civil society organizations to facilitate the delivery of critical activities.

## II. Past cooperation and lessons learned

11. According to the findings of the country programme evaluation, the fourth country programme, 2007-2011, led to a number of achievements. These achievements included: (a) an increase in the number of trained health staff, including midwives; (b) improved availability of reproductive health services and reproductive health commodities; (c) improved awareness of reproductive health and family planning within communities; and (d) the integration of population issues, including reproductive health, gender and youth issues, into the fourth national socio-economic plan for poverty reduction.

12. Additional achievements included: (a) improved capacity of governorates in the areas of data analysis and utilization; (b) an increased number of gender initiatives at the community level; (c) an increased number of women running for office at the central and governorate levels; and (d) the establishment of a youth peer education network.

13. According to the evaluation, the country programme was well aligned with the major relevant policies and strategies, but was too ambitious in scope and insufficiently focused on achievable results. Its operationalization in terms of annual work plans and implementing partners was fragmented, with between 60-70 annual work plans signed each year. As a consequence, the potential impact of the programme was not fully realized.

14. In order to increase the efficiency of the future programme, the country programme evaluation recommended a decrease in the number of interventions and an increase in the scope and coverage of the remaining interventions.

## III. Proposed programme

15. The proposed country programme builds on experiences from the previous four UNFPA country programme cycles. It also takes into consideration the fourth five-year plan, 2011-2015, of the Government. It reflects the findings of the 2010 common country assessment and the priorities of the United Nations Development Assistance Framework (UNDAF). The programme is based on the H4 Plus Initiative (a joint effort in the areas of maternal and newborn health by the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, UNFPA, the World Health Organization and the World Bank) and is aligned with the national health strategy and the reproductive health strategy.

16. The country programme will focus on the following priorities: (a) decreasing maternal mortality; (b) managing population growth and the 'youth bulge'; and (c) improving humanitarian preparedness and response.

17. These priorities will be addressed under three programme components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The programme will mainstream the needs of youth throughout the programme and will focus on the empowerment of young women.

18. UNFPA and the Government will implement the programme at the national, governorate, community and district levels. Capacity-building will play an important role in implementing the programme. UNFPA will foster partnerships with major relevant government institutions and non-governmental organizations.

*Reproductive health and rights component*

19. The reproductive health and rights outcome is: by 2015, access to and the utilization of high-quality maternal health and family planning services is improved. Three outputs will contribute to this outcome.

20. Output 1: Access to maternal health and family planning services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas. This output will be achieved by: (a) strengthening the capacity of existing midwives to deliver high-quality maternal health services, including family planning; (b) supporting the establishment of a national midwifery programme; (c) developing and strengthening reproductive health commodity security management, including for humanitarian responses; (d) building the capacity to treat obstetric fistula; (e) developing the capacity of local non-governmental organizations to manage mobile clinics and teams and increase deployment in humanitarian settings; and (f) supporting institutions, including non-governmental organizations, in the provision of community-based services in humanitarian settings.

21. Output 2: The demand for family planning and other reproductive health services is increased. This will be achieved through: (a) behaviour change interventions through formal education and peer education; (b) awareness-raising in communities at mosques, social clubs, social centres, health-care centres and universities; (c) awareness-raising through public and social media; (d) awareness campaigns through mobile cinema, theatre and community communicators; and (e) initiatives targeted at young married women.

22. Output 3: Youth-friendly reproductive health services and life-skills education are enhanced. This will be achieved by: (a) supporting institutions and non-governmental organizations to integrate youth-

friendly services into existing reproductive health systems, including at the community level; (b) building the capacity of health-care providers to provide youth-friendly services; and (c) supporting the youth peer education network programme to equip young people with life skills, including in humanitarian settings, and increasing the demand for youth-friendly services.

*Population and development component*

23. The outcome of the population and development component is: by 2015, the utilization of reliable data on population and development for decision-making and planning at national and local levels is increased. Two outputs will contribute to this outcome.

