



Policy Goals

1. Establishing an Enabling Environment

Yemen has enacted several key laws to ensure young children's well-being. The National Strategy for Early Childhood Development is an important step to expand access and quality to preschool and other essential early childhood development services. Yemen could benefit from adopting additional policies. Finance systems are weak, and funding for the sector is inadequate.

2. Implementing Widely

The current scope of nutrition programs does not address the acute need for nutrition interventions among young children and pregnant women. Existing health and education services do not reach large numbers of families. There is inequity in access to services between urban and rural areas, and poorer and wealthier citizens.

3. Monitoring and Assuring Quality

Some data on early childhood development access and outcomes are available, but the types of data and number of children tracked could be expanded. There are few established quality standards for early childhood development services, although more standards are in development. There are few mechanisms for monitoring compliance with standards.

Status

Emerging



Latent



Emerging



This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Yemen. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Yemen, along with regional and international comparisons.

Yemen is a country of approximately 25 million people on the Arabian Peninsula. It has a young and growing population, with roughly 5.8 million children below the age of 8. Its GNI per capita in 2011 was US\$ 1,070. In 2012, it was ranked 160 out of 186 countries in the Human Development Index. The country is currently going through a period of political and social transition and faces a number of challenges, including poverty, violence, instability, and widespread malnutrition.

The Government of Yemen (GoY) has developed a National Strategy for Early Childhood Development (2011-2015) and is seeking funding to implement it. Among other goals, the strategy seeks to increase preschool enrollment from its current very low level. The ECD sector faces a number of challenges, including inequity in access to health, nutrition, and education services; lack of quality standards and monitoring mechanisms; and inadequate funding. Weak institutional and governmental capacity — particularly in the country's many rural areas — makes policy implementation difficult.

SABER–Early Childhood Development

SABER-ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address similar policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Snapshot of ECD Indicators in Yemen with Regional Comparison	Yemen	Egypt	Ethiopia	Iraq	Sudan
Infant Mortality (deaths per 1,000 live births)	57	19	68	31	66
Under-5 Mortality (deaths per 1,000 live births)	77	22	106	39	103
Maternal Mortality Ratio (reported deaths per 100,000 births)	370	55	670	84	1100
Gross Pre-primary Enrollment Rate (36-59 months, 2010)	1%	29%	5%	N/A	27% (2009)
Birth Registration 2000-2010	22%	99%	7%	95%	33%

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Healthcare
<ul style="list-style-type: none"> • Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
<ul style="list-style-type: none"> • Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
<ul style="list-style-type: none"> • Parenting programs (during pregnancy, after delivery, and throughout early childhood) • High-quality childcare, especially for working parents • Free pre-primary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
<ul style="list-style-type: none"> • Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation and access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
<ul style="list-style-type: none"> • Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

As presented in Figure 1, SABER-ECD presents three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment, Implementing Widely, and Monitoring and Assuring Quality*. For each policy goal, a series of policy

levers, upon which decision-makers can act in order to strengthen ECD, are identified.¹ Improving ECD requires an integrated approach to address all three goals.

Strengthening ECD policies can be viewed as a continuum. Different countries fall in different places along the spectrum of ECD policy development and can range from “latent” to “advanced” within the different policy levers, as described in Table 1.

¹ These policy goals were identified based on evidence from impact evaluations, institutional analyses, and a benchmarking exercise of top-performing systems. For further information, see “What Matters Most for Early Childhood Development: A Framework Paper” (http://siteresources.worldbank.org/EDUCATION/Resources/278200-1290520949227/7575842-1365797649219/Framework_SABER-ECD.pdf).

Figure 1: Three core ECD policy goals

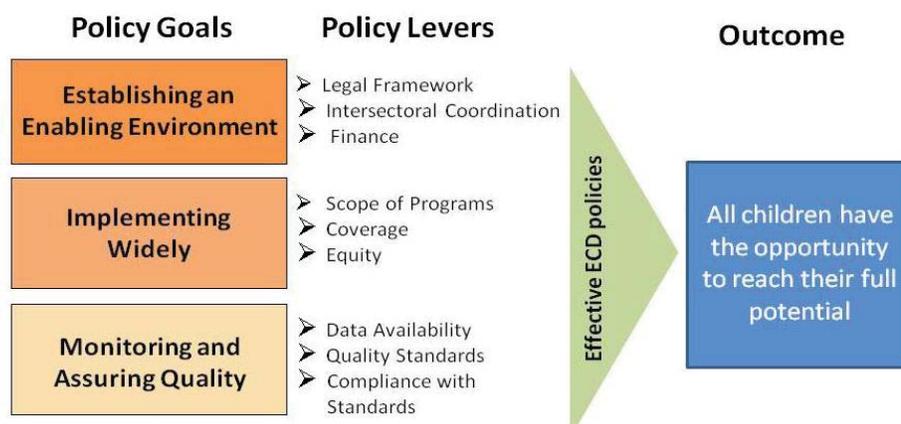


Table 1: ECD Policy Goals and Levels of Development

ECD Policy Goal	Level of Development			
	Latent ● ○ ○ ○	Emerging ● ● ○ ○	Established ● ● ● ○	Advanced ● ● ● ●
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➤ Policy Levers: Legal Framework • Inter-sectoral Coordination • Finance

An *Enabling Environment* is the foundation for the design and implementation of effective ECD policies.² An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework



The legal framework comprises all of the laws and regulations that can affect the development of young children in a country. The laws and regulations impacting ECD are diverse due to the array of sectors that influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, and parents and caregivers.

Some national laws promote healthcare for young children and pregnant women, but aspects of policy could be strengthened. Article 54 of the Yemeni constitution states that healthcare is a right of all citizens, and the government guarantees this right through health institutions. Law 45 on Children's Rights (2002) guarantees primary healthcare for pregnant mothers and young children; the care is supposed to be free for those who cannot afford it. Immunizations are free for all children. Young children are not required to have well-child visits.

The law does not require pregnant women to be screened for HIV/AIDS and STDs. Currently, 14 health facilities around the country offer voluntary HIV/AIDS counseling and testing, and four prenatal care centers provide free Prevention of Mother to Child Transmission treatment services. In 2011, 1 percent of pregnant women received HIV testing.

² Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

National laws adequately promote appropriate dietary consumption by pregnant women and children. A 2005 cabinet decree made iron fortification of staples mandatory. According to the Ministry of Public Health and Population (MoPHP), 80 percent of white flour in Yemen is fortified with iron and folate, and 82 percent of cooking oils are fortified with vitamin A and vitamin D.

The anemia rates for young children and pregnant women are 68 percent and 58 percent, respectively. According to the World Health Organization (WHO), these levels of prevalence constitute a severe public health problem. Anemia can have adverse health effects: mild anemia may impair work productivity, and severe cases can increase risk of maternal and child mortality.

While an iron fortification policy is an important component of a strategy to reduce anemia, the government will need to do more to ensure that at-risk populations are receiving adequate iron. A draft National Nutrition Strategy for Yemen issued by the MoPHP proposes reducing iron deficiency anemia through: increasing awareness of iron rich foods; technical training for wheat flour producers on iron fortification; establishing monitoring systems for wheat fortification; expanding iron/folic acid supplements for pregnant and lactating women; and reducing the risk of parasitic infection.

A 1996 law mandates salt iodization. According to UNICEF data from 2007-2011, 30 percent of Yemeni households consume iodized salt. The draft National Nutrition Strategy proposes to address iodine deficiency through public awareness, training salt factories on iodization, and monitoring salt production for compliance.

The GoY has some policies to encourage breastfeeding, but could do more to promote the practice. Yemen's laws comply with the International Code of Marketing of Breast Milk Substitutes. This is an important component of efforts to promote breastfeeding. According to the Yemeni Labor Code, employed women can leave work early to breastfeed their babies. However, employers are not required to provide breastfeeding facilities.

Despite some beneficial policies, according to UNICEF, between 2007 and 2011 the rate of exclusive breastfeeding for babies below 6 months is 12 percent. The low rate may be explained by lack of public understanding of the importance of the practice.

The GoY should undertake a public awareness campaign to promote breastfeeding, and particularly exclusive breastfeeding the first six months of life. Such an effort is crucial in light of the malnutrition that afflicts so many young Yemeni children, and the potential of breastfeeding to help alleviate this crisis.

