



National Human Development Report: toward globalization

SANA'A, March 26 — The Ministry of Planning and International Cooperation, with support from United Nations Human Development (UNDP), yesterday launched the third National Human Development Report (NHDR) entitled, "Knowledge, Culture, Education and Information Technology."

The third NHDR consists of six chapters covering, in consecutive order: economic growth; new human development pillars; culture and human development issues; cultural policies and institutions; general education; technical and higher education and information technology and the media.



Launching the third National Human Development Report (NHDR).

Editorial

The month of April witnessed a number of events, for instance the celebration of the annual anniversary of World Health Day, which was organized by World Health Organization through the cooperation of Yemeni Government represented by Ministry of Public Health and Population. The month of April, was a sad one, due to the death of Dr. Fawaz Shehab from the World Health Organization, who passed away when he was on official mission in Al-Mukalla. With this sad news UN family in Yemen lost one of its best staff in Yemen who devoted his life for the humanitarian assistance. Before his death, we contacted Dr. Fawaz requesting him to give a lecture on Bird Flu. Dr. Fawaz happily welcomed the idea of holding a training session for Yemeni journalists at UNIC, but death was faster. May God rest his soul in peace.

UN & Yemeni Government Organized A Celebration on World Health Day

7 April 2006

The UN system and Yemeni Government celebrated today on the occasion of World Health Day. A one day event was organized by World Health Organization through the cooperation of Ministry of Public Health and Population. The event took place in the Academy Officers Club under the patronage of His Excellency Mr. Abdulkader Bajammal , Prime Minister. The occasion was attended by large number of guests from officials of government and UN agencies. During the celebration a number of speeches were delivered by the prime minister, Minister of Public Health and Population and the Representative of WHO in Yemen. Before the conclusion, awards and appreciation certificates were distributed to number of officials (Ministers, Deputy Ministers and General Directors) who served in health field previously and played a role in improving the services of Health Ministry.

An Interview with WFP Representative

Dr. Mohamed El-Kouhene, WFP Representative and Country Director in Yemen, was interviewed by the newsletter. The details in pages 2+3

Obituary

إنا لله وإنا إليه راجعون

It is with deep sorrow and sadness we were informed of passing away Dr Fawaz Shehab (born 16 March 1958), STP Disease Surveillance, WHO Representative Office in Yemen, who passed away yesterday 21:30pm Wednesday 3rd May 2006 in Al-Mukalla Town in Hadramout following a sudden heart attack. Dr Fawaz worked as STP, for Communicable Disease Surveillance in Yemen from August 2004. He was in Al-Mukalla monitoring the National Measles Campaign when the tragic event took place. Dr Fawaz has been instrumental in establishing and smooth functioning of the Communicable Disease Surveillance System in Yemen. Dr Fawaz will always be remembered by his colleagues for his pleasant personality, dedication, perseverance, and commitment to the work of the organization in Yemen. He will be deeply missed by his family, many friends, and colleagues.



An Interview with WFP Representative



Dr. Mohamed El-Kouhene took office as the United Nations World Food Programme Representative in Yemen in September 2005. He brings with him over 22 years experience with the UN system, part of it in UN Head Quarters (Rome, New York, Geneva) and the rest in the field as WFP Representative in Syria and Lebanon, and before that as North Coordinator in Iraq. He has a master in Political Science and a PHD in International Law. Dr. El-Kouhene is a Moroccan married to a Syrian and father of two children.

Q1: As WFP Representative what challenges have you faced since you came to Yemen?

Yemen is among the least developed countries according to international classifications and is facing a lot of socio-economic problems. It imports 80% of its staple food; it has a high population growth rate, and has a high illiteracy rate especially among women reaching up to 70%. There are 8.3 million individuals who are generally food insecure and 46% of the children are malnourished. Add the water scarcity and the possibility that the country might run out of oil (its main source of income), and you will have an idea of the challenging tasks development stakeholders are facing.

The needs in Yemen are enormous and growing, at a time when the economic growth and both the local and international resources are shrinking, or definitely not sufficient to meet those needs. At the same time, our accountability to the donors implies a result based approach, and therefore tangible improvements in the condition of the people we assist. In view of this, the challenge for me was to ensure that with the limited resources we have (48 million dollars), we identify and work in those sectors where we can be effective and make a sustainable difference.