24. Output 1: The capacity to produce reliable, disaggregated socio-economic and demographic data at central and local levels is improved. This will be achieved by: (a) supporting relevant ministries to disseminate data; (b) supporting the central statistical organization in implementing the population and housing census; (c) establishing a national, user-friendly, web-based database; (d) building capacity at the governorate level to access and analyse data; and (e) strengthening the capacity to collect data in humanitarian settings.

25. Output 2: The capacity of government organizations and civil society organizations to utilize data in addressing and planning processes at all levels is improved. This will be achieved by: (a) undertaking policy-oriented research on population, poverty, reproductive health and women's empowerment; (b) building technical capacity to integrate population, reproductive health and gender issues into sectoral plans, including humanitarian response plans; (c) developing partnerships with regional research and training institutions to provide technical assistance; (d) supporting existing coordination mechanisms in the population and development sector; and (e) strengthening the

capacity to utilize data for monitoring and evaluation.

#### *Gender equality component*

26. The outcome of the gender component is: by 2015, the ability of women and men to exercise their reproductive rights, including in emergency settings, is improved. Two outputs will contribute to this outcome.

27. Output 1: Community knowledge and awareness, in order to empower men, women, boys and girls to exercise their reproductive rights, especially to prevent early marriage, female genital mutilation/cutting and gender-based violence, are improved. This will be achieved by: (a) strengthening collaboration among parliamentarians, the Shura Council and communities; (b) building the capacity of government and non-governmental organizations, religious leaders and communities in the area of reproductive health and rights; (c) raising the awareness of women and men through public and social media, including through initiatives that seek to increase male engagement and the participation of youth and women in decision-making; and (d) addressing cultural barriers and misconceptions that prevent women and girls from exercising their reproductive rights.

28. Output 2: Responses to gender-based violence are expanded and improved. This output will be achieved by: (a) advocating the review and enforcement of laws that prevent gender-based violence; (b) advocating the simplification of procedures on gender-based violence in health facilities, police stations and in the courts; (c) building the capacity of relevant government institutions and non-governmental institutions to address gender-based violence; and (d) ensuring that services responding to gender-based violence are available for women and girls affected by crisis in selected areas.

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

29. UNFPA and the Government will implement the programme according to UNFPA policies and procedures. Monitoring and evaluation systems will be an integral part of the programme. UNFPA and the Government will establish baseline data in early 2012.

30. UNFPA will use annual reviews and periodic field monitoring reports to assess the progress of programme implementation, and will conduct a programme evaluation at the end of the programme cycle. Key executing agencies will be the Ministry of Planning and International Cooperation, the Ministry of Public Health and Population, the national population council, the women's national committee, and civil society organizations.

31. UNFPA will support the Government in mobilizing additional resources using trust funds on maternal health and obstetric fistula, humanitarian appeals, and resources from other donors, including the private sector. UNFPA will cooperate with United Nations partner organizations in joint programming, including joint reviews, evaluations and monitoring.

32. The UNFPA country office in Yemen consists of a representative, a deputy representative, an international operations manager, two assistant representatives, six national programme officers, and a number of programme and administrative support staff. UNFPA will recruit additional national project staff as needed. The UNFPA regional office for the Arab States, along with international and national consultants, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR YEMEN

