

**The National Children and Youth Strategy of the Republic
of Yemen**

2006 – 2015

“WE HAVE CONFERRED DIGNITY ON THE CHILDREN OF ADAM, AND BORNE THEM OVER LAND AND SEA, AND PROVIDED FOR THEM SUSTENANCE OUT OF THE GOOD THINGS OF LIFE, AND FAVORED THEM FAR ABOVE MOST OF OUR CREATIONS “

QURAN 17:70

Acknowledgments

The formulation of the National Children and Youth Strategy is continuation of the process that was launched during the preparation of the *Child Protection Strategy* by UNICEF and the *Disadvantaged Children Study* by the World Bank and the Social Fund for Development.. Building upon this work, the Higher Council for Motherhood and Childhood, the Ministry of Social Affairs and Labour, Ministry of Youth and Sport and the Social Fund for Development combined to provide leadership for the development of an integrated, multi sectoral Strategy for the protection and development of children and young people, a Strategy to guide sectoral policies and programs to influence the achievement of Yemen’s Millenium Development Goals. Technical support from World Bank and UNICEF continued.

On 8th Feb 2005, a Prime Minister’s degree (No.51) was issued calling for a National Steering Committee and a National Technical Committee to develop a National Strategy for Children and Young people. The Steering Committee fulfilled an advisory role and was chaired jointly by the Minister of Social Affairs and Labor, and Youth. It consisted of representatives of relevant line Ministries (Ministries of Planning, Finance, Youth, Health, Higher Education, Social Affairs and Labor, Education, Vocational Training, Culture, Human Rights), Social Fund for Development, National Women’s Committee, Higher Council for Motherhood and Childhood, Population Council, and media .

The Technical Committee was responsible for the preparation of the Strategy and included representatives of the Ministry of Planning, Higher Council for Motherhood and Childhood, Ministry of Youth and Sport, Social Fund for Development, UNICEF and World Bank.

A Youth Advisory Committee was established and provided regular feedback on all aspects of the process.

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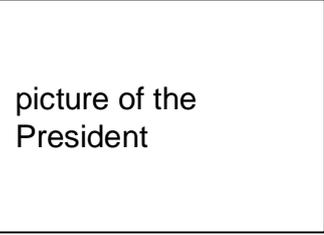
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1. Foreword

(By his Excellency Ali Abdullah Saleh , President of the Republic of Yemen)



picture of the
President

A one page statement that –

- § states the importance of Yemeni children and young people
 - demographic significance
 - critical life challenges
 - potential to contribute to national and community development
- § expresses the national significance of the Strategy and the need for a comprehensive, multi sectoral approach to child and youth protection and development.
- § highlights its relationship to MDGs, Third National Development Plan, and Poverty Reduction Strategy Paper.
- § stresses the International uniqueness of the Yemeni approach in utilising the Life -cycle Framework and CRC basis
- § expresses appreciation for the contribution for the Technical, Steering and conference preparation Committees, Youth Advisory Committee and the support of the World Bank, and UNICEF
- § calls for collaboration and cooperation all Ministries, NGO's, and private sector to ensure the speedy and effective implementation of the Strategy.

2. Executive Summary

The National Children and Youth Strategy of the Republic of Yemen is a document of national significance. It seeks to provide all citizens and groups committed to the protection and development of Yemeni children and young people with -

- § a national vision and framework;
- § a declaration of the relationship between children and young people and Yemen's Millennium Development Goals and targets;
- § a statement of guiding principles;
- § an instrument to raise the profile and importance of children and young people;
- § a set of areas of strategic focus and priority interventions; such interventions are to be based on gaps and weaknesses, where they exist, in current relevant national policies, strategies and strategies;
- § a tool for improved communication, cooperation and coordination between all agencies focussed on the development of children and young people; and
- § a tool to benchmark and monitor children and youth interventions against the country's declared Millennium Development Goals and targets.

The National Children and Youth Strategy is the result of three years collaborative effort by a wide range of government, civil society and international agencies. Through extensive consultation, discussion and consensus, this statement of intent and commitment has been achieved.

While Yemen has a wide range of sectoral strategies, the Government of Yemen recognized that it lacked a national strategic framework through which it could implement its obligations as a signatory for the *Convention on the Rights of the Child*, and respond in an integrated fashion to the Millennium Development Goals and targets related to children and youth development as stipulated in the Country's *Poverty Reduction Strategy Paper* and *Five Year Development Plan*.

Yemen is the first MENA country to adopt the Life-cycle Framework as the basis for a national children and youth strategy. This Framework recognises the risks, vulnerabilities and opportunities faced by young people and the required action on multiple fronts, including a

multi-sectoral, holistic approach. The Life-cycle Framework focuses on the critical stages in a person's lifecycle, and the selection of priority interventions aimed at those critical times to achieve cumulative intergenerational positive impacts.

The National children and Youth Strategy focuses on three critical life stages, and a set of 12 areas of strategic focus namely –

- | | |
|------------------|--|
| A. 0 – 5 years | (I) Strengthening IMCI
(II) Strengthening routine immunization
(III) Creating a comprehensive National Nutrition Plan
(IV) Developing a national ECD program |
| B. 6 – 14 years | (I) Enhancing inclusive education
(II) Strengthening and scaling up school health and nutrition
(III) Increasing qualified female teachers
(IV) Protecting disadvantaged children |
| C. 15 – 24 years | (I) Creating a national youth employment environment and plan
(II) Strengthening national identity, youth inclusion and participation
(III) Increasing leisure options and creating child/youth friendly urban planning
(IV) Preventing early pregnancy and reducing the risks to reproductive health |

The National Children and Youth Strategy also identified a set of nine guiding principles which act as the context and as driving forces for the Strategy and its interventions. These are -

- § Islamic faith and values and Arab cultural identity;
- § national unity and loyalty;
- § civil and human rights
- § gender equity;
- § accessibility and equity;
- § integration and holistic development;
- § children and youth participation;
- § partnership and collaboration; and
- § accountability and transparency.

The National Children and Youth Strategy acknowledges that its effective implementation will require new thinking and actions to achieve the desired outcomes. It proposes the formulation of a *National Action Plan* to outline at central and Governorate levels, the details of 'what, who, how and when' in terms of implementation.

Secondly, the *National Children and Youth Strategy* proposes a set of new structures to achieve the required communication, collaboration and cooperation necessary within Government, and between Government, civil society and the private sectors. The *Strategy* proposes the creation of a new national coordination body with political status and adequate resources, and the formation

of an inter Ministerial Committee on Children and Youth Affairs, a National Children and Youth Forum and a Youth Advisory Committee.

In summary, *the National Children and Youth Strategy* is focused on enhancing the protection and development of all Yemeni children and young people. Its underlying focus is four fold –

- § enabling all children and young people to reach their potential ,and become active contributors to Yemeni society;
- § preventing children and young people from becoming disadvantaged in their childhood and youth, through specifically targeted multi sectoral intervention, at critical stages of their life-cycle;
- § targeting children and young people already experiencing extreme levels of disadvantage; and
- § creating new levels of synergies and collaboration between all stakeholders, committed to the protection and development of children and young people.

This purpose is expressed through the defined Vision of the *National Strategy*, namely-

“A society where all Yemeni children and young men and women are protected, valued and respected for their unique contributions and creativity; experience a deep sense of Yemeni identity and loyalty to their country and its true Islamic values; and have equitable access to a full range of social, health, educational, employment and leisure opportunities to reach their potential and develop as healthy, responsible and active citizens within a peaceful and prosperous Yemen.”

Finally, this *National Children and Youth Strategy* is a component of four documents. The other two documents are the *National Children and Youth Strategy Resource Paper* (entitled *Making Multi –Sectoral Approach Work for Children and Youth*); the fourth is the Ministry of Youth and Sports’ draft Strategy Paper. The fourth is the *National Action Plan*.

3. Introduction

Yemen recognizes that investment in child and youth development reaps immense benefits for individuals, families, communities and the nation. With 76% of the population under 24 years of age, Yemen's children and young people represent both the country's greatest asset and challenge. The country's present and future development in many ways is a reflection of its ability to provide for the protection and development of its children and young people.

Yemen will be one of two MENA countries that will not achieve 80% of the Millennium Development Goals by 2015, with most of the missed Goals relating to the development of children and young people. Until now, Yemen has targeted the development needs of children and young people through a series of separate sectoral strategies. It has had no holistic, integrated strategic framework or national plan to guide the development of intentions to achieve MDGs relating to children and young people.

This National Children and Youth Strategy is a statement of national significance. It is a clear declaration of the commitment by the Republic of Yemen to the priorities, directions and support it intends to give to the protection and development of all children and young people.

The National Strategy seeks to provide a positive national vision, a holistic framework and a state policy for all government agencies and civil society groups interested in, and committed to contributing to child and youth protection and development.

Since 1991, the Republic of Yemen has been a signatory for the Convention of the Child (CRC), but acknowledges that it lacked a national strategic framework through which it can implement its CRC responsibility, as well as tackle the risks facing its children and young people as expressed in the country's Millennium Development Goals and targets, and as stipulated in its Five Year Development Plan and Poverty Reduction Strategy Paper.

The National Children and Youth Strategy acknowledges that these risks and obligations need to be addressed on multiple fronts, with a united, multi -sectoral and integrated framework and a set of priority response interventions.

Subsequently, Yemen is the first MENA country to adopt the Life-cycle approach to the development of a national children and youth strategy - an approach that takes into account the vulnerabilities and opportunities that children and young people face over the life-cycle period, and the selection of appropriate priority interventions aimed at critical life stages that will create cumulative intergenerational positive effects.

The Life-cycle Framework is an approach for analysis and planning child and youth development. It advocates that investments in childhood and youth development are needed at critical periods, as the vulnerabilities and opportunities are not uniform throughout the life course. It highlights sensitive periods for intervention due to the high risk potential which can cause severe and often negative intergenerational effects, and/or provide useful 'windows of opportunity' for positive long term influence.

The advantages of a life-cycle approach are many. It recognizes that –

- § interventions are cumulative;
- § maximum benefit in one age group can be derived from interventions in an earlier age group; and
- § interventions in one generation will bring benefits to successive generations.

The Life-cycle approach –

- § allows for better use of scarce resources by focusing on identified key risks, gaps and ‘windows of opportunity’; and
- § stresses the value of synergetic actions by various sectoral agencies and the importance of a multi sectoral approach to achieve positive outcomes.

This National Children and Youth Strategy of Yemen highlights the risks and opportunities associated with three critical stages, namely –

1. Pregnancy, birth, infancy and early childhood (0 – 5 years)

Protecting children from risk begins in the utero, where maternal infections and / or nutritional deficiencies contribute to infant mortality, premature birth, birth defects and low birth weight. Vital physical and neurological development occurs in the critical early months and years, when various health risks cumulate and consequences are likely to be acute and irreversible. Risk of death and permanent disability are highest during the first months of life, while the risk of irreversible cognitive impairment is higher in the early years.

At the same time, this life period offers a vital opportunity for intervention. Appropriate nutrition and care during pregnancy, at birth, and during the first years of life have major positive aspects for both the health and development of mothers and children. Such interventions also contribute to promoting gender equity and increasing the likelihood that young female girls will become healthy and educated mothers. Pre-school programs obviously contribute to child educational development and improve prospective earnings potential.

2. School Age (6 – 14 years)

The critical risk during this period is the failure to enroll, continue or perform well at school. This failure results from a range of issues, namely family resource constraints, poor quality of basic educational infrastructure and services, cultural and social barriers (including gender stereotyping) and poor health and nutrition. Failure to complete primary school has long term implications, socially and economically. It often increasing chances of early marriage and exploitation in term of child labor, economic inactivity, street life, abuse, trafficking and other illegal activities. Low enrolment of female children obviously contributes to reinforcing gender inequalities.

This is a life stage where strategic educational, health and leisure interventions could have major positive long term implications.

3. Adolescence and Youth (15 – 24 years)

This life stage is a crucial period for developing life and livelihood skills, accessing new information and knowledge, and experimenting with cultural and leisure options. Critical

risks of this life period relate to the lack of access to, and retention in secondary education, limited employment opportunities; opportunities for risky behaviors (e.g. early pregnancy, HIV / AIDS, violence and crime, substance abuse) and lack of participation in decision making developmental processes.

The Life-cycle approach is also useful as it focuses not just on the individual, but on the family, and ultimately the wider society. It recognizes that the family strongly determines life and work options, assigns economic and social roles to girls and boys and shapes choices and paths related to education, leisure and employment.

In summary, the life-cycle and intergenerational perspective reinforces that what happens to Yemeni young people is very largely dependant on their earlier health and educational experiences, beginning with the time in the womb. At the extreme, high infant and child mortality rates obviously reduces that chances of even reaching adolescence. Inadequate nutrition in early childhood will fundamentally affect physical and mental development. Participation in education will largely determine the opportunities available to young people in terms of the labor market. Reckless and anti – social behavior by young people is fundamentally a product of earlier experiences related to poverty and poor educational experiences.

The Life-cycle Framework provides the *National Children and Youth Strategy* with both a tool for analysis of vulnerability and opportunity, and for the identification of strategic focus areas and priority interventions.

Simply, the *National Children and Youth Strategy* seeks to firstly prevent children and young people from becoming disadvantaged in early child and youth years, while seeking to assist those already disadvantaged. Secondly, it promotes a set of highly cost effective multi sectoral interventions at critical life stages.

The *National Children and Youth Strategy* articulates a set of strategic focus areas and priority interventions. However, as mentioned, they are presented within a Life-cycle approach and the context of a connected, multi sectoral, strategic framework and national consensus. *The National Children and Youth Strategy* strongly advocates that to achieve the positive changed outcomes for Yemeni children and young people, nothing less than a united, holistic and integrated approach by all government agencies, civil society groups and the private sector will be required.

This *National Children and Youth Strategy* of the Republic of Yemen also seeks to provide a statement that raises the profile and understanding of the situation and importance of Yemeni children and young people. On many socio–economic indicators, Yemeni children and young people represent the most disadvantaged sector of Yemeni society. However, children and young people also represent the country’s greatest asset, and the *National Children and Youth Strategy* highlights their immense potential contribution to national and community life.

Yemen’s commitment to a *National Children and Youth Strategy* also reflects international, and especially Middle East awareness of, and belief in the need to formulate such national vision and framework statements. Numerous regional, international and United Nations declarations spanning 40 years have stressed the importance of developing specific and multi sectoral national children and youth strategies.

Finally, the Republic of Yemen is committed to giving a cross – cutting children and youth dimension to the nation’s development efforts. It recognises that the achievement of the envisaged outcomes of this *National Strategy* will depend on the creation of synergies, linkages and collaborative efforts by all government and non government stakeholders.

This *National Strategy* stresses the importance of –

- § direct linkage and input to the nation’s *Five Year Development Plan / Poverty Reduction Strategy Paper*;
- § the formulation of a *National Action Plan* based on priority setting in terms of issues, interventions and geographic targeting and clear designation of responsibilities and performance and output indicators related to MDG’s; and
- § the creation of a new national coordinating body within the Government of Yemen with sufficient political status and resources to ensure and facilitate maximum stakeholder synergy , linkage and commitment.

