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Analysis of multidimensional needs of children in Yemen

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1 Introduction

In 2021, more than two thirds of Yemen's population was in urgent need of some form of assistance, with the majority being children. The severe and cumulative effects of a seven-year armed conflict on the economy and the social protection (SP) and health sectors is the major factor contributing to children's vulnerability. While the national SP system is struggling to provide meaningful assistance to households and workers, humanitarian actors and flows of official development assistance have been crucial in sustaining important SP and humanitarian initiatives to address urgent and multidimensional needs of families, especially children. Nonetheless, the fragmentation and restricted timeframes of those initiatives reflect an overall lack of strategic direction within the SP sector in Yemen, and highlight the greater structural barriers that ultimately curb expansion and efficiency of the sector. In April 2022, the first nationwide truce in six years of conflict was established, providing a long-awaited opportunity for the authorities to hold discussions and restart the political process (OCHA 2022b). In June 2022, the truce was renewed for another two months.

Meanwhile, millions of Yemeni children are facing a range of deprivations that cannot be described using the concept of monetary poverty alone. Critical deprivations have been reported across various dimensions of children's lives, such as not being able to access vaccines for preventable diseases, school, safe and clean water or psychosocial support. The vast majority of children in Yemen, especially those of Muhamasheen origin, girls, children with disabilities, those who are internally displaced, and children in rural areas, live in multidimensional poverty.

BOX 1

Multidimensional poverty

Persons living in poverty can experience poverty in multiple dimensions—not only in monetary terms, as countries traditionally define poverty. For instance, children can be malnourished, lack access to sanitation or face threats to their personal safety, in addition to being income or consumption poor or even when they are not strictly considered poor in monetary terms. Analysis of multidimensional poverty provides a more comprehensive picture of poverty in a country and for specific groups, such as children. Different subgroups of children, for example, may face deprivations in various dimensions and/or to varying extents (Multidimensional Poverty Peer Network n.d.). Clarity on different dimensions of children's needs can serve as important evidence for policymakers in establishing focus and designing child-sensitive SP schemes.

This brief provides a review of children's multidimensional needs in Yemen, based on publications by humanitarian actors, United Nations agencies, research institutions and the Government of Yemen. It maps the most relevant SP initiatives in place and provides recommendations for strengthening SP and making it more comprehensive to address children's multidimensional needs. Data availability is one of the main issues that constrained the analysis, as post-conflict household data are extremely scarce, and the data sources reviewed are likely not sufficiently extensive to identify all the vulnerabilities and risks, or their varying levels, faced by different subgroups of children in Yemen—i.e. based on age, gender, ethnicity or origin, area of residence, disability or status as an internally displaced person (IDP).

2 Dimensions of needs of children in Yemen

Income

The conflict in Yemen has led to several economic crises, which have reduced the country's economic activity by half since 2015. These crises led to the draining of foreign reserves, high exchange rate volatility, and depreciation of the Yemeni rial, causing increases in prices of goods and services and reducing the purchasing power of households in Yemen (IPC 2022b). The COVID-19 pandemic also aggravated the socio-economic situation in the country. The combination of these factors and the loss of jobs,

housing damage, displacement, non-payment of public-sector wages and rise of other epidemics (World Bank 2020) have left 80 per cent of the population living below the income poverty line in 2022 (OCHA 2021). Among children, income poverty is estimated to be even more prevalent, with 85 per cent of children being poor (UNICEF 2021b).

Monetary poverty is a crucial aspect of child poverty, since it makes children more vulnerable to malnutrition or abandoning school, and more susceptible to adopting harmful coping strategies.

