

Yemen

Update on the context and situation of children

Nearly six years since the conflict began in March 2015, the humanitarian crisis in Yemen remained the largest in the world. In 2020, there was an escalation of the conflict combined with the Coronavirus 2019 (COVID-19) outbreak which further escalated the economic decline, the destruction of basic services, and further pushed families into poverty and pre-famine conditions. An estimated 24.3 million, including 12.4m children, (80 per cent of the population) needed humanitarian and protection assistance in 2020. Since 2015, over three million people have been internally displaced, of which 166,000 were newly displaced in 2020.

The COVID-19 outbreak placed additional pressure on Yemen's already fragile health-care system, which is operating at roughly 50 per cent of its pre-conflict capacity. While only 2,018 confirmed COVID-19 cases and 612 related deaths were reported as of end December 2020, health partners have confirmed that the official epidemiological data underestimate the extent to which COVID-19 is present in Yemen.

An estimated 500,000 Yemeni civil servants, including health workers and around 160,000 teachers and school-based staff, have received little to no salaries since 2016. A fuel crisis contributed to increased basic commodity prices. By the end of the year, the Yemeni Rial had depreciated to an all-time low of YER850/US\$ in southern governorates. Remittances, which made up 13 per cent of the country's Gross Domestic Product in 2019, dropped by up to 70 per cent as a result of the COVID-19 global downturn, leaving more of the population unable to afford essentials.

Impact on Children

In August 2020, FAO, WFP and UNICEF conducted an Integrated Food Security Phase Classification (IPC) Acute Malnutrition analysis in 133 districts in southern parts of Yemen. The analysis found a significant deterioration in the acute malnutrition situation with an estimated 500,000 cases among the 1.4 million children under the age of five, a near 10 per cent increase compared to earlier caseload projections for 2020. A similar IPC analysis has been conducted in the North of Yemen and preliminary results indicate a similar deterioration of the situation. Nationwide, over 325,000 children suffered from Severe Acute Malnutrition (SAM) in 2020. This was in addition to an estimated one million Pregnant and Lactating women (PLM) suffering from acute malnutrition. Humanitarian interventions to treat and prevent malnutrition, as well as provide emergency food assistance, have prevented an even more severe deterioration.

In August 2020, a polio outbreak was declared in Yemen following 19 reported cases (ages 8-13) of vaccine-derived poliovirus type 1 (cVDPV1) (ages 8-13). The cases were detected in different districts of Sa'ada Governorate. Children aged 8 months to 13 years were affected.

On a positive note, Yemen witnessed a drastic reduction in cholera cases seen since the height of epidemic in 2017. A total of 182,476 suspected cholera cases were reported in 2020 against 623,977 in 2019, representing a 78 per cent reduction.

Before the war, literacy and school enrolment rates were lower for women and girls than they were for men and boys. Many girls were subjected to early marriage and pregnancy. With the conflict entering its sixth year, the situation has become more acute: Child marriage has been increasingly used by

families as a negative coping mechanism. Despite of barriers in reporting and challenges to accessing services, there was a 13 per cent increase in survivors accessing Gender-Based Violence (GBV) services in 2020 compared to 2019 .

Children continued to be in need of protection, facing multiple risks including landmines and explosives. Between January and November 2020, the Country Task Force on Monitoring and Reporting Mechanisms (MRM) documented 910 incidents of grave violations against 1,233 children, of which 97 per cent (887) were verified. The verification of grave violations, perpetrated by various parties to the conflict, included 1,045 children killed and maimed (750 boys; 295 girls), 89 boys and 34 girls recruited and used by various parties to the conflict, and 30 attacks on schools and hospitals (13 schools; 17 hospitals). Mortar and artillery shelling were the highest causes of killing and maiming in 2020.

The delivery of education services continued to face significant challenges in 2020. Of 7.8 million school-aged children (6 to 17 years old), an estimated at two million children were out of school (400,000 because of the conflict) . Due to the COVID-19 pandemic, schools closed nationwide between mid-March to October 2020, causing significant disruption to the learning of 5.8 million enrolled children . Schools continued to come under attack. This included over 2,000 schools fully or partially damaged or occupied by armed groups or forces . A significant gender gap persists in enrolment, with a Gender Parity Index (GPI) of 0.84 as of 2015/16 (0.72 for secondary level) .