4. Strategy Development Process

This *Strategy* has its roots with a series of initiatives in the 2000 - 2003 period, namely –

- § the formulation of ‘*The National Strategy for Integrating Youth into Development*’, a statement by the Ministry of Youth and Sports, Boy Scouts and Girl Guides Association, and the United Nations Population Fund;
- § the development of the ‘*Child Protection Strategy*’ by UNICEF; and
- § the preparation of the ‘*Disadvantaged Children Analytical Study* ’ by the World Bank and the Social Fund for Development and the HCMC.

These documents all highlighted critical issues that affect the protection and development of Yemeni children and young people. In early 2004, the Government of Yemen formally decided to formulate an integrated strategic framework for the protection and development of children and young people – a strategy that would guide national and sectoral policies and programs to influence the achievement of the country's CRC obligations (see Annex I for summary) and Millennium Development Goals and targets (see Annex II for summary). The Government appointed a Technical Committee, a Steering Committee Conference Preparation Committee and a Youth Advisory Committee (see Annex IV for membership). World Bank and UNICEF committed to provide technical and financial support. International consultants were recruited through the Social Fund for Development, World Bank and UNICEF to assist with stakeholder consultation and the formulation process.

Strategy formulation has consisted of four key phases, namely –

§ *Phase 1 (April 2004 – July 2005): development of a framework, risk analysis, programs / policies review of identification of strategic options, culminating in a draft *Children and Youth Strategy Resource Paper*, entitled *Making Multi-Sectoral Approach for Children and Youth*. Also during this phase, a set of youth hearings, focus group discussions and one to one interviews involving over 700 Yemeni young people were also conducted throughout Yemen to gather youth views and ideas. This culminated in the resource document '*It's About Time: A Report on Young People's Opinions and Perspectives on Their Lives*'.*

§ *Phase 2 (Aug. 2004-February 2005):*

- *Formation of a Conference Preparation Committee consisting of senior MoY officials and representatives of other relevant ministers, faculty members from Sana'a, Dhamar, Aden and Hadramout universities;*
- *Drafting conference goals and objectives-represented in:*
 - *Youth and Adolescents Cultural components elements and identifying roles for relevant agencies;*
 - *Development of dialogs with youth principles to facilitate their religious, intellectual and national perspectives;*
 - *Developing appropriate institutional tool for the planning coordination and implementation of youth programs;*
 - *Identifying reasons for and causes of youth delinquency; violence and extremism;*
 - *Identifying possible solutions and remedies relating to youth issues and problems;*
 - *Promoting youth sports activities at national level and; improving their international competitiveness;*
 - *Consolidation of youth issues into a national youth strategy;*
- *National youth cultural contest in poetry, theatrical plays and development of relevant terms of references in accordance with conference goals.*

- MoY also designed a strategy based on research (42) papers which addressed key youth components, reflected in the current strategy, and covered:
 - § National cultural identity components
 - § The principles of dialog with youth
 - § Human development
 - § Decision making participation and training
 - § Issues and concerns of youth: needs and ambitions
 - § Government efforts and attention to youth issues
 - § Sports activities: current realities and development needs
 - § Role of local authorities relating to youth issues
- Preparation of implementation procedures to include all relevant stakeholders directly or indirectly- identification of strategic interventions and assigning relevant roles and responsibilities.
- Unifying efforts: many consultations and meetings were held to unify and strengthen efforts, culminating in a successful meeting between the Ministers of Youth and Sports and Social Affairs and Labor with the strategy technical committee members. An agreement was reached to consolidate efforts, where a cabinet decree (no. 51, dated Feb. 2, 2005) was issued, forming the Strategy's Steering and Technical Committees and approving the consolidation of Childhood and Youth issues in one strategy.

- § *Phase ƴ* (August – October 2005): achievement of stakeholder agreement on critical issues and content, culminating in a final *Children and Youth Strategy Resource Paper*. An agreement was then reached within the technical committee to recruit an international expert to provide technical assistant to finalize the National Children and Youth Strategy, which is based on two key documents: The Ministry of Youth's Draft Document and the *Strategy Resource Paper* (entitled *Making Multi –Sectoral Approach Work for Children and Youth*), prepared with technical assistance form the World Bank as well as locally hired consultants. This combination of documents will ensure addressing core Children and Youth issues in a holistic manner, as part of the strategic principles referred to above.
- § *Phase Ƶ* (October – November 2005): facilitation of regional stakeholders` workshops were held through out Yemen on the conclusions of the final *Children and Youth Strategy Resource Paper*.
- § *Phase ƶ* (November 2005 – March 2006): formulation of the *National Children and Youth Strategy* and development of a *National Action Plan*, assisted by the input of participants at the National Conference for Youth and Children. Holding such conference in itself provides a unique opportunity to ensure participation of all stakeholders, children and youth, as well as facilitate the process of producing a national action plan to translate the goals and principles of the Children and Youth Strategy.

5. Major Development Challenges in Yemen

Annex II summarizes the Millennium Development Goals and targets for Yemen. As mentioned in the Introduction, current indications reveal that Yemen will be one of only two MENA countries that will not achieve 80% of its MDGs and targets by 2015, with most of the missed Goals relating to the development of children and young people. In particular, Yemen will not achieve sufficient progress regarding targets related to child mortality, nutrition, gender and water .

Critical challenges in Yemen include:

1. Demographic challenges:

Yemen's constraints are compounded by a high population growth (3.02 %)(1) and the resulting young age distribution .76 % of the population and the majority of the poor people are under 25

years of age. Approximately five million young people (ages 15-24) are the largest cohort ever to enter transition to adulthood, most needing employment. This trend will continue beyond 2010.

The total fertility rate, estimated at 6.2 births per woman, has come down from 7.6 in 1990, but continues to fuel the very high population growth rate. It is estimated Yemen's population will grow to 35 million by the year 2025. The age structure in Yemen will continue to affect Yemen's key socio-economic development, as a young population requires more investments in education and health.

26% of the population currently resides in urban areas. However, the urban population growth rate is almost double the population growth rate due to the high rate of internal migration.

2. Poverty :

Yemen remains one of the poorest countries in the world, with a GDP per capita of only \$460 . 41.8% of all households (83% of all rural population) lives below the poverty line, and 17.6% are below the food poverty line. 29% of the population survived on less than \$2 per day.

Poverty is concentrated amongst the youngest age groups. The incidence of poverty among children is 4.1% higher than among adults. About 53% of the poor are children under 15 years of age .46% of all children are poor compared to 38% of adults.

While basic health indicators, namely the infant mortality rate of 75 per 1,000, the under-five mortality rate of 102 per 1,000, and life expectancy of 60 years are much improved since 1990, they are still far from acceptable. Yemen ranked 43 out of 196 countries for under- five mortality rate. Malnutrition affects almost half of the Yemeni children under five.

3.Educational Challenges:

Education indicators have improved in Yemen, but are still very low - the adult illiteracy rate is 51 % , 71% among women, representing the highest rate in the MENA Region. The basic education enrolment rate is 61.9%. Quality of education provision is widely acknowledged as poor. The gender education gap is among the widest in the world, with only 55 percent of primary-school-aged girls in school. In rural areas, this figure is as low as 24%. Only 13% of girls attend secondary school, compared to 69% of boys.

4. Gender challenges:

Besides education, gender discrimination in other areas is extremely strong . Girls experience a 15% higher child mortality than boys , Women tend to work longer hours. Female participation in the labor force is noticeably low at 21.8%(2). Women are concentrated in the agricultural sector as unpaid family workers .It is estimated that approximately 61.9% of female workers in Yemen are unpaid(3).

These facts ,together with limited mobility , lack of control over fertility , limited access to credit or opportunities for participation in decision – making , and limited legal rights all reduce the immediate quality of life of women , as well as their potential contribution to raising standards of living.

5. Geographical Challenges:

About three quarters of Yemen's population is rural, much of it dispersed among more than 100,000 small and isolated settlements. The mountainous geography of the western highlands where 85 % of the population lives has kept communities isolated. Peoples of the eastern desert region are similarly isolated. Traditional beliefs and customs dominate in these areas, making difficult the introduction of modern practices (e.g., girls' education) and the launching of common efforts crossing local boundaries (e.g., groundwater management or local road maintenance).

6. Physical Infrastructure:

Yemen's very meager water supply (less than 130 cubic meters per capita per year, or 2 % of the world average) leaves 90 percent of the population with less than minimum standards of domestic water supply. In addition, poor access to safe drinking water affects 69 % of the population, This is especially onerous for girls and women in rural areas, who often must walk for hours every day to collect domestic water.

Less than 15 % of the road network is paved, and much of the network is in a poor condition. Electricity reaches only about 45 % of the population and generating capacity is falling behind demand. Telecommunication penetration, although increasing very rapidly, is still very low (telephone line density is only 19 per 1,000 people, and internet access less than 1 per 1,000 people).

7. Employment Challenges:

Yemen currently experiences one of the highest youth unemployment rates in the MENA region - 18.9% in 1999. Estimates indicate that the labor force in Yemen increased during the past five years by 3.8% (including women participation, estimated at 4.3%); this increase exceeds demand of 2.8% in previous years; without an increase in and improvement of employment opportunities, unemployment rate is expected to increase from 11.5% (1999), to 17% in 2006; and to more than 29% amongst the youth between the age of 15-24.

This necessitates the need for an additional 240,000 jobs per year over the next decade. At current levels of investment and employment growth, the economy will not generate enough jobs to absorb new entrants into the labor force or make a dent in already high employment levels.

The economic situation is compounded by low investment levels, an average annual rate of unemployment of 18%, a poorly regulated business environment and falling oil production.

8. Social Challenges:

Unparalleled amounts of time and resources are devoted to chewing Qat, a leaf containing a near-amphetamine stimulant. Qat is the largest single source of rural income and a major source of employment. Its cultivation occupies a significant proportion of agricultural lands. In terms of

consumption, it represents a major part of average family expenditure – 11% as compared to 52.9 % for food.

HIV/ AIDS and sexual transmitted diseases are a growing concern, By the end of 2001, a total of 9.900 HIV/AIDS cases were reported in Yemen, While prevalence is still low, indications are that it is on the rise . In terms of Hepatitis, Yemen has the highest rate in the world.

9. Good Governance and Institutional Challenges:

Yemen's development efforts are hindered by: poor service delivery associated with lack of incentives (low salaries) and skills in the civil service, and weak accountability mechanisms at both central and local government levels are factors leading to poor economic returns of public investments. The President has designated civil service reform as a top priority. An anti-corruption action plan has been formulated. The basic groundwork has been laid for administrative reforms. Although many important reforms have been legislated in recent years, many laws are yet to be attuned to economic and social needs.

The above challenges all contribute to Yemen's low development ranking –149th among 177 countries according to UNDP's 2002 Human Development Index.

It is against this backdrop of challenges that the situation of Yemeni children and young people must be assessed and addressed. Inadequacies in the larger socio economic system invariably get transmitted to the most vulnerable, namely children and young people, compounding their disadvantages and making it harder to achieve MDGs and targets. Therefore economic progress must occur in tandem with adequate and simultaneous improvement in the situation of children and young people ,with special focus on those children and young people that have fallen outside the efforts of conventional development efforts .

6. Yemeni Children and Young People - Current Situation

Children and young people in Yemen are defined as those under 24 years of age, They currently comprise 76% of the national population, approximately 14.9 million citizens. Five million Yemeni young people (those between 15 – 24 years) represent the largest cohort ever to transit to adulthood.

Statistically alone, Yemeni children and young people comprise a very significant proportion of the population of Yemen, thus deserving special attention. In addition, they represent the most disadvantaged age sector of Yemeni society. e.g. the incidence of poverty among children is 21.1% higher than among adults, and children comprise 53% of the country's poor. There is no doubt that young Yemenis deserve special attention in terms of a national holistic response.

The Life-cycle Framework, with its focus on the critical life stages 0-5, 6-14 and 15-24 years provides a very useful approach for portraying and analyzing the situation of Yemeni children and young people and their challenges, and understanding the determinants of these challenges. Such understanding provides the basis for the *National Strategy's* recommended areas of strategic focus and set of priority interventions.

(I) Determinant Analysis for Life stage: *Early Childhood Years (Ages 0 – 5)*

The critical challenges for this life stage are:

- § child malnutrition;
- § infant and under 5 mortality rates;
- § maternal mortality rates; and
- § childhood education.

a) Malnutrition

52% of children under five in Yemen suffer from chronic malnutrition, with a ratio of 56% in rural areas as compared to 40% in urban areas. 45.6% of all children are under weight (50% in rural areas, 40% in urban areas). The box below demonstrates a deteriorating, rather than improving picture since 1992.

Prevalence of Underweight Children in Yemen

1992	1996	1997	pp/yr
30	38.1	46.1	2.93

(Standard deviation points below the mean weight for age, or stunting.)

Child nutritional status is influenced by five critical factors, namely –

- § food availability;
- § household income;
- § education levels of the mother;
- § inappropriate feeding practices; and
- § access to safe eater and sanitation.

(i) *Food availability: Evidence clearly shows that quality and quantity of food availability for poor families in Yemen is negatively influenced by increasing costs due to rising levels of imported cereal; declining agricultural production and agricultural lands; occupancy of agricultural land for qat production; and the significant proportion of family expenditure given to qat consumption – 11% as compared to 52.9% for food.*

(ii) *Household income: 29% of the Yemeni population lives on less than \$2 per day, and 41.8% of the population are incapable of obtaining all their food and non – food requirements.*

(iii) *Education levels of the mother: Internationally, there is overwhelming evidence that the education of the mother has a vital impact on the nutrition of children. Women’s educational levels in Yemen are very poor. 68.3% are considered illiterate and 21.1% can read and write only. Very few current mothers have completed education – may be as low as 1.6%.*

(iv) *Inappropriate feeding practices: Inappropriate feeding practices is considered throughout the MENA region as a major cause of child malnutrition, and is the highest in the age group*

of six months and 2 years. Only 4% of Yemeni mothers breastfeed their children exclusively, and only 16% of children are breastfed during the age period of 6 – 18 months.

- (v) *Access to safe water and sanitation: International evidence demonstrates that access to safe water contributes a 19% reduction in child malnutrition over the world. Access to safe drinking water and improved sanitation reduces dramatically incidence of diseases like diarrhea among children. In rural Yemen, only 9.15% of households have access to safe drinking water through connection to piped networks.*

b) Infant and Under 5 Mortality Rates

In Yemen, the infant mortality rate is 79 per 1000 live births, and the under -five mortality rate is 107 per 1000 live births. Rural children have a 12% greater risk of dying in their first year, and a 22% greater risk of dying in their first five years, than urban children.

Infant and under five mortality is related to birth weight, immunization, education levels of the mother, and access to safe drinking water and sanitation .