Families need to be educated on the many health benefits of breastfeeding. Babies who are breastfed have lower incidence of mortality and morbidity than those who are not. Misconceptions about the poor quality of breast milk in the first few days following birth need to be addressed. Not only does formula lack the wealth of nutrients found in breast milk, when formula is made with poor-quality water common in many parts of the country, it can cause diarrhea and further erode a child’s health. Anecdotally, it seems that some mothers give their babies sweetened tea, which has negligible nutritional value. Breastfeeding also costs nothing. See Box 2 for ideas on how the GoY could promote breastfeeding in ways that would be most appropriate and applicable for the country.

National laws promote opportunities for parents to provide care to newborns and infants in their first year of life, but could be further strengthened. The Yemeni Labor Code grants women 60 days maternity leave with full pay. The employer is responsible for payment of wages. An additional 20 days are available for twins or a difficult labor as established by a medical report. There is no paid paternity leave. These provisions apply to both public and private sector workers.

From the sixth month of pregnancy on, women can work five hours per day. After maternity leave is over and before the baby is 6 months old, a mother can work five hours a day to allow for breastfeeding. Employers are not required to provide facilities for breastfeeding, and the shorter working day is intended to allow women to return home to breastfeed. The Labor Code also prohibits women

from working in industries and occupations that are hazardous, arduous, or harmful to health or social standing; or to work at night.

There is no right to return to a job after pregnancy and maternity leave, and no explicit prohibition on discrimination based on pregnancy or parental status. The Labor Code states that women and men are equal “in relation to all conditions of employment and employment rights, duties and relationships, without any discrimination.”

Table 2 presents information on parental leave policies in select countries in the Middle East and North East Africa. Egypt offers longer maternity leave than Yemen, and Ethiopia offers both prenatal and postnatal leave. It is difficult to evaluate the extent to which these policies are followed. Due to the large informal economies in many countries in the region, these policies may not actually apply in practice to the many parents working in the informal sector. Even government or formal-economy private employers may not pay full wages during leave. Table 3 summarizes parental leave policies in several countries with similar income levels to Yemen. Those policies are similar to Yemen’s in length of leave and wage benefits.

Table 2: Regional Comparison of Parental Leave Policies

Yemen	Egypt	Ethiopia	Jordan
60 days paid maternity leave at 100% wage; additional leave available for twins or medical condition; no paid or un-paid paternity leave	90 days paid maternity leave at 100% wage; up to 2 years unpaid maternity leave; no paid or unpaid paternity leave	30 days prenatal and 60 days postnatal maternity leave at 100% wage; no paid or unpaid paternity leave	50 days paid maternity leave at 100% wage; up to 1 year unpaid maternity leave; no paid or unpaid paternity leave

Table 3: Comparison of Parental Leave Policies in Countries with Similar Income Levels to Yemen

Yemen	Cote d’Ivoire	Ghana	Pakistan
60 days paid maternity leave at 100% wage; additional leave available for twins or medical condition; no paid or unpaid paternity leave	70 days paid maternity leave at 100% wage; 15 additional days for medical condition; no paid or unpaid paternity leave	60 days paid maternity leave at 100% wage; 10 or more additional days for twins or medical condition; no paid or unpaid paternity leave	60 days paid maternity leave at 100% wage; illegal to work within 6 weeks after delivery; no paid or unpaid paternity leave

According to World Bank data, the adult female labor force participation rate in Yemen in 2011 was 25 percent. The labor force participation rate for women with young children is not clear, but it is likely lower. Ensuring non-discrimination at the workplace and implementation of maternity leave policy could help improve female labor participation. Many families struggle financially to provide the necessities of life. Income earned by a mother can improve her family's access to nutritious food, healthcare, education, and housing. This is crucial to both a family's well-being and the country's economic growth.

Yemeni law provides free preschool education. Yemen's General Education Law 45 (1992) recognizes preschool as part of the country's education system. All levels of education are supposed to be provided for free, starting at age 3. In practice, preschool attendance is very rare. In the 2010-2011 school year, there were 549 preschools, most of them private. They enrolled a total of 30,137 students, meaning that net enrollment was less than 1 percent of children ages 3 to 5. Preschools are very rare outside of urban areas. The National Strategy for Early Childhood 2011-2015 aims to greatly expand preschool enrollment.

National laws and regulations promote child protection and care for disadvantaged children, but could be strengthened. Under the National Strategy for Supporting Birth Registration, the registration of children at birth is mandatory in Yemen. Registration is free of charge. Birth registration outreach programs target internally displaced people in the country. Despite these policies, the birth registration rate between 2005 and 2011 was 22 percent according to UNICEF.

Some primary teachers are trained to identify child abuse and neglect. The Ministry of Social Affairs and Labor (MoSAL) established the Social Monitoring and Child Protection with Community Protection program in 2007 to track child abuse and return runaway children to their families. Program centers are established in Taiz and Hodaida but have not yet been expanded to other governorates. As child protection programs expand, they should follow an approach that puts children's safety and well-being first, which may not include returning runaway children to their families.

Box 2: Brazil's campaign to promote breastfeeding, and lessons for Yemen

Brazil's campaign to promote breastfeeding is an example of successful effort to change public perceptions and healthcare practices, resulting in a significant increase in breastfeeding. The campaign was initiated in 1980 by the National Food and Nutrition Institute. UNICEF and the Pan-American Health Organization helped to develop public awareness materials that addressed the lack of informational materials on breastfeeding in Portuguese. Instructional brochures were widely distributed to mothers. A media campaign featured radio, television, and print media spots, and endorsements by well-known personalities. The WHO and UNICEF held training courses on breastfeeding for healthcare workers and managers, and the Baby Friendly Hospital Initiative was widely implemented to initiate early feeding. A coalition of numerous actors helped make the campaign a success. The Catholic Church, mothers groups, associations of medical professionals, community leaders, politicians, and the media were all engaged in the effort. The exclusive breastfeeding rate rose from 3.6 percent in 1986 to 40 percent in 2006.

Key recommendations for Yemen, drawing on Brazil's experience:

- ✓ Develop and disseminate Arabic language materials on the benefits of breastfeeding for a variety of audiences. These could include training materials for healthcare workers, awareness pamphlets for community leaders and NGOs, and instructional brochures for mothers, including mothers who are illiterate.
- ✓ Encourage breastfeeding from an Islamic perspective, and engage religious organizations and leaders to spread awareness.
- ✓ Train healthcare workers to educate mothers on the benefits of breastfeeding, and to support them to initiate and maintain the practice.
- ✓ Engage the support of NGOs, women's associations, health workers, community leaders, etc.

(Source: Implementation of Breastfeeding Practices in Brazil: <http://www1.paho.org/English/DD/PUB/NutritionActiveLife-ENG.pdf>)

The judicial system has training for judges, lawyers, and law enforcement officers on interacting with and protecting children. Training is provided through cooperation between government ministries and organizations such as UNICEF, Save the Children, or

the International Labor Organization. The system’s capacity to handle child protection cases could be improved by establishing special children’s courts. The Children’s Parliament and other NGOs advocate on behalf of children.

Currently, Yemen lacks a national system of care for disadvantaged and vulnerable children. In addition to the many children living in poverty, large numbers of children are internally displaced, live in conflict zones, are victims of trafficking, or are refugees from Somalia. Many of these children do not receive adequate (or any) support services from the government. The government also lacks adequate policies to protect children from child abuse. Weak government institutions and rule of law in many areas of the country make implementation of child protection measures more difficult.

According to research conducted for the UNICEF Multiple Indicator Cluster Survey, between 2005 and 2011, 95 percent of adult caregivers of children between the ages of 2 and 14 reported using violent discipline (defined as physical punishment and/or psychological aggression) within the previous month. This high figure suggests that there may be widespread social acceptance of the use of violence to discipline children.

The UNICEF/Ministry of Social Affairs and Labor (MoSAL) Child Protection Cluster has plans to address gaps in the child protection system, but it is not clear that funding is secured to implement them fully. These plans include offering psychosocial support services to children, developing monitoring and reporting mechanisms on child rights violations, providing free legal aid for children who are detained, expanded training for law enforcement officers on child rights, the development of children’s courts, awareness sessions and community-based violation prevention on child abuse, and support for trafficked children.

Policies do not exist to provide orphans and vulnerable children with ECD services. However, the MoSAL’s Care and Rehabilitation program, along with NGOs and the Ministry of Education (MoE), runs 30 orphanages. Orphans are often cared for by family members. They receive monthly cash assistance from

the Social Welfare Fund. Orphans are exempt from paying healthcare and school fees.

In 1997, the MoE adopted a policy to ensure the inclusion of all children with special needs. It is not clear that there is an explicit policy to promote the participation and access of children with disabilities to ECD services. However, the Yemeni Constitution recognizes healthcare as the right of all citizens, guaranteed by the state through healthcare facilities.

