



Mid-Term Evaluation of the Project:
**My Safety, Our Future: The Protection of Women and Girls
from Gender-Based Violence (GBV) in Yemen**

FINAL REPORT

March 2021

Figure 1. Map of Yemen¹

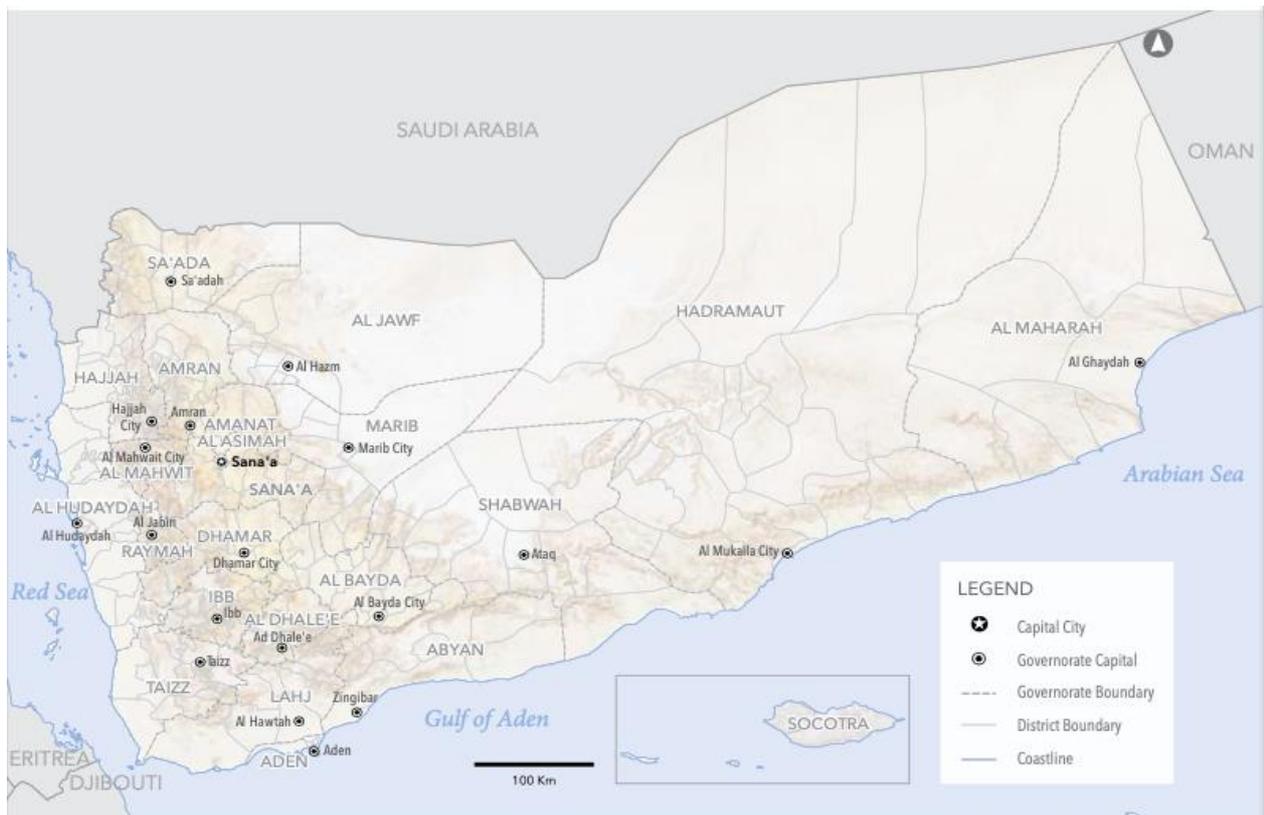


Figure 2. Evaluation team

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Acknowledgements

This mid-term evaluation would not have been possible without the contribution and commitment of a wide range of stakeholders, within and outside UNFPA.

The evaluation team would like to express its gratitude to UNFPA Yemen Country Office, their partners, and the Netherlands, Sweden, and Switzerland, and the staff and women and girls in participating safe spaces who contributed towards this evaluation for the purposes of learning and improving the services delivered.

¹ UN. Yemen Humanitarian Response Plan 2019.2019.

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ALNAP	Active learning network for accountability and performance
ASRO	Arab States Regional Office
DAC	Development Assistance Committee
DFA	De facto authorities
FGD	Focus group discussion
GBV	Gender-based violence
HNO	Humanitarian Needs Overview
HRBA	Human rights-based approach
HRP	Humanitarian Response Plan
IAFM	Inter-Agency Field Manual
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICPD	International Conference on Population and Development
IDP	Internally displaced person
IRG	Internationally-recognised government
KII	Key informant interview
MHPSS	Mental health and psychosocial support
MISP	Minimum initial service package
MOSAL	Ministry of Social Affairs and Labour
MSOF	My Safety Our Future
MTE	Mid-term evaluation
NGO	Non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
PPE	Personal protective equipment
PSEA	Protection from sexual exploitation and abuse
PSS	Psychosocial support
RRM	Rapid Response Mechanism
SDC	Swiss Development Cooperation
SDG	Sustainable Development Goal
SEA	Sexual exploitation and abuse
SIDA	Swedish International Development Agency
SOP	Standard operating procedure
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
	UNOCHA United Nations Office for Coordination of Humanitarian Affairs
WGSS	Women and Girls' Safe Space
YCO	Yemen Country Office
YWU	Yemen Women's Union

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EXECUTIVE SUMMARY

Purpose of the Mid-Term Evaluation

Building on the Terms of Reference (ToR)² for the Mid-Term Evaluation (MTE) of the My Safety Our Future (MSOF) project on the Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen (the project) the MTE was designed to provide an external, formative, forward-looking, and utility-focused assessment of the above-referenced project. This MTE was commissioned by the UNFPA Yemen Country Office.

Methodological Overview

The evaluators tried to facilitate a transparent, participatory, consultative process which balanced summative (accountability) and formative (learning) aspects. The approach was designed to conform to the context and objectives of the assignment, the purpose, scope and use of the evaluation. An evaluation matrix was constructed around five questions (related to the areas of relevance, effectiveness, accountability, efficiency, and connectedness) under which 21 assumptions were developed to test.

Data collection was a hybrid exercise including both remote and face-to-face methods and including an in-depth document review, key informant interviews and focus group discussions. The evaluation reviewed 23 documents, interviewed 21 individuals, and spoke with 45 women and girls within focus groups.

The My Safety Our Future (MSOF) project

The MSOF project was conceived based on a needs assessment of the GBV situation in Yemen highlighting the impact of the continuing war in Yemen, and designed as a comprehensive and holistic response to the needs of women and girls with four outputs covering services, awareness-raising, and accountability within the humanitarian system.

Findings

Finding 1. MSOF is a unique project in Yemen providing essential holistic GBV prevention and response activities (awareness raising and

services at scale), within an extremely challenging context.

Finding 2. The project has implemented effective COVID-19 mitigation measures and tele counselling data suggests a high demand for this service and the potential for it to be continued as a more permanent modality after the pandemic. Finding 3. MSOF is highly aligned with – and nicely highlights – both UNFPA development and humanitarian priorities – therefore being positioned nicely at the nexus – and across the dual areas of prevention (awareness and contributing to increased gender equality) and response (services).

Finding 4. MSOF promotes SDG 5 – gender equality – within all aspects the project and is both aligned with, and contributes to, the GBV and broader protection elements, of humanitarian frameworks in Yemen such as the HNO and HRP.

Finding 5. MSOF has demonstrably increased availability of and access to GBV services for Yemeni women and girls.

Finding 6. Awareness-raising activities have been an important component of the project with differing levels of challenge in the North compared to the South: particularly in the North, any success in opening a conversation about GBV can be seen to be a critical achievement and should be continued to ensure results to date are not lost.

Finding 7. The project has successfully increased capacity and willingness to include GBV considerations across the humanitarian response.

Finding 8. While MSOF currently has a balanced presence across the North and the South, the project has experienced many different challenges, barriers, opportunities and successes in the area under the control of the IRG compared to the area under the control of de facto authorities and this could be further analysed with more clearly highlighted area-based approaches.

Finding 9. The project has to a certain targeted vulnerable groups – such as female-headed households – but there are many opportunities to further refine demographic targeting, particularly in relation to adolescent girls, and women and girls with disabilities.

² See Annex 1 for the Project MTE Terms of Reference.

Finding 10. Accountability mechanisms are in place but knowledge and utilisation of these mechanisms is inconsistent.

Finding 11. While there are specific complaints mechanisms established, PSEA, and particularly the difference between PSEA and GBV, is not consistently understood across UNFPA staff and partners and UNFPA current championing of PSEA globally is a good opportunity to improve this aspect of the project.

Finding 12. MSOF has supported UNFPA GBV coordination capacity and this has ensured impact of the project beyond the activities directly funded by the project.

Finding 13. MSOF has efficiently utilised digital platforms for reporting and information management, including a comprehensive dashboard providing detailed results of GBV services, activities and results.

Finding 14. The MSOF partnership has inherent efficiencies of a combination of international NGO and local partners for understanding of both global standards and local cultural requirements.

Finding 15. To date, MSOF has yielded lasting impacts at both community and individual levels. Four years ago GBV was not an open topic of conversation in Yemen: now it is. Four years ago there were no women and girl safe spaces in Yemen. Now there are 21.

Conclusions

Conclusion 1. MSOF has undoubtedly contributed to an increase in availability and accessibility of GBV services, and an increase of awareness of GBV. It can be credited with being the catalyst for broader GBV programming across Yemen, beyond the project activities. There is still – within MSOF and more broadly across GBV service delivery in Yemen – a range of *quality* levels of service delivery but MSOF has ensured increased *quantity* of services provided.

Conclusion 2. The MSOF project has significantly supported the GBV sub-cluster coordination mechanisms to work towards a consistency of services through development of SOPs and overall, the project has successfully contributed to increasing the capacity of GBV actors in Yemen, and the capacity and willingness of other humanitarian actors to include GBV considerations within programming.

Conclusion 3. Yemen is separated into two distinct contexts in respect of the South under the control Internationally-recognised government and the North under the control of de facto authorities and this has impacted every aspect of the project, with activities – for service delivery and for awareness raising being more complicated and more difficult to implement in the North. The project has adapted to these different contexts in a practical manner but has not explicitly articulated different strategies for effectiveness, adherence to humanitarian principles, value for money, and reaching in the furthest behind in the different areas.

In respect of reaching the furthest behind, the project has not adequately developed strategies to ensure inclusion of the most marginalised – such as women and girls with disabilities and there is still room for improvement in the project with regard to feedback mechanisms, including reporting for PSEA, for those women and girls the project does reach.

Conclusion 4. There remain differing levels of demand for different services, with economic empowerment and livelihood activities being most in demand. Despite the available SOPs, some services – particularly PSS services – require more monitoring to ensure PSS counselling is provided at an acceptable standard across all delivery points and under the principle of do no harm. That There also remains an opportunity to improve feedback mechanisms to ensure that services provided are aligned with, and continually improved towards, what women and girls want.

Conclusion 5. MSOF is nicely positioned at the nexus of humanitarian and development action, working to both deliver services and seek sustained and continued positive change in terms of awareness. This is aligned with UNFPA strategic direction and with external direction of Agenda for Humanity and the New Way of Working. To date, MSOF has yielded lasting impacts at both community and individual levels. The awareness raising activities have had different levels of success in the South under the IRG compared to in the North under the DFA but regardless of this, the baseline success in opening a conversation about GBV can be seen to be a critical achievement across Yemen.

Conclusion 6. MSOF, like other interventions in Yemen, has found ways to adapt to COVID-19.

Further analysis would be required of these adaptation measures but there is the potential to consider the changes within a broader understanding of programme improvement, seeking to embed some of the new modalities of service delivery as permanent options and additions to more traditional service delivery.

Recommendations

A. Current Phase Recommendations

Recommendation A1. Review the project, in line with UNFPA strategies (at country level and globally) and with the HRP process to increase focus on the most vulnerable; particularly adolescent girls and women and girls with disabilities. Seek learning from other UNFPA contexts (such as the regional Syria response – for tools, strategies, procedures, training materials etc in Arabic) and develop a plan to increase issues of inclusion of the most vulnerable by the end of this project phase.

Recommendation A2. Improve AAP and feedback mechanisms, again taking learning from other Arabic UNFPA contexts for tools and templates.

Recommendation A3. Recognise the global UNFPA championship of PSEA and utilise this opportunity to take the leadership of implementing PSEA in practice: all UNFPA staff and all MSOF partner staff, including those at the front line (in service delivery positions) to undertake training for PSEA. Focus particularly on ensuring an understanding of the difference between PSEA and GBV.

B. Potential Phase III considerations

Recommendation B1. A Phase III proposal can be an opportunity to review the robustness of the current indicators. While the overarching framework of the four outputs, the outcome, and the impact is solid, the indicators could be reviewed based on: (a) the development of a coherent theory of change, highlighting both the activities within each output and mapping their linkages to each other; (b) reviewing the global minimum standard indicators and ensuring MSOF indicators are aligned, where possible and relevant, with the menu of global indicators; and (c) explicitly highlighting the different levels of indicators (activity level, output level, and outcome level).