- (i) *Birth weight: National and international research clearly demonstrates the strong positive correlation between low birth weight prevalence and infant mortality rates. Children who are severely underweight may be up to eight times more likely to die within the following year as children of normal weight for age. Low birth weight infants are 2 – 4 times more likely to develop acute diarrhea and twice as likely to contract pneumonia or acute respiratory infections. According to World Health Organization, Yemen shows an alarming worsening of the birth weight situation – the percentage of Yemeni newborn infants with and acceptable birth weight (2.5kgs) was 79% in 1999, but fell to 45% by 2003.*
- (ii) *Immunization: Vaccination coverage is a critical determinant for reducing child mortality. Internationally, 80% coverage is considered necessary to prevent disease outbreak leading to child mortality. Currently, the national coverage in Yemen is 70%, and only 63% in rural areas. Of all vaccine preventable diseases, measles remains the leading cause of death amongst children in Yemen.*
- (iii) *Education levels of the mother: The evidence shows that the infant mortality rate for children born to illiterate mothers – 93 per 1000 live births, drops to 62 deaths pre 1000 for children born to mothers who completed primary education and to 52 deaths per 1000 births for children born to mothers with secondary or higher education. The same correlation pattern occurs in under five mortality by mothers education. Evidence also shows that an extra year of formal schooling reduces female fertility by 5% to 10%. In reality, an additional year of schooling for 1000 women will help prevent two maternal deaths. Rates of breastfeeding and vaccination are also statistically related to educational levels of the mother.*
- (iv) *Access to appropriate medical and pre natal care: The rates of medical check ups for women during pregnancy are extremely low in Yemen – only 2.8% of rural women and 6% of urban women. Key reasons quoted include no difficulties with previous pregnancy, high cost of medical examination and lack of, or distance to medical facilities.*

The infant mortality rate for children born to mothers who received no medical maternal care during pregnancy and/or delivery is 78 deaths per 1000 live births, as compared to 61 deaths per 1000 live births for children born to mothers who received care. Similarly, the under five mortality rate drops from 113 deaths per 1000 live births for children born to mothers without care to 101 deaths per 1000 live births for those who received care.

c) Maternal Mortality Rates

Yemen is a country characterized by high mortality, high fertility and high adolescent fertility rates. The maternal mortality rate is one of the highest in the world – 870 per 100,000 live births. Maternal death accounts for 42% of all deaths among women of reproductive ages (15 – 49 years).

The maternal mortality rate in Yemen is positively related to high fertility rates, poor pre-natal care and educational level of the mother.

- (i) *High fertility rates: Reducing overall number of pregnancies reduces the risk of obstetric complications. Frequent birth at short intervals weakens the health of the mother and child and ensures that the mother does not recover completely from health problems, such as anemia, before next pregnancy.*

Fertility decline is positively related to female literacy and education and family planning sessions. In Yemen, 70% of women have never used any birth control methods. Early marriage contributes to high rates of teenage fertility, and thus maternal mortality. Research shows that teenagers have a higher risk of pregnancy – induced hypertension, anemia and low birth weight babies. Currently 18% of females aged 15 – 19, and 60% of females aged 20 – 24 are married as opposed to 4% and 31%, respectively for males in the same age groups.

56% of women in the 15 – 19 age group have given birth to a child and 84% in the 20 – 24 age group. The percentage of women who have experienced death of a young child is 44%, and as many as 18% of women in the 15 – 19 age group.

- (ii) *Poor pre-natal care: The increased pre-natal care coverage correlates strongly with decreased maternal mortality rates. Quality pre-natal care can reduce obstetric risks through early identification of problems and also address an additional 20% of maternal deaths resulting from anemia and malnutrition. 74% of Yemeni women have never had a pre-natal check up, and for those who have, only 4% had check – ups from qualified staff. There is a significant gap in pre-natal care coverage between rural – urban localities, and this also contributes to the high maternal mortality rate.*

- (iii) *Education levels of the mother: Research in MENA countries clearly shows that women with secondary and higher education tend to have fewer children which enables them to provide better care and improve their own health and nutritional status.*

d) Early Childhood Education

International experience clearly demonstrates the benefits of early childhood education, namely –

- § positive effects on intellectual development and future academic achievement;
- § reduces educational repetition rates; and
- § contributes to higher future earnings.

Pre school education is poorly developed in Yemen, and the demand appears to be very low. Gross enrolment ratio is as low as 0.4%, the lowest in the MENA Region. There is less than 190 kindergartens in the country, and concentrated in urban or wealthy areas where parents are aware of the benefits of early childhood education.

In summary, the missed opportunities during the first life stage (0 – 5 years) has major risks for subsequent years in the life cycle. The following box summarizes the missed opportunities and possible consequences.

Missed Opportunities During Early Years (0-5 years)



- children who survive are at risk of poor health due to inadequate nutrition and health services
- children in rural areas, especially rural children, have few chances of pre-primary education
- lack of pre-natal care, early marriage and early pregnancy, and high rates of teenage fertility contribute to maternal mortality

Consequences For School Years (ages 6-14)

- early school drop out (15.65%)
- poor school outcomes (51% completion rates)
- Child labor prevalence (between 12-20%)
- Inactivity (37%)
- street life (5-10%)
- disabilities
- reduced chances of equal opportunity in the long term, especially for girls

(II) Determinant Analysis for Life stage: *School years (Ages 6 – 14)*

The critical challenges for this life stage are:

- § lack of access to, and retention in basic education
- § categories of disadvantaged children, including child laborers, inactive children, juvenile children, street children and children with disabilities.

1) Lack of Access to and Retention in Basic Education

38.1% of Yemeni children are out of basic education, and the primary school completion rate in Yemen is only 51%. Only 20% of children enroll at the official school entry age of six. As age increases, there is a greater risk of children dropping out as illustrated by the following table (5)–

School Participation Rate

Age	6	7	8	9	10	11	12	13	14
Female	12,3	32	43,7	50,1	49	53	46,5	44,4	37,2
Male	19,4	49,1	68	79,2	81,4	86	83	81,3	78,7

The above table also illustrates the wide gender gap at all ages. This is particularly the case in regard to rural communities, where less than 30% of girls attend school.

Exclusion from basic education cannot be attributed to a single cause, but the result of a wide range of factors, namely –

- (i) *Socio – Economic factors: includes household poverty, geographic location (urban vs. rural), access to infrastructure such as clean water and sanitation, mode of production and labor demand.*
- (ii) *Household characteristics: level of parents` education, parental attitudes and educational stimulation, size of family.*
- (iii) *Education supply issues: access to facilities, distance, health, school infrastructure and adaptability to students with different needs, direct and indirect costs of participation, quality and relevance of education, teacher qualifications.*
- (iv) *Socio – Cultural factors: gender, disabilities.*

Evidence, nationally and internationally, clearly shows that the most important reasons for lack of school enrolment and attendance relate to the lack of physical access to school, household poverty level and the family's unwillingness to commit to the education of daughters. The *Yemen National Poverty Survey (1999)* data illustrated these three determinants – primary reason for children not attending school was the lack of nearby education facilities (30%) and the family not wanting to invest in girls education (17% for the 6 – 9 age group and 30% for the 10 – 14 age group).

Compounding these determinants are also the missed opportunities in ages 0 – 5, namely poor nutrition, lack of early school education opportunities, pervasiveness and nature of poverty and illiterate parents.

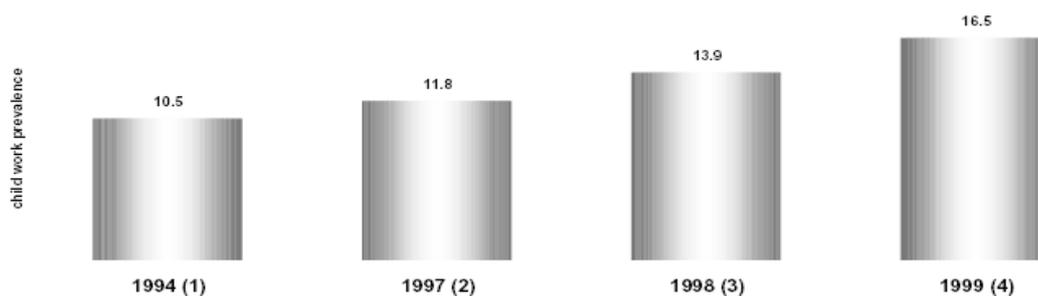
2) Categories of Disadvantaged Children

a) Child Labor

According to the 1999 labor survey, the number of child labor reached 326,608 child, 48.6 males and 51.4%; this rate represents 7.4 of the total labor force. The Survey also points out that 93% of child labor are in the agriculture sector and related fields. Of this figure, 45.6% are males and 54.4% are females. Furthermore, the working children who had enrolled in school reached only 11%. The rate of those who had not attended school reached 49.5%. Only 39.5% of those working children continue to go to school. (6).

The prevalence of work by children appears to be rising in Yemen, as illustrated by the following graph -

Work prevalence, children aged 10-14 years, selected years, 1994-1999



Sources: (1) Population Census, 1994; (2) Demographic and Health Survey, 1997; (3) Household Budget Survey (1998); (4) Poverty Monitoring Survey, 1999.

Yemen's difficult physical environment and adverse socio-economic conditions underlie the reasons for children's engagement in work, and lack of participation in education. The following important factors were determined by the Yemen Poverty Monitoring Survey (1999) as influencing parent's choices to make children work -

- (i) *Gender: girls are more likely to work full-time (by five percentage points) and much less likely to study full time (by 25 percentage points) than boys.*
- (ii) *Age: the probability of a child working increases with age, reflecting the higher opportunity costs of school in terms of forgone earnings.*
- (iii) *School availability: the presence of a basic education facility in a village increases school enrolment by four percentage points.*
- (iv) *Water availability: access to a public water network has a dramatic effect on school attendance, increasing the likelihood of enrolment by nine percentage units for all children, and by more than 11 percentage points for girls.*
- (v) *Poverty: work prevalence falls and school attendance rises progressively as household income goes up.*
- (vi) *Parents educational status: children of educated fathers are five percentage points more likely to study full-time, and 0.5 percentage points less likely to work, than children of illiterate fathers. Children of educated mothers are two percentage points more likely to attend school, and one percentage point less likely to work, than children of illiterate mothers.*
- (vii) *Family size: each additional child aged 0 – 5 years increases the probability that a child works by 0.5 percentage point, and reduces the probability that a child goes to school by one percentage point.*

b) Inactive Children

Almost 37% of all children and almost 50% of girls (56% in rural areas) neither attend school nor work. Inactivity is related to -

- (i) *Poverty*

(ii) Education and literacy levels

(iii) Geographic location.

c) Street children

it is estimated there is approximately 35,000 street children in Yemen. This phenomenon is strongly related to -

(i) Rural development challenges: lack of basic services and limited employment opportunities contribute to children migrating to urban centers.

(ii) Poverty: both in terms of income poverty and capability poverty (a lack of education and basic skills).

d) Children with Disabilities

International evidence illustrates a range of causes underlining childhood disability relevant to the Yemeni situation, namely -

(i) Congenital conditions, problems at birth and during delivery: a 1994 population survey indicated that 30% of disabilities were due to these factors. Yemen has one of the highest incidences of low birth weight. Approximately 85% of Yemeni births take place without the assistance of a qualified attendant, sometimes resulting in birth related accidents and risks, such as asphyxia which can cause brain damage.

(ii) Epidemics and communicable diseases: immunization coverage is not universal and poorer in rural areas than in urban areas.

(iii) Malnutrition: iodine deficiency disorders, a major cause of mental disability are widespread in Yemen (e.g. as high as 90% in the central highlands). Under nutrition is associated with impeded cognitive development.

(iv) Poor child spacing practices, early marriage age and consanguineous marriage: one Yemeni study found the parents of 50% of children with disabilities were first cousins.

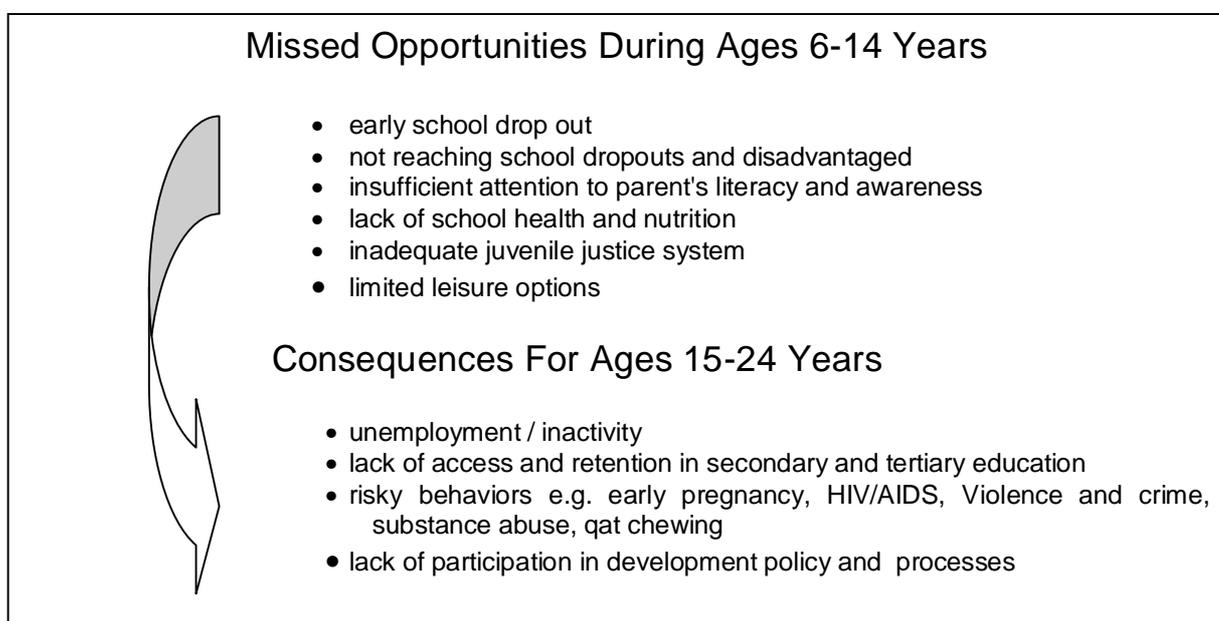
(v) Access to weapons and presence of landmines.

The difficulties that children with disabilities already face on account of their disabilities can be compounded by inadequate care in the early years, continuous social discrimination and limited opportunities for participation and rehabilitation.

The use of the Life-cycle Framework analysis clearly demonstrates that what happens to young people, once they reach the age of 15, is very largely dependant on their experiences earlier in life. There are many risks that will undermine the development of young people including –

- § Low participation in education – level of participation in education will largely determine the opportunities available to young people once they enter the labour market. The quantity, and above all the quality of work available to young people will be largely dependant on the level and quality of education which they have undertaken. Higher levels of education imply greater job choice and higher wages, while low levels of education are associated with inactivity and unemployment as well as informal sector employment.
- § Involvement in child labor – such involvement usually has lifetime consequences. At the very least, the involvement of children in work removes them from school life with the associated reduced lifetime labor market opportunities associated with low levels of education. Often child labor experiences result in long term health consequences. One study by Rosati and Straub (2004) (7) estimates that being a child laborer increases the probability of having health problems as an adult by 40%.
- § Low participation of young females in education – low female participation has major implications for infant and child health – the evidence clearly shows that more educated women produce healthier children.
- § Risky and anti-social behavior – clearly experiences like criminal activities, contraction of HIV/AIDS and substance abuse are all interrelated behaviors associated with poverty, low educational levels and unemployment and inactivity.