Additional details about the status of children with special needs and disabilities are included in this report in section Policy Lever 2.3: Equity.

Key Laws and Regulations Governing ECD in Yemen

- UN Convention on the Rights of the Child
- The Yemeni Constitution provides a right to education and health; it also obliges the state to “protect motherhood and childhood,” and to “guarantee adequate provision of social safeguards to citizens.”
- Children’s Rights Law (2002) brings Yemeni laws roughly in line with international agreements on children’s rights. This includes free primary healthcare for pregnant women and children for those who cannot afford to pay, right of disabled students to special services, right to social services for children in distressed circumstances, guarantees free education, and other measures.
- General Education Law (1992) recognizes preschool as a part of the education system.

Policy Lever 1.2:
Inter-sectoral
Coordination



Development in early childhood is a multi-dimensional process.³ In order to meet children’s diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

³ Nadeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

Yemen has a multi-sectoral ECD strategy, and is currently seeking funding to implement it. In 2010, the government created the National Strategy for Early Childhood Development (2011-2015). It was drafted according to a holistic approach to children’s development, and with recognition of the value of children in Islam. The Strategy covers the essential sectors of education, health, nutrition, and social and child protection. It includes an implementation plan, but is not costed. A technical committee comprised of government institutions, civil society organizations, donors, and the private sector participated in drafting the document.

The Strategy has seven pillars. These include policies and legislation, sources of information on early childhood, strengthening institutions working on early childhood, providing high-quality holistic early childhood services, raising awareness on the importance of early childhood, providing funding for early childhood activities and programs, and monitoring and evaluation of strategy implementation.

The Strategy’s implementing actors are numerous and diverse, and include the MoH, MoE, MoSAL, Ministry of Media, Ministry of Civil Services, Ministry of Human Rights, Ministry of Interior, Ministry of Communications, Ministry of Waqfs (Islamic Endowments), the High Council for Motherhood and Childhood (HCMC), the Social Development Fund, civil society organizations, local councils, and the private sector.

The government’s National Strategy for Childhood and Youth also has early childhood components. These include management of childhood illnesses, routine vaccination, developing a comprehensive national plan for nutrition, and developing a national program for ECD.

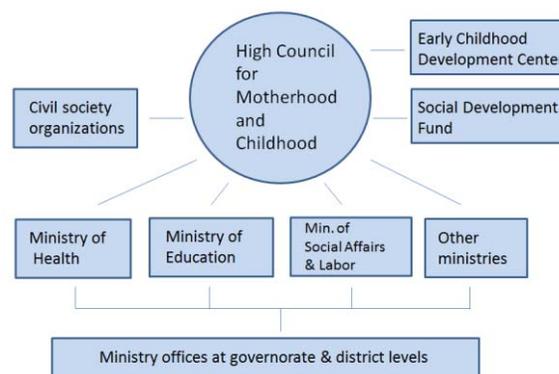
The High Council for Motherhood and Childhood (HCMC) is the institutional anchor for ECD policy and programs. The HCMC was established in 1991 as the lead policy and coordination agency for governmental and civic early childhood activities. Its responsibilities include setting policies related to ECD, setting standards for ECD providers, monitoring ECD access and quality, and coordinating across various agencies

responsible for ECD provision. The HCMC also proposes laws, regulations, and systems to ensure the rights of motherhood and childhood, and reviews any legislation related to these issues. The HCMC board is comprised of government ministers, civil society representatives, and ECD experts.

The Early Childhood Development Center (ECDC) also has a role to play in setting ECD policy and programs. The Center was established within the MoE Curriculum Department in 2009 with support from UNESCO and Agfund to develop and disseminate best practices around holistic, play-based early childhood education. It currently operates a preschool that is meant to serve as a model, is training 80 teachers from different governorates, and is developing classroom materials.

The Social Development Fund is a government-administered foundation that implements many ECD-related activities. It conducts projects such as preschool construction, classroom renovation, and teacher training courses.

Figure 2: Inter-sectoral coordination for ECD policies and programs



Mechanisms for ECD service delivery coordination are in place. The HCMC convenes ministries and civil society organizations working on ECD to discuss HCMC’s plans, and share information about policies and programs they are conducting. Meetings are not held according to a set schedule. To improve the body’s effectiveness, it may be useful to establish a regular meeting schedule.

The National Strategy for Early Childhood Development establishes a menu of ECD services that young children should receive.

While the HCMC meetings and Strategy establish a framework for coordination, it is not clear that interventions are coordinated at the level of service delivery. Many planned interventions are not in fact implemented for reasons related to lack of funding and capacity.

State and non-state stakeholders collaborate on ECD issues. Civil society organizations (CSOs) were involved in shaping the National Strategy for Early Childhood Development, and often meet with the HCMC. CSOs working in child rights have an active coordination body, the Yemen National NGO Coalition for Child Rights Care. Among other activities, the coalition authors shadow reports monitoring implementation of the UN Convention on Child Rights.

Policy Lever 1.3: Finance



While legal frameworks and inter-sectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.⁴ Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

The allocation of early childhood funding does not use explicit criteria. Allocation of ECD funding in the education, health, nutrition, child protection, and social protection sectors is not based on criteria or a formula. In all sectors, the government could use explicit criteria to determine both national budgets

⁴ Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003.

and sub-national allocations. This will promote transparency and efficient use of resources, increasing the likelihood of funding going to where it is most needed. In education, criteria could include student characteristics at each institution, such as socioeconomic, internally displaced, or special needs status. This would help ensure that adequate resources are available for schools that may serve large numbers of children requiring extra support. In health and nutrition, budget allocations to each health center could take into account the number of young children covered at each center.

Ministries do not coordinate with each other when determining their ECD budgets. Government ministries do not determine their ECD budgets in coordination with other ministries. Each ministry prepares its own budget without consulting other government agencies working on similar issues or targeting the same populations of children and mothers.

Within the MoE, the budgets for young children are prepared within each sub-unit. These are combined into one plan and submitted to the Ministry of Finance for approval.

According to the MoE, it has trouble receiving adequate funding for several reasons. The Ministry of Finance believes that ECD programs are sufficiently supported by international organizations, while international organizations press the Yemeni government to contribute financially to ECD programs. A deep economic crisis in the country in recent years means the government's budgets are stretched.

The government can report expenditures and budgets for early childhood education, but not for other ECD sectors. The Ministry of Finance presented a paper at a conference on budgets for children's programs in November 2012 that included a figure for total expenditure on early childhood care and education (ECCE).

In other sectors, reports of spending on ECD-related programs are not available. Budget items are not identified as ECD spending, so there is no way to distinguish ECD expenditure within the overall budget of each ministry or agency, or to track total government spending on ECD.

The level of ECD finance is not adequate to meet the needs of the population. It is not clear how much of Yemen's education budget is allocated for pre-primary education. (The available figures are not consistent.) Spending on education comprised 19 percent of the total public budget in 2011, but it is not clear how much of that budget went to the pre-primary level.

According to policy, the government is supposed to provide vaccinations for young children for free. According to UNICEF, in 2011 only 20 percent of vaccinations were in fact provided without a fee.

Given the very low level of preschool enrollment, low access to healthcare, and other indicators, the level of spending is likely far from adequate to meet the needs of young children.

The burden of finance for ECD is not distributed equitably across society. According to policy, public ECCE centers are supposed to be free, but in practice, several types of fees are charged for preschool attendance. These include tuition, matriculation, uniforms, meals, and transportation.

For healthcare, many services are officially free, including antenatal checkups, reproductive health services, labor and delivery, well-child visits, and other basic medical treatments for children. In practice, the government does not always reimburse health facilities for providing these services. This leaves the burden of payment with individuals and families, who may not seek out healthcare knowing that they cannot afford to pay for it themselves.

The level of out-of-pocket expenditures as a percentage of total health expenditures was 73 percent in 2009, which suggests that most Yemenis have to pay themselves for much of their healthcare.

Remuneration of ECD professionals in public preschools is low. Monthly wages for educators at public preschools start at YRI 15,000 (approximately US\$ 69), and go up to a maximum of YRI 20,000 (US\$ 93). In contrast, the minimum starting wage for a primary school teacher is YRI 40,000 (US\$ 185), and the maximum wage is YRI 80,000 (US\$ 370). This means that the earnings of a preschool teacher entering the field are only 37 percent of the earnings of a primary school teacher entering the

field. This very low wage discourages potentially qualified workers from seeking employment in pre-primary education. Data on wages in private schools are not available.