Humanitarian Access & Security

The outbreak of the COVID-19 pandemic resulted in movement restrictions, quarantines and closure of both Aden and Sana'a airports, interrupting the import of lifesaving medicines and commodities and the delivery of services and supplies to beneficiaries. While most restrictions associated with the threat of COVID-19 were lifted by October 2020, the pre-existing bureaucratic impediments continued to hamper efforts to deliver assistance to children at scale and import lifesaving commodities. The UN, NGOs and international donors continued to engage with the authorities in Yemen and work towards a sustained, safe and principled humanitarian response across the country.

Major contributions and drivers of results

UNICEF in Yemen

UNICEF continued to invest in institutional and community-based systems, focusing on children's survival, growth and development. UNICEF Yemen partnered with humanitarian actors and the public sector at decentralized levels, targeting the most vulnerable children affected by the crisis through multi-sectoral responses to their health, nutrition, WASH, education and protection needs.

Since 2015, UNICEF has increasingly been working at the decentralized level with technical and frontline personal to support key social services across the country. To achieve this, UNICEF in Yemen has almost 400 across eight locations; six locations in Yemen (central office in Sana'a and field offices in Aden, Sana'a, Ibb, Hodeidah, Sa'ada, an outpost in Mukalla), plus a Programme Management Unit in Amman and two logistical hubs in Oman and Djibouti.

UNICEF's programming for children in Yemen was further challenged by the widely observed movement and gathering restrictions as preventive measures to the COVID-19 pandemic. The changed operational environment required UNICEF to revise its 2020 Work Plan to factor in the COVID-19 pandemic response and to re-prioritize programmes to address emerging needs.

Through a wide range of partnerships, in 2020 UNICEF Yemen mobilized US\$ 261 million. Of this amount, US\$ 116.8 million was from the COVID -19 appeal, \$ 98.6 million from the Humanitarian Action for Children (HAC) appeal and US\$ 45.6 million from development grants. With resources mobilized from prior years, UNICEF Yemen had a total of US\$ 663 million available in 2020. Total funds utilized in 2020 was US\$ 431 million.

There was a significant downward trend in resources mobilized in 2020 as compared with 2018 and 2019 which put additional pressure on the operation. Despite challenges linked to resources and to COVID-19, UNICEF continued delivering on its multi-sectoral response, addressing humanitarian needs as well as more long-term needs.

Every child survives and thrives

To prevent excess mortality among children and women within the context of the COVID-19 pandemic, UNICEF continued its focus on the provision of and access to a set of high-impact preventive and curative services to affected populations.

In 2020, utilization of health and nutrition services declined as a result of COVID-19. Utilization of routine immunization services started declining in March 2020 with the lowest level recorded in May 2020 compared to the same period in 2018 and 2019. Population-based interventions, including immunization campaigns, integrated outreach rounds, mass screening for malnutrition, household assessments and group events such as trainings, were all put on hold for several months. While some catch-up was possible later in the year, the gains lost continued to impact both service availability and utilization in the health and nutrition sectors.

Through maternal and newborn health care and integrated management of childhood illnesses, UNICEF supported the treatment of 2.4 million children for common illnesses, including pneumonia and diarrhea through primary and secondary health facilities. Of the 2.4 million children reached, 50 per cent were screened for malnutrition.

The initial 2020 plan for community-based service delivery had to be scaled down due to a combination of the COVID-19 pandemic and reduced funding availability for pre-service training. However, UNICEF managed to train 185 community midwives and scaled up the Community Health Workers (CHWs) workforce with training of additional 261 CHWs, bringing the total number of active CHWs to 2,076 in 2020.

A total of 676,972 children under the age of 1 received three doses of Penta vaccine (70 per cent coverage). A total of 606,247 children received first dose of Measles Containing Vaccines through routine EPI vaccination service delivery points (62 per cent coverage). In addition, a total of 646,610 of women of childbearing age (15 -49 years) received Tetanus-Diphtheria vaccines.

Two rounds of polio vaccination campaigns were successfully completed, reaching over 5 million and 1.2 million children aged 0-59 months respectively (93 per cent and 96 per cent coverages). An additional 1.1 million children aged 6 weeks to 15 years were vaccinated against Diphtheria as a response to a diphtheria outbreak.

In response to the malnutrition crisis, UNICEF continued to focus on community prevention and management of malnutrition and scaling up the integrated Community Management of Acute Malnutrition (CMAM). This was through MOPHP and nine active partnerships with local and international NGOs. In addition, in late 2020 UNICEF started implementing an accelerated multi-

sectoral integrated scale-up response plan, focusing on districts with high malnutrition rates based on evidence from the IPC.