Recommendation B2. Articulate within the Phase III proposal explicit strategies and realistic targets for North and South separately, across the four output.

Recommendation B3. Deepen Output 4 and develop an awareness-raising strategy (contextualised to South and North) which is framed by social norm change and gender inequality scales with short-term (project length); medium-term; and longer-term goals, recognising that the funding provided by a potential MSOF Phase III will contribute to the short-term goals, but this will be implemented within a broader longer-term framework. Ensure within the strategy an articulation of how the current conflict context and the breakdown of community and social cohesion presents a window of opportunity for ensuring that future societal rebuilding includes the voices of women and girls and is founded on the notion of *building back better*.

Strengthen and expand Output 2: Increased livelihoods and economic empowerment activities are in high demand; potentially seek other partnerships for this across UN agency and international NGO / private sector for an expansion of this component of the project. Consider new empowerment activities, slowly moving from traditional women “related” ones to less conventional, to contribute to social norm change vis à vis women can or should do or not do.

Recommendation B4. Explicitly highlight a plan towards integration of existing services into state social services structures (particularly for the South) as *a foundation* towards an eventual exit strategy when the situation allows. Ensure this includes linkages within institutional channels, such as family and child protection units.

Recommendation B5. Explicitly articulate the efficiencies of local / INGO partnership, highlighting the value add of the different partners to the project; to each other; and to GBV efforts in Yemen in broader terms (linking localisation and contextual understanding with global best practice standards and learning from other contexts) and develop a roadmap for maximising the efficiencies.

Chapter 1. Introduction

1.1 Purpose, objectives, and scope of the Evaluation

Building on the Terms of Reference (ToR)³ for the Mid-Term Evaluation (MTE) of the *My Safety Our Future* (MSOF) project on the *Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen* (the project) the MTE was designed to provide an external, formative, forward-looking, and utility-focused assessment of the above-referenced project. This MTE was commissioned by the UNFPA Yemen Country Office.

The evaluation used internationally agreed evaluation criteria, drawn from the United Nations Evaluation Group (UNEG) norms and standards, Organization for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) and the ALNAP criteria for the evaluation of humanitarian action to study the key research questions outlined below.

The **purpose** of this MTE was primarily formative and is to provide an “*independent assessment of the project to improve project implementation, and making necessary course corrections*”.⁴ The **scope** of the MTE covered:

- **temporal**: Phase I of the project: June 2017-June 2019; and Phase II of the project to date: June 2019-June 2021.
- **geographic**: across all locations in Yemen where the project is being implemented;
- **thematic**: assessing all activities of the project against the stated intended impact; outcome; and the four outputs.

The primary intended **users** of the evaluation are:

- (a) UNFPA Yemen Country Office (YCO);
- (b) UNFPA Headquarters including the Humanitarian Office;
- (c) UNFPA Arab States Regional Office (ASRO);
- (d) UNFPA implementing partners within this project;
- (e) UNFPA donors.

Potential secondary users will include:

- (f) Other UNFPA regional offices;
- (g) Other UN, NGO, and civil society actors who implement GBV programming in Yemen.

³ See Annex 1 for the Project MTE Terms of Reference.

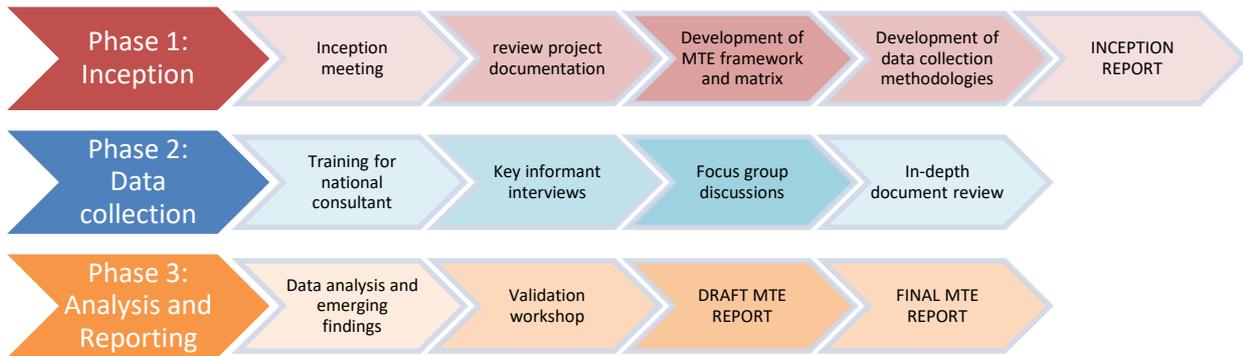
⁴ Project MTE Terms of Reference.

1.2 Methods and Approach

1.2.1 Mid-Term Evaluation Process

The following sections outline the specific phases and tasks within each of the five phases outlined in the ToR

Figure 2. Evaluation process

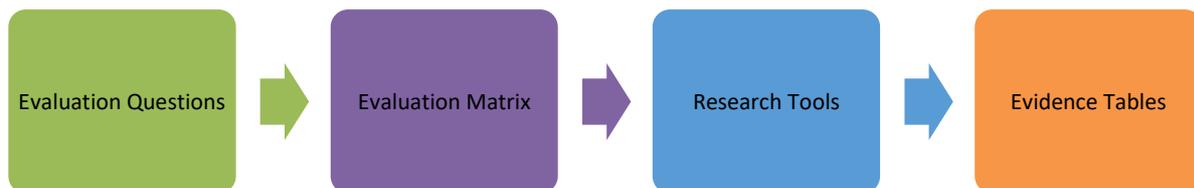


1.2.2 Methodological Overview

The evaluators tried to facilitate a transparent, participatory, consultative process which balanced summative (accountability) and formative (learning) aspects. The approach was designed to conform to the context and objectives of the assignment, the purpose, scope and use of the evaluation.

Design: A **theory-based approach** was including the rationalisation and refinement of evaluation questions provided within the ToR, based on OECD-DAC criteria and tempered with ALNAP humanitarian-adapted criteria.⁵

Figure 3. Evaluation design process



The mid-term evaluation questions and assumptions were positioned within an evaluation matrix which served as the primary analytical tool.

Figure 4. Mid-Term Evaluation Matrix

Evaluation Question

⁵ Alnap (the active learning network for accountability and performance in humanitarian action) produced a 2016 Humanitarian Evaluation Guide which provide specific humanitarian-adapted criteria of connectedness (instead of sustainability and linking to the triple nexus, coverage, coherence, coordination in addition to standard OECD-DAC criteria of effectiveness, efficiency, relevance, sustainability and impact In the 2018 Alnap. State of the Humanitarian System Report Alnap further suggests two additional criterion to the standard OECD-DAC humanitarian-adapted criterion. These are ‘accountability and participation; which Alnap consider to be a relevant end goal in themselves rather than just a means to an end for relevance or effectiveness and ‘complementarity’ which refers to the localisation agenda and working with national actors, and provides a clear distinction between localisation and connectedness which describes the humanitarian-development-peace nexus.

EQ1: Relevance (including coherence): To what extent does the MSOF project correspond to the identified needs of affected populations, while remaining aligned with UNFPA's mandate and strategic direction

1.1 The stated intended results and objectives of the MSOF project are aligned with the needs of the targeted affected population.

1.2 The MSOF project successfully adapted to the COVID-19 pandemic during 2020

1.3 The MSOF project is aligned *internally* with the UNFPA Strategic Plan, 2018-2021 and the UNFPA YCO Country Programme.

1.4 The MSOF project is aligned *externally* with the SDGs, Agenda for Humanity, and the Yemen HRP.

1.5 The MSOF project is aligned with relevant humanitarian standards such as Sphere, CHS, IAFM, MISP, and GBV AoR guidance.

1.6 The action is both aligned with a human rights approach and actively promotes human rights, inclusion, equality and equity within all activities and outcomes.

1.7 The action is aligned with humanitarian principles of humanity, impartiality, neutrality and independence.

EQ2: Effectiveness (including coverage): To what extent has the MSOF project achieved its stated objectives?

2.1 The project has increased availability of functioning comprehensive, specialised GBV services (output 1).

2.2 The project has increased access of GBV survivors and those at-risk to resources, support services, and livelihood opportunities (output 2).

2.3 The project has increased awareness of GBV risk and consequently reduced negative norms and practices within communities which perpetuate GBV (output 3).

2.4 The project has strengthened the accountability of Yemen humanitarian architecture with regard to prioritising GBV prevention and response (output 4).

2.5 The MSOF project systematically reaches the right geographical areas

2.6 The MSOF project systematically reaches all demographic groups including the most marginalised (i.e. adolescent girls, women and girls with disabilities etc).

EQ3: Accountability and Participation: To what extent has the MSOF project ensured that the targeted population are active agents in designing, implementing, and monitoring UNFPA and partners' interventions and that there are functioning feedback and complaints mechanisms, including for PSEA?

3.1 UNFPA ensured the targeted population group provided systematic & participatory feedback to the design, implementation, and monitoring of the MSOF project

3.2 UNFPA and partners have effective complaints mechanisms in place, including for PSEA.

EQ4: Efficiency: To what extent, is the MSOF project most efficiently utilising human, technical, technological, financial and knowledge inputs to achieve desired results?

4.1 UNFPA and partners efficiently utilised available resources (financial and human) to ensure appropriate staff (# and capacity) and supplies and materials in place to achieve results.

4.2 UNFPA and partners efficiently utilised technical, technological, and knowledge inputs to achieve results.

4.3 The partnership between UNFPA and implementing partners was efficient for achieving results.

EQ5: Connectedness (sustainability): To what extent does the MSOF project contribute to longer term development?

5.1 The MSOF project has a clear phasing-out strategy in place to ensure service delivery points remain functional.

5.2 The *individual* benefits of the MSOF project to women and girls remain over time (i.e. positive changes in agency, knowledge, access, confidence, and empowerment).

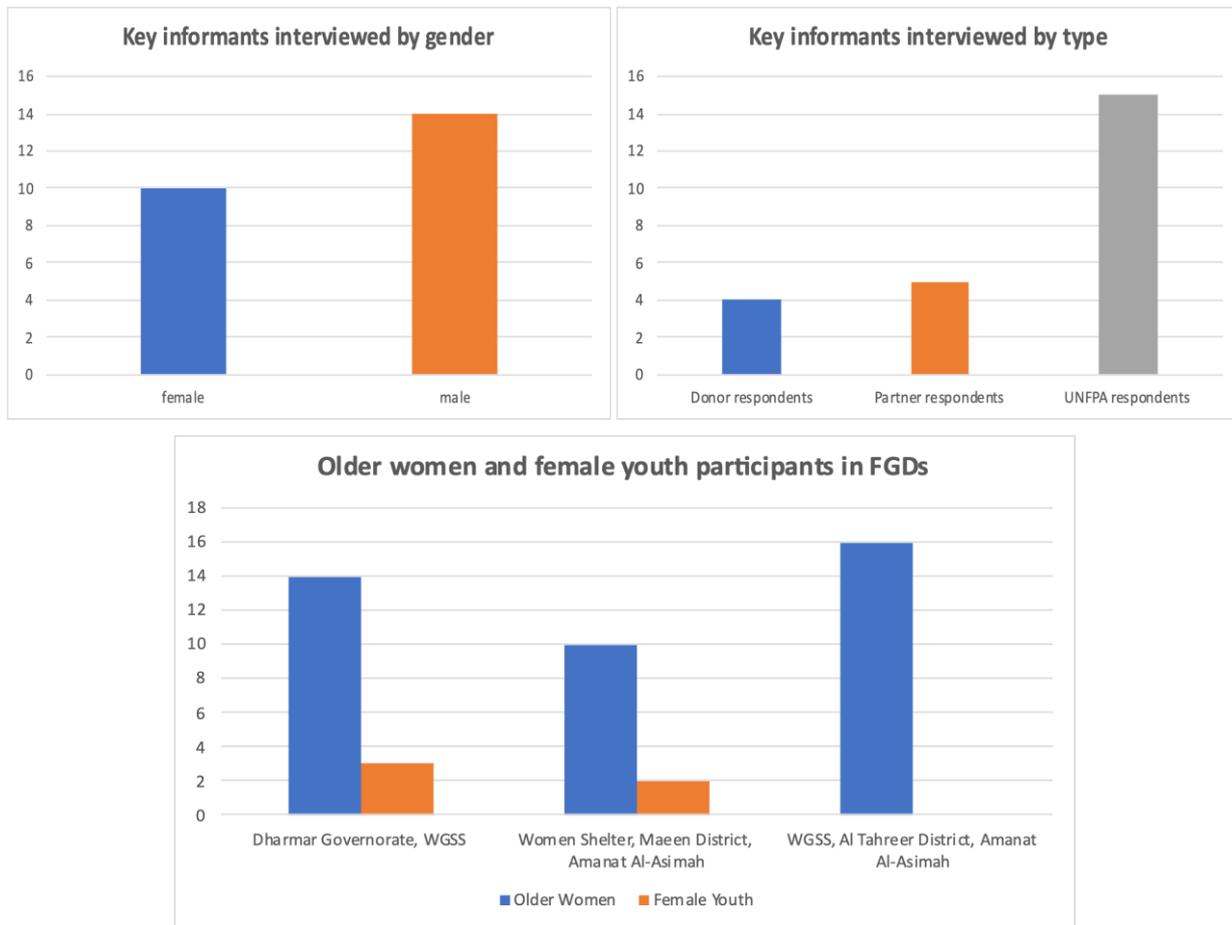
5.3 The collective community benefits of the MSOF project remain over time (i.e. changing social norms and harmful practices with regard to GBV).