The government pays some extension health service workers a monthly salary. Others are paid by activities or daily rates.

Policy Options to Strengthen the Enabling Environment for ECD in Yemen

Legal framework

- The GoY could work to ensure that the iron fortification policy is being fully implemented. It could move forward to implement the steps outlined in the draft National Nutrition Strategy to address the issue of maternal and child anemia. These include technical support and monitoring of wheat flour factories, public awareness, and providing iron supplements for pregnant and lactating women. Supplements should also be provided to young children. The country's anemia problem is likely linked to the broader issues of low access to maternal and child healthcare, and the inability of many families to afford to purchase nutritious foods. Educating families on the importance of consuming a diet rich in iron will only change behavior and improve health if people can afford to buy appropriate foods.
- The GoY could consider studying the reasons for the low rate of iodized salt consumption despite its salt iodization policy. This may suggest that the law is not being fully implemented, that salt found in Yemeni markets are imports not required to be iodized, that Yemenis do not consume much salt, or other reasons. After identifying the causes, the GoY could take steps to address these.
- The GoY could develop a comprehensive strategy to promote breastfeeding. The plan could include measures to promote public awareness on the importance of the practice to promote young children's health and address rampant malnutrition. Health workers should also be educated to share messages with mothers.
- The GoY could consider adopting a policy to provide orphans and vulnerable children with services

in education, health, nutrition, and social protection. It could also consider a policy to provide young children with special needs with essential ECD services.

➤ The GoY could consider expanding child abuse tracking and reporting activities, establishing a taskforce for domestic violence prevention, training healthcare workers to identify child abuse and neglect, and reviewing laws to ensure that they adequately protect children from abuse. Public awareness that child abuse is unacceptable is also necessary.

Inter-sectoral Coordination

➤ The GoY could work to ensure coordination at the point of ECD service delivery. High level coordination and an established menu of services already in place are important, but coordination between the central government and local implementing actors, and among local implementing actors themselves, is also crucial to delivering services to children and families.

Finance

➤ The GoY could establish a coordinated budget process across ministries working on ECD. Coordination on setting budgets can improve efficiency by reducing overlap and helping to ensure coverage of essential interventions to all target populations. The HCMC could possibly provide a structure through which the coordination process could take place.

➤ The use of explicit criteria and formulas to allocate funding could promote a more efficient and equitable use of resources. Criteria could include children's characteristics, such as socioeconomic status and internally displaced status.

➤ The GoY could put in place budgeting and information systems to allow for ECD-specific spending within each ministry and agency budget. As the government implements the Strategy, it will be important to know how much it currently spends on ECD and where this money goes. Information on ECD spending is also crucial for evaluating programs.

➤ The GoY could aim to allocate more financial resources to ECD. The needs of young children and families in Yemen are great, and more funding is necessary to meet them. Given the severe constraints on Yemeni government budgets, it will be a challenge

to devote more internal resources to ECD and to raise money from donors.

Policy Goal 2: Implementing Widely

➤ Policy Levers: Scope of Programs • Coverage • Equity

Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors, providing comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

Emerging



Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 3 presents the key sectoral interventions needed during the course of a child's early years, from conception to transition into primary school.

ECD programs do not cover all beneficiaries in all relevant sectors. Figure 4 presents the scope of ECD interventions in Yemen by beneficiary and sector. Programs in social protection, health, nutrition, and education are established to target young children. Health programs for parents and pregnant women are established, as are social protection programs for widows and divorced women with children who are unable to support themselves. Nutrition programs target mothers in need and in conflict zones.

Table 5 shows various types of important ECD interventions and their scope and coverage in Yemen. Detailed information on the existence and scale of some of these interventions is not available. Many types of primary health care services exist, but coverage is low. Several essential nutrition interventions are implemented, but generally on a small scale relative to the need for them, and only when funding is available. Programs are often suspended during periods of instability.

Public and private early childhood care and education programs exist, but reach only a small fraction of young children. Parenting and home visiting programs seem to be largely absent, as are maternal depression screenings and support services.

Figure 3: Essential interventions during different periods of young children's development

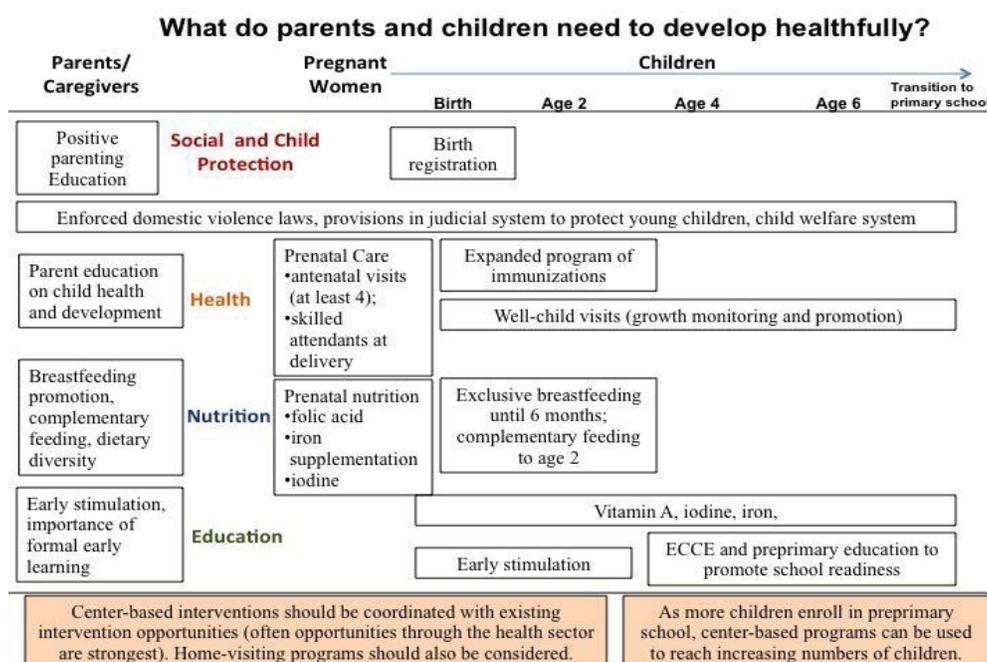


Figure 4: Scope of ECD interventions Yemen by sector and target population

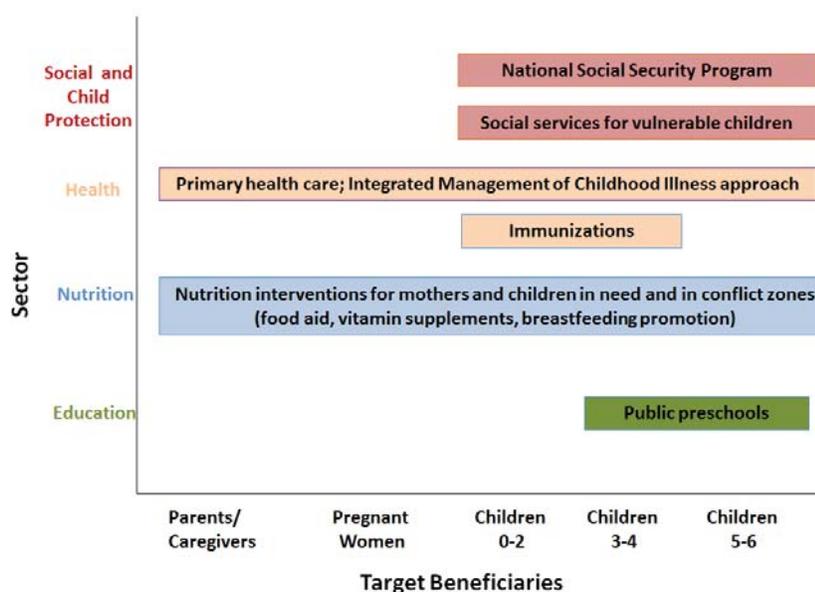


Table 5: ECD programs and coverage in Yemen

ECD Intervention	Scale	
	Service is provided	Universal coverage
EDUCATION (stimulation and early learning)		
Government-provided early childhood care and education	yes	no
Privately provided early childhood care and education	yes	no
HEALTH		
Prenatal healthcare	yes	no
Labor and delivery	yes	no
Comprehensive immunizations for infants	yes	no
Childhood wellness and growth monitoring	N/A	no
Capacity-building intervention on quality of child health services	N/A	no
Maternal depression screening or services	no	no
NUTRITION		
Micronutrient support for pregnant women	yes	no
Food supplements for pregnant women	N/A	no
Micronutrient support or food supplements for young children	yes	no
Food fortification	yes	no
Breastfeeding promotion programs	yes	no
Anti-obesity programs encouraging healthy eating/exercise	no	no
Feeding programs in pre-primary schools	N/A	no
PARENTING		
Parenting integrated into health/community programs	N/A	no
Home visiting programs to provide parenting messages	N/A	no
ANTI-POVERTY		
Cash transfers conditional on ECD services or enrollment	N/A	no
SOCIAL AND CHILD PROTECTION		
Programs for OVCs	yes	no
Interventions for children with special needs	yes	no
MULTI-SECTORAL OR COMPREHENSIVE		
Comprehensive system to track individual children's needs and intervene	no	no

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument.