At the end of December 2020, 238,084 children under the age of five received treatment for SAM, representing 71 per cent of children in need of SAM treatment and 90 per cent of UNICEF's planned target for 2020. Eighty-six (86) per cent of children discharged were cured, 12 per cent defaulted and 0.25 per cent did not survive, all within the minimum Sphere standards at the national level.

While the reported suspected cholera cases reduced by over 78 per cent as compared to 2019, UNICEF continued its support to case management of the persisting cases through diarrhea treatment centres (DTCs) and oral rehydration centres (ORCs). Throughout the year, 40,339 cases of cholera were treated at UNICEF supported facilities. Investments by UNICEF and partners in preparedness and early response played a key role in reducing the vulnerability of children and their families to cholera.

Every child learns

In response to the COVID-19 crisis, UNICEF supported the Ministry of Education (MoE) developing a National COVID-19 Response Plan, aiming at a coordinated response, mitigating impacts of COVID-19 and ensuring continued education delivery. Awareness raising and sensitization on health-education benefitted 546,640 community members.

To prevent the Education system from collapse, UNICEF provided monthly incentives to 116,803 teachers and school-based staff (93 per cent of the planned target). In addition, 2,212 Rural Female Teachers (RFTs) in 16 governorates received incentives. Support to RFTs is aiming at investing in the female work force as well as attracting more girls to come and stay in school.

UNICEF continued to assume the grant agent role for the GPE financed Education Sector Implementation Grant (ESPIG, 2014-2021) and the COVID-19 First Emergency Response project. A joint Back-to-Learning framework was established between UNICEF and WFP aiming at increased education access for girls and boys. The signing of an agreement between UNICEF, UNESCO and WFP set an important milestone for the implementation of the first phase of a three-year roadmap to re-establish the Education Management Information System in Yemen. UNICEF actively engaged in the Local Education Group (LEG) and the Development Partners Group (DGP). Throughout 2020, UNICEF co-led the Education Cluster with Save the Children (SC), supporting coordination mechanisms at national and sub-national levels (1 national cluster, 5 sub-clusters).

To reduce supply- and demand- side barriers and ensure continued service delivery, UNICEF provided financial and technical support for the conduct of grade 9 and 12 national exams benefitting 427,650 children, distributed learning supplies to 152,728 children and provided Protective Personal Equipment (PPE) items to 4,250 exam centres. WASH facilities were rehabilitated in 136 schools, including procurement of classroom furniture. To strengthen capacities, UNICEF provided technical and financial support for the training of 1,200 teachers in 247 schools on safe school protocols. The development of a platform for alternative learning pathways was initiated during last quarter of 2020.

Every child is protected from violence and exploitation

UNICEF's child protection programming was challenged by the COVID-19 pandemic. The new operational environment forced UNICEF to adapt new ways to reach the most vulnerable children with protection services.

UNICEF continued to support the operationalization of the electronic birth notification and registration system. In 2020, 517,600 children had their birth registered with the Civil Registration Authority. The birth registration programme continues to face legitimacy challenges between authorities in the north and the south. This requires strong advocacy and joint efforts on access to birth certificate/registration for all children in Yemen.

Due to high likelihood of health personnel meeting with vulnerable children through their COVID-19 prevention and response work, case identification and referral training for 1,979 health workers was prioritized. General training for case management Standard Operation Procedures (SOPs) and referral pathway was deprioritized and reached only 15 per cent of the 2020 target (118 government staff trained out of 770 targeted).

Psychosocial support was provided to 390,517 community members (75 per cent of the planned target), including 252,124 children and 138,393 caregivers through a network of fixed and mobile safe spaces to help overcome the immediate and long-term consequences of their exposure to violence. To address the psychological distress caused by COVID-19 pandemic, UNICEF in coordination with the Mental Health Psychosocial Support Technical Working Group developed and disseminated key messages for children and caregivers on how to manage stress related to COVID-19. A total of 305,520 people, including 117,062 children, were reached with these messages with UNICEF support. UNICEF and its partners also developed remote modalities and reached 31,027 children and caregivers at homes, including as home-based psychosocial kits as well as counselling through hotlines.

The Monitoring and Reporting Mechanism (MRM) data collection and data verification system supported evidence-based advocacy and dialogue with various parties to the conflict as well as stakeholders to advance the best interest of children affected by armed conflict.