Data collection:

- 1) **An in-depth desk review** of all documents collected related to the MSOF project and the Yemen context and humanitarian response structure. *See Annex II for bibliography.*
- 2) **Key informant interviews (KIIs)** with key stakeholders to include UNFPA staff, implementing partner staff, and donors. *See Annex III for key informant list.*
- 3) **Focus Group Discussions (FGDs)** to collect the views of the beneficiaries of the project. Six FGDs were conducted across different safe spaces and shelters.

In total, the mid-term evaluation reviewed 23 documents, interviewed 21 individuals, and conducted six FGDs with a total of 45 women and girls.

Figure 5-7. Data Sources⁶



Analysis and Reporting: Evidence amassed during the data collection phase (both primary and secondary) was reviewed, cleaned and coded into an Evidence Database which was then used to triangulate the data collected; extract initial findings; and re-validate the findings against the data to proof them.

Limitations

1. Both COVID-19 and the general security context had a limiting effect on the mid-term evaluation in terms of the locations of conducting FGDs, which were in and around Sana’a. To mitigate this, the mid-term evaluation reviewed documentation from different sources and ensured partner and UNFPA staff were asked questions pertaining to the challenges in different areas.
2. The mid-term evaluation was not able to interview any other UN agencies, or academic institutions, government counterparts, or civil society organisations not directly supported by UNFPA. To mitigate this, documentation was reviewed from a number of different sources.

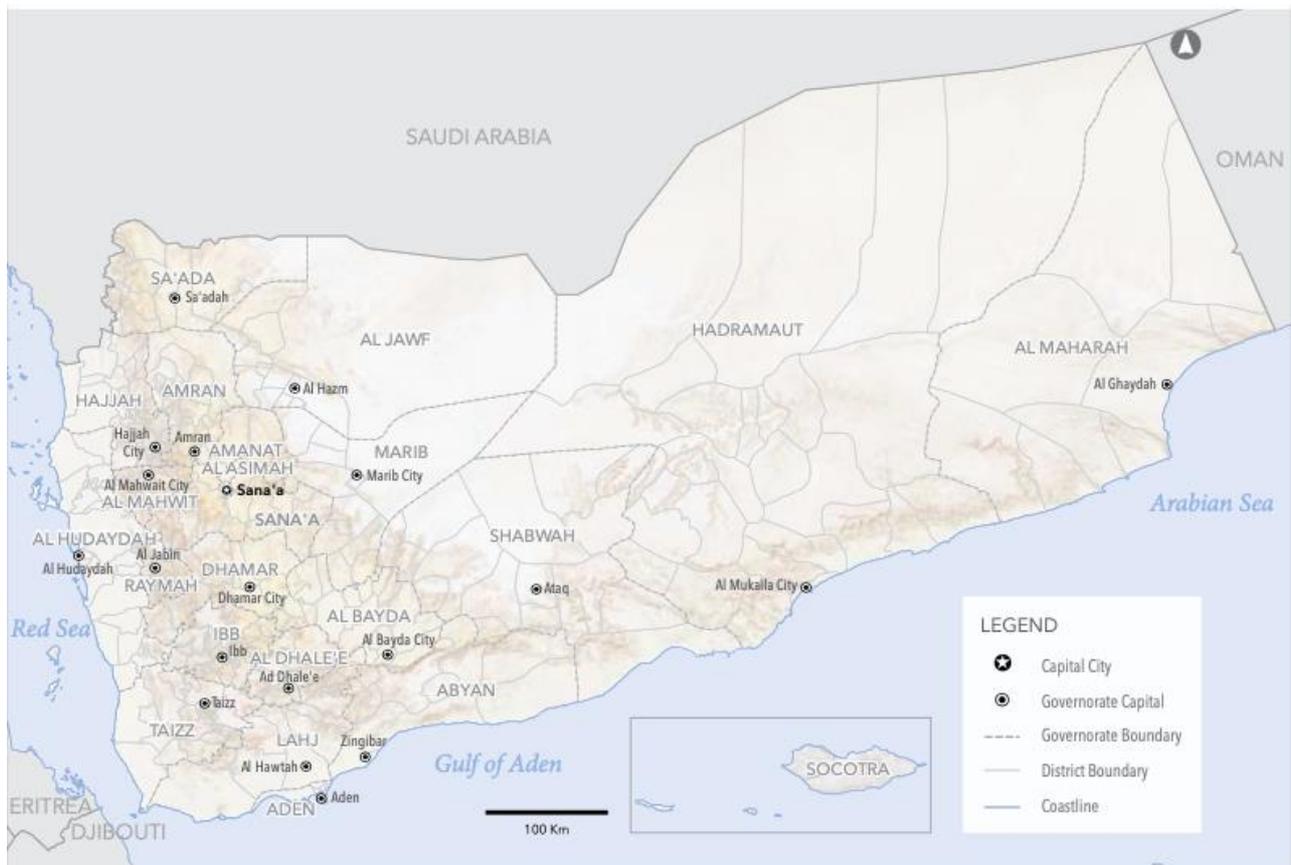
⁶ FGDs were conducted in groups segregated by age. Female youth included adolescent girls and women over the age of 15 and under the age of 24. ‘Older women’ included all those over the age of 24.

Chapter 2. Country Context and UN-wide response

2.1 Yemen context

The Republic of Yemen is a low-income country⁷ bordering Saudi Arabia to the north, Oman to the east, the Gulf of Aden and the Arabian Sea to the south, and the Red Sea to the West.

Figure 8. Map of Yemen⁸



Yemen has been in severe conflict since 2015. Even before the conflict, Yemen was the poorest country in the Middle East and North Africa region and is generally considered to be the worst humanitarian crisis in the world. Conflict, together with extreme climate events and natural disaster, has exacerbated food insecurity and destroyed the emerging economy as well as destroying health and educational infrastructure:⁹ *In 2020, the UN estimated 24.3 million people—80% of the population—were “at risk” of hunger and disease, of whom roughly 14.4 million were in acute need of assistance.*¹⁰

Yemen Population Data:

Total Populations	29.8 million
Population aged 10-24:	32.4%
Maternal mortality ratio (deaths per 100,000 live births):	164
CPR women 15-49, any method:	26%
CPR women 15-49, modern methods	20%
Education, net primary enrolment (male/female)	90% / 79%
Education, net secondary enrolment (male/female)	55% / 40%
Total Fertility Rate TFR:	3.6
Life expectancy:	66

All information from: <https://www.unfpa.org/data/world-population/YE>

⁷ World Bank categorization: <https://www.worldbank.org/en/country/yemen/overview>

⁸ UN. Yemen Humanitarian Response Plan 2019.2019.

⁹ World Bank: <https://www.worldbank.org/en/country/yemen/overview>

¹⁰ Ibid.

The cycle of humanitarian crises in Yemen began in 2011/2012, with a revolution against President Ali Abdullah Saleh, who had led Yemen for more than three decades. Successive political crises culminated in the invasion of the capital city, Sana'a, by Houthi militants that had been undertaking a protracted insurgency in the north.¹¹

Figure 9. Timeline of key events¹²



In 2012, the signing of the 2012 Gulf Cooperation Council agreement improved security in some areas. And ongoing security sector reforms brought new hope for stability.¹³ However, hostilities continued to escalate between the internationally recognised Government in Aden and the de facto authorities in the North. The current conflict started in March 2015 when suicide bombers targeted two mosques in Sana'a,

¹¹ UNOCHA. Yemen Humanitarian Response Plan, 2013. 2013

¹² UNOCHA. Humanitarian Needs Overview 2019. 2018.

¹³ Ibid

killing nearly 150 people and injuring a further 350. This rapidly escalated as Houthi / Saleh forces from the north advanced south and a Saudi-led military coalition began airstrikes on Houthi-affiliated targets. Already precarious before the conflict started, the Yemen economy has all but collapsed with ports blockaded and loss of access to markets and livelihoods. Several attacks on health facilities have occurred and currently less than 50% of health facilities are fully functional and this has been exacerbated by a substantial cholera outbreak in 2017, followed by a diphtheria outbreak.¹⁴

The Inter-agency standing committee IASC activated a L3¹⁵ response in Yemen in 2015,¹⁶ which has been continually extended.¹⁷ The 2018 humanitarian response plan recognises 22 million people in need, of which 11.3 million are in acute need, and targets 13.1 million people within a request of US\$2.96 billion.

Yemen is not a single-crisis context, but one which includes conflict, successive cholera and diphtheria outbreaks, import restrictions, significant collapse of basic services, repetitive displacement, famine, and natural disasters such as cyclones. Over three million people have been forced to flee from their homes since the escalation of conflict in 2015, including two million who remain displaced. Yemen is currently described as the world's largest humanitarian crisis.¹⁸ The 2020 Yemen Humanitarian Response Plan (YHRP) sought \$2.41 billion for 19 million people. The Yemen response has been characterised by changing overall total population estimates, steadily increasing numbers of those in need, and massively increasing requirements which has proven a challenge for all humanitarian planning and programming.

The COVID-19 pandemic in 2020 has caused conditions to deteriorate even further:

Note on COVID-19: As of 27 May, COVID-19 is spreading rapidly across Yemen. Health facilities are already overwhelmed and many are being forced to turn patients away. Humanitarian partners are focusing on three key priorities. 19,000 community volunteers and influencers are being mobilized to explain to millions of people across the country how the virus is transmitted and what can be done to stop its spread. Working with the private sector, partners are fast-tracking the procurement, transport and distribution of COVID-19 supplies including PPE, oxygen concentrators, ICU beds, tests, reagents and ventilators. With one of the highest case fatality rates in the region, partners are giving the highest priority to rapidly expanding ICU capacity to treat hospitalized cases. Yemen's part of the Global Humanitarian Response Plan comes to \$180 million as of 27 May; this figure will be regularly revised as part of the wider GHRP process.¹⁹

Figure 10. Humanitarian Response Plan (HRP) figures per year

Year	Total Population	People in Need (PiN)	Acute	Targeted	\$ required
2012					\$329mill
HRP 2013	24mill	13.1mill		7.7mill	\$716mill
HNO 2015 (revision)		21.1mill			
HNO 2016 (2015)	26mill	21.2mill			
HRP 2016	25.9mill	21.2mill		13.6mill	\$1.8bill
HNO 2017 (2016)	27.4mill	18.8mill	10.3mill		
HRP 2017	27.4mill	18.8mill	10.3mill	12mill	\$2.1.bill
HNO 2018 (2017)	29.3mill	22.2mill	11.3mill		
HRP 2018		22.2mill	11.3mill	13.1mill	\$2.92bill
HRP 2019	30.5 mill	24.2 mill		21.4 mill	\$4.2 bill
HRP 2019 extended for 2020	30.5 mill	24.3 mill		19 mill	2.41 bill

¹⁴ UNOCHA. Humanitarian Response Plan 2018. 2018.

¹⁵ <https://reliefweb.int/report/world/humanitarian-system-wide-emergency-activation-definition-and-procedures-iasc>

¹⁶ https://interagencystandingcommittee.org/system/files/newsletter_june_2015.pdf

¹⁷ [UNFPA. Fast-Track Procedure Activation Form: Extension Request, Yemen, October 2018 to April 2019. October 2018]

¹⁸ UNFPA. UNFPA Humanitarian Response in Yemen 2018. 2018.

¹⁹ UN. Extension Yemen HRP 2020. 2020.

Yemen is one of the “*worst protective environments for women and girls*”.²⁰ Even prior to the conflict women and girls faced severe gender inequality which has only been exacerbated in the last five years.²¹ Since the conflict began, an estimated 26% of internally displaced persons (IDPs) living in ‘hosting sites’ where harassment and GBV is rife.²²

*Women and girls suffered disproportionately from GBV, poverty and violations of basic rights before the conflict. After nearly four years of conflict and economic decline, women and girls are now facing even more complex risks and vulnerabilities. The World Bank estimates that women are shouldering an inequitable share of the burden in terms of worsening poverty rates and deprivations than the average of the population.*²³

²⁰ Project MTE Terms of Reference.

²¹ Ibid.

²² UN. Humanitarian Needs Overview. 2019.

²³ Ibid.