Health

The health needs of over 12 million children were unmet in Yemen in 2021 (OCHA 2022a). Health facilities that are currently functional in the country—about half of the existing facilities (UNICEF Yemen 2021)—are likely facing several challenges in delivering care to patients. They are possibly undergoing medication shortages, lacking medical staff, adequate supplies and equipment, and unable to ensure adequate and safe facilities (OCHA 2022a; UNICEF Yemen 2021). Additionally, it has become harder for families, including children, to access the available health care services. Some are concentrated in large urban centres, imposing long journeys on children in need in rural areas. Negative coping strategies have been reported, with families spending less on food to be able to afford health costs, selling assets or borrowing money. Measures introduced to reduce the spread of COVID-19 further affected the supply of and accessibility to health services and discouraged people from seeking treatment for other illnesses.

Without quick and affordable access to emergency and specialised health care, children who have suffered trauma or acute injury are more likely to face permanent disabilities. Children with disabilities, especially in rural areas, encounter more barriers in accessing health services or education. They may also need specialised follow-up services to tend to their specific needs after having suffered an acute injury, as well as psychological rehabilitation services (Al-Mughalis 2022).

Education

In 2022, roughly 8.5 million out of 10.6 million school-aged children (5–17 years old) in Yemen are in need of some form of education assistance, of which 47 per cent are estimated to be girls (OCHA 2022a). Yemen's schooling system already faced strenuous challenges by the time COVID-19 forced the closure of schools and the interruption of education, which contributed to increasing children's risk of drop-out.

The inability to afford school fees and other education-related costs, such as school material, uniforms, transportation and food, is one of the main obstacles facing over 2.4 million children out of school in Yemen in 2022 (OCHA 2022a). Displacement and the threat of schools being hit by attacks stemming from the conflict are also key factors preventing 1.4 million children from accessing an uninterrupted education (ibid.). Over the last eight years, many schools have suffered air strikes or shelling, occasionally causing deaths and damage to school infrastructure (ibid.).

Less functional schools led to overcrowding and under-resourcing of available classrooms, and may have increased the travel distances of girls and boys who had to change schools, which also increased the threat to their personal safety. Poor maintenance of the teaching system, long delays in paying teachers' salaries, the small number of female teachers in schools, especially in rural areas, and the lack or inappropriateness of water, sanitation and hygiene (WASH) facilities are further factors challenging the delivery of education services to girls and boys in Yemen (UNICEF 2021b).

These barriers have contributed to further marginalisation and exclusion of an estimated 870,000 children with disabilities (ibid.). Further, girls, children in rural areas, and children enrolled in public schools are enduring worse barriers to accessing and completing education (Ministry of Planning and International Cooperation 2021).

Food security

Food insecurity has been a key issue for Yemen since 2015, and it is expected to be further aggravated in 2022 if a more permanent truce is not achieved. Yemen was again at risk of catastrophic food insecurity in 2020 and 2021 (OCHA 2022a). The country has 17.4 million people in need of food assistance—i.e., IPC Phase 3 and above¹ (IPC 2022b). Among these individuals, there are at least 3 million children under 5 years old and 1.3 million pregnant women living in food-insecure areas, and these numbers are expected to increase in the second half of 2022 (OCHA 2022a). Food insecurity during childhood can have significant lifelong consequences. High levels of food insecurity lead to an increase in malnutrition and child mortality rates, and may have irreversible impacts on child growth and development. Only in 2021, the price of the minimum food basket was 119 per cent higher than at the beginning of the year in the Internationally Recognised Government (IRG) territories, and 41 per cent higher in the Sana'a-based authorities' territories, see Figure 1 (WFP 2022).