A total of 265,832 community members, including 187,311 children, received mine risk education through awareness raising campaigns in schools, Child Friendly Spaces and communities across 8 governorates. UNICEF and Yemen Executive Mine Action Centre developed TV and radio flashes in order to overcome the challenges of movement restrictions.

Through advocacy made by UNICEF, 545 children were released from detention centres and institutions to be reunified with their families. UNICEF supported the inter-ministerial technical committee for juvenile justice to promote joint advocacy and responses for children in contact with law, and 458 children in conflict with the law received legal aid services.

Every child lives in a safe and clean environment

In 2020, UNICEF continued to pursue a dual pronged approach to address WASH needs in Yemen. The first prong aimed at addressing immediate lifesaving needs, while the second prong focused on identifying durable solutions through systems strengthening initiatives, developing the resilience of local communities and the capacity of local institutions.

As part of its emergency response, UNICEF reached over 4.5 million people (66 per cent of the annual target) with access to safe drinking water. In total, UNICEF's provision of emergency water supplied through various means covered an estimated 65 per cent of the total WASH Cluster target for 2020.

Access to appropriate sanitation facilities and environments free of open defecation were provided to 180,400 people, 28 per cent of the 2020 target. The low achievement against this target was due to the COVID-19 context, implementation challenges with partners and funding constraints. Over 4.8 million (80 per cent of the target) people were provided with gender responsive standard hygiene kits

(basic and consumable). In addition, UNICEF reached nearly 390,000 people with critical WASH supplies (including hygiene items) and services in areas affected by COVID-19, including people in quarantine and isolation centres. These services included water trucking, water tanks, hygiene kits, and emergency latrines.

In 2020, UNICEF provided improved and sustained access to drinking water to over 4.3 million people, through a spectrum of activities, including support to operation and maintenance and rehabilitation of public water systems, representing 62 per cent of the target. UNICEF provided improved access to sanitation services to over 2.3 million people across Yemen, through support to wastewater treatment and solid wastes management, representing 60 per cent of the target.

As part of resilience strengthening work, the capacity of local institutions at national and sub-national levels was strengthened for improved management, operation and maintenance, and other technical areas for improved service delivery. UNICEF supported the capacity and performance of local community-based organizations and their working relationships with local authorities. In partnership with Human Resource Management Center, 480 staff from various government WASH institutions in Yemen benefitted from training on WASH interventions.

UNICEF led the WASH Cluster, with the co-chair of the Ministry of Water and Environment and Oxfam as Co-Coordinator. UNICEF contributed to more than 65 per cent overall WASH Cluster response in country.

Rapid Response Mechanism (RRM)

In 2020, the RRM delivered 830,000 lifesaving packages including WASH and nutrition services to displaced populations around frontlines, IDP sites as well as communities affected by natural disasters including flooding.

Every child has an equitable chance in life

UNICEF promoted the social protection agenda through evidence generation and analysis on social and economic situation and vulnerabilities in Yemen to inform child-focused decision-making and programming for the poorest and most vulnerable children and their families. In 2020, key assessments and studies completed included: Situation Analysis of Women and Children in Yemen, Child-centred Risk Analysis and Hazard Mapping, review of the COVID-19 Impact on service provision, Vulnerability and Needs Assessment in Aden, Sana'a and Amanat Al Asimah, and the mapping of available assistance to Children with Disabilities.

The Integrated Model for Social and Economic Assistance and Empowerment (IMSEA) became fully functional in 2020. Approximately 100,000 marginalized people benefitted from the pilot IMSEA in Amanat Al-Asimah and Sana'a through an integrated package of social services.

To address the socio-economic impacts of COVID-19, UNICEF implemented a Cash Plus initiative through the Emergency Cash Transfer Programme. This reached 6,869 households (47,614 individuals). All households covered received cash, iodine testing services, educational messages on COVID-19 prevention, and general health and nutrition messages.

UNICEF continued to implement the Yemen Emergency Cash Transfer (ECT) Project as a mechanism to prevent the social welfare and economic systems from full collapse. In 2020, two cash payment cycles were successfully implemented, reaching over 1.43 million households with lifesaving cash transfer, impacting an estimated 9.16 million people or nearly a third of the country's population.