Q2: In regard to food assistance provided by WFP, could you tell us who are the main beneficiaries of this assistance and what is the role of food aid?

WFP targets Health, Nutrition and Education. The main beneficiaries are malnourished pregnant women, lactating mother, under-5 children, and TB and Leprosy patients. The monthly food ration consists of wheat, fortified oil, sugar and Wheat Blended Soya and this represents about 15% to 35% of a family's monthly income. Food acts as an incentive for enrollment and regular attendance to health centers. It encourages tuberculosis and leprosy patients to comply and complete their treatment.

WFP targets girls' education by giving out rations to girls who enroll and attend school. The objective is to reduce the gender gap among school children, increase girls' enrollment and reduce their drop out. Moreover, this contributes to the food security of the poor households in the targeted areas.

Q3: WFP is implementing several projects in different parts of Yemen; could you give us an idea about such projects?

Under the current Country Programme (2002-2207), WFP supports 1300 schools and 48 health centers in 85 of the poorest districts in Yemen.

The overall goal of the Country Programme (CP) is to improve the living conditions of food-insecure households in remote and rural areas. The CP focuses almost exclusively on women and girls. It addresses food security, girls' education, health and nutrition status of mothers and children. The CP's objectives are fully in line with The Millennium Development Goals (MDGs) related to Eradicating Extreme Poverty and Hunger; Achieving Universal Primary Education; Promoting Gender Equity and Empowering Women; Reducing Child Mortality; and Improving Maternal Health. These activities are implemented in 85 districts throughout the entire country. We also have a refugee operation to assist Somali refugee in Kharaz camp and Al-Basateen area, maintaining adequate nutrition and promoting self-reliance.

Q4: Precisely, how do you assist the refugees?

WFP assistance to Somali refugees in Yemen started in 1992. The overall objective is to help refugees improve their living conditions and is targeted to those living in the camp who are almost totally dependent on external assistance. The camp as you know is extremely isolated. In addition to the monthly care and food maintenance ration for the refugees, WFP provides food to malnourished children and mothers through targeted feeding programme and to children attending schools in the camp. Most of the refugees currently living in the camp are vulnerable groups including women, children and elders whose access to economic opportunities is limited. A general food basket composed of wheat flour, rice, pulses, vegetable oil, sugar, wheat and Soya blend and salt is distributed to 8,500 refugees in the camp. The distribution is carried out by UNHCR through a local implementing partner. On site supplementary feeding for the malnourished children and mothers are given at a MCH centre and school children in the camp and at the suburb area of Albasateen in Aden governorate to another 8,000 people. WFP also provides three days food ration for refugees newly arriving in the country who are on transit at Maifa'a reception centre in Shabwa governorate. Our assistance is fully coordinated with our UN partner, UNHCR.

Q5: How do you evaluate the cooperation between the WFP and the other UN agencies?

Well, I just mentioned UNHCR and the excellent partnership spirit we enjoy. Very recently, a Memorandum of Understanding was signed between the WFP, UNICEF and WHO. This Memorandum aims at intensifying the coordination efforts between the 3 UN agencies so as to overcome the problems faced by Yemen in the areas of health and education in rural regions. This agreement will hopefully achieve positive results and will contribute to the achievement of the MDGs in Yemen.

Q6: As we know that WFP focuses on the poorest people, in terms of food assistance, does the Programme reach those categories easily? What are the main obstacles facing the Programme in performing its tasks in general?

WFP covers most food insecure districts in the country with very little infrastructure. Most of the areas are in remote zones, which do not have roads access and it takes four to five hours from a main city to reach some schools. Therefore delivery of food to such areas is very costly and time consuming. In addition, to ensure that food is delivered to the right locations and beneficiaries, our staff along with the government staff conduct joint monitoring of food distribution, which add to the costs.

Related to the school feeding Programme, most of the schools do not have drinking water or proper toilet facilities; in addition there is a very limited number of female teachers; out of 1300 WFP supported schools, only 4% are female teachers. Therefore it is very difficult to keep the female student for a long time in schools. Bringing girls and increasing enrollment is attached to facilities and services available in the schools. This affects the quality of education. There is therefore a need to come together with different other partners to address these issues and complement our activities.