Nutrition

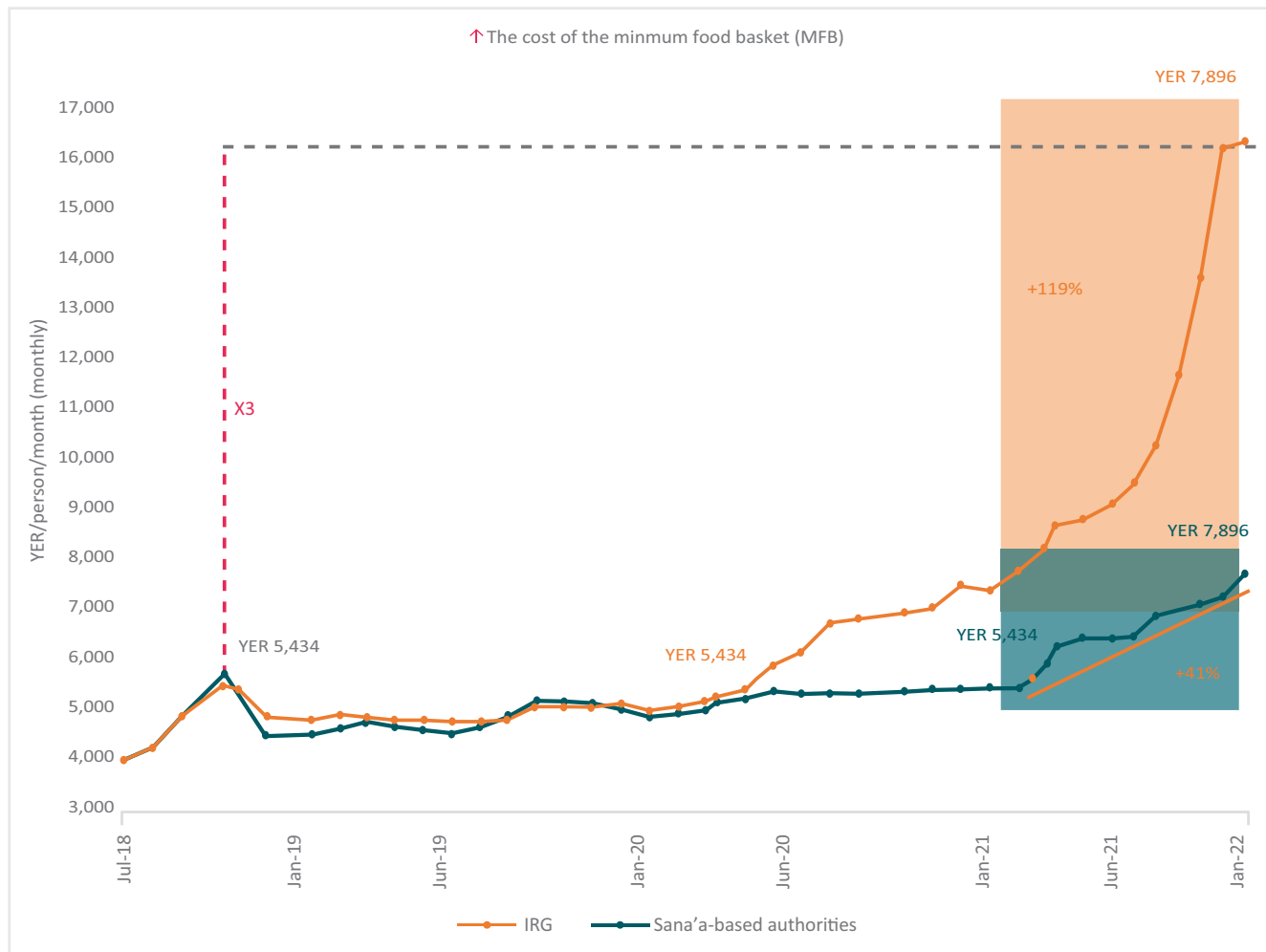
In 2022, over 8.1 million people were in need of nutrition assistance, with children being one of the main groups affected by malnutrition, representing 68 per cent of the total population in need (OCHA 2022a). Yemen has one of the highest child malnutrition rates globally, driven by insufficient food consumption, poor sanitation and hygiene, contamination by infectious diseases, and conflict (FEWS NET 2022). There are 2.2 million children under age 5 who suffer from acute malnutrition. Among these, 538,000 suffer from severe acute malnutrition, facing a risk of death 12 times higher than their well-nourished peers. The other 1.6 million children suffer from moderate acute malnutrition and are four times more likely to die than well-nourished children (OCHA 2022a). Child malnutrition also has an irreversible and lifelong impact on child development and growth, in addition to increasing the risk of dying from common infections, such as malaria, diarrhoea and pneumonia (ibid.).