*Note: Nearly universal coverage signifies coverage rates over 95 percent.

Policy Lever: Coverage



A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably – especially the most disadvantaged young children – so that every child and expectant mother have guaranteed access to essential ECD services.

Access to essential health interventions for pregnant women is low. According to UNICEF's Multiple Indicator Cluster Survey, between 2007 and 2012 only 14 percent of pregnant women in Yemen attended at

least four prenatal visits, and skilled attendants were present at only 36 percent of births. These low rates of access to essential services mean higher morbidity and mortality for mothers and their babies.

Access to essential health interventions for young children is high on some indicators, and low on others. Young children in Yemen face high rates of illness. Fever, diarrhea, and acute respiratory illness are common, particularly in remote areas and among poor families. Inadequate sanitation in rural areas contributes to these problems.

Table 6: Level of access to essential health services for young children and pregnant women in Middle East and East Africa regions

	Yemen	Egypt	Ethiopia	Iraq	Sudan
1-year-old children immunized against DPT (corresponding vaccines: DPT3 β)	87%	97%	86%	65%	90%
Children below 5 with diarrhea receive oral rehydration/continued feeding (2006-10)	48%	19%	15%	64%	56%
Children below 5 with suspected pneumonia receive antibiotics (2006-10)	38%	58%	5%	82%	N/A
Children below 5 sleeping under insecticide-treated bed net (2006-10)	N/A	N/A	33%	0%	28%
Children below 5 with fever, receive anti-malarial drugs (2006-10)	N/A	N/A	10%	1%	54%
Births attended by skilled attendants	36%	79%	6%	80%	49%
Pregnant women receiving prenatal care (at least once)	47%	74%	28%	52%	64%

Source: UNICEF Country Statistics, 2010.

Yemen's vaccination campaigns have been effective in covering most young children. By age 1, 87 percent of children are immunized for DPT. It may be useful to study why vaccination efforts have been successful, and consider if incorporating similar strategies could help address other gaps in the healthcare system.

On other indicators, access to basic healthcare is quite low. For example, only 38 percent of young children with suspected pneumonia are treated with antibiotics, and only about half of children with diarrhea receive oral rehydration.

Table 6 shows access to selected health services for young children and pregnant women in the Middle East and East Africa regions. On some measures, Yemen performs on par with the rest of the region, and in others, it is somewhat lower.

The level of access to essential ECD nutrition interventions for young children and pregnant women is low. Indicators for access to nutrition are shown in Table 7, and suggest that considerable efforts should be taken to increase nutrition interventions. Food prices are too high for many families to be able to afford nutritious food, and household food insecurity is common.

The percentage of pregnant women who have anemia is 58 percent, which is considered by the WHO to constitute a severe public health problem. The rate of children below 5 with anemia is 68 percent, which is also a severe public health problem according to WHO classifications. These figures indicate a clear need for more access to nutrition interventions targeted at reducing iron deficiency. As discussed in Section 1.1 of this report, Legal Framework, addressing the country's anemia problem will likely require a combination of measures, including supplements, better medical care and health education, and poverty alleviation for families.

The stunting rate of young children is disturbingly high, at 58 percent. Stunting is defined as having a height (or length)-for-age more than two standard deviations below the median according to international norms. It is an indicator of chronic malnutrition. Stunting early in life can have long-term effects: it can damage health, and reduce an individual's cognitive development, educational performance, and economic productivity. This has negative consequences not only for the well-being of the individual, but also for the future success of Yemen as a country.

The rate of exclusive breastfeeding in Yemen is the lowest of neighboring countries, at 12 percent. As explained in Section 1.1, Legal Framework, breastfeeding has tremendous nutritional benefits and

Table 7: Level of access to essential nutrition interventions for young children and pregnant women in Middle East and East Africa

	Yemen	Egypt	Ethiopia	Iraq	Sudan
Children below 5 with moderate/severe stunting (2006-10)	58%	29%	51%	26%	40%
Vitamin A supplementation coverage (6-59 months) (2010)	N/A	N/A	84%	N/A	82%
Infants exclusively breastfed until 6 months of age (2010)	12%	53%	49%	25%	34%
Infants with low birth weight	N/A	13%	20%	15%	31%
Prevalence of anemia in pregnant women (2010)	58%	45%	63%	38%	58%
Under-5 children with anemia	68%	30%	75%	56%	85%
Population that consumes iodized salt (2006-10)	30%	79%	20%	28%	11%

Source: UNICEF Country Statistics, WHO Global Database on Anemia.

offers a number of protections against common child health problems. It would likely be an effective and inexpensive approach to reduce stunting rates. Expanding the practice should be a key component of any nutrition strategy.

Access to early childhood care and education (ECCE) in Yemen is extremely low. The country's gross enrollment rate in pre-primary education is less than 1 percent. In the 2010-2011 school year, the MoE estimated 30,127 were enrolled in preschool, out of more than 2 million children between ages 3-5. While these figures are very low, they nevertheless reflect increases over the past several years.

In 2010, the average pre-primary enrollment rate for the Middle East region was 22 percent. In order to meet even average regional enrollment rates, preschool access will have to be greatly expanded.

Birth registration rates are low. According to UNICEF, the birth registration rate in Yemen is 22 percent. Birth registration is important for accessing healthcare, education, and child and social protection services. It also secures a child's rights to nationality and citizen's rights. From the government's perspective, birth registrations are crucial for planning and budgeting.

The government has taken important steps to increase birth registration, such as outreach programs targeting rural areas and internally displaced persons, and eliminating birth registration fees. The government could consider innovative approaches to increase birth registration, such as the use of mobile technologies. Approaches using new technologies have increased birth registration in other resource-constrained

countries with rural populations. In Uganda, the Mobile Vital Record System allows registration of births, deaths, and marriage through data uploaded with a mobile phone. Data are automatically recorded in the central government's records, eliminating the need for lengthy, paper-based processes.

Policy Lever 2.3: Equity



Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.⁵ One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Due to limited availability of data, it is difficult to assess if access to ECD services is equitable across different areas of the country. Pre-primary enrollment figures are not available for different regions, so it is not clear how regions compare in terms of enrollment rates. All public ECCE centers are in cities or large towns. It seems likely that preschool enrollment is concentrated in a few large cities, with extremely low enrollment in Yemen's many rural areas.

Boys attend preschool at higher rates than girls. According to enrollment figures from the MoE, the pre-primary enrollment ratio of boys to girls is about 1.2 to 1. Boys also attend school at higher rates at the primary and secondary levels. As the government expands

⁵ Engle et al, 2011; Naudeau et al., 2011.

access to preschool, it should work to ensure attendance by all children. Girls' attendance at preschool will play an important role in improving girls' attendance and attainment in later stages of education.

Yemen has a policy guaranteeing access to inclusive education for children with special needs, although it is not clear to what extent this is implemented at the pre-primary level. Yemen is a signatory of the Convention on the Rights of Persons with Disabilities. In 1997, the MoE adopted a policy to ensure the inclusion of all children with special needs in the education system. The policy includes children with physical disabilities, child laborers, and street children. Within the MoE, the Inclusive Education Directorate focuses on integrating children with special needs into public schools. Due to limited resources, it works only in a small number of schools in Yemen's main cities, and it is unclear if this includes preschools. The Social Fund for Development trains teachers and social workers on working with children with special needs, runs programs for children, and rehabilitates schools to be able to accommodate children with physical disabilities. Other NGOs also work on these issues. It is not clear that these efforts extend to preschools or to young children.

The MoSAL is developing a strategy focused on citizens with special needs. A government fund, Fostering Disabled Children Fund, provides financial support for people with disabilities. The Iman Center is a government-supported school for children with special needs, but it is not clear that it enrolls preschool age children.