Q7: Finally what are the WFP's future plans?

A new five years Country Programme for a value of \$48 million will be presented to the Executive Board in June 2006 for five years duration through December 2011. The new CP will be in line with the UN CCA/UNDAF 2005 and the national strategies based on MDG goals. As in the past, we will continue to work and further improve our partnership with the government and other operational agencies such as UNICEF, WHO, and FAO. In addition we intend to continue our \$ 3 million refugee operation in favor of Somali refugees in close coordination with our partner UNHCR.

SECRETARY-GENERAL CALLS FOR PARTNERSHIP TO RAPIDLY BOLSTER GLOBAL

HEALTH WORKFORCE, IN WORLD HEALTH DAY MESSAGE

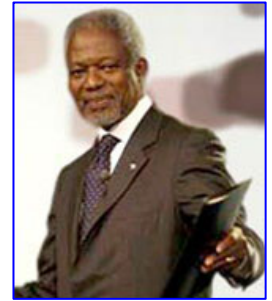
Following is UN Secretary-General Kofi Annan's message on World Health Day, observed 7 April:

Health workers save lives. They strive to ensure that advances in health care reach those most in need. They contribute to the social and economic well-being of their countries. And they are essential to their countries' security, by being the first to identify a new disease or a new threat to public health.

Yet today, in many parts of the world, the health workforce is in crisis. The global population is growing, but the number of health workers in many of the poorest countries is falling. Across the developing world, health workers face economic hardship, deteriorating health infrastructures and social unrest. And the HIV/AIDS pandemic has hit health workers particularly hard, taking their own health and lives, as well as those of their patients.

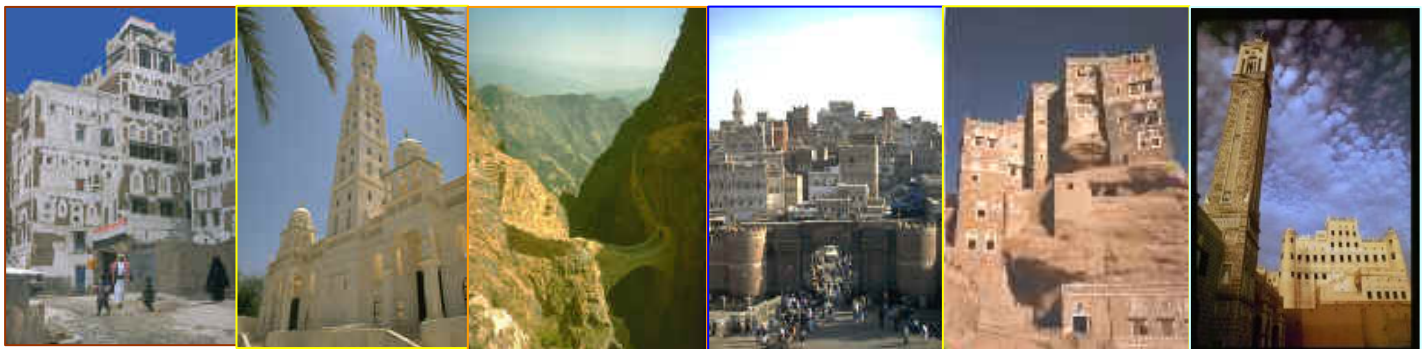
It is clear that to protect and improve the health of people worldwide, and to achieve the Millennium Development Goals, we need to rapidly bolster the global health workforce. Africa alone will require 1 million new health workers to achieve the Goals. Without such a dramatic increase in capacity,

paediatric immunizations will not be administered; infectious outbreaks will not be contained; curable diseases will remain untreated; and women will keep dying needlessly in childbirth.



Addressing this crisis demands partnership and cooperation nationally and globally, across different sectors -- including education, transport and finance -- as well as within the health workforce itself. That is why the theme of this year's World Health Day is "Working Together for Health". On this Day, I urge all concerned -- Governments, professional organizations, civil society, the private sector, the media and international donors -- to join forces and step up investment in the health workforce. Let us work together for health in the twenty-first century.

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