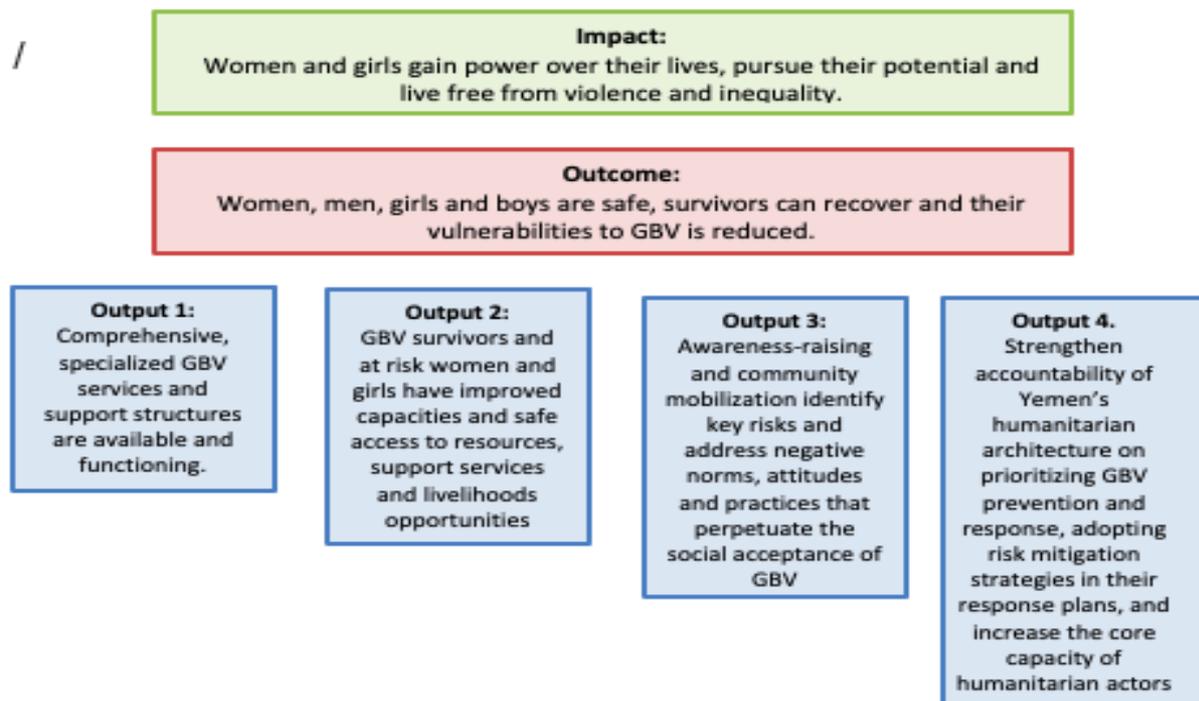
Chapter 3. UNFPA response and project strategies

UNFPA began working in Yemen in the early 1970s.²⁴ UNFPA's 5th Country Programme for Yemen from 2012-2015 has been extended since 2016, with the current country programme being focused entirely on the humanitarian response following the activation of a Level 3 emergency response in Yemen on 1 July 2015. Strategic Priorities for UNFPA in Yemen include strengthening healthcare systems for emergency obstetric and new-born care and other RH services; strengthening mechanisms to prevent and respond to GBV against women and girls; and reaching all newly displaced persons with emergency assistance through the Rapid Response Mechanism (RRM).²⁵

2.3 The My Safety Our Future (MSOF) Project

The MSOF project was conceived based on a needs assessment of the GBV situation in Yemen highlighting the impact of the continuing war in Yemen, and designed as a comprehensive and holistic response to the needs of women and girls with four outputs covering services, awareness-raising, and accountability within the humanitarian system.

Figure 11. MSOF results chain



In **Phase I** the original partnership of UNFPA, Intersos, Yemen Women's Union, the British Council and Save the Children developed a comprehensive response to the GBV situation in Yemen as MSOF. This was based on analysis of multiple issues including:

- increased reliance on negative coping mechanisms;
- basic needs are unmet;
- barriers to access to services;
- lack of multisectoral approach;
- lack of specialised services, including for GBV, and lack of trust in existing health services;
- importance of addressing GBV not fully appreciated by humanitarian actors.²⁶

²⁴ <https://yemen.unfpa.org/en/unfpa-yemen>

²⁵ Ibid.

²⁶ Ibid.

Achievements of Phase I include:

- 26,529 individuals (women, men, boys and girls) were provided with multisectoral services legal, medical, psychological.
- three hotlines services (two for legal and psychosocial support and one for complaints);
- full support to four women shelters in Sana'a, Aden, Hodeida and Ibb governorates;
- supported the construction of two safe spaces in Hodeida and Sana'a;
- supported the construction of two new shelters in Amran and Aden;
- four women and girls' safe spaces have been established in Sana'a and Al Hudaydah governorates;
- supported one family centre and established three child friendly spaces in Sana'a and Al Hudaydah for GBV awareness and children survivor's empowerment;
- strengthened the referral system, through the recruitment and training of 48 case managers, in addition to 12 case reporters at the governorate level and a referral officer at the central level (Sana'a);
- strengthened the GBVIMS System
- conducted springboard training for 750 GBV survivors from Sana'a, Aden, Hajjah and Ibb governorates;
- conducted a series of 716 awareness raising sessions in 12 targeted governorates and 48 districts;
- developed GBV Standard operating procedures (SOPs) (revised and translated to Arabic);
- conducted Clinical Management of Rape (CMR) training for 43 health workers, RH specialist and midwives from Aden and Hodeida hubs;
- conducted 2 referral pathways workshop for Sana'a and Aden hubs;
- networked with 75 Criminal Judges, Prosecutors, Judicial Control Officers and Lawyers to support/facilitate cases in the court;
- conducted economic empowerment financial literacy training for 500 GBV. 300 women were supported with funds, to start their own income-generating projects.

Summary of findings from MTE Phase I, January 2019

- the project strategy has proved to be relevant, necessary, and serving to the purpose for which it was established and it was implemented in a cost-effective manner and achieved the expected results;
- the project succeeded in providing a number of essential services under one roof and strengthening linkages with other key service providers to some extent;
- the finding highlighted an increase in accessing these services by survivors and the majority of them (89.7%) mentioned that the project's services addressed their immediate and long-term needs, and they were given with confidentiality according to 99.2% of GBV survivors' respondents;
- the service processes were found to be engaging, inclusive, consultative and were provided in line with protection principles;
- the findings showed some weaknesses in the GBV awareness component which reduced the accessibility of GBV survivors to services as a result of lack of awareness on the existence of such services among the targeted communities;
- 66.5% of GBV survivors reported that this project has made a significant impact on addressing GBV at their personal level
- 90.9% of GBV survivors who have benefited from livelihood thought that this intervention has empowered them; while 97.4% of them thought their business had good potential to succeed. 85.7% of GBV survivors had control over the earnings of their business.
- 42.2% of sampled GBV survivors knew how to communicate their feedback or complaints to UNFPA and its partners.

In **Phase II**, the partnership was altered to include UNFPA, YWU, the International Rescue Committee (IRC) and Care International. The budget was increased but locations, activities, outputs, outcome and impact remained the same as Phase I.

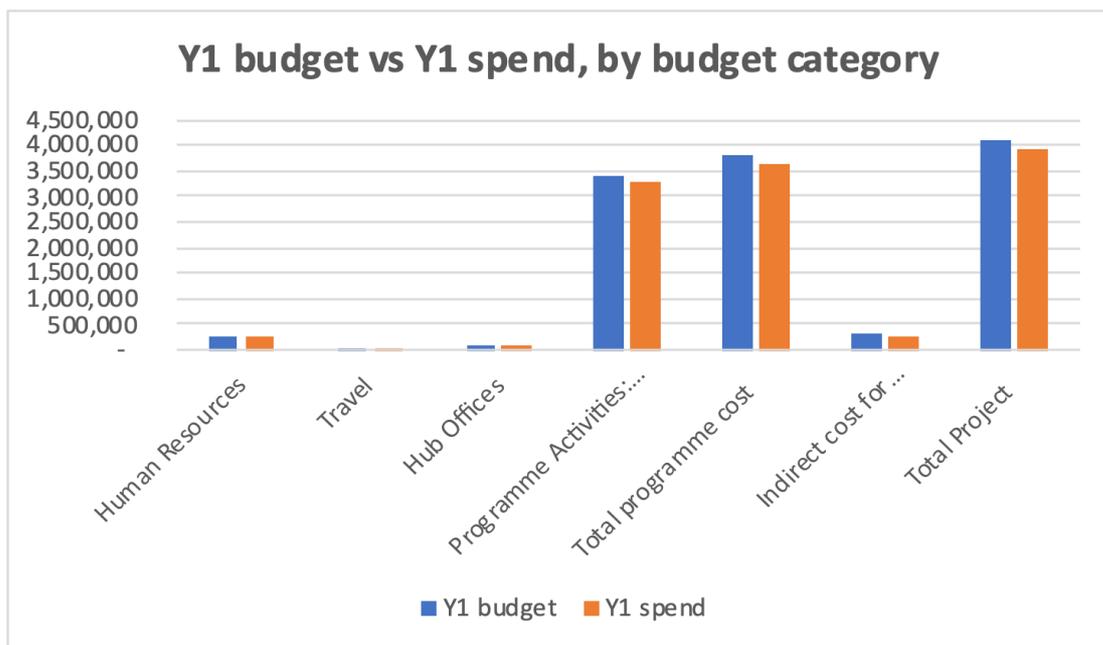
The results framework for Phase II includes indicators and targets across the four outputs and for the overall outcome and intended impact.

The Phase II total budget for MSOF, covering 2 years from July 2019 to June 2021 was USD 10,961,853, split approximately 40% in Y1 and 60% in Y2. Financial reporting to June 2020 shows the project expenditure to be on track at 96% spent against Y1 budget, with low expenditure against Output 4 (44%); M&E (0%), and medium expenditure against Output 3 (68%) but high levels of expenditure against other outputs and associated project costs.

Figure 12. Budget vs expenditure for Phase II Year 1.²⁷

BUDGET					EXPENDITURE		
Category	Sub-Category	Total Y1	Total Y2	Total Project	Total Y1	% spend against budget Y1	\$ spend against budget, total
Human Resources		241,167	512,764	753,931	254,125	105%	34%
Travel		35,000	50,000	85,000	35,552	102%	42%
Hub Offices		90,000	144,000	234,000	90,402	100%	39%
Programme Activities: Total		3,419,256	5,633,276	9,052,533	3,260,956	95%	36%
	Studies/Research/Publication	17,500	17,500	35,000	14,078	80%	40%
	Activities (output1)	2,960,806	5,013,946	7,974,753	2,923,847	99%	37%
	Activities (output2)	197,560	487,560	685,120	197,211	100%	29%
	Activities (output3)	75,150	51,030	126,180	51,446	68%	41%
	Activities (output4)	168,240	63,240	231,480	74,374	44%	32%
	Monitoring & Evaluation	9,400	15,000	24,400	-	0%	0%
Total programme cost		3,794,823	6,355,041	10,149,864	3,641,035	96%	36%
Indirect cost for UNFPA (8%)		303,586	508,403	811,989	291,283	96%	36%
Total Project		4,098,409	6,863,444	10,961,853	3,932,318	96%	36%

Figures 13. Budget vs expenditure, Phase II Year 1.



²⁷ Figures from Financial Reporting for MSOF June 2020.

Chapter 4. Findings

EQ1: Relevance and Coherence

To what extent does the MSOF project correspond to the identified needs of affected populations, while remaining aligned with UNFPA's mandate and strategic direction?

Assumptions:

1.1 The stated intended results and objectives of the MSOF project are aligned with the needs of the targeted affected population.

1.2 The MSOF project successfully adapted to the COVID-19 pandemic during 2020

1.3 The MSOF project is aligned internally with the UNFPA Strategic Plan, 2018-2021 and the UNFPA YCO Country Programme.

1.4 The MSOF project is aligned externally with the SDGs, Agenda for Humanity, and the Yemen HRP.

1.5 The MSOF project is aligned with relevant humanitarian standards such as Sphere, CHS, IAFM, MISP, and GBV AoR guidance.

1.6 The action is both aligned with a human rights approach and actively promotes human rights, inclusion, equality and equity within all activities and outcomes.

1.7 The action is aligned with humanitarian principles of humanity, impartiality, neutrality and independence.

The evaluation finds that the MSOF project is a unique project in Yemen providing essential holistic GBV prevention and response activities (awareness raising and services at scale) in extremely challenging context. It has implemented effective COVID-19 mitigation measures and tele counselling data suggests a high demand for this service and the potential for it to be continued as a more permanent modality after the pandemic, with caveats of understanding nature and demand of tele counselling services. It is highly aligned with, and nicely highlights, both UNFPA development and humanitarian priorities – therefore being positioned nicely at the nexus – and across the dual areas of prevention (awareness and contributing to increased gender equality) and response (services). A potential opportunity exists for further integration of RH and GBV services, aligned both with UNFPA mandate areas and with the cultural context of Yemen.

MSOF promotes SDG 5 – gender equality – within all aspects the project and is both aligned with, and contributes to, the GBV and broader protection elements, of humanitarian frameworks in Yemen such as the HNO and HRP. The project has contributed to the development of Yemen-specific SOPs which align international humanitarian standards on GBV with the Yemen context.

As a gender equality-focussed project, MSOF is nicely aligned with a HRBA. Adherence to humanitarian principles is achieved through the overall humanitarian coordination mechanisms to the extent which is possible and with differing levels of success in the South, under the control of the internationally recognised government (IRG), and the in the North, under the control of de facto authorities.