Water, sanitation and hygiene (WASH)

In 2022, 8.9 million children in Yemen have their WASH needs affected (OCHA 2022a). Many families have been forced to turn to alternative and unimproved water sources due to

FIGURE 1

Price of the minimum food basket



Source: World Food Programme (2022).

disruption of their usual water sources given the increases in fuel prices and destruction of water infrastructure (Ministry of Planning and International Cooperation 2021). Water collection, for example, a task generally assigned to women and girls, has been affected by a decreased operational capacity of water service providers and the destruction of or damage to wells and water distribution infrastructure. Longer and unfamiliar journeys to fetch water are known to increase women and girls' protection risks and may lower water consumption by poor families.

Limited access to WASH, including inadequate access to soap and other hygiene items, coupled with water scarcity, elevates the risk of communicable disease outbreaks, such as cholera, diphtheria or COVID-19. Moreover, WASH facilities that are not gender-segregated may curb girls' access to them and increase their vulnerability not only to WASH-related diseases but also to harassment and other risks of gender-based violence (OCHA 2022a). Fewer than 30 per cent of households report having gender-specific latrines, for example, and many struggle to access menstrual hygiene items for girls (UNICEF Yemen 2021).

Shelter and non-food items

Around 3.8 million children in Yemen are in need of some assistance with non-food items (NFIs) in 2022,

with similar number of girls and boys in need (OCHA 2022a). Most people with shelter or NFI needs in the country live in rural areas. Two thirds live in rented accommodation, or another family is hosting them. More than 1 million children, whose families cannot afford better living conditions and do not have relatives with whom they could seek alternative shelter, live in unplanned hosting sites and may face eviction threats and precarious living conditions, such as overcrowding, lack of WASH facilities, flooding and fire hazards.

The COVID-19 pandemic also exacerbated vulnerability in shelters, especially for children. Many IDPs² believed that their shelter was not adequate to provide protection during the pandemic. Among their priorities for essential NFIs were blankets, mattresses, soap and kitchen utensils (NRC 2020). Internally displaced children usually face additional barriers to access essential NFIs, since most of them live in overcrowded transitional shelters. Almost two thirds of hosting sites lack access to electricity and adequate lighting, and 45 per cent of informal hosting sites are located within 5 km of an active front line, which makes it more difficult for IDPs to receive humanitarian aid and access essential NFIs (OCHA 2022a).

Personal safety

- **Separation from families or guardians:** There are at least 1,200 unaccompanied and separate children in IDP settlements. Yemen is also an important migrant route from Africa to the Gulf States, and many unaccompanied children travel among these migrants. In early 2019, for instance, the Government of Yemen detained around 500 unaccompanied boys aged 12–17 years old, representing more than 15 per cent of the immigrants detained (UNICEF Yemen 2020b).
- **Safety from death or injury:** In 2021, an estimated 10,000 children were maimed or killed by the armed conflict, and this number is likely to be an underestimation, since more child deaths go unrecorded (OCHA 2022a). Unexploded ordnance is the fourth leading cause of fatalities among children in the country (ibid.).
- **Risk of exploitation by armed forces:** From 2015 to 2020, around 3,500 children (more than 98 per cent being boys) were recruited by armed forces, usually assuming fighting roles, manning checkpoints, and guarding stores and other military installations (ibid.). Girls are usually recruited to carry out supportive roles, such as recruiting other children.
- **Forced displacement risks:** The conflict has forced the displacement of 4 million people since it began (ibid.). Around 70 per cent of them are women and children (United Nations Yemen 2022). The number of districts directly affected by the conflict has grown from 35 in 2019 to 45 in 2021, resulting in aggravated needs and further displacement.
- **Gender-based violence:** Yemen has one of the most challenging contexts regarding gender equality, even pre-conflict. The most common types of gender-based violence faced by girls are domestic violence, denial of services and opportunities, and emotional violence (OCHA 2022a).
- **Poverty and harmful coping mechanisms:** Poor children are more vulnerable to harmful coping strategies that put their personal safety and lives at risk. These strategies include child labour, child abuse, child trafficking and child marriage. In terms of child marriage, more than 30 per cent of women aged 20–24 years were married before reaching age 18, while 9.4 per cent were married before age 15.
- **Natural hazards:** Devastating floods are becoming more common with climate change, affecting families' shelters and incomes, and feeding the spread of infectious diseases. Only in 2021, Yemen suffered from two intense floods affecting at least 240,000 people (ibid.). Other climate-related hazards and locust infestations have also occurred in recent years.