The following box illustrates the set of possible missed opportunities during the life stage of 6-14 years, and the potential consequences for Yemeni children



(III) Determinant Analysis for Life stage: *Youth years (Ages 15 – 24)*

Yemeni young people face many challenges in achieving their full potential, including the risks of -

- § Illiteracy - literacy rate for males is 83.7% and for females only 48.2% (only 15.8% in rural areas).
- § lack of access and retention in secondary, tertiary and vocational education-
 - secondary enrolment rate for young men is 65%, for young women is 36.6%
 - Girls average enrolment rate in rural areas is 29.5%, compared to 73.2% in urban areas.
 - only 16.3% of young women achieve secondary education or better compared to 40.8% of young men.
 - gross tertiary enrolment for young men is 17% for young men and 5% for young women.
 - only 5% of VET trainees are female.
- § unemployment / inactivity -
 - unemployment rate of 18.9% and growing
 - high inactivity rate, especially for young women. Teenage girls (15 – 19 years) have an inactivity rate of 51.9%, while young adult females (20 – 24 years) have an inactivity rate of 65.5%
- § risky behaviours
 - early marriage
 - early pregnancy
 - HIV / AIDS
 - violence and crime
 - substance abuse
- § limited leisure options
- § lack of participation in developmental policies and processes.

a) Educational Enrolment and Participation

Two *Educational Level by Sex and Age Tables* prepared by National Poverty Survey in 1999 are depicted below. They provide a clear picture of educational enrolment in Yemen.

Educational level by age and sex, Yemen 1999

	Females			Males			Males & Females
	15-19	20-24	All ages	15-19	20-24	All Ages	All Ages
Illiterate	51.1	59.1	68.3	11.8	13.1	30.5	49.6
Read & Write	32.8	18.5	22.9	52.6	27.8	44.0	33.3
Primary	1.3	3.6	1.4	2.1	6.5	3.6	2.5
Secondary	11.8	7.0	3.9	27.6	22.1	10.6	7.2
Higher secondary	2.7	10.0	2.4	5.4	25.7	7.3	4.9
University	0.1	1.4	0.8	0.1	3.0	3.1	1.9
Vocational	0.2	0.5	0.2	0.4	2.1	1.0	0.6

Source: NPS 1999

Educational level by age and sex, Yemen 1999

	Females		Males	
	15-19	20-24	15-19	20-24
Enrollment rate	25.1	9.3	61.0	27.2

Source: NPS 1999

The most significant determinants of educational participation are poverty, rural residence and access, geographical location, parental educational experiences and attitudes and early marriage.

Evidence from the NPS (1999) shows that –

- § being poor reduces the probability of being enrolled in education by seven percentage points for boys and by one percentage point for girls. Economic motives are the main reason given for a young person leaving school;
- § living in an urban area raises the likelihood of attending education by 21 percentage points for young women and by eight percentage points for young men;
- § Parental attitudes and approval is the critical factor quoted by young women for not attending education; and
- § early marriage has a negative impact of 13 percentage points for young women and 21 percentage points for young men.

b) Unemployment and Inactivity

The failure to make a successful transition to work early in an individual's working life is likely to have long term personal consequences and can lead to the formation of unpredictable and/or risky behaviors.

In 1999, the youth unemployment rate in Yemen was 18.9% with the following characteristics –

- § youth unemployment rate is three times the rate of adults;
- § unemployment is concentrated amongst teenagers (15 – 19 years) rather than young adults (20 – 24 years);
- § unemployment is lower amongst young men than young women; and
- § informal sector employment and underemployment are forms of work where young people are disproportionately represented.

. With the rapid annual labor force growth rate of 3.8% (3.3% for men and 4.3% for women), it is expected that the 18.9% unemployment rate in 1999 will grow to 29 – 34% in 2006.

Inactivity (neither working nor studying) rather than unemployment is more likely to be the status of young women. Two out of three young female adults are inactive (65.5%) compared to the male rate of 8.6%, while the teenage female rate is 51.9% compared to a rate of 8.8% for teenage males.

Unemployment is a result of a complex set of global and national economic factors. Yemen experiences one of the highest youth unemployment rates in the MENA region, compounded by a rapidly increasing participation labor force. This is resulting in an annual job market addition of 240,000, reflecting –

- § the country's high previous birth rates;
- § return migrants as a result of the first Gulf war;
- § rural – urban migration; and
- § increasing labor force participation of women.

Determinants of the employment of a young person are many, including –

- § living in a poor household increase the chances of being unemployed;
- § living in urban areas significantly increases the possibility of unemployment;
- § regional differences;
- § level of education relates strongly to employment;
- § illiteracy is an important correlation of inactivity for both young women and men; and
- § marriage reduces the likelihood of inactivity amongst young men and understandably is a major factor contributing to the inactivity of young women.

c) Early Marriage and Pregnancy

High fertility rates in Yemen are strongly associated with the low marriage age of Yemeni women. The legal age of marriage in Yemen is 15, but the NPS (1999) data indicates that 2% of 10 – 14 year old female children are already married. In 1997, the median age of marriage for adult women (20 – 49) was 16.5 years, though the median age group amongst 20 – 24 years old women was 18.2, indicating an upward trend in marriage age.

The main determinant of pregnancy amongst young women is clearly early marriage which shifts the probability by 35 percentage points.

Illiteracy contributes a 10 percentage point impact on an early pregnancy. The link between staying at school and later marriage is very strong. Simply encouraging women to remain in education positively contributes to raising the marriage age, reducing fertility and contributing in the medium to long term to ease population pressures.

In summary, there are two major risks for young people aged 15 – 24, which will have consequences for adulthood –

§ failure to address the challenge of youth unemployment and inactivity will be very costly to the individual and Yemeni society; and

§ failure to increase participation in secondary education will –

- affect infant and child health, continuing the vicious circle of poorly educated mothers determining the poor health of their children which subsequently leads to limited educational and life possibilities for the children who in turn often become mothers who perpetuate the cycle;
- encourage inactivity and limit employment options; and
- encourage early marriage, thereby continuing a high fertility rate.

The *National Children and Youth Strategy* seeks to provide a framework of responses based on the challenges of these critical life stages and minimizing their key risks by mobilizing vision and action around a multi -sectoral intervention approach.

7. Current Institutional Framework Responses

The Government of the Republic of Yemen is strongly committed to dramatically reducing the levels of vulnerability that young Yemenis currently experience. Within the context of the MDG's (see Annex II) and the Poverty Reduction Strategy Paper (with its four pillars of poverty intervention (9)), the Government of Yemen has a range of sectoral policies and program initiatives in place. This *National Children and Youth Strategy* seeks to enhance those sectoral initiatives through –

- § providing a vision and framework that is multi sectoral and intergenerational; and
- § targeting specific areas of strategic focus that are current gaps and/or require a multi sectoral response.

This Section provides a description of planned / ongoing Government interventions targeting children and young people as a response to their needs. It is expressed in terms of age specific risks, age specific priorities and age specific programs.

A. Early Childhood Years (0 – 5)

MDG Targets: Reducing malnutrition, infant mortality and maternal mortality rates.

Key Responses:

(I) Policy Level

All Yemenis are eligible to receive the services provided under the aegis of the Ministry of Public Health (MOPHP), either free of charge, if indigent, or by paying subsidised user charges for the better off. In 2000, the MOPHP launched a comprehensive sector reform initiative - *Health Sector Reform in the Republic of Yemen: Strategy for Reform* aimed at improving equity, equality, efficiency, effectiveness, accessibility and the long term sustainability of health services. Within a context of poverty alleviation, the following measures have been recommended to improve delivery effectiveness by the health sector –

- § extending the outreach and enhancing the quality of maternal and child health programs especially targeting rural areas and low income groups;
- § improving and expanding basic health coverage to reduce rural – urban and inter regional disparities through increasing public financial resources for the health sector; and
- § strengthening planning and coordination among government agencies at the central and local levels and also among development partners.

(II) Program Level

Two major national projects have been launched aimed at reducing malnutrition and child mortality risks. Both projects demonstrate an integrated multi-stakeholder approach that aims at

strengthening the proactive involvement of beneficiaries, civil society organizations and relevant government agencies. The two programs are –

- § Child Development Program (CDP) 2000 – 2005: this World Bank funded project (implemented by Unicef and coordinated by the HCMC) is a multi sectoral initiative seeks to enhance the potential for synergy between various interventions on critical child outcome indicators. The CDP takes a preventative approach through the provision of basic services, which will create a healthier environment for the education of children. Elements include –
- a health and sanitation component combining management capacity building, IMCI, immunization, medical supplies, maternal care and improved water and sanitation;
 - child nutrition involving the dispensing of iron and Vitamin A for mothers and children and promotion of nutrition during pregnancy;
 - child rearing practices, the availability of child – care sessions, and developing an ECD policy framework; and
 - educational activities focusing on infrastructure, establishment of clusters for in service training of teachers, increasing and supporting female teachers and setting up community schools for girls to enhance their primary school enrolment.
- § The Social Fund for Development (SFD)
Established in 1997, the SFD focuses on infrastructure development across social sectors with education, health, water, sanitation and economic and income – generating activities as priorities.

Critical Issues / Gaps

- § Limited access – at present, only 38% of the population has access to at least one operational health facility in areas where they live. In particular, services and placement of staff in rural areas are very limited.
- § Focus in education programs on supply side factors, with limited attention to incentives to attract and retain children in education.
- § Limited capacity of staff operating CDP.
- § Inadequate adult literacy programs (especially mothers education) to ensure child development.
- § Low immunization rates.
- § Basic Education Development Strategy does not incorporate pre school education.

B. School Years (6 – 14)

MDG Target: Providing education for all.

Key Responses:

(I) Policy Level

The most important effort undertaken by the Government of Yemen was the introduction of the *Basic Education Development Strategy (BEDS)*. Based on this Strategy, the Ministry of Education has introduced a set of policy measures to expand the access of girls and children in rural areas, including –

- § increasing the efficiency of school construction programs to build more classrooms at a lower cost;
- § enhancing community participation;
- § locating small schools within the vicinity of girls enrolment as a pre requisite for school construction in their community;
- § providing incentives to encourage parents to keep their daughters in basic education; and
- § prioritising under serviced areas using the criteria of girls enrolment rates and female literacy rates.

(II) Program Level

The Basic Education Expansion Project (2000 – 2006) aims at increasing enrolment of rural children, especially girls, in the first six years of primary education. The project seeks to address both access issues (in particular in service teacher training, deployment of teachers, furniture and materials), school management, and building smaller schools closer to villages and rural communities with a special focus to increase the education of girls.

The Basic Education Development Project (2005 – 2010) based on Basic Education Development Strategy (BEDS) is focusing beyond the first six years to include all grades from one to nine. The project is designed to have a far-reaching beneficial impact in Yemen. The reforms it supports are designed to create an education system in which the less well-off social groups, including girls, children with special needs and children in rural areas will benefit increasingly from the nation's investments in education. These reforms will help to gradually change Yemen's education system from one that is relatively costly and poorly managed to a system that is more efficient and relevant. The new program approach aims at harmonizing procedures with a particular focus on monitoring and evaluation.

The World Food Program (2000 – 2006) gives special attention to women and girls as development change agents. The WFP interventions are geographically targeted to focus only on the most vulnerable and food – insecure districts. Food incentives are a very successful initiative to impact positively on girl's education.

Critical Issues / Gaps

- § No national policy exist to deal with the needs of the most vulnerable and disadvantaged children, including working children, street children and children with disabilities.
- § BEDS does not cover literacy and informal education.

§ No school health and nutrition initiatives.

C. Youth Years (15 – 24)

MDG Target: Raising literacy rates among 15 – 24 year olds.

Key Responses:

(I) Policy Level

In 1998, the Government approved the National Literacy Strategy which resulted immediately in the establishment of the National Literacy Office under the Minister of Education and enabled the Literacy Office to directly access its public budget and mobilize resources from donor community. The strategy covers a wide range of targeted group including all males and females above 10 years of age.

Targeting the literacy levels amongst 15-24 year olds involves action at two levels: i) raising literacy rates amongst children so as to raise the literacy rates of the young people of the future; and, ii) raising literacy rates amongst young people today. The first of these is dealt with by the GoY's Basic Education Development Strategy. Although the issue of 'adult' literacy is recognised as crucially important in the PRS and BEDS documents, the emphasis of BEDS is very clearly on the first of these objectives. That is, on the long-term improvement in literacy rates amongst young people through the expansion and development of enrolment and retention of children in schools dealt with above. Literacy programs for those beyond the usual age for basic education are dealt with by the National Literacy Program derived from the 1998 Literacy Strategy, but with very limited resources and little attention from Yemen's donor community.

(II) Program Level

With insufficient financial and human resources the National Literacy Office has limited capacity to translate its strategy into major programs. Yet it implements modest activities and supports activities implemented by NGOs and other national organizations through supervision and supply of curriculum.

Functional literacy among young people is piloted by the Social Fund for Development and a number of donor bodies, but needs to be supported for scale up and mainstreaming in the National Literacy Strategy.

Critical Issues / Gaps

- Lack of policies and programs to deliver education and knowledge necessary for continuing development beyond the traditional school system.
- Lack of institutional mechanism to encourage illiterate/out of school young people to return to education

MDG Target: Reducing unemployment.

Key Responses:

(I) Policy Level

It is accepted by the Government of Yemen that youth unemployment is first and foremost a consequence of insufficient job creation in the economy as a whole. The Government is committed to a range of actions at the macro and micro levels. With the assistance of the ILO, a *National Employment Agenda for Yemen* was issued in 2004. The Agenda does highlight the pivotal role of the micro, small and medium enterprise sector; the importance of education, training and human development and the critical issues related to gender. No specific youth employment program exists; but the government has focused on a reform of its technical education and vocational training sector through the '*Technical and Education and Vocation Training Strategic Development Plan*'.

(II) Program Level

No specific youth employment programs exist, though a number of NGO groups are beginning to focus on micro enterprise support for young people.

Critical Issues / Gaps

- § Lack of a National Youth Employment Plan.
- § VET system remains very small – only 11,546 students in 2003, representing only 2% of secondary students.
- § Low female enrolment in VET Centres.
- § Poor labour market information services.
- § Non existence of targeted initiatives towards disadvantaged young people.
- § Poor interface between education (secondary, tertiary, and higher) and labor market needs and opportunities, and relevance of youth training initiatives.
- § Growing labour market participation rate.
- § Lack of involvement of the private sector.

MDG Target: Raising marriage age and reducing early pregnancy.

Key Responses:

(I) Policy Level

Currently, no explicit policy exists in this area, although general awareness and agreement exists on the importance of raising the marriage age as a tool to reduce population growth and improving infant and maternal mortality rates.

Critical Issues / Gaps

No national policy to promote later marriage.

Yemen is strong on the preparation of specific sectoral strategies and plans. However, as illustrated through the determinant analysis in Section 6, the critical issues and gaps require an integrated, holistic and inter disciplinary approach.

8. Emerging Institutional Gaps and Issues

The immensity of the task in creating the environment where all Yemeni children and young people can achieve their full potential, and contribute positively to community and national development will require creative responses to the range of program gaps and issues highlighted in Section 7 above. Currently, specific child and youth response strategies are severely limited, and a set of institutional gaps and issues need confronting.

1. Policy and Program Limitations Regarding children and Young People

The impact of current policies and programs is restricted for a number of reasons, including-

- (a) Children and young people are not identified as a stakeholder group despite their significant representation in Yemeni society. They are usually targeted within the scope of overall sector policies and programs, which are fragmented. Hence, sensitivity to the needs of their protection and development is lacking.
- (b) The tendency for institutions and their operational systems to be centralized does not accommodate inter-regional disparities that may have a significant impact on the situation of children and young people across the country.
- (c) The significant gender differences in Yemen are not adequately accounted for in terms of policy planning, program design, service delivery and monitoring of outcomes.
- (d) Scarcity of resources in terms of funding and capacity represents a challenge to the effective targeting of children and young people in Yemen.