Finding 1. MSOF is a unique project in Yemen providing essential holistic GBV prevention and response activities (awareness raising and services at scale), within an extremely challenging context. The project has been described both as the “seed for the UNFPA GBV programme”²⁸ and as the catalyst for broader GBV programming across humanitarian actors within Yemen.²⁹

It is clear that Yemen is a challenging context for humanitarian service delivery in general and for GBV and broader protection services in particular.

The humanitarian crisis in Yemen remains the worst in the world. Nearly four years of conflict and severe economic decline are driving the country to the brink of famine and exacerbating needs in all sectors. An estimated 80 per cent of the population – 24 million people – require some form of humanitarian or protection assistance, including 14.3 million who are in acute need. Severity of needs is deepening, with the number of people in acute need a staggering 27

²⁸ UNFPA key informant.

²⁹ Multiple key informants.

per cent higher than last year. Two-thirds of all districts in the country are already pre-famine, and one-third face a convergence of multiple acute vulnerabilities. The escalation of the conflict since March 2015 has dramatically aggravated the protection crisis in which millions face risks to their safety and basic rights.³⁰

For women and girls within a strongly conservative culture, this has had a disproportionate impact. The Yemen HNO, based on numerous assessments and studies, highlights that deteriorating security and economic conditions have excessively impacted upon women and girls including in terms of child marriage, domestic violence, access to basic services and resources, and mobility.

Yemen has the highest gender gap in the world, and for nine successive years has ranked last out of 142 countries in the World Economic Forum's Global Gender Gap Index. The country has one of the worst protective environments for women and girls. Prior to the conflict, women in Yemen faced wide inequality and systematic discrimination, and were often denied their rights in different spheres of life, including in education, health, the economy and in politics. Women and girls face cultural taboos, and struggle to prove themselves in society. These gender inequalities continue to increase in conflict, and women and girls continue to suffer the most as their needs get neglected.³¹

The MSOF project since inception has been clearly based on a problem analysis and evidence of needs assessment of the situation of women and girls as highlighted Phase I proposal in 2017:

The current situation has led to an increase in the negative coping mechanisms within families, including child marriage and child labour. These factors are also associated with higher risks of domestic violence, neglect and physical or sexual abuse of children and women. Although the safety and wellbeing of girls and boys are equally at risk, boys are more likely to fall victim to killing, maiming or recruitment by armed groups than girls, due to exploitation and use of boys as fighters. The entrenched gender inequalities that women and girls face in Yemen limit their access to education, basic services and livelihoods opportunities. Conflict and displacement also increases the occurrence of GBV, especially sexual violence, domestic violence, early marriage and trading sex to meet basic survival needs. The most vulnerable IDPs are obliged to opt for collective shelter arrangement, subjecting women, girls and children in particular to an increased risk of GBV.³²

The comprehensive nature of the design – covering availability of, and access to, specialised GBV services; access to additional services such as life-skills and livelihood options; community awareness-raising; and accountability for GBV response and prevention across the humanitarian system – has ensured a holistic response of the project, whereby each component output links to and reinforces the other outputs.

The overall MSOF results chain is solid, presenting four outputs covering prevention activities (outputs 3 and 4) and response activities (outputs 1 and 2) which logically should result in the stated outcome and contribute to the stated impact (see figure 11, page 13). However, indicators at the outcome level are quite basic and based on perception rather than objective achievement. Indicators across the different outcomes are not optimally linked to ensure coherence of indicators, activities and achievements, partially due to a lack of a theory of change and partially due to a lack of mapping of interdependencies and correlations across the different output indicators.³³

³⁰ UNOCHA. Humanitarian Needs Overview 2019. 2018.

³¹ UNFPA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Annual Report: July 2018 – July 2019. 2019.

³² UNFPA. Project Proposal Phase I (2017-2019): My Safety Our Future: The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. 2017. Note that while concrete evidence of increased negative coping mechanisms is not provided within the project proposal, this has been referenced in consecutive HNOs and HRP.

³³ This mid-term evaluation has assessed the overall relevance, effectiveness, efficiency, and connected of the MSOF project and does not provide an in-depth review of each indicator and its clarity, worth, and correlation with global standards. However, this

The project has expanded and developed over the four years since the beginning of Phase II, adapting to the changing realities in terms of partners being unable to continue working (such as British Council and other international NGOs in the north of Yemen); building on the initial Phase I pilot experiences of WGSS and shelters to increase geographical coverage; and refining in particular livelihood activities based on feedback from participating women. In addition to this, in 2020 the project adapted to the COVID-19 global pandemic (see next finding).

Finding 2. The project has implemented effective COVID-19 mitigation measures and tele counselling data suggests a high demand for this service and the potential for it to be continued as a more permanent modality after the pandemic.

However, there are caveats attached to the popularity and effectiveness of tele counselling, particularly with respect to understanding the increased demand of telephone services (and whether that is linked to an assumed increase in GBV due to the pandemic or not) and the nature of tele-counselling services (what is being counted as ‘counselling’ and how that differs from a simple inquiry for information via a hotline. In addition to this, opportunities have been identified for increased benefit from the pandemic, particularly vis à vis small level production and then distribution of face masks and hand sanitiser within Safe Spaces.

In respect of the general COVID-19 measures, UNFPA Yemen and partners undertook similar measures as UNFPA in other countries to address the pandemic and ensure both staff (including partner staff and volunteers) safety and the safety of beneficiaries. These measures, applied under both the Internationally Recognized Government (IRG) in the South and the De-Facto Authorities (DFA) in the North. Beyond the MSOF project specifically, UNFPA COVID-19 response has included:

- Rapid Response Mechanism (RRM) kits to those in quarantine centres;
 - RH and other medical equipment pre-positioned in AL Kuwait hospital;
 - GBV, safe spaces, multi-sectoral services and other platforms continue to provide awareness messages. expecting increase DV as per global trends. GBV activities to be scaled down, only emergency cases received and managed as per MOSAL IRG and SCMCHA and PM DFA. safe spaces and services physically closed in April. more hotlines announced. shelters remain open;
 - trainings meetings workshops postponed;
 - personal protective equipment (PPE) distributed to staff and partner staff.³⁴
- UNFPA is member of the COVID-19 Country Management Team which developed national contingency protocol.³⁵ UNFPA were able to provide guidance to partners which included:
- Reminders to recognise that the home may not be a safe place for some women and may indeed increase exposure to intimate partner violence;
 - Reinforcing that GBV mitigation and response services are critical ones; and should continue to be offered safely to our beneficiaries and service providers;
 - How Safe spaces and multi-sectorial services may remain partially opened based on localised laws and regulations and with sufficient social distancing measures in place, but ensuring redesigned services to minimize overcrowding;
 - More hotlines to be announced on a paper on the safe spaces doors;
 - GBV shelters to remain running while integrating COVID-19 prevention and control measures messages, but downsizing staff numbers;
 - Psychological centres to partially operate while integrating COVID-19 prevention and control measures messages. Partial staff presence is encouraged;
 - PPE and hand washing materials such as water, soap, hand sanitizers and masks to continue being provided to safe spaces, safe shelters and specialized psychological centres as deemed necessary;

MTE does provide a recommendation for indicators in Phase III to be reviewed and aligned more explicitly with global benchmark indicators.

³⁴ UNFPA. COVID-19 Response and Impact Update. 2020.

³⁵ Ibid.

- GBV staff, community committees and mobile teams to be properly trained by health actors to communicate correct messaging about how to prevent and control measure and responses to the virus in ways they can understand to the GBV survivors, women and girls;
- Livelihood and economic empowerment activities can continue only where sufficient social distancing and protection measures are in place; for both the providers and beneficiaries;
- Mobile outreach teams can resume while ensuring the sufficient protection is in place for both the service providers and beneficiaries;
- Updated gender- based violence referral pathways being developed to reflect changes in available services.³⁶

Many of these provisions were confirmed by women and girls in the FGDs conducted for this mid-term evaluation as being helpful during a period of uncertainty, with clear information and adequate equipment (hand sanitisers and masks etc) being provided.³⁷

In terms of tele-counselling: UNFPA and partners established a standard operating practice (SOP) for this through the GBV sub-cluster and then expanded the number of hotlines made available for tele-counselling. Pre-pandemic the hotlines were national and centralised: during the pandemic UNFPA and partners considered it would be easier for follow-up to establish hotlines per governorate instead. There was a surge of requests for mental health and psychosocial counselling (MHPSS) through tele counselling services reported during 2020: with a total of 42,552 individuals reported as accessing multi-sectoral services January to December 2020 compared to 29,493 reported for 2019.

One current factor of the tele counselling services it is not clear across partners and different hotlines what is being classified as “counselling” and therefore the increased numbers do not necessarily reflect an increase in women and girls actually receiving a counselling session, but rather reflect the number of telephone calls / queries made during this time period. However, the modality of tele counselling has proven to be effective and in demand enough for it to be continued beyond the pandemic

In addition to this, there is a current proposal in the pipeline for adapting some vocational training to an online modality. Further, UNFPA and partners have initiated activities to align with opportunities presented by the pandemic, namely in terms of supporting women in Safe Spaces to make hand sanitiser and masks – in coordination with the National Quality Control Authority in the South – for selling. Partners also provided training and information sessions on COVID-19 – under permits obtained by the Ministry of Health in the South

Finding 3. MSOF is highly aligned with – and nicely highlights – both UNFPA development and humanitarian priorities – therefore being positioned nicely at the nexus – and across the dual areas of prevention (awareness and contributing to increased gender equality) and response (services).

The holistic and comprehensive nature of MSOF, covering across the four outputs aspects of response (services) and prevention (awareness-raising and accountability within the humanitarian system) aligns well with a UNFPA focus on the nexus, combining emphasis on humanitarian aspects of GBV in emergencies (GBViE) and emphasis on development gender equality programming. In particular, the establishment of WGSS aligns with UNFPA global priorities and focus for GBViE, with support to shelters providing a critical addition beyond this.

The UNFPA Strategic Plan 2014-2017 was centred on the UNFPA ‘bull’s eye’³⁸ and the Strategic Plan 2018-2021 builds upon the bull’s eye, linking it to the goals and indicators of the 2030 Agenda for Sustainable

³⁶ UNFPA. UNFPA recommendations to its IPs for adjusting GBV Service Delivery in the context of COVID-19 outbreak in Yemen. 2020.

³⁷ Women and girls in FGDs.

³⁸ This evaluation covers three UNFPA strategic planning periods, 2008-2013, 2014-2017 and 2018-2021. In line with a forward-looking and formative evaluation approach, the evaluation framework has been aligned to the UNFPA Strategic Plans 2014-2017 and 2018-2021.

Development³⁹ and strengthening reference to humanitarian action.⁴⁰ This plan outlines key areas for collaboration against the Agenda 2030 principles of leaving no one behind and reaching the furthest behind first and is framed through three universal and people-centred transformative results:

- (1) Ending preventable maternal death
- (2) Ending the unmet need for family planning
- (3) Ending GBV and all harmful practices, including child marriage and female genital mutilation.

In line with these overall strategic directions, humanitarian action for UNFPA currently focuses on GBV, sexual and reproductive health and rights (SRHR) and, more recently, youth and data.⁴¹

Figure 14. UNFPA ‘Bullseye’⁴²



In terms of the specific GBViE strategy, aligned with global good practice, UNFPA designs programmes to address GBViE prioritize a focus on the rights and needs of girls and women, given their particular vulnerability over the lifecycle to multiple forms of violence that are rooted in systemic gender-based inequality existing within and across all societies.⁴³ In 2015 UNFPA produced a reference guide, *Minimum Standards for the Prevention and Response to Gender-based Violence in Emergencies*.⁴⁴ This guide outlines 18 standards across three themes of foundational standards, mitigation, prevention, and response standards, coordination and operational standards. The MSOF project is designed according to these guidelines with indicators across the different response (outputs 1 and 2) and prevention (outputs 3 and

³⁹ General Assembly Resolution A/RES/70/1: *Transforming our world: the 2030 Agenda for Sustainable Development*

⁴⁰ UNFPA Strategic Plan 2018-2021. 2017

⁴¹ UNFPA. Second Generation Humanitarian Strategy. 2012. This remains the current external published humanitarian strategy. However, a new UNFPA internal humanitarian vision is in place, under the direction of the UNFPA Humanitarian Office (HO) and linked to more explicit humanitarian results and strategies to be highlighted in the new 2022-2025 Strategic Plan.

⁴² UNFPA Strategic Plan 2018-2021. 2017

⁴³ <https://www.unfpa.org/gender-based-violence>

⁴⁴ UNFPA. *Minimum Standards for the Prevention and Response to Gender-based Violence in Emergencies*. 2015

4) outputs aligning in spirit with those identified within the GBV minimum standards, although there is room for further refinement of alignment.⁴⁵

A potential opportunity exists for further integration of RH and GBV services, aligned both with UNFPA mandate areas and with the cultural context of Yemen. In particular, this would highlight more the UNFPA dual responsibility for GBV in emergencies (with an authority deriving from both mandate and IASC coordination responsibility for the GBV Area of Responsibility and as Provider of Last Resort) and for Sexual and Reproductive Health and Rights (SRHR), with an authority deriving explicitly from organisation mandate. After the 1994 International Conference on Population and Development (ICPD), the Inter-Agency Working Group (IAWG) on reproductive health in crises was formed. This group focused on policy and programme practice, producing the Inter-Agency Field Manual (IAFM) in 1995, which included a set of minimum RH services required in humanitarian response – the *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations*. In 1998, UNFPA became the global custodian for the Inter-Agency Emergency Reproductive Health (IARH) kits and currently supplies life-saving reproductive health commodities to numerous partners across different humanitarian contexts.^{46,47}

Working towards linking the two intervention areas – GBV and SRHR under a broad umbrella of gender equality and provision of necessary health services to women and girls is a foundation of the UNFPA approach to integrated programming in humanitarian contexts. Further, it allows for increased entry points, particularly in contexts where GBV is a sensitive topic.