<b>National priority:</b> sustainable and equitable access to high-quality, basic social services to accelerate progress on the Millennium Development Goals <b>UNDAF outcome:</b> by 2015, vulnerable groups and deprived districts, including those in humanitarian emergency situations, have improved access to high-quality, basic social services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> By 2015, access to and the utilization of high-quality maternal health and family planning services is improved</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate</li> <li>• Percentage of births attended by skilled health personnel</li> </ul>	<p><b>Output 1:</b> Access to maternal health and family planning services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of health facilities providing at least two reproductive health services, including comprehensive emergency obstetric and neonatal care</li> <li>• Human resources in public health at government and district levels are trained to prepare for and respond to emergencies</li> <li>• Percentage of service delivery points providing at least three modern contraceptive methods in the targeted project sites</li> <li>• Number of successful repairs of obstetric fistula</li> </ul> <p><b>Output 2:</b> The demand for family planning and other reproductive health service is increased</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of community members, including young people, who increased their knowledge of reproductive health and family planning through community communicators</li> <li>• Percentage of young people in selected areas with knowledge and awareness of reproductive health and reproductive rights</li> <li>• Percentage of youth who are aware of existing reproductive health services in programme areas</li> </ul> <p><b>Output 3:</b> Youth-friendly reproductive health services and life-skills education are enhanced</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of young people in selected areas with knowledge and awareness of reproductive health and reproductive rights</li> <li>• Percentage of youth with awareness of existing reproductive health services in programme areas</li> <li>• Percentage of reproductive health facilities with integrated youth-friendly services</li> </ul>	<p>Central statistical organization; local councils and governors in programme areas; Ministries of: Defence; Education; Finance; Human Rights; Interior; Labour and Social Affairs; Planning and International Cooperation; Public Health and Population; and Endowments; national population council; Parliament</p> <p>Development agencies</p> <p>Academia; civil society organizations; private sector; social marketing programmes</p>	<p>\$14.8 million (\$5.8 million from regular resources and \$9 million from other resources)</p>

<b>National priority:</b> good governance and social cohesion <b>UNDAF outcome:</b> by 2015, the national capacity for evidence-based planning, implementation and monitoring of development programmes is strengthened at all levels				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> By 2015, the utilization of reliable data on population and development for decision-making and planning at national and local levels is increased</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Reliable national database is established and utilized for planning proposes</li> <li>Number of government plans and official documents in programme areas that have population data disaggregated by sex, age, region and socio-economic status</li> </ul>	<p><b>Output 1:</b> The capacity to produce reliable, disaggregated socio-economic and demographic data at central and local levels is improved</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Central statistical organization has reliable, accessible national database that is accessible to all at central and local levels</li> <li>Plans are in place to conduct the census in accordance with international standards</li> <li>Results of the Yemen demographic and health survey (2011) are published and disseminated</li> </ul> <p><b>Output 2:</b> The capacity of government organizations and civil society organizations to utilize data in addressing and planning processes at all levels is improved</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of local development action plans that use population disaggregated data to address population growth</li> </ul>	<p>Governors in programme governorates; women's national committee</p> <p>Civil society organizations; the media</p>	<p>\$4.9 million (\$1.9 million from regular resources and \$3 million from other resources)</p>
<b>National priority:</b> the empowerment of women and youth <b>UNDAF outcome:</b> by 2015, women's rights to make decisions regarding protection and social and political life, and to combat all forms of violence, are fulfilled				
Gender equality	<p><b>Outcome:</b> By 2015, the ability of women and men to exercise their reproductive rights, including in emergency settings, is improved</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of women and men who exercise their reproductive rights in programme areas</li> </ul>	<p><b>Output 1:</b> Community knowledge and awareness, in order to empower men, women, boys and girls to exercise their reproductive rights, especially to prevent early marriage, female genital mutilation/cutting and gender-based violence, are improved</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of parliamentarians, religious leaders and influential community members who speak publicly about preventing early marriage, female genital mutilation/cutting and gender-based violence</li> <li>Percentage of men, women, boys and girls with knowledge of reproductive rights</li> </ul> <p><b>Output 2:</b> Responses to gender-based violence are expanded and improved</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Recommendations of the Convention of the Elimination of All Forms of Discrimination against Women are used to respond to gender-based violence</li> <li>Number of health facilities and police units providing services related to gender-based violence</li> <li>Cases of gender-based violence are recorded through referrals in all camps for internally displaced persons</li> </ul>	<p>Governors in programme governorates; women's national committee</p> <p>Civil society organizations; the media</p>	<p>\$4.9 million (\$1.9 million from regular resources and \$3 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.4 million from regular resources</p>