2. Institutional Gaps and Issues

A number of institutional gaps and issues currently which are addressed in this National Children and youth Strategy, namely-

- (a) Lack of a national strategic framework and holistic plan to guide intervention targeting the protection and development of children and young people.

Yemen currently functions with a series of sectoral strategies that often ignore the reality for both intergenerational linkages and cross sectoral collaboration that are required to achieve MDG's. For example, the health sector alone cannot be responsible for Yemen's maternal and child health challenges, particularly as population dynamics like fertility rates, educational levels, and transport and infrastructure problems impact greatly. This *Strategy* aims to raise the understanding of an inter-sectoral approach and provide a framework to articulate the interdependence of inputs and outcomes to facilitate that planning and prioritization.

- (b) Lack of a lead coordinating agency at the national level

The Higher Council for Motherhood and Childhood currently only has responsibility for part of the targeted cohort, and lacks the political status and resources to ensure inter-ministerial collaboration. This *Strategy* recommends the creation of a national coordinating body with both the political status and resources to achieve the inter-sectoral collaboration required.

- (c) Lack of a collaborative vision and action by government, non government and private sector.

This National Strategy seeks to a policy of the State, not merely of the Government of Yemen. The challenges facing children and young people require the contribution and cooperation of all developmental partners. For example, attempting a National Youth Employment Plan without the active participation of the private sector will achieve very little.

(d) Lack of involvement by beneficiaries.

This Strategy recognizes that young Yemenis have often been excluded from participation in decisions and actions affecting their lives. The consultation process associated with *Strategy's* formulation, regularly heard this complaint from young participants. This *Strategy* recognizes young Yemenis as critical development stakeholders and partners – from strategy design to implementation to evaluation – to ensure both ownership of the developmental process as well as improve the effectiveness of interventions.

(e) Lack of adequate monitoring and evaluation.

Evaluation of ongoing programs integral to the development of children and young people rarely, if ever, occurs within the context of achievement against MDG's. The proposed *National Action Plan* will set performance indicators against which priority interventions will be judged.

(f) Limited capacity

Inadequacy and limited capacity of workers with children and young people is a critical issue, and one which the *National Strategy* acknowledges and seeks to change.

9. Strategy Vision, Guiding Principles and Goals

The National Children and Youth Strategy of Yemen has adopted the following vision, principles and goals to guide its recommended areas of strategic focus and priority interventions

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(I) Vision

The starting point of the *National Children and Youth Strategy* is the following vision statement

—

“A society where all Yemeni children and young men and women are protected, valued and respected for their unique contributions and creativity; experience a strong sense of Yemeni identity and loyalty to their country and its true Islamic values; and have equitable access to a full range of social, health, educational, employment and leisure opportunities to reach their potential and develop as healthy, responsible and active citizens within a peaceful and prosperous Yemen”.

(II) Guiding Principles

Guiding principles are those fundamental, moral, ethical and organizational beliefs and values that act as the context and the driving forces for the *Strategy* and its interventions. The following core principles summarize what the Republic of Yemen considers the foundation values of the *Strategy* –

- § Islamic faith and values and Arab culture identity
Adherence to deeply rooted principles as embodied in the teachings of Islam and pride in being part of the Arab world and the sense of belonging reflected in a common religion, history, language and culture
- § National unity and loyalty
Belief in, and loyalty to the unity of Yemen, its traditions, Constitution and Government based on principles of the Yemeni Revolution.
- § Civil and Human Rights
Commitment to civil and human rights and freedom for children and young people as espoused in the Convention on the Rights of the Child, including protection against harmful traditional practices.
- § Accessibility and equity
Commitment to non discrimination and the access by all Yemeni children and young people to all life development programs and resources.
- § Gender equity
Recognition of equity and justice between the two genders in accordance to the Islamic Shari`a.
- § Integration and holistic development
Focus on an integrated, multi sectoral and interdisciplinary approach to the issues of children and youth development within a Life-cycle approach.
- § Children and Youth Participation
Conviction that children and young people are assets and vital stakeholders in the development process – catalysts and agents for positive change, rather than passive beneficiaries. Active involvement of children and young people at all levels of strategy development from formulation to implementation and evaluation.
- § Partnership and collaboration
Belief in the need for cooperation and the coordination of contribution by all stakeholders in children and youth protection and development, including government ministries, civil society organizations, the private sector and children and young people.
- § Accountability and transparency
Adherence to the highest standards of accountability and transparency by all involved in the service of children and young people.

(III) National Strategy Goals

The *National Children and Youth Strategy* adopts the following set of nine National Strategy Goals to define the purpose of this national declaration, namely –

- § create a greater understanding of, and commitment to the risks, challenges, interests and potential contribution of Yemeni children and young people;
- § highlight ‘gaps’ and ‘linkages’ across all sectors related to the protection and development of children and young people;
- § provide an integrated, holistic and coordinated framework to respond to the Life-cycle challenges and opportunities related to Yemeni children and young people;
- § indicate national priority areas for policy and program intervention;
- § develop in Yemeni children and young people an awareness of, respect for and active commitment to the principles and values of Islam, the Constitution, the Convention on the Rights of the Child and the principles of the Yemeni Revolution;
- § share new and creative inter-sectoral options for dealing with the challenges and opportunities confronting young Yemenis;
- § provide critical input to the *Third Five Year Plan/Poverty Reduction Strategy Paper*;
- § create new mechanisms to ensure more effective collaboration and coordination between all children and youth development stakeholders, including Government agencies, civil society, the private sector and young Yemenis;
- § foster more active participation and leadership of young people in Yemeni community and national life.

10. Areas of Strategic Focus and Priority Interventions

The *National Children and Youth Strategy* provides an operational framework for all Yemeni agencies and groups working for, and committed to child and youth protection and development. The challenges and opportunities within this field are immense. Given the *Strategy's* vision statement, guiding principles and identified life-cycle critical issues, gaps and '*windows of opportunities*', the following have been chosen as the key areas of strategic focus and priority interventions for the different phases of the Life-cycle Framework.

- A. 0 – 5 years
 - (I) Strengthening IMCI
 - (II) Strengthening routine immunization
 - (III) Creating a comprehensive national nutrition plan
 - (IV) Developing a national ECD program

- B. 6 – 14 years
 - (I) Enhancing inclusive education
 - (II) Strengthening and scaling up school health and nutrition
 - (III) Increasing qualified female teachers
 - (IV) Protecting disadvantaged children

- C. 15 – 24 years
 - (I) Creating a national youth employment environment and plan
 - (II) Strengthening National identity, youth inclusion and participation
 - (III) Increasing leisure options and creating child/youth friendly urban planning
 - (IV) Preventing early pregnancy and reducing the risks to reproductive health

A. 0 – 5 YEAR PERIOD

(I) Strengthening IMCI (Integrated Management of Childhood Illnesses)

IMCI is about prevention and case management of infant and under five illness and mortality. While some aspects of IMCI have been supported through pilot programs in Yemen, there is considerable room for improving the effectiveness of ongoing programs, scaling up of initiatives in the more geographically remote parts of the country and achieving national coverage.

Critical Issues:

- § adequate funding
- § national coverage
- § integration with other child health initiatives
- § health workers – training skill level, number, turnover
- § geographical location and remoteness
- § community and family awareness
- § female illiteracy
- § drug availability, and cost
- § low reach out capacity of basic health services
- § IMCI indicators

Strategic Objective:

Enhance the contribution of IMCI in child health strategies.

Priority Intervention 1: *Prepare a national coverage plan for IMCI services.*

Key Activities:

- 1. Assess, analyse and identify needs.*
- 2. Identify locations for interventions.*
- 3. Identify financial resources.*

Priority Intervention 2: *Raise the efficiency of service providers.*

Key Activities:

- 1. Review and update training materials.*
- 2. Form and train training teams at the Governorate level.*
- 3. Train health workers in the district health facilities.*
- 4. Integrate IMCI in the medical colleges and health facilities.*

Priority Intervention 3: *Strengthen the health system.*

Key Activities:

- 1. Integrate and unify IMCI indicators and information with the overall data system and ensure regular inputs of data and information.*
- 2. Raise the quality performance of the health facilities.*
- 3. Secure the procurement of the essential free drugs and provide them regularly for the health facilities.*
- 4. Strengthen and activate the transfer system.*

Priority Intervention 4: *Improve family and community health behaviours.*

Key Activities:

- 1. Strengthen and activate the system and the role of educated males and females.*
- 2. Review and update the health education messages and integrate IMCI principles.*
- 3. Lobby and activate local leadership and local organisations to raise health awareness among communities.*
- 4. Integrate IMCI messages in the educational system.*

(II) Strengthening Routine Immunization

Infant and under five mortality rates in Yemen are among the highest in the MENA region. Immunization is a critical issue. There is a need to strengthen the coverage of all immunization activities, especially in regard to measles.

Critical Issues:

- § vaccination coverage
- § vaccination sustainability
- § adequate and continuous funding
- § training and qualification of health workers
- § transportation
- § engagement of private sector and NGO's
- § data systems
- § coordination
- § curriculum in medical colleges
- § community and parental awareness
- § geographic isolation
- § limited health care services

Strategic Objective:

Reach at least 90% immunization rate of children before the age of one.

Priority Intervention 1: *Improve routine immunization program.*

Key Activities:

- 1. Provide sufficient, efficient and continuous funding.*
- 2. Prepare a National Plan to increase the coverage of health facilities to 90%.*
- 3. Strengthen the awareness of the community on the importance of vaccination.*
- 4. Engage the private sector and NGO's in the process of increasing vaccination coverage.*
- 5. Involve local communities and groups like children and young people.*
- 6. Improve data systems, especially related to epidemic prediction.*
- 7. Improve coordination between the immunization program and supporting organisations.*
- 8. Begin vaccination in the delivery rooms of the health facilities.*

Priority Intervention 2: *Enhance the efficiency of the service providers.*

Key Activities:

- 1. Train and qualify the vaccination health workers.*
- 2. Provide suitable means of transportation for health facilities.*
- 3. Strengthen routine vaccination topic in the curriculum of medical college, health institutions and schools.*

(III) Creating a Comprehensive National Nutrition Plan

56% of children in Yemen suffer from chronic malnutrition. The design and implementation of a National Nutrition Plan that seeks to build upon current initiatives and promote a coherent strategy that is targeting communities of greatest need is an obvious key priority .

Critical Issues:

- § food availability/security
- § parents' education
- § dietary education
- § agricultural development support services
- § limitation of Qat production
- § access to health services
- § poverty levels
- § nutritional deficiencies during pregnancy and child birth
- § early childhood development
- § absence of pre-school health and nutrition programs
- § high infant mortality and morbidity rates, and low child weight rates
- § low prevalence of exclusive breastfeeding
- § malnutrition detection
- § inter -sectoral collaboration
- § child care practices during illness
- § purified water and sanitation services

Strategic Objective:

Design and implement a national nutrition plan.

Priority Intervention 1: *Secure balanced and continuous nutrition supply.*

Key Activities:

1. *Promote and support agricultural and animal production through advisory financial services, marketing, transportation and storage services.*
2. *Promote and support agricultural and non agricultural small income generation activities.*
3. *Introduce policies to limit Qat production.*
4. *Improve coordination and cooperation among institutions to ensure nutrition supply for the most needy mothers and children.*

Priority Intervention 2: *Provide and improve primary health care services.*

Key Activities:

1. *Extend health facilities and improve services.*
2. *Provide purified water and sanitation services.*

Priority Intervention 3: *Improve nutrition and health habits.*

Key Activities:

1. *Strengthen literacy activities.*
2. *Spread awareness about healthy nutrition.*
3. *Encourage balanced and safe nutrition for the mother and the child.*
4. *Promote personal hygiene and cleanness of environment.*

Priority Intervention 4: *Ensure early detection and referral of malnourished children for rehabilitation.*

Key Activities:

1. *Prepare and implement the nutrition monitoring system.*
2. *Build the capacity of health care to treat medium and extreme cases of malnutrition.*
3. *Strengthen the three meeting initiatives (neutralization, analysis and interference).*
4. *Provide the necessary medical equipment for diagnosis and treatment of malnutrition.*

(IV) Developing a National ECD Program

In Yemen, the concept of Early Childhood Development (ECD) is evolving as part of the national development agenda. However, there is limited understanding of the concept of ECD at community and institutional levels. The essential parameters of ECD include nutritional supplementation, psychosocial stimulation, health care and parental education and training. These need to be articulated within a simple holistic package and approach incorporating health, education and nutrition interventions for children and their caregivers.

Critical Issues:

- § awareness of ECD issues and benefits
- § parental education
- § expansion of network – facilities, caregivers
- § availability of child health and education facilities in low income communities and families
- § integration of services
- § integration of pre-schooling into the National Education Strategy
- § lack of financial and human resource
- § role of the media
- § development of creative and talented children
- § legislation and policies to promote ECD
- § limited child play grounds and parks
- § safe motherhood awareness
- § health and education cadre training and qualification
- § collaboration with private sector and civil society organisations

Strategic Objectives:

1. *Achieve recognition of the importance of ECD, and the implementation of a holistic strategy that expands its availability especially for low income communities and families.*
2. *Prepare and develop mechanisms that ensure the growth of all children and development of their capabilities.*

Priority Intervention 1: Raise youth awareness about the reproductive health and ECD issues in order to gain parental responsibility.

Key Activities:

1. *Implement awareness campaigns through all available communication means.*
2. *Train and qualify health cadre to introduce reproductive health services which includes ECD issues.*

Priority Intervention 2: *Realise safe motherhood.*

Key Activities:

- 1. Promote family planning.*
- 2. Provide care for the pregnant mother.*
- 3. Provide care during pregnancy and post delivery for mother.*
- 4. Introduce infant care and routine house visits.*
- 5. Raise awareness about safe motherhood and good nutrition.*
- 6. Train health care to offer high quality services.*
- 7. Expand services and improve quality of motherhood and childhood health care centres.*

Priority Intervention 3: Introduce parental care for children aged 0 – 5 years.

Key Activities:

- 1. Integrate ECD issues into IMCI programs.*
- 2. Integrate information about child development within the period 0 – 5 years EPI.*
- 3. Promote awareness on healthy nutrition as part of the vaccination campaigns.*
- 4. Integrate ECD issues into the training of health workers.*
- 5. Train health workers and teachers to identify early handicap signals.*
- 6. Produce parental information about childhood issues.*
- 7. Raise community awareness of wrong practices like girl circumcision.*
- 8. Raise community awareness of the value of pre school education.*
- 9. Integrate parental education within curriculum of all training institutions.*
- 10. Train and qualify the cadre who work in child nurseries.*

Priority Intervention 4: Expand facilities and resources.

Key Activities:

- 1. Increase the construction of model child nurseries.*
- 2. Develop child playgrounds and parks.*
- 3. Strengthen partnership with private sector and civil society groups.*
- 4. Establish a children's bookshop.*
- 5. Implement children's nurseries.*
- 6. Seek commitment from all institutions to establish nurseries.*
- 7. Train and qualify the cadre who work with children 0 – 5 years.*
- 8. Strengthen, develop and support the role of HCMC in coordinating and monitoring of childhood programs.*

Priority Intervention 5: Develop and implement legislation and policies related to enhancing ECD.