One aspect of the MSOF programme which deviates somewhat from UNFPA core mandate (GBV and SRHR) is the focus on economic empowerment and livelihood provision. This component is essential in Yemen but this is tangential to UNFPA's core health and protection mandate: while remaining (a) essential to the project; (b) the service most in demand from women and girls (see EQ2.1) and as component most acceptable to authorities in the North and in the South (see next finding); and (c) reliant on the MSOF project and UNFPA in areas where other actors with more economic-focused mandates (such as UN Women) are unable to operate.

Finding 4. MSOF promotes SDG 5 – gender equality – within all aspects the project and is both aligned with, and contributes to, the GBV and broader protection elements, of humanitarian frameworks in Yemen such as the HNO and HRP.

In relation to the Humanitarian Needs Overview (HNO) and the related Humanitarian Response Plan (HRP) there is clear evidence that GBV in particular and protection more broadly has been refined and expanded within both frameworks, with increased evidence and clearer indicators to contribute to framing the overall GBV response: for example, the 2020 HRP Extension has a protection cluster impact indicator of:

*Partners will assess impact by tracking the percentage increase in the number of communities at risk where specialized protection services are available and can be safely accessed.*⁴⁸

Contribution from the MSOF project towards this is linked to the MSOF funding of UNFPA coordination capacity of the GBV sub-cluster and the subsequent ability of the sub-cluster to galvanise partners to provide data for the HNO and contribute to crafting the GBV response sections within the HRP.

The 1st line response objective of the Protection Cluster within the 2020 HRP⁴⁹ is to be able to refer people with needs to specialised services, ensuring the provision and availability of those services, with the 2nd

⁴⁵ see Annex VI for a list of GBViE Minimum Standards indicators

⁴⁶ <https://www.unfpa.org/resources/emergency-reproductive-health-kits>

⁴⁷ Note that there is a specific thematic paper on supply-chain management for humanitarian commodities (including both IARH kits and dignity kits) at UNFPA, which provides more detailed evidence on the use of IARH kits.

⁴⁸ These HRP indicators are for the country-wide response and therefore are at a different level, and based on a different objective, to MSOF specific project indicators.

⁴⁹ UNOCHA. Humanitarian Response Plan Extension: June–December 2020. 2020. Note that this HRP impact indicator is at a different level and based on a different objective to MSOF project indicators, and is therefore not comparable to MSOF specific project indicators.

line response objective being to train service providers on prevention of violence and conflict resolution, and supporting livelihoods for survivors of violence⁵⁰ – both specific outputs of MSOF.

The project has contributed to the development of Yemen-specific SOPs which align international humanitarian standards on GBV with the Yemeni cultural context. For example, the UNFPA. Inter-Agency Standard Operating Procedures (SOPs) for Prevention and Response to Protect Women and Girls in Yemen (2018).⁵¹

In relation to the Sustainable Development Goals – SDGs – the project is demonstrably aligned with Goal 5 (gender equality), specifically indicators 5.2.1 and 5.2.2 related to gender-based violence,⁵² across both the response services encapsulated within outputs 1 and 2 and in relation to the awareness-raising component and its foundation in changing negative social norms vis à vis gender equality.⁵³ As a gender equality-focussed project, MSOF is nicely aligned with a human rights-based approach (HRBA) as highlighted by various respondents and the last project narrative report:

*Addressing gender-based violence directly dealt with one of the key structural issues that constraints gender equality. The project continued to support economic empowerment through skills building for survivors of GBV in particular enhanced their financial independence and autonomy thereby helping to increase gender equality; while advocacy, community mobilization and awareness creation on GBV helped to improve understanding among community members that will contribute to improved gender equality in the long-term.*⁵⁴

Adherence to humanitarian principles is achieved through the overall humanitarian coordination mechanisms to the extent which is possible and with differing levels of success in the South, under the control of the internationally recognised government (IRG), and the in the North, under the control of de facto authorities. This is aligned with the UNFPA approach globally: the adherence of UNFPA to humanitarian principles is generally orientated those specified in extant overarching humanitarian frameworks. Humanitarian response is guided by four overarching and interlined principles of humanity, neutrality, impartiality and independence. These principles provide the ‘foundations for humanitarian action’⁵⁵ and are formally enshrined in two General Assembly resolutions and are also enshrined in the Sphere Handbook.^{56, 57}

- **Humanity:** Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
- **Neutrality:** Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
- **Impartiality:** Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
- **Independence:** Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.⁵⁸

⁵⁰ Ibid.

⁵¹ UNFPA. Inter-Agency Standard Operating Procedures (SOPs) for Prevention and Response to Protect Women and Girls in Yemen. Procedures / Annexes. 2018.

⁵² <https://sdg-tracker.org/gender-equality>

⁵³ In terms of Agenda for Humanity, there are two specific sub-agendas of relevance to the project, being Leave no one behind – discussed under EQ3.3 and localisation – discussed under EQ4.3.

⁵⁴ UNFPA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019 – June 2020.

⁵⁵ OCHA. OCHA on message: Humanitarian Principles.

https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf

⁵⁶ <https://spherestandards.org>

⁵⁷ Note that Sphere also has some GBV-related indicators which could more clearly be reflected in the MSOF framework.

⁵⁸ OCHA. OCHA on message: humanitarian principles.

The challenges in Yemen arise particularly with the principles of impartiality: in terms of access to those in the North compared to those in the South, and independence: in terms of navigating demands of authorities to prioritise or de-prioritise certain activities due to political preference (such as authorities in the North not allowing awareness-raising components, for example). The project has been able to navigate these issues as much as is practical within Yemen. For example, respondents report an attempt by the National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery (NAMCHA) to influence which Safe Spaces should be closed when UNFPA had to downsize in 2019: this was successfully negotiated and resolved.⁵⁹ In addition, UNFPA and partners have become adept at leading on the more acceptable aspects of the project (in particular, livelihoods and economic empowerment) when in discussions with authorities, while remaining true to UNFPA mandate and global HRBA and best practice standards in practical terms of operating Safe Spaces and Shelters.

https://www.unocha.org/sites/dms/Documents/OOM-humanitarianprinciples_eng_June12.pdf

⁵⁹ UNFPA key informants.

EQ2: Effectiveness and Coverage

To what extent has the MSOF project achieved its stated objectives?

Assumptions:

- 2.1 The project has increased availability of functioning comprehensive, specialised GBV services (output 1).
- 2.2 The project has increased access of GBV survivors and those at-risk to resources, support services, and livelihood opportunities (output 2).
- 2.3 The project has increased awareness of GBV risk and consequently reduced negative norms and practices within communities which perpetuate GBV (output 3).
- 2.4 The project has strengthened the accountability of Yemen humanitarian architecture with regard to prioritising GBV prevention and response (output 4).
- 2.5 The MSOF project systematically reaches the right geographical areas.
- 2.6 The MSOF project systematically reaches all demographic groups including the most marginalised (i.e. adolescent girls, women and girls with disabilities etc).

MSOF has demonstrably increased availability of and access to GBV services for Yemeni women and girls. The project opened the first safe space in 2017 and now supports 21 safe spaces and 6 shelters as well as supporting other services delivered through medical facilities. Awareness-raising activities have been an important component of the project with differing levels of challenge in the North compared to the South: particularly in the North, any success in opening a conversation about GBV can be seen to be a critical achievement and should be continued to ensure results to date are not lost. Specific events such as 16 days of activism have proved of high utility for awareness-raising in Yemen and there are results emerging from the male engagement strategies employed.

The project has successfully increased capacity and willingness to include GBV considerations across the humanitarian response.

While MSOF currently has a balanced presence across the North and the South, the project has experienced many different challenges, barriers, opportunities and successes in the area under the control of the IRG compared to the area under the control of de facto authorities and this could be further analysed with more clearly highlighted area-based approaches.

The project has to a certain targeted vulnerable groups – such as female-headed households – but there are many opportunities to further refine demographic targeting, particularly in relation to adolescent girls, and women and girls with disabilities.

Finding 5. MSOF has demonstrably increased availability of and access to GBV services for Yemeni women and girls. The project opened the first safe space in 2017 and now supports 21 safe spaces and 6 shelters as well as supporting other services delivered through medical facilities. 29,000 women and girls received multi-sectoral services in 2019, with this number increasing to 42,000 in 2020. The increased availability of and access to services for women and girls under Outputs 1 and 2 of the project can be analysed, as below, under the components of *quantity, quality, and type*.

Figure 15. Results Framework from MSOF Annual Report July 2019-June 2020 for Outputs 1 and 2

RESULT	INDICATORS, TARGETS, ACHIEVEMENTS
Output 1: Comprehensive, specialized GBV services provided by local organisations and support	# Of GBV survivors reached with specialised GBV services: Target: 90,000 / Achievement: 33,431 ⁶⁰ # Of service providers trained on CMR, Psychosocial support: Target: 420 / Achievement: 217 # Of functioning GBV referral networks: Target: 330 / Achievement: 12 % of very vulnerable beneficiaries reporting ease of access to specialised GBV services: Target: 80% (year one) / Target: 90% (year two) / Achievement year 1: 86% / Achievement year II: 91% % of GBV survivors are satisfied with GBV services: Target: 80% / Achievement: 87%

⁶⁰ To note, that the target was increased in May 2020 following additional SIDA funding. Hence, the target was not reached in 2020 but is planned to be reached within 2021.

structures are available and functioning.	# of local organisations being capable in providing quality support to survivors: Target: 15 / Achievement: 16 # of health workers trained in ANC and PNC, safe delivery and abortion care: Target: 120 / Achievement: 27 Coverage of the Minimum Initial Service Package, including basic emergency obstetric care (BeMOC): Target: 75 districts fully covered (22.5% of the country) / Achievement: 158 districts
Output 2: GBV survivors and at risk women and girls have improved capacities and safe access to resources, support services and livelihoods opportunities	% of beneficiaries that state that empowerment activities improved their lives: Target: 75% / Achievement: 81% % of beneficiaries' businesses that are still working after two years from set-up: Target: 80% / Achievement: 81% # Of women and adolescent girls reached with empowerment activities: Target: 1,000 (year one) / Target: 1,750 (year two) / Achievement year I: 5,453 / Achievement year II: 5,263 # of functioning women2 women network in 4 governorates: Target: 4 / Achievement: 12 # of youth who participate in policy and decision-making bodies and perceive their participation as meaningful: Target: 100 / Achievement: 0

Quantity of services: While some targets defined within the project proposal have not been fully met, others have been exceeded. Reasons for this include access and delivery challenges in the North of Yemen vis à vis working under the de facto government authorities, and the impact of COVID-19 in early 2020 resulting in the closure of some service delivery points for a short-term and then the change in modality to remote service provision, only where it was possible. This change in modality to tele-counselling services significantly increased the number of beneficiaries reported as receiving a service between 2019 and 2020, as below. However, it is unclear as to whether the increase in numbers was due to (a) an absolute increase in demand: there is an assumption in Yemen, as there is globally, that domestic violence in particular has increased due to COVID-19; (b) a preference on behalf of women and girls for telephone services, so now this has expanded exponentially it is being utilised as a preferred service delivery method; (c) counting of 'tele-counselling services', at least in the first half of 2020,⁶¹ included a wide range of different activities from providing information on services available or COVID-19, through to actual counselling in the more understood manner.⁶² The likelihood is that the increase is due to a mixture of these three factors.

Quality of services: In addition to this, and regardless of remote or face-to-face modality of delivery, there is a challenge in ensuring the quality of certain services delivered, particularly with the PSS counselling services. There is a limited supply of PSS specialists in Yemen and therefore most PSS counselling is provided by non-specialist personnel, with limited clarity of what women are actually being told and how they are being 'counselled' across all service delivery points of the project. In 2020 UNFPA recruited a new MHPSS Specialist (currently working remotely) which will allow UNFPA to review and standardise all the PSS counselling services against both international standards and do no harm principles, while ensuring cultural norms are also respected. This will allow for PSS services to be reviewed and ensure consistent and standardised adherence to standards.⁶³

In other areas, the project has increased standardisation of quality of services by supporting the development of various guidance documents, including a WGSS Management Manual, an Economic Empowerment Training Guide, a Case Management guide, an Awareness guide, guide for Forming the Community Networks and Community Committees, a Psychologists' Guide, and Shelter Management Guide.⁶⁴

⁶¹ UNFPA and partners recognised that a wide range of activities were being reported as 'tele counselling' and so in later 2020 worked within the sub-cluster to standardise the definition of 'tele-counselling – multiple key informants.