Access to ECD services between socioeconomic levels and urban and rural areas is inequitable. There are stark differences in access rates in ECD services between the country's wealthiest and poorest citizens. The ratio of birth registration comparing the richest quintile with the poorest quintile is more than 9 to 1. For skilled attendants at birth, the ratio is more than 4 to 1.

There are also disparities in access to ECD services between urban and rural areas. Birth registration is more than twice as likely in urban areas, and improved sanitation facilities are almost three times as common in urban areas.

While there is urban poverty in Yemen, poverty is more widespread in the country's many remote areas. These areas often lack basic infrastructure, including electricity and roads, and have very little access to health and education services. Figures 5 and 6 illustrate the disparities between urban and rural areas, and wealthier and poorer citizens.

Figure 5: Rural/Urban disparities

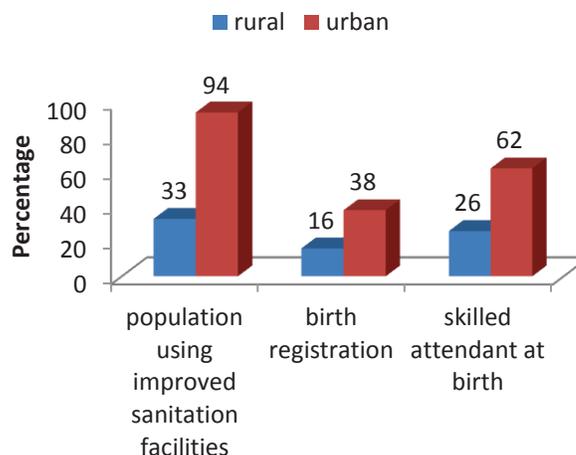
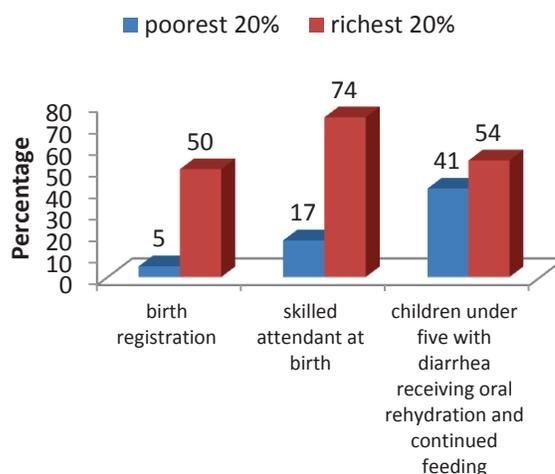


Figure 6: Poorest/Wealthiest Disparities



Source: UNICEF Multiple Indicator Cluster Survey data.

Policy Options to Implement ECD Widely in Yemen

Scope of Programs

➤ Data suggest that Yemen lacks the breadth of ECD programs necessary to ensure children's healthy development. While in the future it will be important to expand the scope of programs offered, in the near term it is likely most prudent to focus on expanding access and improving quality of existing programs.

Coverage

➤ The GoY could consider developing a comprehensive strategy and plan to increase health access for pregnant women and young children. Many women and children do not receive basic, essential healthcare services, and their health is suffering as a result. The lack of healthcare may stem from a combination of low government capacity, particularly in rural areas; lack of skilled healthcare workers; and inadequate funding. The strategy would need to address these issues to be effective.

➤ The GoY could consider developing a comprehensive strategy to increase access to nutrition services for pregnant women and young children. This may include offering iron supplements and feeding programs, promoting breastfeeding, improving access to healthcare, and poverty alleviation measures.

➤ The GoY could move forward with the National Strategy for Early Childhood to increase preschool enrollment. As preschools expand, care should be given to ensure high quality learning experiences, rather than just building classrooms and enrolling children.

➤ The GoY could examine reasons for the low birth registration rate despite the mandatory policy. All children need to be registered at birth in order to have access to essential services, including social protection, health and education. Registration also helps governments make plans and allocate resources. The GoY could consider studying innovative efforts that have been effective in increasing birth registration in other low resource countries, including use of mobile technologies.

Equity

➤ As it expands preschool enrollment, the GoY could work to ensure that both girls and boys attend preschool. Yemen is making a large push in girls' education, and preschool education should be an important part of this effort. Girls who attend preschool are more likely to succeed in the primary and secondary school, and their attendance also likely builds their families' commitment to girls' education.

➤ As preschool enrollment expands, the GoY could work to ensure that children with special needs can attend school, and that staff and facilities are adequately equipped to care for them. Special needs may include obvious physical and mental disabilities, but could also encompass children who have been victims of conflict, displacement and poverty. These children likely require extra socio-emotional support. With properly trained staff, preschool can play an important role in helping children cope with stress and trauma, which in turn aids their learning and healthy development.

➤ The GoY could work to address the large inequities in access to ECD services between rich and poor families, and families in urban and remote areas. Children from poor families face numerous disadvantages from even before birth. These inequalities early in life widen over time if effective interventions are not implemented. The most effective and cost-efficient time to address inequality is early in life. Investments in ECD are crucial to giving all children the opportunity to develop their full potential. The GoY could consider conducting a study examining primary school readiness among children who have received various ECD interventions and those who have not.

Table 8: Availability of data to monitor ECD in Yemen

Administrative Data	
Indicator	Tracked
Special needs children enrolled in ECCE (number of)	X
Children attending well-child visits (number of)	X
Children benefitting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	X
Children enrolled in ECCE by sub-national region (number of)	X
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	X
Survey Data	
Indicator	Tracked
Population consuming iodized salt (%)	✓
Vitamin A supplementation rate for children 6-59 months (%)	X
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four prenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	X

Policy Goal 3: Monitoring and Assuring Quality

➤ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services, and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital, because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability



Accurate, comprehensive, and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality,

adherence to standards, and efforts to target children most in need.

Data availability on ECD access and outcomes is limited. Table 8 presents some of the types of indicators a country can collect to assess access to ECD services and outcomes.

A few pieces of administrative data for Yemen are available; these figures reflect total uptake of services and are gathered through a census. Available data include the average number of students per teacher in public ECCE classes, and ECCE spending in the education budget (although various figures are reported for this).

The government could consider collecting additional important administrative indicators such as the number of special needs children enrolled in ECCE, the number of children attending well-child visits, the numbers of pregnant women and children receiving nutrition interventions, the number of children enrolled in ECCE by sub-region, and ECD spending in the health sector.

Survey data are more readily available, often through the UNICEF Multiple Indicator Cluster Survey (MICS). Survey data are based on sampling a specific population. These kinds of data can yield useful information on levels of access to key ECD services.

These types of administrative and survey data could provide the government with important tools as it moves forward with the National Strategy for Early Childhood. Data on young children's needs and the existing services available to them are key to planning effective and cost-efficient interventions. Data are also necessary to evaluate the effectiveness of policies and programs. As the government implements various elements of the Strategy, it is important to be able to measure progress and know if programs are effective.

Data are not collected to differentiate access and outcomes by group status. The government collects data to differentiate access to preschool based on gender. It does not track ECCE access and outcomes based on other background characteristics, such as socioeconomic status, special needs status, or geographic location (urban versus rural environment). Tracking data according to these characteristics helps to monitor inequities.

An important group status to include in these efforts is children from the Muhamisheen (marginalized) populations. Mothers and young children from this background likely have much lower access and outcomes to education and health services than other poor Yemenis. Many face dire poverty and discrimination, and are at the bottom of the country's social ladder.

The National Strategy for Early Childhood should benefit all of Yemen's children, and gathering data that includes children's backgrounds will help identify groups that need particular attention.

Data on individual children's development are collected, but only for those enrolled in preschools. Preschools collect indicators for individual children on their physical, cognitive, language and social development. With only 1 percent of children enrolled in preschool, this means that data are collected only for a very small proportion of young children. As preschool enrollment expands, the government should put in

place systems to collect data on multiple domains of child development. Data for individual children could be tracked over time to identify children with developmental challenges. In addition to gathering data at preschools, health centers should also collect information on individual children when delivering services.

Compiling these data can help the government establish a baseline, identify issues that need targeting, evaluate the effectiveness of interventions, and inform policy decisions.

The MoE has recently established a database on preschools. Improving sources of information on early childhood and developing a database on preschool is a component of pillar 1 of the National Strategy for Early Childhood. Recently the MoE included a database on preschools in its existing Education Management Information System (EMIS). It includes basic information on the number of pre-primary schools, teachers, and students. This is an important step, and the system could form the basis for broader data collection and analysis.