Key Activities:

- 1. Issue decree to establish ECD departments within the general directorate for woman and child in relevant government institutions.*
- 2. Modify the law to ensure that the child receives the nationality of the Yemeni mother without any condition.*
- 3. Achieve obligatory and free of charge registration of all new born children.*
- 4. Establish a data base for ECD.*
- 5. Issue decrees to achieve the regulation of nurseries.*
- 6. Establish by law free health services and medicine for children 0 – 5 years.*
- 7. Establish ECD sections in universities and institutions.*
- 8. Establish a publishing housing for information about children.*
- 9. Create free and obligatory pre school education.*
- 10. Achieve the free broadcasting of special ECD programs through mass media.*

11. *Develop laws to limit the use of deadly agricultural chemicals.*
12. *Develop laws to regulate investment in the nursery institutions by the private and public sectors.*
13. *Identify models of public playgrounds with appropriate safety criteria.*
14. *Approve the work agreement law No183 for protecting motherhood at work.*

Priority Intervention 6: Spread the awareness of the importance of ECD through all mass media and communication means.

Key Activities:

1. *Support the dissemination of brochures, stories and other educational materials through visual, broadcasting, oral and voice recorded means.*
2. *Integrate awareness of the importance of ECD in the secondary and university curricula in addition to the literary classes.*
3. *Conduct workshops and lectures for opinion leaders.*
4. *Develop mass media programs to raise public awareness of ECD issues.*
5. *Create a website for ECD issues.*
6. *Develop media programs for community awareness of ECD issues.*
7. *Raise awareness of the importance of ECD through motherhood and childhood and health care centres.*
8. *Develop information programs that stress the role of the family in child growth and care.*
9. *Develop media staff and creative child writers to contribute to raising awareness of the importance of the 0 – 5 year age group.*
10. *Designate a national day for ECD.*

Priority Intervention 7: Build and develop the basic foundation of pre school education.

Key Activities:

1. *Prepare education criteria and technical specifications for child nurseries.*
2. *Develop model child nurseries.*
3. *Expand the opening of special sections for child nurseries in education colleges.*
4. *Raise skill levels of cadre working in child nurseries.*
5. *Identify employment places for female graduates in child nurseries.*
6. *Review and assess documents and guidelines for child nurseries*
7. *Establish child nurseries for children with special needs.*
8. *Involve local communities, the private sector and donors in establishing child nurseries.*
9. *Conduct a survey study about the situations of private and public nurseries.*
10. *Conduct workshops to raise the vision of child nurseries for both the general public and officials.*

Priority Intervention 8: Prepare educational targets and objectives for children programs in the mass media.

Key Activities:

1. *Conduct training courses for the producers and executer's of children's programs.*
2. *Conduct workshops on using the media to promote ECD.*
3. *Prepare quality programs, focusing on ECD, utilize children's participation.*

Priority Intervention 9: Foster talented and creative children in nurseries and develop their capabilities.

Key Activities:

1. *Develop mechanisms to discover creative and talented children.*

2. *Provide sufficient support to develop the capabilities of creative and talented children in nurseries.*

B. 6 – 14 YEAR PERIOD

(I) Enhancing Inclusive Education

The Life-cycle Framework clearly shows the impact of educational participation on life options. Currently in Yemen, only 51% of Yemeni children complete their education. There is a need to focus on initiatives that will assist school non enrollees, school drop outs and disadvantaged children to re-enter into educational options.

Critical Issues:

- § poverty
- § parent's illiteracy
- § teacher capacity to work effectively with disadvantaged children
- § household decisions
- § lack of demand side interventions and attractions
- § lack of appropriate educational infrastructure in many rural communities
- § community awareness
- § rural delivery
- § lack of inclusive education and reintegration mechanisms
- § significant numbers of disadvantaged children – street children, child laborers, children with disabilities, juvenile delinquents
- § fulfillment of CRC obligations

Strategic Objective:

Develop new institutional mechanisms aimed at encouraging the re-entry and retention of school drop outs and disadvantaged children in education options.

Priority Intervention 1: Develop school and community based initiatives (eg special courses, community centres, intensive teaching etc) to enable re-entry of young people into education.

Key Activities:

1. *Develop community education centres.*
2. *Raise community awareness of the issue of young people out of school.*
3. *Develop new educational materials.*

Priority Intervention 2: Build the capacity of teachers to work effectively with disadvantaged children.

Key Activities:

1. *Develop new training initiatives to equip teachers with appropriate skills to work with young people out of school.*
2. *Establish resource centres.*

Priority Intervention 3: Ensure an enabling environment which accommodates the special needs of disadvantaged children.

Key Activity:

Develop mechanisms to discover creative and talented children.

(II) Strengthening and Scaling Up School Health and Nutrition

There is extensive international evidence and experience that shows the connection between the lack of nutrition / food availability and educational outcomes and school drop out rates. Yemen requires a holistic national school health and nutrition program.

Critical Issues:

- § Malnutrition
- § health education
- § education of decision makers about nutrition and educational outcome connections
- § inter -sectoral collaboration
- § program integration
- § school nutrition

Strategic Objective:

Integrate and develop current school health nutrition programs to improve the health and nutrition level of targeted groups.

Priority Intervention 1: *Identify the situation of school health in accordance with its duties.*

Key Activities:

1. *Assess the existing situation of the management of school health.*
2. *Study international experiences in school health.*
3. *Restructure and prepare by-laws which specify the role and duties of school health and the roles of the responsible authorities.*

Priority Intervention 2: *Design school health programs which include health service, health education, and school environment.*

Key Activities:

1. *Assess the efficiency of the services that school health currently offers.*
2. *Identify the activities that school health should provide according to WHO regional and international standards.*
3. *Prepare a development plan for school health according to the new identified duties.*
4. *Implement service delivery.*

Priority Intervention 3: *Develop and expand the food program in rural areas with the specific aim of attracting girls enrolment in school.*

Key Activities:

1. *Assess existing program.*
2. *Monitor and evaluate on a regular basis.*
3. *Prepare an expansion plan to target female students and female teachers and involve male students and male teachers*

Priority Intervention 4: *Design and implement school nutrition programs which would improve student's nutrition and health.*

Key Activities:

1. *Study and assess existing programs.*

2. *Conduct an assessment study about the health conditions of students and their nutrition needs.*
3. *Identify nutrition needs according to the results of the studies.*
4. *Prepare health specification and criteria for the intended nutritious food to be offered.*

(III) Increasing Qualified Female teachers

Only 16.3% of young women achieve secondary education or better, compared to 40.8% of young men. Almost 50% of girls (56% in rural areas) neither attend school nor work within the economy. There are many contributing factors, but the lack of qualified female staff is a strategic issue needing attention. Currently, female teachers only account for 20% of the entire teaching force, and only 5.3% of secondary teachers in rural areas.

Critical Issues:

- § low female literacy and education levels
- § rural female training and qualifications
- § rural female teacher incentives
- § cultural barriers
- § early marriage
- § female inactivity
- § restricted movement of women
- § gender bias and stereotyping
- § community awareness
- § appropriate and safe female housing needs
- § incentives for rural female secondary graduates to enter teaching profession

Strategic Objective:

Develop and implement a National Plan for attracting, training and retaining more qualified female teachers in rural areas.

Priority Intervention 1: Secure the commitment by all relevant and responsible agencies for strong action to encourage and support rural female teachers.

Key Activities:

1. *Organise a coordinated and committed approach by all responsible agencies around support for female teachers in rural areas.*
2. *Activate the role of local councils in monitoring the employment of female teachers in rural areas.*

Priority Intervention 2: Conduct awareness campaigns on the importance of education in general, and specifically in relation to girl's education.

Key Activities:

1. *Identify appropriate awareness messages, methodologies and agencies.*
2. *Implement community based awareness campaigns.*
3. *Create a national network to support girls education.*
4. *Prepare a by-law and a system of financial and moral support for rural girls enrolling in secondary education.*

Priority Intervention 3: Develop legal and practical mechanisms that provide incentives for female teachers working in rural areas.

Key Activities:

- 1. Seek feedback from female teachers on appropriate incentives for rural female teachers.*
- 2. Conduct workshops on feedback and share with relevant agencies.*
- 3. Prepare incentive by laws.*

Priority Intervention 4: Provide job training and qualifying programs for rural female teachers, accompanied by financial incentives.

Key Activities:

- 1. Identify and develop training and qualifications for rural female teachers.*
- 2. Make available seats and scholarships in the education college for secondary female graduates who came from the rural areas.*

Priority Intervention 5: Provide proper and safe housing for female teachers coming from outside the area.

Key Activity:

Construct adequate and safe housing for female teachers next to school buildings.

Priority Intervention 6: Raise the awareness of local communities on the importance of respecting rural female teachers and appreciating their roles, especially in regard to teachers who are from outside the area.

Key Activities:

- 1. Identify appropriate messages and methodologies.*
- 2. Identify agencies to implement the awareness campaigns.*

(IV) Protecting Disadvantaged Children

As Section 6 above illustrates, there are significant numbers of children experiencing severe disadvantage – child labourers, street children, children with disabilities, abused children, trafficked children and juvenile delinquents. Disadvantaged children have generally been neglected by mainstream responses to improve the situation of children in general. Initiatives that both alleviate the root causes, and provide practical supports for their protection and development are essential.

Critical Issues:

- § poverty
- § lack of protection
- § limited research and information on the various categories of disadvantaged children
- § opportunity costs involved in child work
- § lack of targeted initiatives aimed at helping disadvantaged young people
- § social exclusion
- § lack of targeted services
- § community awareness
- § female and parent education
- § early childhood neglect
- § harmful and traditional practices
- § inter - sectoral collaboration
- § CRC obligations
- § worker awareness and education

Strategic Objective:

Ensure a protected environment for all categories of disadvantaged children and integrate them into all aspects of Yemeni society.

Priority Intervention 1: *Establish data base information to provide better understanding of the situation of disadvantaged children.*

Key Activities:

1. *Review available information.*
2. *Conduct thorough studies.*
3. *Disseminate information.*

Priority Intervention 2: *Find common awareness principles and strengthen group work (government and civil society) about special groups of disadvantaged children.*

Key Activities:

1. *Undertake awareness and preventive programs in the mass media.*
2. *Build the capacity of the awareness among workers.*
3. *Integrate disadvantaged children issues within the school curricula.*

Priority Intervention 3: *Ensure social protection measures.*

Key Activities:

1. *Activate laws relating to protection.*
2. *Expand and develop the services of community institutions.*
3. *Find local solutions for protecting children.*
4. *Instigate post care programs.*

Priority Intervention 4: *Strengthen the judiciary and legislation reform for juvenile such as raising the age of criminal responsibility and using alternative sentences arrangements.*

Key Activities:

1. *Review local laws and compare them with the international agreements.*
2. *Extend juvenile age in all governorates.*
3. *Train and qualify all the workers dealing with juveniles.*
4. *lobby to reinforce the modifications of laws.*

Priority Intervention 5: *Work towards elimination of violence against children and young people, and create counseling and reintegration for victims.*

Key Activities:

1. *Undertake training and raising awareness among education workers.*
2. *Instigate community awareness program.*
3. *Develop psychological qualification.*
4. *Strengthen the care replacement system with family rehabilitation.*

Priority Intervention 6: *Improve coordination among institutions to eliminate duplication.*

Key Activity:

Undertake initiatives that strengthen networking.

C. 15 – 24 YEAR PERIOD

(I) Creating a National Youth Employment Environment and Plan

Achieving decent employment opportunities for young people is a critical element in poverty eradication and sustainable development. Throughout the Governorate Workshop Consultation Program undertaken as part of the Strategy formulation process, unemployment was consistently raised as the key issue for young people.

Labour market prospects for young people vary in Yemen according to gender, age, education level, family socio – economic background, health status and disability. Some groups (especially young women, young people with disabilities and young people in rural areas) are more vulnerable and face particular disadvantage to securing and retaining decent work.

In responding to the youth employment challenge of Yemen, the *National Children and Youth Strategy* highlights the importance of –

- § recognising that youth employment is first and foremost, a consequence of insufficient job creation in the economy as a whole, and thus strongly supports national efforts to enhance the macro economic environment for economic growth and the first pillar of intervention of the PSRS – ‘*achieving economic growth that is stable and diversified and that reduces income disparities*’;
- § acknowledging the connection between increasing private sector investment and employment generation;
- § recognising that the youth employment challenge requires an integrated and coherent approach that combines macro and micro economic interventions and addresses both labour demand and supply and the quality and quantity of employment options; and
- § adopting the ‘*Four Global Employment Priorities for National Action*’ framework. The ‘Four Global Priorities’ are advocated by the Youth Employment Network (YEN), a group convened by the Secretary General of the United Nations, Director General of the ILO and President of World Bank . The ‘Four Global Priorities’ are :
 - Employability – investing in education and vocational training for young people , and improving the impact of those investments ;
 - Equal opportunities – giving young women the same opportunities as young men;
 - Entrepreneurship – making it easier for young people to start and run businesses ; and
 - Employment creation – placing employment creation at the centre of macroeconomic policy.

(See Annex III)

Critical Issues:

- § macro economic policies that foster investment, productive capacity and economic stability
- § lack of a National Youth Employment Action Plan and enabling environment
- § high levels of youth unemployment / underemployment
- § high levels of female youth unemployment / underemployment/inactivity
- § connection between the education and training institution
- § limited Vocational Education and Training (VET) opportunities
- § disconnection of VET from labor market needs
- § limited focus on school to work transition – career education, counselling work experience

- § employment challenges for young people with disabilities
- § gender discrimination , bias and stereotyping
- § rapidly growing working age population and increasing labour force participation
- § limited private sector investment
- § falling oil production levels
- § high illiteracy rates
- § limited female secondary and vocational education participation
- § limited waged employment opportunities
- § importance of the informal sector
- § importance of small and micro enterprise development
- § importance of industry sectors for youth employment intensity eg. fisheries, tourism, transfer industries, minerals and agriculture
- § lack of opportunities for work experience for young people
- § lack of training opportunities and credit access for youth entrepreneurial development
- § labour market employment standards
- § absence of laws and regulatory governing vocational training and apprenticeships
- § training opportunities for school drop outs to be able to join the labour market

Strategic Objective:

Design and implement a National Youth Employment Action Plan.

Priority Intervention 1: Promote small and micro enterprises.

Key Activity:

Establish a program for promoting and protecting micro and small enterprises including business advice, infrastructure development and financing assistance.

Priority Intervention 2: *Invest in the promising production sectors that required potential and intensive labour force to create job opportunities for both males and females, including fisheries, tourism, transfer industries, minerals, and agriculture.*

Key Activities:

1. *Prepare advisory guidelines for all available investment opportunities.*
2. *Develop laws and regulations for improving the investment environment.*
3. *Actively promote the investment in the promising sectors.*
4. *Undertake training and qualifying young workers for all investment sectors.*
5. *Develop institutes which specialize in hotel and tourism training.*
6. *Establish factories and laboratories for different agriculture and fishery products.*
7. *Establish three complete industrial areas (zones) with all available services.*

Priority Intervention 3: *Ensure better connection between the education and training institutions and the labour market.*

Key Activities:

1. *Actively enhance coordination between the education institutions and the private sector*
2. *Modify the curricula in response to the labor market demand.*
3. *Construct new training institutes and centers.*
4. *Encourage young people to enroll in the vocational training programs*
5. *Instigate active follow up of all graduates.*
6. *Activate labor market information system in addition to the employment offices.*
7. *Integrate vocational education topics in the basic education curricula.*
8. *Issue skill and experience certificate.*

9. *Activate the cooperative training between the training institutes and the private sector.*
10. *Sponsor professional studies by the private sector.*

Priority Intervention 4: Provide training opportunities for the school drop outs in order for them to join the labor market.