⁶² Multiple key informants.

⁶³ UNFPA key informants.

⁶⁴ Multiple key informants.

Type of Services: In respect of different services provided, there is the opportunity to review priorities and funding allocations. Livelihoods and economic empowerment activities are by far the most popular activities with women and girls – with long waiting lists for these activities – and are also acceptable to both South and North governing authorities.

Figure 16. Dashboard for January- December 2019

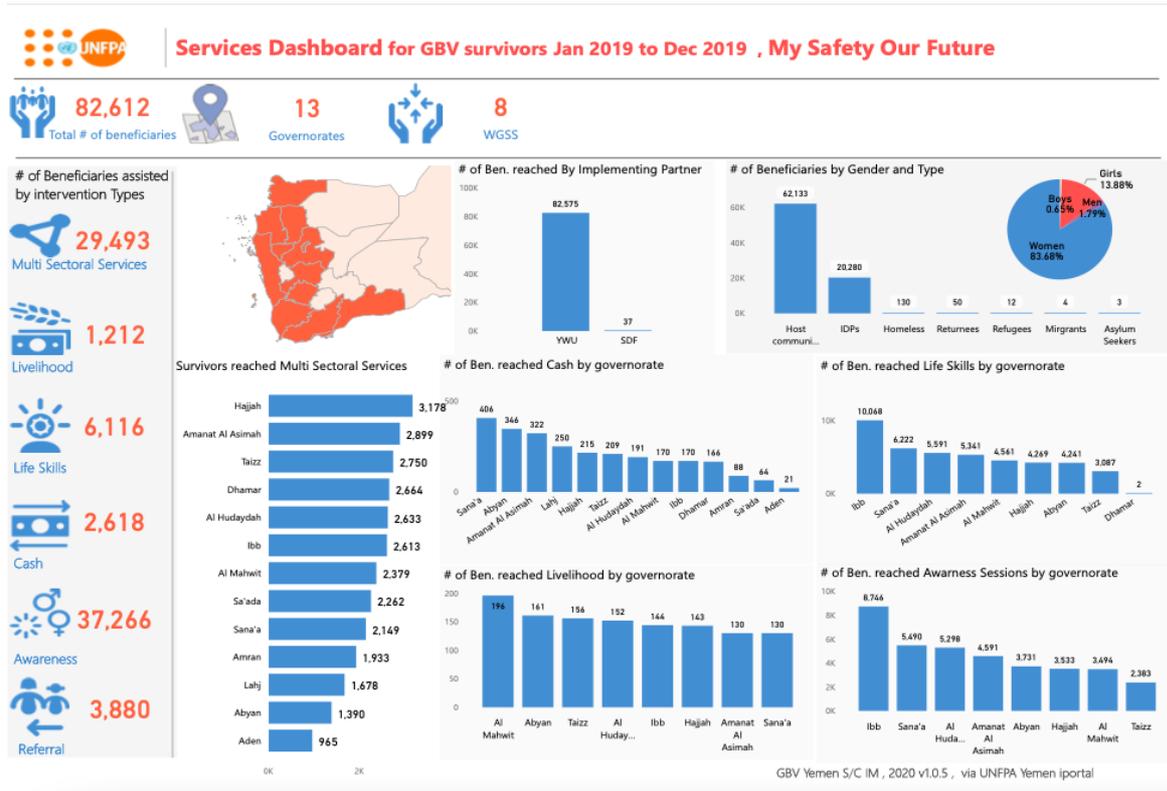
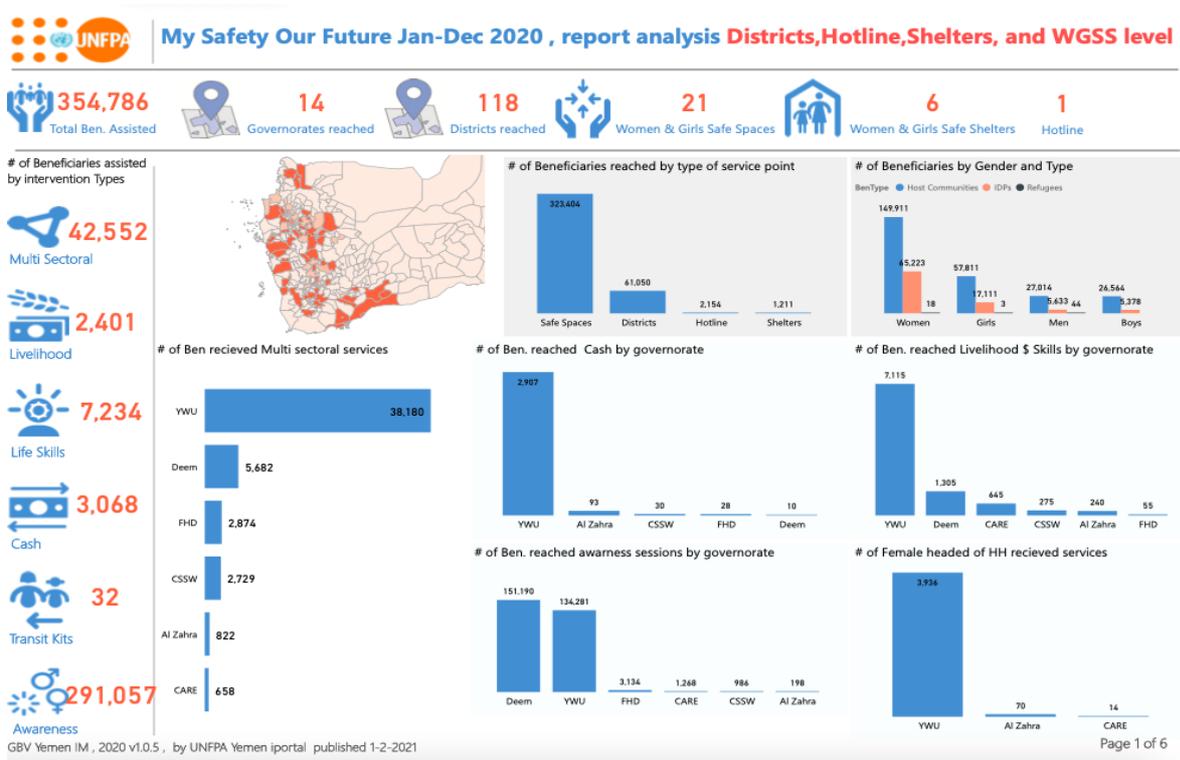


Figure 17. Dashboard for January-December 2020



Finding 6. Awareness-raising activities have been an important component of the project with differing levels of challenge in the North compared to the South: particularly in the North, any success in opening a conversation about GBV can be seen to be a critical achievement and should be continued to ensure results to date are not lost.

Figure 18. Results Framework from MSOF Annual Report July 2019-June 2020, Output 3

RESULT	INDICATORS, TARGETS, ACHIEVEMENTS
Output 3 Awareness-raising and community mobilization identify key risks and address negative norms, attitudes and practices that perpetuate the social acceptance of GBV	<p># of functioning community and child protection committees: Target: 40 communities / Achievement: 36</p> <p># of target community leaders including religious leaders who are aware of their role in GBV prevention: Target: 600 / Achievement: 432⁶⁵</p> <p>% of target community leaders in targeted districts who are aware of their role in GBV prevention: Target: 50% / Achievement: 53%</p> <p>% of surveyed men in targeted districts likely to intervene to stop GBV post interventions; Target: 50% / Achievement: 49%</p> <p>% of target community leaders in targeted districts who are in favour of not marrying off girls before they are 18 years of age: Target: 60% / Achievement: 59%</p> <p>% of women (20-24yr) who were married or in union before ages 15 and 18: Target: 10% among IDPs, 6% among host communities (in targeted communities) / Achievement: 6%</p> <p>% of girls and women (15-49yr) who have undergone FGM/C: Target: 5% (in targeted communities) / Achievement: 4%</p>

Similar to Outputs 1 and 2, Output 3 has achieved the target against some indicators and not against others. Awareness-raising in Yemen, particularly in the North, is extremely challenging and the very fact that GBV is now a topic openly discussed within communities in Yemen is a seminal achievement, with a level of contribution directly linked to MSOF.

There was a remarkable increase in knowledge and awareness of the community on GBV issues with a 3.9% increase in community leaders including religious leaders who became aware of their roles in GBV prevention and response and a further 7.3% increase in community leaders not being in favour of marrying off girls before they are 18 years of age with additional 11% increase in the number of men saying they are likely to intervene to stop GBV occurrence within the community.⁶⁶

In 2018 UNFPA and partners were instructed to suspend all awareness-raising activities in the north. Certain partners of UNFPA such as Care International and the British Council were not allowed to continue working in the North, and therefore theoretically awareness-raising activities did stop. However, working directly with YWU who have strong connections and clear entry points into communities and expertise in negotiating with the de facto authorities in the North allowed awareness-raising activities to continue at a certain level: not formally or officially, but practically.⁶⁷ However, this remains a low level and basic intervention. Critical additional challenges with the awareness-raising component are (a) how different partners count or estimate beneficiary numbers (such as participating in a community session rather than an estimation of those who may have heard a radio programme) and (b) the quality of the awareness-raising and how impactful different activities are.

⁶⁵ This is the cumulative total of the baseline (432) and an additional 63 achieved during the reporting period.

⁶⁶ UNFPA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019 – June 2020. Note that this information was provided in MSOF annual narrative report with no additional discussion of the nuanced differences between knowledge and awareness and no further details of the % increase within which particular reporting period – assumption is it is within the reporting period of the report, being 2019-2020. There is no additional information of the methodology of reaching this finding.

⁶⁷ Multiple key informants.

This mid-term evaluation based on its Terms of Reference was not within its scope to probe why Output Targets were or were not achieved and whether MSOF services contributed to those results.

Figure 19. Awareness-raising per governorate, 2019

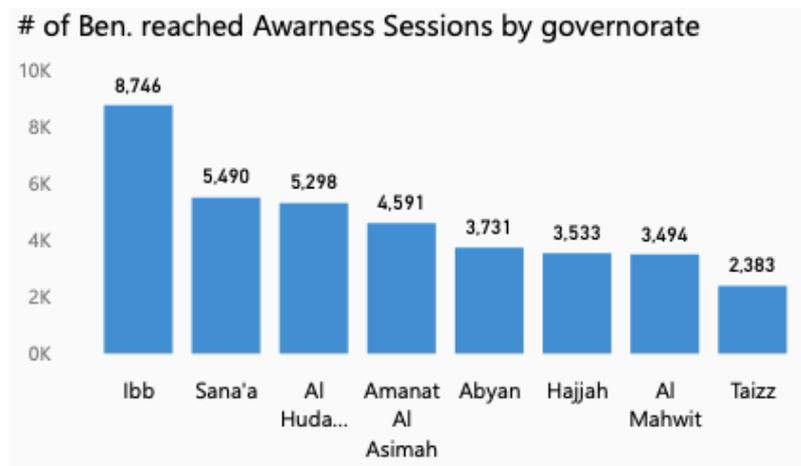
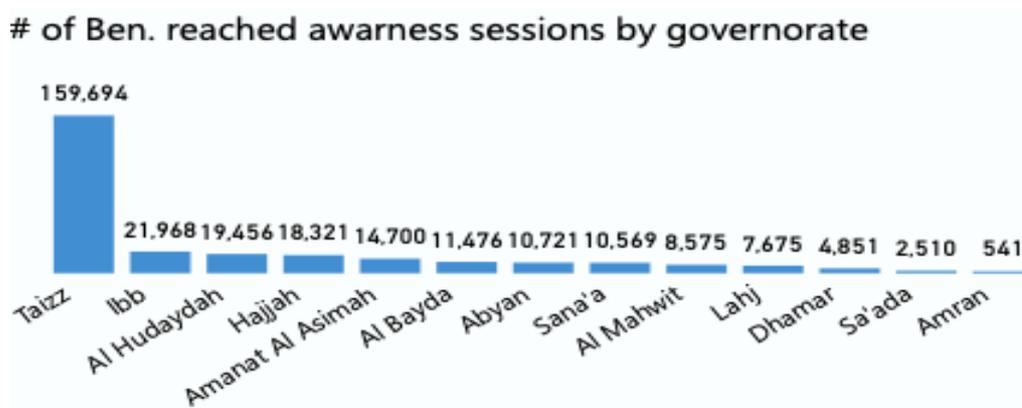


Figure 20. Awareness-raising per governorate, 2020



Specific events such as 16 days of activism have proved of high utility for awareness-raising in Yemen and there are results emerging from the male engagement strategies employed. Further, the Men2Men networks and the Community Committees are reported by respondents as being impactful and effective mechanisms.⁶⁸ There have been some successes with community declarations such as saying no to child marriage.⁶⁹

In the South of the country the Community Committees and Men2Men networks have been supported by authorities which provides the potential for more long-lasting and impactful results than in the North. The project has not yet though leverage the potential for more clarity on the awareness-raising, including:

- a) recognising the difference between awareness raising of issues and awareness-raising of available services;
- b) recognising the difference between increased knowledge of what GBV is among women and girls, and an associated increased practice of seeking services;
- c) awareness-raising as it pertains to social norm change and gender equality scales and how the contexts of North and South Yemen might map over these frameworks for a focused longer-term investment.