Psychological well-being

Aside from the various unmet material needs that most children face in Yemen, many children have been

and continue to be exposed to situations with potential to harm their mental health and psychological well-being. Protracted displacement, substandard living conditions, food insecurity, exposure to violence, permanent disabilities and death, and disruption to education services are some of the factors that can bring psychological harm to entire families, but girls and boys may be especially vulnerable. Post-traumatic stress disorders, psychosomatic illnesses, depression, anxiety and violence can emerge as consequences of living in crisis contexts with mental health issues going unaddressed (Global Protection Cluster Working Group 2010).

Boys and girls who have dropped out of school, who may have suffered family losses or been displaced from their homes may need psychosocial support but are very likely to be left unsupported in Yemen. Muhamasheen, refugee, asylum-seeker or undocumented children may also face discrimination and stigma, additional barriers to access psychosocial services, and more chances of becoming marginalised.

Freedom of movement

Active hostilities on the ground in populated areas of Yemen constrain the free movement of families and may make it very difficult or dangerous for them to access schools, water or local markets, as well as for humanitarian actors seeking to reach and provide assistance to people in need. Two thirds of school-aged children live in hard-to-reach areas for aid delivery due to conflict or other risks (OCHA 2022a). In circulating near former front lines or border areas, civilians face the risk of injury or death from unexploded ordnance spread across the territory. Children are especially at risk due to their age, behaviour, and low level of awareness of ways to avoid explosive hazards.

Moreover, the wide range of arbitrary restrictions being imposed by the different authorities amplifies the already high risk of violation and abuse faced by women and children, and gender-based violence faced by women and girls (OCHA 2021). The lack of electricity or adequate lighting in hosting sites also impacts the freedom of movement of internally displaced children at night, and increases the protection risks they face (OCHA 2022a). Finally, the lack of civil registration of millions of children since the start of the conflict denies them a basic human right: to have a legal identity. This is very likely to hamper their access to a range of basic public services. Internally displaced children and their caregivers might be in a similar situation due to having lost or left behind their identity documents when being displaced. •

SP plays a crucial role in addressing child multidimensional needs, but since the beginning of the conflict many government SP services have been interrupted. Table 1 shows many of the ongoing initiatives that cover child's needs, although it is not an exhaustive list. Given the humanitarian crisis, many of these initiatives are provided by international donors, United Nations agencies or civil society organisations and have a limited scope, given the various challenges associated with the fragile context of the Yemeni population.