Key Activities:

1. *Undertake a quality and quantity survey to identify the targeted group.*
2. *Establish references and centers to offer assistance as required.*
3. *Establish a network of the social specialists to follow the cases which do not reach the centers and follow up the cases which received assistance.*
4. *Spread awareness of the importance of integrating their targeted group in the education and training facilities.*
5. *Establish qualifying and training centers to train their targeted group according to their abilities.*
6. *Coordinate with the schools to include their targeted group and establish summer centers.*

(II) Strengthening National Identity , Youth Inclusion and Participation

It is crucial for Yemen to establish the environment and targeted programs that inculcate in young Yemenis a sense of belonging and commitment towards their communities and country. Fundamental to this environment, is the creation of relevant opportunities for young people to express their opinions, ideas and commitment.

Critical Issues:

- § fulfilment of CRC obligations
- § tribalism problems
- § concept of Yemeni national identity
- § impact of globalisation and foreign values on Yemeni culture
- § community awareness and media coverage
- § fanaticism
- § volunteerism and community service
- § values and citizenship education
- § national and community recognition of children and youth contribution
- § youth rights and responsibilities
- § youth voice opportunities
- § youth reach
- § youth leadership development

Strategic Objectives:

1. *Enhance the capacity of young people to develop an identity in Yemeni society.*
2. *Strengthen the involvement and contribution of Yemeni young people in community and national life.*

Priority Intervention 1: Encourage the participation of the Yemeni young people at local, national, and international levels.

Key Activities:

1. *Support and train youth leaders to reach the positions of decision making.*

2. *Support youth initiatives which aim at strengthening the national identity.*
3. *Develop a national program to strengthening the principles of active citizenship, national identity, democratic practices, and the culture of dialogue in the educational and cultural institutions.*
4. *Strengthen youth participation in developing the vocational training centers to become more effective and productive centers.*

Priority Intervention 2: Raise Yemeni community awareness regarding youth rights and obligations and the national identity.

Key Activities:

1. *Strengthen the media coverage of youth participation and contributions specially in the rural areas.*
2. *Support youth participation in developing, preparing, and introducing mass media programs.*
3. *Highlight national identity as part of the educational system in all educational institutions.*

Priority Intervention 3: Strengthen the participation of young people in the process of decision making in national institutions (government and non government).

Key Activities:

1. *Strengthen the approach of mutual youth education (from a young one to another young one).*
2. *Support the cultural centers and associations which depend on the youth participation in its management.*

Priority Intervention 4: Support the formation of analytical knowledge about the situation and prospect of the Yemeni young people.

Key Activity:

Create a national web site specializing in documentation and dissemination of new youth development initiatives (cultural, and scientific etc).

Priority Intervention 5: Support the formation and development of youth establishments and initiatives which aim to expand youth democratic participation in community life.

Key Activities:

1. *Modify and activate the by-laws of the Youth and Adolescents Fund (YAF) towards strengthening the youth initiatives and establishments which would contribute to the expansion of practices and research about democratic participation and youth activities.*
2. *Develop training guidelines, with youth participation, to strengthen youth participation in the civil society organizations, especially the political parties.*
3. *Support student initiatives which strengthen the partnership between the school, community, and NGOs in developing the environment in the education institutions.*
4. *Develop training materials about the participatory management in the youth camps and centers.*
5. *Strengthen youth participation in development of training materials about participatory management in education institutions (schools, institutes, and universities).*
6. *Support youth participation and representations in the local authorities councils and parliament.*

(III) Increasing Leisure Options and Creating Child/Youth Friendly Urban Planning

The issue of boredom and lack of leisure options (sporting spaces, clubs, libraries etc) was a critical issue raised in all youth consultation sessions. It is an area that requires a comprehensive and imaginative response, in terms of planing and practical problems

Critical Issues:

- § boredom
- § awareness of youth leisure needs and priorities
- § poor urban planning
- § high levels of female inactivity
- § gender stereotyping, discrimination and bias
- § youth awareness of leisure options
- § lack of female health and sports clubs
- § youth leadership in sports and recreation programs
- § Qat chewing and substance abuse
- § Development of talented and creative young people
- § fulfilment of CRC obligations
- § use of the Youth Fund

Strategic Objective:

Design and implement a Plan to expand youth spaces, recreational facilities and leisure options.

Priority Intervention 1: Implement a consultation methodology with young people regarding their preferences.

Key Activity:

Form qualified youth teams all over the country to measure and prioritise the leisure needs of children and young people through questionnaires.

Priority Intervention 2: Prepare planners and local community leaders about the needs of young people.

Key Activity:

Conduct awareness programs through the mass media about the leisure needs and urban planning and relevant laws.

Priority Intervention 3: Implement national and local plans to assign public areas and youth centres and integrate different leisure activities for young women and men.

Key Activities:

- 1. Review the announced and approved urban plans at national and local levels and protect what is available.*
- 2. Identify additional areas to fit with the population growth and urban expansion.*
- 3. Assign areas from the Ministry of Endowment and government lands to fulfill the needs.*

Priority Intervention 4: Develop information plans to promote larger participation by young men and women in sport and cultural activities.

Key Activities:

- 1. Promote awareness of opportunities.*
- 2. Allocate incentives and prizes for different activities.*
- 3. Prepare and implement necessary plans and programs to increase participation.*

Priority Intervention 5: *Establish partnerships among the creative young people and schools, local organizations, and culture institutions to support the opportunities of art and culture among young people and their communities.*

Key Activities:

- 1. Develop the skills and capabilities of the talented and creative young through continuous summer and non summer activities.*
- 2. Establish a data base by keeping records of the creative young people in rural and urban areas.*
- 3. Ensure the sustainability of the President Prize for supporting the talented people and expanding in the academic institutes.*
- 4. Expand the incentives to include scholarships and participation in local and international seminars in order to develop talent and creativity.*

Priority Intervention 6: *Target sport and leisure as one field of equal opportunity between both sexes and expand girls participation beyond the traditional sport and leisure activities.*

Key Activities:

- 1. Develop and implement new school activities curricula.*
- 2. Give priority for training and qualifying teachers with special focus on the recruitment of sport teachers.*
- 3. Expand school premises to include leisure and sport arenas.*
- 4. Establish new sections to qualify the teachers in sport, art, culture, and creativity for both females and males.*

Priority Intervention 7: *Expand the scope of intervention of the Youth Fund and the Cultural Development Fund.*

Key Activities:

- 1. Expand the construction of small structures, public areas, and schools at districts and governorates levels.*
- 2. Increase the support to the sport, educational, and public activities among the young people of both sexes (theatres, libraries, exhibitions, cultural centres, camping sites).*
- 3. Allocate suitable support to take care of young people with outstanding abilities and skills.*
- 4. Review the by-laws of the existing funds in order to incorporate the new development.*

Priority Intervention 8: *Take necessary procedures, mechanisms, and programs for preventing Qat chewing and smoking according to the by laws.*

Key Activities:

- 1. Prepare awareness programs about the hazards of Qat chewing, smoking, and drugs.*
- 2. Promote the establishment of NGOs and clubs for fighting these habits.*
- 3. Pass any legislation, laws, and by laws which would prevent young people and children from taking Qat and smoking.*
- 4. Ban smoking and Qat chewing in all educational , youth and sport institutions.*

(IV) Preventing Early Pregnancy and Reducing the Risks to Reproductive Health

Early pregnancy is a major health risk for Yemeni young people. It has major implications for population control and health, for both the mother and the child. High fertility rates are associated with the low marriage age of Yemeni women. In addition, young people are at risk of HIV/AIDS and sexually transmitted infections.

Critical Issues:

- § low marriage age
- § lack of policies to promote later marriage
- § safe motherhood practices
- § low levels of female literacy and education
- § limited female secondary, vocational and higher education participation
- § high levels of female inactivity and unemployment
- § lack of female leisure options
- § low level of birth control practices
- § national awareness
- § moral and material incentives for female students and teachers
- § increasing HIV/AIDS prevalence rates
- § high hepatitis prevalence rates
- § gender discrimination, stereotyping and bias
- § youth reproductive awareness

Strategic Objective:

Design and implement a National Plan targeting early pregnancy and birth spacing.

Priority Intervention 1: Strengthen initiatives in which aim to encourage girls to continue their secondary education.

Key Activities:

- 1. Increase the quality and quantity distribution of girl's schools which will lead to justice in the rural and urban regions.*
- 2. Allocate employment slots for female teachers.*
- 3. Provide moral and material incentives for female students and female teachers.*

Priority Intervention 2: Develop national awareness campaign about the risks of early marriage.

Key Activity:

Undertake intensive awareness campaign through direct and indirect communication.

Priority Intervention 3: Recommend suitable legislation aimed at achieving a minimum marriage age.

Key Activity:

Form a committee from relevant institutions to develop recommendation.

Priority Intervention 4: Target youth awareness through school work programs about the risks of early marriage.

Key Activity:

Integrate reproductive health principles in school health activities with special focus on the risks of early marriage.

Priority Intervention 5: Expand reproductive health services to cover all young people.

Key Activities:

- 1. Provide reproductive health services with special focus on family planning services, motherhood care, and health education.*
- 2. Instigate awareness raising of genetic transmitted diseases and HIV/AIDS and the methods of preventing them.*

Priority Intervention 6: Strengthen female positions and facilitate their integration in the work environment.

Key Activity:

Activate and implement the strategy concerning women.

Setting the Targets

Relevant MDG Target by Age		
0-5	6-14	15-24
<p>§ Reduce prevalence of under-weight children from 46% in 1997 to 35% by 2015</p> <p>§ Reduce the infant mortality rate to 27.3 and under-5 mortality to 36.5 per 1,000 live births by 2015</p> <p>§ Reduce maternal mortality and morbidity rate to 212.5 per 100,000 live births by 2015 from about 365 per 100,000</p> <p>§ Increase routine measles vaccines to at least 90% combined with a second opportunity for a measles vaccination</p>	<ul style="list-style-type: none"> • Raise the net enrolment rate in primary education and increase the 6th grade completion rate to 100% • Eliminate the gender gap in primary education by 2015 	<ul style="list-style-type: none"> • Slow the increase in spread of HIV/AIDs by 2005 and halve the rate of increase by 2010 • Increase literacy rates • Increase ratio of girls to boys in secondary and tertiary education. • Reduce unemployment rate

Identifying the Risks and Issues

Relevant Risks by Age		
0-5	6-14	15-24

<p>§ Malnutrition: Stunting: 53%; Underweight: 45.6%; Wasting: 12.4%</p> <p>§ Infant/Child Mortality Rate: IMR: 75 per 1,000 live births: CMR: 102</p> <p>§ Maternal Mortality and Morbidity: MMR: 365 per 100,000 live births</p> <p>§ Childhood Illness: Incidence of diarrhoea (29.6%); Incidence of ARI (15%); Incidence of fever (40%)</p> <ul style="list-style-type: none"> • Lack of Early Child Care and Education: ECD enrolment: lower than 1 percent 	<p>§ School dropouts</p> <p>§ Out of school: 38.10%</p> <p>§ Dropout rate: 15.65%</p> <p>§ Primary school completion rate: 51%</p> <p>§ Idle children: 37%</p> <p>§ Disadvantaged Children</p> <p>§ Child labourers: 12-17%</p> <p>§ Street children: 3.3% (5-9 years); 97% (10-18 years)</p> <p>§ Children with disabilities</p>	<p>§ Unemployment / Idleness Unemployment rate: 18.9% Inactivity rate: teenage girls (15-19) = 51.9%; teenage boys (15-19) = 8.8%; young adult females (20-24) = 65.5%; young adult males (20-24) = 8.6%</p> <p>§ Lack of Access and Retention in Secondary and tertiary Education Secondary school enrolment and completion rates: Gross secondary enrolment rates = 65% for boys, 35% for girls (2000/01); Gross tertiary enrolment rates = 17% for young men, 5% for young women (2000/01); No data on completion rates</p> <p>§ Literacy rate males: 83.7%; females: 48.2%</p> <p>§ Risky Behaviours HIV/AIDS: Incidence 0.1% of population aged 10-49 Violence and Crime Substance Abuse Qat Chewing</p> <p>§ Early Pregnancy % of early pregnancy (1999) = 56.3% (teenagers), 83.7% (young adults): impacts maternal mortality and morbidity and infant/child mortality</p> <p>§ Lack of Participation in Development Policies and Process</p>
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Strategizing the Interventions

0-5	6-14	15-24
<ul style="list-style-type: none"> • Strengthening IMCI • Strengthening Routine Immunization • Creating a Comprehensive National Nutrition Plan • Developing a National ECD Program 	<ul style="list-style-type: none"> • Enhancing Inclusive Education • Strengthening School Health Nutrition • Increasing Qualified Female Teachers • Protecting Disadvantaged Children 	<ul style="list-style-type: none"> • Creating National Youth Employment Environment Plan • Strengthening Youth National Identity, Inclusion and Participation • Increasing Leisure Options • Preventing Early Pregnancy and Reducing the Risks of Reproductive Health

11. National Strategy Implementation and Coordination

Two guiding principles of this *National Children and Youth Strategy* are ‘*integration and holistic development*’ and ‘*partnership and collaboration*’. The *Strategy* acknowledges the importance of creating effective coordination and cooperation among all stakeholders responsible for, and committed to children and youth protection and development. Effective implementation of the Life-cycle Framework requires the synergy and collaborative efforts by agencies across different sectors, and the achievement of efficient utilisation of scarce national resources.

To achieve such outcomes, the *National Children and Youth Strategy* recommends the establishment of a set of new structures and mechanisms, namely-

(I) Coordination, Implementation and Monitoring Responsibilities

The *National Children and Youth Strategy* proposes the formation of a new body with high political status, adequate resources and with appropriate mandate to achieve cross sectoral focus on children and youth interventions. This body would seek to facilitate a ‘*whole of Government, whole of Nation*’ approach to child and youth protection and development.

The specific functions of the new coordination body would be –

- § to facilitate, monitor and evaluate the implementation of the Yemen *National Children and Youth Strategy*;
- § to make recommendations to the Government of Yemen regarding child and youth protection and development issues and initiatives;
- § to research, design, encourage and implement inter sectoral government policies, strategies and initiatives that respond to Yemeni child and youth needs and opportunities;
- § to facilitate collaboration between Government ministries and between Government and civil society organizations and the private sector ensuring a ‘*whole of Government, whole of nation*’ response to youth protection and development issues and initiatives;
- § to demonstrate a belief in, and a commitment to Yemeni children and young people by involving them in the planning, implementation and evaluation of policies, strategies and initiatives;
- § undertake an annual national audit on achievements related to child and youth development against MDGs and CRC obligations.
- § to promote and celebrate Yemeni children and young people’s positive contribution to community and nation building; and
- § to maintain contact with similar national child and youth development agencies internationally.