Policy Lever 3.2: Quality Standards



Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.⁶

Curricula and learning standards are under development. Currently there are no established learning standards for preschools, but standards are included in the proposed bylaws for preschool education. The MoE and Sana'a University are cooperating to develop learning standards. In 2013 the government introduced an ECE Teacher Guide for Preschool Education, which will form the basis of the curriculum. It covers literacy, numeracy, motor skills, and cognitive and socio-psychological development.

⁶ Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011; Victoria et al, 2003.

The Teacher Guide will only be successfully implemented in classrooms if teachers are properly trained on its principles and applications. The GoY should ensure educators and administrators receive adequate training to be able to use the guide in the classroom.

As preschool enrollment expands, the GoY should ensure that the preschool curriculum is coherent and continuous with the primary education system. Children who attended preschool should enter Grade 1 with knowledge and skills that equip them to succeed in primary school.

Training requirements for ECCE teachers are minimal. Preschool teachers must have completed at minimum upper secondary school. No additional courses or certifications are required, although several options are available.

Several types of training programs for preschool teachers exist. Taiz, Al Hodaida, and Ibb Universities offer bachelor's degrees in preschool teaching within the faculties of education. Sana'a University offers a post-graduate diploma in preschool education. The entry requirements are prohibitive for many: Entrants must have completed a university degree and be able to pay course tuition. University faculties of education offer training on the developmental stages of children, but not all preschool teachers have studied at the university level. Currently there is no public authority responsible for regulating pre-service training for ECCE teachers. A pre-service practicum is not offered.

Recently the MoE began in-service training on the new Teacher Guides. The MoE aims to train all preschool teachers on the guides, but funding is not currently available to implement this on a large scale.

The National Strategy includes a pillar to strengthen institutions working on early childhood through developing the capacities of individuals working in the early childhood field. Recently, the MoE developed and approved standards for ECCE workers. In 2012, the MoE, the Social Development Fund, and UNESCO worked together to hold 39 training sessions for 550 preschool teachers. This included the development and dissemination of training materials and resources.

In order to expand preschool enrollment and ensure high quality programs, the GoY will need to continue and expand these types of teacher training efforts. A strong preprimary education system should have clear requirements for teachers to enter the field, and should provide accessible opportunities for pre-service training and ongoing continuing professional development. The GoY could consider requiring completion of a specialized ECD course for preschool teachers. Such a course must be affordable and accessible. Pre-service and in-service training modalities would likely be necessary. To reach the country's rural areas, courses will need to be offered in many areas of the country, so that women educators can attend without traveling away from home. Training will have to be offered for free or very minimal fees so that cost is not a barrier to participation. In order to scale such programs, a training of trainers/cascade model is likely necessary. A cadre of master trainers comprised of experienced ECD professionals will likely need to be developed.

Health workers are trained to deliver messages on early childhood development. According to the Child Health Department at the MoPHP, doctors, nurses, extension health services workers, and midwives are required to complete training on delivering information on early childhood development. These messages to families may include developmental milestones and early stimulation. The government should continue and strengthen efforts of this kind.

Service delivery and infrastructure standards are being developed. At present there are few service delivery and infrastructure standards for ECCE facilities. The proposed bylaw for preschool education outlines a number of standards. These are elaborated in the recent Project on Regulations for Preschools, a document developed by the MoE's preschool department. The proposed standards include a limit on 20 children per class, with one head teacher and one assistant teacher. Preschools are open four hours per day, five days per week.

The Project on Regulations for Preschools is concerned with a number of aspects of the function of preschools, including administrative matters. Preschools are under the district supervisor for education. Each school is supposed to employ a social worker, a health supervisor, and a treasurer, in addition to teachers. Job

descriptions and lists of qualifications for each position are detailed. Parents should pay a monthly fee of YRI 500 (approximately US\$ 2.3).

The document says nothing about infrastructure requirements or materials, and there is little detail on curriculum or teaching standards. The Project on Regulations for Preschools is an important step towards ensuring standards for preschools, and similar efforts should continue to cover additional essential aspects of preschool quality.

In addition to curriculum and teaching standards, regulations should specify adequate play and learning materials, so that children have developmentally appropriate materials to support their learning. These could come from locally available, inexpensive sources.

Infrastructure requirements do not yet exist, but are reportedly included in the proposed bylaw. To ensure children's safety and health, these should include policies to ensure access to functional hygienic facilities and potable water sources. There should also be standards concerning a connection to electricity, structural soundness, building materials, windows, roof, floor, cleanliness, and adequate space for each child. Standards should apply to both public and private facilities.

Registration and accreditation procedures are not clear for ECCE facilities. As standards concerning essential aspects of quality preschool facilities are developed, procedures for registration and accreditation should also be developed, for both public and private facilities. This will provide a mechanism to help ensure that staff and facilities meet established requirements.

In contrast with ECCE facilities, construction standards exist for health centers and hospitals.

Policy Lever 3.3: Compliance with Standards



Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is

critical that mechanisms are put in place to ensure compliance with standards.

Data on compliance with teacher qualification requirements are not available. Data are not available on the educational attainment levels of ECCE educators, so it is not clear how many have met the minimum requirement of completing upper secondary school.

It is not clear how many ECCE facilities comply with various standards, and some standards are not yet in place. The average child to teacher ratio in public ECCE centers is approximately 19.2 to 1. The proposed ratio is 10 to 1, so the average group size will need to decrease in order to meet the new standard. In private ECCE centers, the average child to teacher ratio is 13.8 to 1. This does not meet the proposed standard, but it is within the bounds of good practices for children ages 3-5.

The number of centers open for 20 hours per week is not clear. Currently there are no infrastructure standards, so there is no mechanism to gauge the physical state of preschools. Anecdotally, many spaces in use as preschools are not suitable for that purpose.

Monitoring mechanisms for compliance with standards are not established. The preschool department in the MoE carries out a monitoring visit to each preschool every year or two. It is not clear if all schools are inspected and on what criteria they are evaluated. As additional preschools are added to the system, monitoring structures should be in place to gauge compliance with standards. Without monitoring, quality is likely to be compromised, and in some situations, children's safety could even be at risk. Currently, supervisory mechanisms do not seem to be in place. According to an MoE document, at present neither the MoE nor local authorities pay much attention to supervising preschools, for lack of expertise and/or interest in this level of education. Supervisory and monitoring mechanisms will need to be established in order to ensure quality. This will likely include training both MoE and local education authorities on how to monitor quality in preschools.

Policy Options to Monitor and Assure ECD Quality in Yemen

Data Availability

➤ Data collection and monitoring are important features of a strong ECD system, and are necessary for identifying needs and assessing programs. The GoY could expand the administrative data and survey data it collects to include important indicators such as the number of children enrolled in ECCE by sub-region, the number of children and pregnant women receiving nutrition interventions, ECCE spending in the health sector, and the percentage of children enrolled in preschool by socioeconomic status.

➤ As preschool enrollment expands, the GoY could ensure that schools track individual children's physical, cognitive, linguistic and social development. The database on preschools recently established in the MoE might be one mechanism to help gather this information. This could facilitate early identification and interventions for any developmental difficulties, and help ECD service providers tailor their actions according to individual children's needs. Through compiling existing data, the GoY could consider undertaking regular analysis of outcomes of all young children in the database, which could help identify strengths and weaknesses in the system and inform policy. Healthcare providers could also track outcomes for individual children.

Quality Standards

➤ The GoY could move forward to pass bylaws for preschool education that include learning standards. Standards for what children should know and be able to do help guide teachers in classroom instruction. Ideally, these standards should be aligned with the curriculum.

➤ The GoY could continue its efforts to provide in-service training to preschool teachers on the new Teacher Guide. It could also develop other teacher training options, including pre-service and in-service courses. Courses should be affordable and accessible. The GoY could consider requiring completion of a specialized ECD course to become a preschool teacher. Clear standards for teachers will help ensure children's learning.

➤ The GoY could move forward to pass regulations for service delivery and infrastructure standards for ECCE facilities. Regulations should include aspects such as construction and building standards, learning materials, and teacher-student ratios. These are necessary to ensure children's safety and quality of the educational experience.

➤ The GoY could set clear procedures and standards for preschool registration and accreditation. This will increase the likelihood of schools adhering to minimum standards, and will help the government to monitor facilities.

Compliance with Standards

Quality standards are only valuable if they are implemented, and monitoring is necessary to ensure compliance. As standards for preschool teachers, infrastructure, and service delivery are developed, the government could develop mechanisms to monitor compliance with standards. This will likely require training MoE and local education officials on ECD principles, and developing their commitment to supervision based on an understanding of the importance of these programs.