TABLE 1

Ongoing initiatives that cover children's multidimensional needs in Yemen

Initiative	Main forms of support	Dimensions of children's needs covered								
Unconditional cash transfer programme and Cash Plus programme World Bank and UNICEF	Cash (almost 9 million people in 2021) and integrated social services such as health, education and civil registration (9,700 children in 2021)	Income	Health and nutrition	Food security	NFIs	Freedom of movement				
Social Protection Consultative Committee (SPCC)	A national platform for coordinating and advocacy for integrated SP intervention and equal access to services	Health and nutrition	Education	Personal safety	Psychological well-being					
Social Fund for Development	Cash for work, health, education, integrated services and others	Income	Health and nutrition	Education	WASH	Psychological well-being				
Handicap care and rehabilitation fund Yemen (HCRF)	In-kind and cash; health, education, rehabilitation and other services	Income	Health and nutrition	Education	Food security	WASH	NFIs	Personal safety	Psychological well-being	Freedom of movement
Integrated Model for Social and Economic Assistance (IMSEA) UNICEF	Humanitarian cash transfer, food transfer, WASH support, civil registration	Income	Health and nutrition	Education	WASH	Freedom of movement				
Cash-Based Interventions (CBI) Programme UNHRC	Cash	Income								
Rapid Response Mechanism (RRM) UNFPA, IOM	Food rations, basic hygiene kits, women's dignity kits	Income	Health and nutrition	WASH	NFIs	Psychological well-being				
Cash Consortium of Yemen (CCY) IOM, DRC, ACTED and NRC	Cash	Income								
Public Works Programme World Bank and UNICEF	Re-operationalisation of education, health and WASH services	Income	Health and nutrition	Education	Food security	WASH				
Minimum Service Packages (MSP)^a UNICEF	Support to essential primary health care services	Health and nutrition								
UNICEF and UNFPA health services	Community-based maternal and newborn care services	Health and nutrition								
UNICEF Cholera response	Support to oral rehydration centres and diarrhoea treatment centres	Health and nutrition	WASH							
WHO support	Therapeutic feeding centres and WASH services	Health and nutrition	WASH							
	Equipment, supplies and technical assistance to health facilities	Health and nutrition								
	Emergency operations centres, and COVID-19 rapid response teams	Health and nutrition								
	Vaccination campaigns, malaria prevention and other treatments	Health and nutrition								
Yemen Emergency Human Capital Project^b World Bank, 2021–2024	Improve access to health, nutrition, public health and WASH services	Health and nutrition	WASH							
Cash and Voucher Programme WFP (15.5 million persons in 2021)	Cash and commodity vouchers	Income	Food security							
WFP support through food imports and cooperation with existing Yemeni markets	School feeding programmes; community infrastructure rehabilitation via food assistance and assets	Food security								
	Nutritional support to pregnant/nursing women and children under 5 and CCT	Income	Health and nutrition							
Nutrition Voucher Scheme UNICEF (2,500 children in 2021)	Nutrition vouchers for children with severe acute malnutrition	Health and nutrition								



Initiative	Main forms of support	Dimensions of children's needs covered				
Community management of Acute Malnutrition (CMAM) Programme UNICEF (Over 273 children in 2021)	Health and nutrition services for treatment of acute malnutrition	Health and nutrition				
UNICEF education support to children	Individual learning materials for children (over 222,000 children in 2021); reconstruction of classrooms and WASH facilities	Education	WASH			
	Cash incentive for rural female teachers to increase retention of girls (2,162 teachers in 2021)	Education	Personal safety			
	School grants programme (7,383 schools in 2021)	Education	WASH			
Restoring Education and Learning (REAL) Save the Children, UNICEF and WFP	Training and incentives for teachers and officers; school feeding; learning material; rehabilitation of schools	Health and nutrition	Education			
Smallholder Agricultural Production Restoration and Enhancement Project World Bank	Equipment, production inputs, capacity-building and extension services	Food security	WASH			
UNHCR assistance to IDP families	Rent subsidies, shelter kits, transitional shelters and core relief item kits	NFI	Personal safety			
	Rehabilitation of water and sanitation networks; installation of solar panels	WASH	NFI	Personal safety	Freedom of movement	
	Legal counselling and representation, psychosocial first aid and other protection services	Psychological well-being	Freedom of movement			
Explosive Ordnance Risk Education UNICEF (2.9 million children in 2021)	Campaigns at schools and communities on protection from explosive ordnance	Personal safety	Freedom of movement			
Mental Health and Psychosocial Support (MHPSS) UNICEF (326,000 children in 2021)	Mental and psychosocial support services for children and caregivers	Psychological well-being				
UNICEF support to civil registration of children (over 1 million certificates in 2021)	Supply of child birth certificate forms to the Civil Registration Authority	Freedom of movement				
Inter-Ministerial Technical Committee for Justice for Children Relevant ministries and UNICEF	Legal support services, cash and reintegration services	Income	Health and nutrition	Education	WASH	Freedom of movement
UNICEF support to providing access to water and sanitation	Support to the operation, maintenance and rehabilitation of public water systems (5.3 million children in 2021)	WASH	Personal safety			
	Water trucking to IDP camps; provision of safe means of excreta disposal (2.4 million children in 2021)	WASH	Personal safety			
	Sanitation and hygiene supplies; dissemination of appropriate hygiene practices (3.6 million people in 2021)	WASH	Personal safety			
	Rehabilitation of health facilities in localities with high risk of cholera outbreaks (96 facilities in 2021)	Health and nutrition	WASH			
	Training of public and private WASH technicians (611 persons trained in 2021)	WASH	Personal safety			
Integrated Urban Services Emergency Project World Bank	Access to WASH, transport, energy and solid waste management	WASH	NFI	Freedom of movement		
Yemen Emergency Electricity Access Project World Bank	Financing for energy solutions for households, clinics, schools and water wells	WASH	NFI	Freedom of movement		
Yemen Desert Locust Response Project World Bank, 2020–2023	Cash for work in locust-affected areas	Income	Food security			