Inflation continued to rise in 2020 and regional disparities increased with up to 45 per cent divergence in exchange rates between the north and south. The purchasing power of the ECT benefit amount has declined due to inflation and overall rise in the cost of basic commodities. In 2020 the ECT benefit covered less than 15 per cent of the survival minimum expenditure basket compared with 25 per cent in 2017. A top-up of about 45 per cent of the base benefit amount was provided for the first time during the eighth payment cycle in order to help families cope with the impact of COVID-19.

C4D

In 2020, UNICEF led the UN COVID-19 Risk Communication and Community Engagement (RCCE) interventions. A total of 16.5 million (92 per cent of the targeted population) were reached through a mix of mass media and interpersonal communication interventions. This included activities in schools and mosques to ensure that individuals and communities had comprehensive knowledge on COVID-19 to safeguard themselves and their families against infection. Over 19,700 community volunteers (including 6,460 religious leaders), and 6,081 Mother to Mother Club members were sensitized and empowered to facilitate COVID-19 RCCE through engagement modalities which respected COVID-19 prevention protocols.

Recognising Mass and Social media as important means for raising awareness and engagement, capacity building sessions on COVID-19 were organised for 108 media personnel, social media activists and social media influencers.

UN Collaboration and Other Partnerships

Strategic partnerships with authorities, UN, INGO/NGO as well as CSO partners helped to leverage more resources for the COVID-19 RCCE and to respond to other outbreaks such as Polio, Dengue, AWD/Cholera and malaria.

Collaboration with FAO and WFP on the Food Security and Livelihoods Assessment and subsequent Integrated Phased Classification for Food insecurity and for Acute Malnutrition was an example of good UN interagency collaboration that has provided solid data for food and nutrition. This collaboration was particularly strategic in 2020 as SMART surveys could not be conducted due to COVID-19.

WASH programme developed a partnership with WHO for the harmonization of Institutional WASH service provision, Water Quality Monitoring and capacity building on Water Safety Plan scaling up under the Joint Programming of Emergency Health and Nutrition Project funded by World Bank.

Partnerships were crucial to the successful implementation of the education programme in 2020. UNICEF established a strategic framework “Back to Learning” with WFP and supported the Joint Education Needs Assessment (JENA) conducted by the Education Cluster to understand the impact of COVID-19 on children’s education and wellbeing. In partnership with UNESCO and WFP, the development of the Education Management Information System (EMIS) Strategic Roadmap has laid foundations for an enhanced data collection system for education.

In partnership with the World Bank, WFP and Save the Children, UNICEF contributed to the development of a large education sector investment in Yemen: the US\$ 153 million Restoring Education and Learning (REAL) project, to be implemented between 2021-2024. UNICEF will be the largest implementing partner (US\$75 million allocation) within this new project. This new partnership builds on the successes of the GPE programme, for which a no-cost extension was agreed with the

MoE, the members of the Local Education Group (LEG) and GPE in November 2020. UNICEF also continued to advocate for teacher salaries that were not paid regularly since 2016. A Joint Statement about Teachers in Yemen was published with UNESCO, GPE and ECW on World Teachers' Day.

UNICEF, UNDP and UN WOMEN are part of the joint UN programming for Rule of Law, building resilient justice systems through capacity building and service provision for children and women in contact with the law. UNICEF and UNHCR are working together to support birth registration through legal assistance for civil identity cards. UNFPA and UNICEF are in partnership to implement joint global programs to end Child Marriage and end female genital mutilation (FGM), bringing technical expertise from both agencies in programme design to address rights of girls through social norm change.

Lessons Learned and Innovations

Access to credible and up-to-date information is a significant challenge in Yemen that requires the use of innovative data collection and analysis instruments. In 2020, UNICEF engaged in several knowledge management initiatives and studies to generate evidence for better programming.

With ongoing inability to conduct population-based and nationally representative surveys resulting in the need to explore alternative modalities for estimating access, coverage, and effectiveness; a novel geospatial analysis of access to health services was conducted jointly by UNICEF, WHO, and the World Bank and revealed variation between access to primary health care facilities and services. The analysis helped to build the case for the importance of targeted planning of outreach, mobile, and community-based services to fill access gaps.

A collaboration with the Boston University resulted in mathematical models that estimate coverage and gaps in treatment services for children under five with diarrhea and produced refined estimates of children suffering from severe acute malnutrition. These studies provided proof-of-concept for innovative methodologies to generate information needed for program strategy and planning in the absence of a quality high-functioning health information system and population-based surveys.