Comparing Official Policies with Outcomes

The existence of laws and policies alone does not always guarantee a given correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 10 compares several ECD policies with outcomes in Yemen.

The government has been successful in implementing its policy mandating immunizations for young children, resulting in high levels of coverage throughout the country. Birth registration rates are low, despite a mandatory policy, and exclusive breastfeeding is rare, in spite of laws complying with international best practice. According to policy, preschool is free and an essential part of the educational system. In reality, there are few preschools in the country, and fees mean that only those who can afford them can attend.

Table 11 summarizes key policy provisions in the Middle East and North Africa, along with related outcomes. Jordan and Egypt have universal birth registration, and have both made progress in increasing preschool

enrollment in recent years. Yemen and Ethiopia both have very low preschool enrollment, and Ethiopia has very low birth registration rates. Despite the fact that its laws do not comply with the Code of Marketing of Breast Milk Substitutes, Ethiopia has quite a high rate of exclusive breastfeeding.

Table 10: Comparing ECD policies with outcomes in Yemen

Policy	Outcomes
Laws comply with the <i>International Code of Marketing of Breast milk Substitutes</i>	Rate of exclusive breastfeeding until 6 months: 12%
Comprehensive immunization policy mandates a complete course of childhood immunizations	Children with DPT (12-23 months): 87%
Mandatory birth registration	Birth registration rate: 22%
Pre-primary education is free	Gross pre-primary school enrollment (3-5 years): 1%

Table 11: Comparing policy intent with ECD outcomes in Yemen and other countries in the region

	Yemen	Jordan	Egypt	Ethiopia
Salt Iodization				
Salt Iodization Policy	mandatory	mandatory	mandatory	mandatory
Population Consuming Iodized Salt	30%	88%	79%	20%
Appropriate Infant Feeding and Breastfeeding Promotion				
Compliance, Code of Marketing of Breast Milk Substitutes	All provisions law	Many provisions law	Many provisions law	Few provisions law
Exclusive Breastfeeding Until 6 Months	12%	22%	53%	49%
Pre-primary Education				
Pre-primary School Policy	in theory free, not mandatory	not free, not mandatory	not mandatory	not free, not mandatory
Pre-primary School Enrollment Rate	1%	32%	29%	5%
Birth Registration				
Birth Registration Policy	mandatory	mandatory	mandatory	not clear
Birth Registration Rate	22%	99%	99%	7%

Preliminary Benchmarking and International Comparison of ECD in Yemen

Table 12 presents the classification of ECD policy in Yemen within each of the nine policy levers and three policy goals. For the *Establishing an Enabling Environment* policy goal, Yemen’s level of development is classified as “Emerging.” For the *Implementing Widely* policy goal, Yemen’s level of development is classified as “Latent.” For the *Monitoring and Assuring Quality* policy goal, Yemen’s level of development is classified as “Latent.” For the

Monitoring and Assuring Quality policy goal, Yemen’s level of development is classified as “Emerging.”

Table 13 presents the status of ECD policy development in Yemen alongside a selection of OECD countries and Tajikistan, which has a similar income level to Yemen. Sweden is home to one of the world’s most comprehensive and developed ECD policies and achieves a benchmarking of “Advanced” in all nine policy levers. Additional regional comparisons of ECD policy goals and levers are forthcoming.

Table 12: Benchmarking Early Childhood Development Policy in Yemen

ECD Policy Goal	Level of Development	Policy Lever	Level of Development		
Establishing an Enabling Environment	●●○○	Legal Framework	●●○○		
		Inter-sectoral Coordination	●●○○		
		Finance	●○○○		
Implementing Widely	●○○○	Scope of Programs	●●○○		
		Coverage	●○○○		
		Equity	●○○○		
Monitoring and Assuring Quality	●●○○	Data Availability	●●○○		
		Quality Standards	●●○○		
		Compliance with Standards	●○○○		
Legend:		Latent	Emerging	Established	Advanced
		●○○○	●●○○	●●●○	●●●●

Table 13: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development					
		Yemen	Australia	Chile	Sweden	Turkey	Tajikistan
Establishing an Enabling Environment	Legal Framework	●●○○	●●○○	●●○○	●●○○	●●○○	●●○○
	Coordination	●●○○	●●○○	●●○○	●●○○	●●○○	●○○○
	Finance	●○○○	●●○○	●●○○	●●○○	●●○○	●○○○
Implementing Widely	Scope of Programs	●●○○	●●○○	●●○○	●●○○	●●○○	●●○○
	Coverage	●○○○	●●○○	●●○○	●●○○	●●○○	●○○○
	Equity	●○○○	●●○○	●●○○	●●○○	●●○○	●○○○
Monitoring and Assuring Quality	Data Availability	●●○○	●●○○	●●○○	●●○○	●●○○	●●○○
	Quality Standards	●●○○	●●○○	●○○○	●●○○	●●○○	●○○○
	Compliance with Standards	●○○○	●●○○	●○○○	●●○○	●●○○	●○○○
Legend:		Latent	Emerging	Established	Advanced		
		●○○○	●●○○	●●●○	●●●●		

Conclusion

The SABER-ECD initiative is designed to enable ECD policymakers and development partners identify opportunities for further development of effective ECD systems. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. This Country Report presents a framework to compare Yemen's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy

options to strengthen ECD are offered. Yemen's National Strategy for Early Childhood shows a commitment to improving services for young children in the country. The challenge to address malnutrition, poor access to healthcare, low preschool enrollment, and other barriers to children's healthy development will be implementation. As the country moves through political transition, promoting early childhood development should be an important part of Yemen's progression to a civic state that serves all of its citizens. Investing in its youngest citizens is crucial to the country's future success. Table 14 offers policy recommendations and options that the government could consider to strengthen ECD.

Table 14: Summary of policy options to improve ECD in Yemen

Policy Dimension	Policy Options and Recommendations
<p>Establishing an Enabling Environment</p>	<ul style="list-style-type: none"> • Ensure that the iron fortification policy is being fully implemented. • Identify the reasons behind the low rate of consumption of iodized salt, and work to address them. • Develop a comprehensive plan to promote breastfeeding as a cost-effective way to address malnutrition in young children. This could include public awareness campaigns, educating health workers, and engaging religious and community leaders to promote the practice. • Adopt a policy to provide orphans, vulnerable children, and children with special needs with ECD services. • Promote public awareness that child abuse is unacceptable. Expand child abuse monitoring and services for abused children. • Coordinate interventions at the point of service delivery. • Establish systems to identify and track ECD spending within government budgets. • Establish a coordinated budget process across ministries and agencies working on ECD. • Allocate more financial resources to ECD.
<p>Implementing Widely</p>	<ul style="list-style-type: none"> • Develop a strategy and plan to increase healthcare access for pregnant women and young children. This may require addressing limited government capacity, lack of skilled health workers, and inadequate funding. • Develop a strategy and plan to increase access to nutrition services for pregnant women and young children. This may include offering iron supplements, feeding programs, increasing breastfeeding rates, improving access to healthcare, and poverty alleviation. • Move forward with the National Strategy for Early Childhood goal to increase preschool enrollment. • Examine reasons for the low birth registration rate, and consider using innovative approaches to register births. • As preschool enrollment increases, vigorously promote girls’ attendance to ensure gender equity. • Ensure that children with special needs can attend preschool. This includes children requiring extra socio-emotional support to cope with the stress and trauma of poverty and conflict. • Invest strongly in the most disadvantaged young children to reduce inequalities and give these children opportunities to develop their full potential.
<p>Monitoring and Assuring Quality</p>	<ul style="list-style-type: none"> • Expand the types of administrative and survey data collected to include important ECD indicators, such as ECD spending in the health sector, number of children enrolled in preschool by region, and the percentage of children enrolled in preschool by socioeconomic status. Some of this information could be housed on the database on preschools in the MoE. • As preschool enrollment increases, continue to track individual development outcomes of children attending preschool. Healthcare providers could also track individual children’s health outcomes. • Pass bylaws for preschool education that include learning standards. • Expand in-service teacher training on the Teacher Guide. Consider additional pre-service and in-service teacher training modalities. Consider requiring preschool teachers to complete a course on ECD, as long as the course is accessible and affordable. • Pass regulations for service delivery and infrastructure standards for preschools to ensure children’s learning and safety. • Set clear procedures and standards for preschool registration and accreditation. • Establish monitoring and supervisory mechanisms for preschools to ensure compliance with standards as they are developed.

The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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