Notes:

a. MSP is a package on services at each level of health care, with UNICEF providing operational costs, health workers' per diems and in some cases incentives, medicines, supplies, equipment and training and supervision.

b. It was preceded by the Emergency Health and Nutrition Project.

Sources: Ministry of Planning and International Cooperation (2020), UNICEF Yemen (2020), Nimkar and Labs (2021), UNHCR (2020), UNFPA (2021), CCY (2020), CARE (2018), UNICEF (2020), UNICEF (2021a), WHO (2022), World Bank (2022a) and World Bank (2022b).

3 Recommendations for increasing and improving SP for children in Yemen

Although there are a number of SP programmes and several other initiatives that address different dimensions of child poverty in Yemen, as seen in Table 1, they have limited budgets and timeframes, which are likely to restrict their positive effects, and often tackle problems at hand within specific sectors and without coordination, leading to inefficiencies

and limiting results. The decrease in funding for humanitarian operations in 2020 and 2021 also contributed to limiting the capacity of the SP sector to provide effective protection for children (IPC 2022a). The following recommendations on Table 2, overall focused on an integrated approach to SP with other services, were developed to advance the SP agenda for children in the country while also bringing about a better return on investment in the sector.

TABLE 2
Recommendations—Part 1

Dimensions	Recommendations	
	Service delivery	
	Short-term	Medium- and long-term
Income	<ul style="list-style-type: none"> Build on existing initiatives that focus on coordination of efforts and systems to reduce fragmentation of cash assistance Expand cash transfers and ensure the predictability and adequacy of transfers Child grand to enable children access to basic service 	<ul style="list-style-type: none"> Consolidate universal or quasi-universal coverage of children with child benefits
Health and nutrition	<ul style="list-style-type: none"> Strengthen child vaccination campaigns and systems, including through Cash Plus and case management approaches Scale up the Disability Fund: strengthen coordination between the Fund and health service providers to improve provision of health services to children with disabilities Scale up the Nutrition Voucher Scheme Scale up school feeding initiatives; in more food-insecure areas also provide micronutrient fortification and supplementation in schools 	<ul style="list-style-type: none"> Disseminate information on prevention of communicable diseases; carry out immunisation campaigns against childhood preventable diseases
Education	<ul style="list-style-type: none"> Provide further incentives for children, especially girls, to enter or go back to school: hiring of female teachers; gender-disaggregated WASH facilities in schools; school feeding; school fee waivers; provision of uniforms and school materials; subsidies for transportation costs 	<ul style="list-style-type: none"> Social workers should provide support to families of school drop-outs or children who wish to drop out Provide education and training opportunities to school drop-outs who may need to work to earn a livelihood, such as child household heads Adapt school facilities to accommodate the needs of children with disabilities
Food security	<ul style="list-style-type: none"> Strengthen school feeding schemes in food-insecure areas based on geographical targeting; establish supply links between smallholder farmers and school feeding programmes Strengthen assistance to poor and shock-affected small-scale farmers, livestock producers and fishers 	<ul style="list-style-type: none"> Improve links between SP and early warning systems
WASH	<ul style="list-style-type: none"> Awareness-raising campaigns on gender-segregated WASH facilities to ensure access for girls Scale up public works programmes focused on reconstruction of infrastructure linked to accessing safe water 	<ul style="list-style-type: none"> In-kind transfer programmes should provide menstrual hygiene items for poor girls Cash transfers or water vouchers for families without easy access to clean and safe water