In 2020, children and community members were greatly affected by education services disruptions, delayed implementation of planned activities, interrupted on-site monitoring and prolonged school closures caused by the COVID-19 pandemic. This unprecedented crisis accelerated the development, deployment and implementation of technological solutions that support and strengthen service delivery, monitoring, and communication with beneficiaries. To that end, UNICEF supported the design of remote learning for all children during school closures through different innovative alternative learning programmes, Safe School Protocols, and provision of PPEs.

Under the Child Protection programme, case management processes through mobile phones worked well in ensuring continuity of services for the most vulnerable children. Hotlines and digital platforms have helped UNICEF to overcome access challenges including reaching hard-to-reach areas and overcoming access/movement restriction under COVID-19. The importance of multi-sectoral approaches for protection programming is highlighted as an important lesson learned in 2020. Multi-sectoral approach gives wider entry points to address culturally sensitive issues of protection, reaching higher number of children with less cost. Programmes through health, education and emergency cash transfer has been identified as promising entry points for protection activities.

In 2020, the office separated the evaluation function in its office from Planning, Monitoring, and Research, and hired a dedicated Evaluation Specialist to boost evaluation use in the YCO. The office also developed plans for three independent, external evaluations: the Community Management of Acute Malnutrition Programme; the Infant and Young Child Feeding Programme; and the WASH Cholera Rapid Response Teams. These evaluations will carry over into 2021.

Gender Programmatic Review

In June 2020, the office completed a Gender Programmatic Review (GPR). The GPR was used to inform adjustments of programme priorities and the new programme Results Framework for 2021/2022. The GPR detailed recommendations by sector, which UNICEF is taking forward to improve alignment with, and contribution to, the global Gender Action Plan. Specifically, the GPR recommends prioritizing the recruitment of a Gender Specialist to enhance gender mainstreaming in programmes.

Risk Management

As part of its efforts to strengthen risk management, UNICEF continued to implement recommendations from the 2019 Office of Internal Audit and Investigation's internal audit report. UNICEF implemented the enhanced Harmonised Approach to Cash Transfers (HACT Plus) to effectively deliver for children in a highly challenging and complex environment. HACT Plus is a risk management framework that goes beyond the regular HACT framework adopted along with other UN agencies. HACT Plus transcends the minimum prescribed assurance activities in HACT, a decision that is determined by the inherent risk exposure and operating environment. As of 31 December 2020, 140 out of 223 implementing partners had been re-assessed to establish their revised risk profiles using the enhanced risk assessment methodology. Additionally, 40 onsite financial reviews had been completed while 56 were ongoing. A total of 74 HACT financial audits were also ongoing. These financial reviews are based on the revised financial assurance ToRs with an increased focus on fraud detection and prevention. Additional measurements put in place include:

- Limiting direct cash advances to partners to the minimum possible by increasing the use of direct payment and reimbursement;
- Direct management and oversight by UNICEF of all procurement, rehabilitation and construction activities rather than delegating to implementing partners;
- Introduction of a partnership review mechanism for all government counterpart funded projects; and
- Establishment of a Risk Management Taskforce charged with reviewing all new programme activities in order to ensure cost-effectiveness, risk-informed decisions and efficiency of the activities to be implemented.

Programme Monitoring

In 2020, UNICEF rolled-out a comprehensive Monitoring Framework that provided overall guidance to the office to ensure programme monitoring is conducted in a systematic manner that generates quality monitoring information and data for programme analysis, thus facilitating decision-making and corrective actions in programming. As a result of the COVID-19 pandemic, further restrictions of travel and movements around the country further limited and constrained field monitoring by staff. To ensure continuity of field monitoring activities, UNICEF Yemen employed Remote Monitoring as an

approach within the YCO Monitoring Framework.

Looking ahead

In June 2020, the office convened a two-day online Strategic Moment of Reflection as a critical milestone in the process to develop a new programming framework along with a results and resources matrix for a two-year extension of the Country Programme for 2021 and 2022. This will be the fifth extension of the country programme which commenced in 2012. Whilst the current dynamic political situation does not allow for a new Country Programme to be prepared, the new Results Framework developed for 2021/2022 strategically positions UNICEF to stay relevant and transition to a sharper programmatic focus to maximize sustained results for children.

In the absence of a United Nations Sustainable Development Corporation Framework, in 2021, the UN Country Team will implement the “Strategic Framework for an immediate socio-economic response to COVID-19 in Yemen (2020-2021)” as the rallying point for UN programming in Yemen. In 2021, an implementation plan for this framework will be developed.