In addition, the following structures are proposed to assist with the successful implementation of the *National Children and Youth Strategy*-

- § *An Inter Ministerial Committee for Children and Youth Issues* which enables senior staff of all relevant ministries to meet regularly to ensure inter ministerial, sectoral and inter disciplinary collaboration regarding children and youth protection and development is facilitated and continuously strengthened. This group would also monitor the implementation of the *National Children and Youth Strategy*.

- § *A National Children and Youth Forum* which enables all non government children and youth development agencies to come together to exchange views and focus on joint activities and issues of common concern. The government of Yemen would recognise this group as a development partner.
- § *National Youth Advisory Committee* enabling the creation of a ‘Youth Voice’ group able to provide a youth perspective on the implementation and evaluation of the *National Children and Youth Strategy*.

(II) National Action Plan

This *National Children and Youth Strategy* provides a national vision, a framework and priority directions for all agencies concerned with the protection and development of Yemeni children and young people.

A *National Action Plan* will be developed that will provide a practical statement on the implementation of the *National Strategy*, reflecting its strategic areas of focus and priority interventions.

The *National Action Plan* will provide practical directions for each priority interventions, regarding –

- § target groups and geographic areas of interventions;
- § performance and output indicators related to MDG’s;
- § specific coordination and implementation arrangements including responsible lead and support agencies and their specific roles / contributions;
- § timetable;
- § institutional mechanisms at national and local levels;
- § monitoring and evaluation arrangements and responsibilities; and
- § mechanisms to ensure active involvement by young people

(III) Governorate –level Action Plans

Utilising the directions of *National Children and Youth Strategy and National Action Plan*, specific Action Plans will be prepared for each Governorate.

(IV) Financing

The *National Action Plan* will also identify the financing sources which would support implementation of the *National Children and Youth Strategy*. In identifying financing sources, the Government of Yemen will consider –

- § financing and technical support available from within current existing programs and projects;
- § increments and additional financing that can be provided by the Government of Yemen; and
- § increments and additional financing available from development partners.

(V) Strategy Review

As mentioned, the proposed national coordination body with the support of the Inter Ministerial Committee for Children and Youth Affairs will be responsible for continuous monitoring and assessment of the *National Strategy and National Action Plan through annual audits*. Given the need to remain responsive to evolving circumstances and needs, this *National Children and Youth Strategy* will be updated every four years. The *National Action Plan* will be renewed bi annually.

(VI) Capacity Building Initiatives

Given the challenges of implementing such a comprehensive and holistic *Strategy*, it is vital that resources be available to the new national coordination body to facilitate a program of capacity building initiatives to enable all government and non government developmental partners and their staff to effectively contribute to the successful implementation of the *National strategy*.

List of Abbreviations

BEDS	Basic Education Development Strategy
CDP	Child Development Program
CSO	Central Statistical Organisation

NGOs	Civil Society Organisations
CRC	Convention on the Rights of the Child
ECD	early childhood development
GOY	Government of Yemen
ILO	International Labour Organisation
IMCI	Intergrated Management of Childhood Illnesses
IMP	infant mortality rate
MDG	Millennium Development Goals
MENA	Middle East and North Africa
MMR	maternal mortality rate
MOPHP	Ministry of Public Health
MOSAL	Ministry of Social Affairs and Labor
r MOT EVT	Ministry of Technical Education and Vocational Training
NPS	National Poverty Survey
PRSP	Poverty Reduction Strategy Paper
SFD	Social Fund for Redevelopment
SFYP	Second Five Year Plan
UN	United Nations
UNDP	United National Development Program
UNPFA	United Nations Population Fund
VET	Vocational Education and Training
WB	World Bank
WHO	World Health Organisation

ENDNOTES

(1) Unless indicated, statistical information quoted in this document is drawn from the following sources-

- CSO, (1998) *Household Budget Survey*
- CSO, (1999) National Poverty Survey
- GOY, (2003) Millennium Development Goals – Progress Report for Yemen
- UN , (2004) Yemen at a Glance
- UNDP, (2004) Human Development Report

(2) Report by Labor Market Information System cited in *Yemen Observer* , Vol VIII, Issue 50, p6.

(3) *ibid*

(4) Cited in *Technical Education and Vocational Training in Yemen and Its Relevance to the Labour Market* (2004), p8

(5) Cited in the National Poverty Survey (1999)

(6) The Labor Survey Final Report, 1999.

(7) Quoted in World Bank (2005), *Making Multi-Sectoral Approach Work for Children and Youth*, p28.

(8) The four main pillars of poverty intervention advocated by the PRSP are-

- achieving economic growth that is stable and diversified and that reduces income disparities;
- developing human resources- emphasizing population programs, improved health programs, education and training;
- improving infrastructure, particularly water and drainage, roads and electricity;
- granting social protection through safety nets and pension programs.

Annex I

Convention on the Rights of the Child (CRC)

Yemen became a signatory to the *Convention on the Rights of the Child* in 1991. This Convention is the most universally accepted human rights instrument in history. It has been ratified by every country in the world, except two. By ratifying this Convention, national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community.

The Convention is a universally agreed set of non-negotiable standards and agreements. It spells out the basic human rights for all children – without discrimination. The Convention reminds all children have the right to survival; to develop to the fullest; to protection from harmful influence, abuse and exploitation; and to participate fully in family culture and social life.

Drafted over a period of 10 years (1979 – 1989), the Articles of the Convention contains 40 areas of focus, namely –

Article 1	DEFINITION OF CHILD	Article 20	SUBSTITUTE CARE
Article 2	NON – DISCRIMINATION	Article 21	ADOPTION
Article 3	WELFARE PRINCIPLE	Article 22	REFUGEES
Article 4	DUTIES OF STATES	Article 23	DISABILITY
Article 5	PARENTAL ROLE	Article 24	HEALTH
Article 6	RIGHT TO LIFE	Article 25	REVIEW OF CARE
Article 7	NATIONALITY	Article 26	SOCIAL SECURITY
Article 8	IDENTITY	Article 27	STANDARD OF LIVING
Article 9	FAMILY LIFE	Article 28	RIGHT TO EDUCATION
Article 10	FAMILY REUNIFICATION	Article 29	AIMS OF EDUCATION
Article 11	CHILD ABDUCTION	Article 30	MINORITY RIGHTS
Article 12	CHILD'S WISHES	Article 31	LEISURE AND
Article 13	FREEDOM OF	RECREATION	
EXPRESSION		Article 32	EMPLOYMENT
Article 14	FREEDOM OF THOUGHT	Article 33	DRUGS
Article 15	FREEDOM OF	Article 34	SEXUAL EXPLOITATION
ASSOCIATION		Article 35	TRAFFIC IN CHILDREN
Article 16	PRIVACY	Article 36	OTHER EXPLOITATION
Article 17	ACCESS TO	Article 37	DEPRIVATION OF
INFORMATION		LIBERTY	
Article 18	PARENTAL SUPPORT	Article 38	ARMED CONFLICT
Article 19	PROTECTION FROM	Article 39	CHILD VICTIMS
ABUSE		Article 40	PENAL ISSUES

Annex II

Millennium Development Goals

In September 2000, world leaders, including His Excellency, Mr Ali Abdullah Saleh, President of the Republic of Yemen, attending a United Nations Millennium Summit, committed themselves to a global development agenda, namely the Millennium Development Goals (MDG's). This agenda seeks to combat poverty, hunger, disease, illiteracy, environmental degradation and gender discrimination. The Agenda also outlines a consensus on how to proceed with a stronger focus on human rights, good governance, democracy, conflict prevention and peace building.

The Millennium Summit has adopted eight goals, and Yemen has committed to specific targets by 2015, namely –

Goal 1: Eradicate extreme poverty and hunger

Target 1: *reduce by half the proportion of people living on less than a dollar a day by 2015*

Target 2: *reduce by half the proportion of people who suffer from hunger from 1990 – 2015*

Goal 2: Achieve universal primary education

Target 3: *ensure that all boys and girls complete a full course of primary schooling by 2015*

Goal 3: Promote gender equality and empower women

Target 4: *eliminate gender disparity in primary and secondary education, preferably by the year 2005, and at all level by 2015*

Goal 4: Reduce child mortality

Target 5: *reduce by two third the mortality rates among children under five by 2015*

Goal 5: *Improve maternal health*

Target 6: *reduce maternal mortality ratio by three – quarters by 2015*

Goal 6: *Combat HIV / AIDS, Malaria and other diseases*

Target 7: *halt and begin to reverse the spread of HIV / AIDS by 2015*

Target 8: *halt and begin to reverse the incidence of malaria and other major diseases by 2015*

Goal 7: *Ensure environmental sustainability and integrate the principles of sustainable development into country policies*

Target 9: *integrate the principles of sustainable development into country policies and programmes; reverse the loss of environmental resources by 2015*

Target 10: *reduce by half the proportion of people without sustainable access to safe drinking water by 2015*

Goal 8: *Develop a Global Partnership for Development*

Target 11: *develop further an open trading and financial system that is rule based, predictable and non discriminatory. It includes a commitment to good governance, development and poverty reduction at the national and international levels*

Target 12: *deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term.*

The 2005 World Summit by world leaders at UN Headquarters (14 – 16 September 2005) reinforced their strong and unambiguous commitment by all governments to achieve the MDG's by 2015, and the development of national plans to achieve MDG's by 2006.

Annex III

Youth Employment Network (YEN)

The Youth Employment Network (YEN) was established in 2001 to give effect to the global commitment of “*developing and implementing strategies that give young people everywhere a real chance to find decent and productive work*”, as resolved in the United Nations Millennium Declaration in 2000. A partnership was formed by United Nations Secretary-General Kofi Annan, the ILO Director-General Juan Somavia and the former World Bank President James Wolfensohn. YEN seeks to bring together policy-makers, employers and workers, young people and other stakeholders to pool their skills, experience and knowledge in an attempt to find new, durable policy and programme solutions to the youth employment challenge. By setting up the YEN, the UN Secretary-General sought to establish a mechanism which underpins and supports all the Millennium Development goals.

Currently 16 countries have committed to be Lead Countries for the YEN sharing experiences, formulating National Youth Employment Action Plans and committing to the youth employment

issue at the highest political level: Azerbaijan, Brazil, Democratic Republic of the Congo, Ecuador, Egypt, Indonesia, Islamic Republic of Iran, Jamaica, Mali, Namibia, Nigeria, Rwanda, Senegal, Sri Lanka, Syria, Uganda and United Kingdom.

YEN is the driving force behind the rapidly expanding number of countries who have prioritized youth employment through the formulation and implementation of National Action Plans on Youth Employment.

The Operations of the YEN are supported by two United National General Assembly resolutions. These resolutions encourage countries to prepare action plans and reviews – a vehicle to prioritise and operationalize youth employment – with the assistance of the ILO, the United Nations and the World Bank as well as other specialised agencies – and with the participation of young people themselves.

YEN has adopted an operational framework the ‘*Four Global Employment Priorities for National Action*’, namely –

- § Employability – investing in education and vocational training for young people , and improve the impact of those investments ;
- § Equal opportunities – giving young women the same opportunities as young men;
- § Entrepreneurship – making easier to start and run businesses ; and
- § Employment creation – placing employment creation at the centre of macroeconomic policy.

YEN will assist participating countries during 2006 with the development of National Youth Employment Action Plans.

List of the Strategy Steering Committee Members

#	Name	Title
1	H.E. Mr. Abdulrahman Al-Akwa'a	Minister of Ministry of Youth & sport – Head of steering Committee Members.
2	H.E. Mr. Abdulkareem Al-Arhabi	Minister of Ministry of Social Affairs & labor – Vice of steering committee.
3	Dr. Nafisa H. Al-Jaifi	General Secretary of Higher Council for Motherhood & Childhood.
4	Mr. Ahmed Al-Eshari	Assistant deputy minister of Ministry of Youth & sport.
5	Mr. Abdulwahab Mohamed Al-Akhel.	Ministry of Technical education and Vocational Training.
6	Mr. Mutaher Al-Abasie	Ministry of planning & international cooperation.
7	Mrs. Nageba M. Haddad	Deputy minister of Ministry of Culture.
8	Dr. Arwa Al-Rabie	Deputy minister of ministry of Health & population.
9	Dr. Ali Qassem Ismail	Ministry of High education & science research.
10	General Mr. Ali M. Hussien	Ministry of Interior
11	Mr. Yassien Abdou Saeed	Ministry of Social affairs & labor – labor sector
12	Sheik: Hamoud Saeed	Ministry Of Awkaf
13	Mr. Mugahed Ahmed Al-shab	National council for population.
14	Mr. Ahmed Al-Haajj	Ministry of education – school activity.

15	Mr. Ismail Abu Huriya	Ministry of human rights.
16	Mrs. Bushra Al-Baghdadi	Women national committee.
17	Mr. Mohamed K. Al-Mekhlafi	General Union for commercial trading.
18	Mr. Hasan Dakhnan	Ministry of media representative
19	Mrs. Kawkeb Al-Hebshi	Social fund development.
20	Mr. Abdullah Al-Khamessy	Committee reporter

List of the technical committee

#	Name	Title
1	Dr. Nafisa H. Al-Jaifi	General Secretary of Higher Council for Motherhood & Childhood.
2	Mr. Ahmed Al-Eshari	Assistant deputy minister of Ministry of Youth & sport.
3	Mr. Hashem Awn allah	Deputy minister of planning and international cooperation.
4	Mr. Mohammed Al-Zagheir Ms. Kawkab has nominated instead of him	General manager of Health & child protection.
5	Mr. Abdullah Al-Khamessy	Committee coordinator

Names of the professional person who participate efficiently with the technical committee

#	Name	Title
1	Mrs. Afrah Al-Ahmadi	Human recourse- World Bank
2	Dr. Buthina Al-Eryani	Youth & HIV officer – UNICEF
3	Mrs. Kawkeb Al-Hebshi	Strategy project officer & Disadvantage children –

		Social Fund development
4	Mrs. Basema Al-Areqi	Ministry of youth Coordinator of the technical committee & papering committee for strategy conference.
5	Dr. Faisal Al-kuhali	Officer in charge of health and child protection in the social fund development.
6	Mr. Omer Al-shabie	Finance officer in the preparing for the conference
7	Mrs. Lamia Al-Eryani	Planning department in HCMC
8	Abeer Mutlak	Research & studies department in HCMC
9	Sabah Badri Bakeir	manager of the deputy minister office of MOY&S

Advisory committee members from children & Youth

#	Name	Title
1	Emad Al-Maabari	Chairman
2	Anouar Al-Jarrash	Reporter
3	Wael Al-Ansi	Member
4	Khaled Al-Tomaira	Member
5	Iman Al-Harithi	Member
6	Nada Ali Sharif	Member
7	Sara Abdou Abdullah	Member
8	Abdulfatah Al-khaolani	Member Documentation Responsible
9	Amal Hazaa Mansour	Member
10	Helal Al-Koli	Member
11	Shaima`a Al-Hammadi	Member
12	Wahi Senan	Member
13	Yasmain Al-Kathi	Member
14	Sharif Al-Ashwal	Member – Relationship Responsible
15	Daress Al-Ba`adani	Member

16	Saddam Ali Kaid	Member
17	Mohammed Al-Asbahi	Member
18	Tehani Al-Habouri	Member
19	Khalil Shoudah	Member
20	Ammar Morshed	Member
21	Faouaz Edris	Member
22	Akram Al-Khali	Member
23	Wa`ad Al-Massa`abi	Member
24	Yousra Al-Sehari	Member