NFIs	<ul style="list-style-type: none"> Scale up public works programmes focused on reconstruction of infrastructure linked to electricity networks or solar power panel installation Targeted subsidies on utilities, water and fuel; introduction of social tariffs for families with children 	<ul style="list-style-type: none"> Housing schemes or rent assistance programmes for poor IDP families with children Assistance to poor IDP families with children to fix housing infrastructure damaged by the conflict in areas with good potential to resume economic activities
Personal safety	<ul style="list-style-type: none"> Provision of social care services for orphans and unaccompanied children 	<ul style="list-style-type: none"> Conduct assessments to inform the transfer value, duration and frequency of cash transfers and public employment programmes, to improve their effectiveness in reducing child labour and exploitation Cash Plus initiatives should include communications on child labour and other child protection areas
Psychological well-being	<ul style="list-style-type: none"> Strengthen provision of psychosocial services for children 	<ul style="list-style-type: none"> Improve links between psychosocial services for children and SP
Freedom of movement	<ul style="list-style-type: none"> Strengthen civil registration campaigns, including via Cash Plus and case management approaches 	<ul style="list-style-type: none"> Strengthen public policies to rebuild infrastructure damaged by the conflict in Yemen: public lighting, safe streets and roads

Source: United Nations (2018), ILO (2022) and Save the Children (2022).

TABLE 2

Recommendations—Part 2

Recommendations	
Technical support to partners, capacity-building, systems strengthening: cross-cutting recommendations	
Short-term	Medium- and long-term
<ul style="list-style-type: none"> Continue to rebuild public-sector infrastructure and reinstate wages in the sector Invest in household data collection efforts that enable a multidimensional poverty index (MPI) analysis for children Capacity-strengthening of existing programme staff and social workers, including on case management Leverage existing structures to expand Cash Plus programmes combining cash transfers and health, education, WASH and other services Establish communication and cooperation channels with local social and governance structures and non-governmental organisations that remained active during the conflict, to help understand the most urgent local child needs Develop and establish a case management system to provide multisectoral services, including the establishment of standard operating procedures Raise awareness about existing SP schemes through targeted communications Enhance partnership with private sector and strengthen private sector role to respond to children needs as part of its social accountability 	<ul style="list-style-type: none"> Reinforce or establish new institutional frameworks to guide development of the SP system Strengthen coordination structures to reduce fragmentation and improve efficiency of the SP system Develop an integrated SP systems approach with coordination of design and implementation of all policies targeting children Establish integrated centres to provide ‘one-stop’ access to SP and child protection programmes and services Unify the existing referral pathway systems, which can be supported by social workers and be part of case management procedures Strengthen management information systems Develop continuous training on child protection for the social services workforce Support and enhance the formal SP system/schemes

Source: United Nations (2018), ILO (2022) and Save the Children (2022).

1. Integrated Food Security Phase Classification (IPC) Phase 3 means in serious food insecurity or malnutrition, while IPC Phase 4 means critical risk, and IPC Phase 5 means catastrophic risk.

2. The survey covered individuals living in IDP sites, who lived in rented houses with family members, who lived in self-owned homes and who lived in schools, abandoned buildings and others.

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