⁶⁸ Ibid.

⁶⁹ Ibid.

Finding 7. The project has successfully increased capacity and willingness to include GBV considerations across the humanitarian response.

Figure 21. Results Framework from MSOF Annual Report July 2019-June 2020, Output 4

RESULT	INDICATORS, TARGETS, ACHIEVEMENTS
Output 4 Strengthen accountability of Yemen's humanitarian architecture on prioritizing GBV prevention and response, adopting risk mitigation strategies in their response plans, and increase the core capacity of humanitarian actors in addressing GBV	# functioning GBV Sub national coordination structure: Target: 7 / Achievement: 6 # of humanitarian sectors that have mainstreamed GBV considerations in their plans: Target: 8 sectors / Achievement: 4 sectors # of sector actors that have developed GBV risk mitigation strategies: Target: 8 sectors / Achievement: 7 # of training on GBV prevention and response conducted: Target: 12 trainings / Achievement: 7 Government adopts GBV SOPs Functioning GBVIMS: Target: Yes / Achievement: In pipeline. SOP yet to be endorsed and adopted by the government.

A clear and critical component of the project design which has contributed to the success of output 4 has been the funding of GBV sub-cluster coordination responsibilities at both national and sub-national levels. The cluster system is designed to be reinforcing: therefore a strong GBV sub-cluster will interact with the protection cluster and other sectoral clusters to reinforce GBV mitigation activities across the response.

Within the first half of Phase II (July 2019 to June 2020) this strengthened GBV sub-cluster supported seven other clusters to develop GBV risk mitigation strategies.⁷⁰ The GBV sub-cluster itself now has more than 50 partners and the situation of women and girls features as a contextual analysis within the Yemen HNO and HRPs.⁷¹

Finding 8. While MSOF currently has a balanced presence across the North and the South, the project has experienced many different challenges, barriers, opportunities and successes in the area under the control of the IRG compared to the area under the control of de facto authorities and this could be further analysed with more clearly highlighted area-based approached.

The MSOF project is broadly aligned with population density across the country (recognising the fluidity of movement with changing conflict lines and a high level of internally displaced people)⁷² and is specifically targeted to districts with a severity index of 4 and above which indicates the gravity of needs.⁷³

⁷⁰ UNPFA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019 – June 2020.

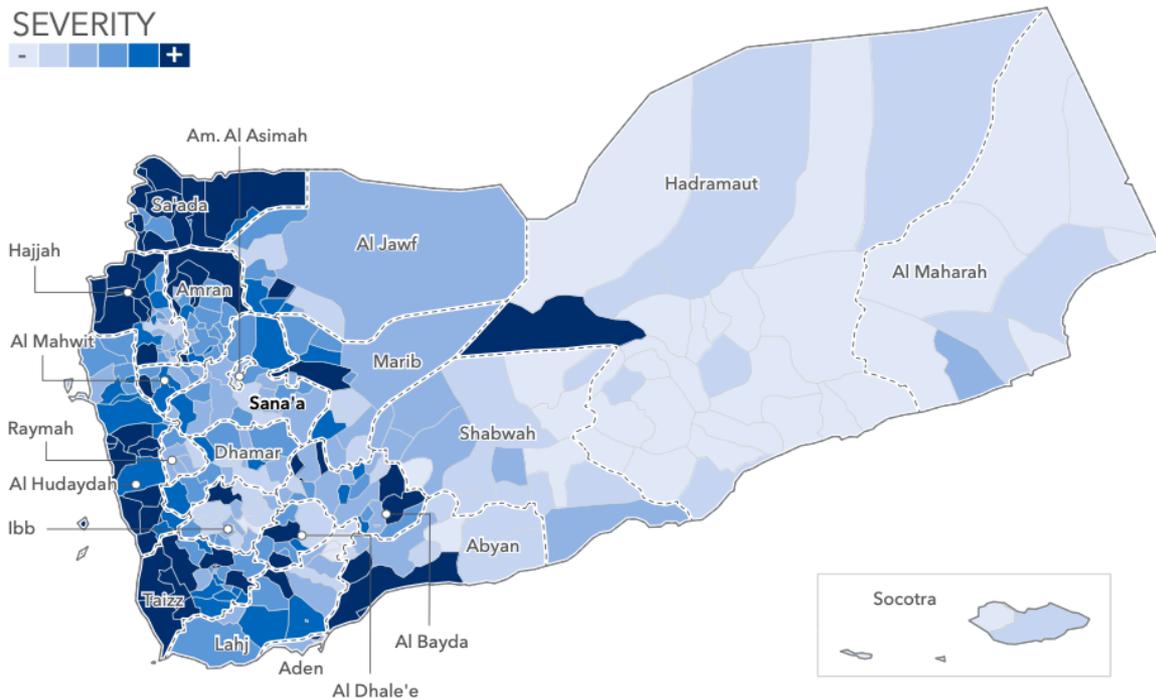
⁷¹ UNOCHA. Humanitarian Response Plan 2018. End of Year Report. 2019 / UNOCHA. Humanitarian Needs Overview 2019. 2018 / UNOCHA. Humanitarian Response Plan January-December 2019. 2019 / UNOCHA. Humanitarian Response Plan Extension: June-December 2020. 2020 / UNOCHA. Humanitarian Response Plan 2019. End of Year Report. 2020.

⁷² UNPFA key informants.

⁷³ UNPFA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019 – June 2020.

Figure 22. UNOCHA Severity of needs scale⁷⁴

2019 SEVERITY OF NEEDS BY DISTRICT



The severity scale includes various factors, including those specifically affecting women and girls:

The severity indices are based on different variables; including accessibility to WASH, health services, livelihood, poverty and other indicators. These needs are aggravated by conflict in these locations which has further negatively affected the availability of vital social services and worsened economic hardships. Recent trend analyses of gender-based violence indicate a continued increase in the numbers of women and girls engaging in negative coping mechanisms and an increase in reported cases of sexual violence as well as physical and psychological assault.⁷⁵

Therefore the geographical reach of MSOF aligns with identified need and severity of need across the response. However, the actual MSOF activities have proven to be either easier or more difficult to implement in the IRG-controlled South compared to the areas under the de facto authorities in the North. This has particularly impacted on awareness-raising activities and engagement with, and support of authorities.

All respondents agree that current locations of WGSS and shelters are appropriate; but at the same time, all respondents agree that needs are enormous and the current geographical coverage does not allow for all women and girls to access services. There was no response to this mid-term evaluation in terms of changing locations of current services; but rather continuing request to add more locations of current services. Certain ideas included an increase in mobile services; an increase in services provided through

⁷⁴ UNOCHA. Yemen Humanitarian Needs Overview. 2019.

⁷⁵ UNPFA. My Safety Our Future: The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019 – June 2020.

other, non-MSOF supported facilities; and an expansion of remote services as has been initiated due to the COVID-19 pandemic.⁷⁶

In addition, and given the quite stark differential between the IRG-controlled and de facto authorities-controlled areas there is opportunity within the project to further define (a) how current alignment of geographical areas reaches the furthest behind and geographically most vulnerable (North more than South) and (b) how this then aligns with a value-for-money aspect of ensuring longer-lasting impact of activities such as through genuine engagement of authorities (South more than North).

Finding 9. The project has to a certain targeted vulnerable groups – such as female-headed households – but there are many opportunities to further refine demographic targeting, particularly in relation to adolescent girls, and women and girls with disabilities.

While there have been some attempts to target some of the most vulnerable women in Yemen, such as female-headed households (particularly women) and all respondents confirmed that MSOF services are open to all, demographic targeting and inclusion is an aspect of the project which could be further refined and improved, in particular in two areas.

Women and girls with disabilities: There is a significant gap vis à vis provision of services to women and girls with disabilities, with respondents reporting that both shelters and many of the WGSS are not physically accessible by women and girls with physical disabilities and that service providers are not trained to be able to provide quality or dignified services to women and girls with either physical or mental disabilities.

Reaching people with disabilities (PwD) is both a focus for UNFPA globally⁷⁷ and a focus for the Yemen HRP from 2020 onwards.⁷⁸ It is necessary to recognise the breadth of factors impacting on the access to services for women and girls with disabilities, and understand that pro-active approaches are necessary to ensure inclusion. Barriers to access for women and girls often fall into four different categories:

- Staff not being trained on disability: this includes knowledge, attitude, and practice; recognition of what disability is; understanding the importance of including those with disabilities in all services and activities; and implementing the practical and pragmatic solutions to achieve this;
- Access to the front-door of the centre (i.e. external challenges with roads and transport);
- Accessibility into and within the centre (ground floor only, accessible toilets, ramps etc);
- Societal and cultural barriers and stigma.

All of these aspects are areas for potential focus moving forward for MSOF.

Adolescent girls: There is not a strong focus within MSOF for adolescent girls despite: (a) Yemen being a programme country for both the UNFPA-UNICEF Global Programme to end Child Marriage and the UNFPA-UNICEF Global Programme to end FGM and (b) adolescent girls being a clear target priority for UNFPA globally as articulated in strategic documents such as the UNFPA Strategic Plan 2018-2021. However, there are complimentary programmes such as the Global Programme which address child marriage; a stronger focus on adolescent girls within MSOF would therefore bring more coherence and complementarity to the issue of child marriage in Yemen.

A note on men and boys: Some respondents highlighted men and boys (as potential survivors) as a missed demographic. This is a sensitive topic both within Yemen and within the definitions of GBV and services provided under GBV programming as articulated by UNFPA at the global level. It is critical to distinguish between different aspects of working with men and boys. Working with male survivors of sexual violence

⁷⁶ This mid-term evaluation did not collect enough evidence to clarify which of these options, if any, would be preferable or most cost-effective.

⁷⁷ In 2018, UNFPA launched guidelines on working with women and young persons with disabilities: UNFPA. Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights. 2018.

⁷⁸ Multiple key informants.

is a much more difficult issue and services clearly cannot be provided in women safe spaces or women shelters, even if cases are identified (which would be rare in a culture such as Yemen). Specific, specialised and separate services would have to be established for any support to male survivors of sexual violence.

Male engagement, in terms of ensuring participation of men and boys as advocates in changing damaging gender norms in society is covered within MSOF under output 3, and specifically through the use of Men2Men networks. However, some respondents highlighted the potential of working with men and boys through safe spaces for more targeted support to male relatives of potential female survivors of domestic violence.⁷⁹

Currently WGSS are strictly restricted women and girls only and this is global best practice. Even if women themselves request more male awareness courses within WGSS for their husbands, with regard to gender equality which they believe would increase their safety at home this would be against global guidelines – developed by UNFPA – for WGSS. Global evidence shows that in cases where WGSS have been used to host men and boys, even if it is at different and discrete times, the most vulnerable women and girls are then forbidden from accessing the space by their husbands and fathers. In most societies, women and girls have limited spaces to meet, with public spaces largely inhabited by men and the purpose of a WGSS, as highlighted by the global guidelines developed by UNFPA is to provide a space especially for women and adolescent girls.⁸⁰

⁷⁹ Multiple key informants.

⁸⁰ The issue of WGSS being preserved for women and girls only is referenced in the UNFPA own guidance note on WGSS – <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20UNFPA%20Women%20and%20Girls%20Safe%20Spaces%20Guidance%20%5B1%5D.pdf>; and also in the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming - https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf; and also in the latest IRC/IMC WGSS toolkit - <https://reliefweb.int/sites/reliefweb.int/files/resources/IRC-WGSS-Toolkit-Eng.pdf>

EQ3: Accountability and Participation

To what extent has the MSOF project ensured that the targeted population are active agents in designing, implementing, and monitoring UNFPA and partners' interventions and that there are functioning feedback and complaints mechanisms, including for PSEA?

Assumptions

3.1 UNFPA ensured the targeted population group provided systematic & participatory feedback to the design, implementation, and monitoring of the MSOF project

3.2 UNFPA and partners have effective complaints mechanisms in place, including for PSEA.

Accountability mechanisms are in place but knowledge and utilisation of these mechanisms is inconsistent. While there are specific complaints mechanisms established, PSEA, and particularly the difference between PSEA and GBV, is not consistently understood across UNFPA staff and partners and UNFPA current championship of PSEA globally is a good opportunity to improve this aspect of the project

Finding 10. Accountability mechanisms are in place but knowledge and utilisation of these mechanisms is inconsistent.

There are a number of monitoring and feedback mechanisms in place across Yemen, but many are reliant on the partners themselves to receive and address any complaints and there is a lack of standardisation of mechanisms, response, and follow-up across different service points.

UNFPA has a complaints hotline which is staffed by a specific M&E officer. This is reported to receive approximately 75-100 calls a month but many of the complaints are not MSOF or even UNFPA-related (i.e. questions about food distribution under the responsibility of WFP).⁸¹

There are field monitoring visits with pre-developed tools for FGDs and assessments, and exit interviews for feedback. Complaints can also be received via social media such as Facebook and various digital modalities such as WhatsApp and email. Complaints can also be received within WGSS, direct to staff, or through traditional modalities of feedback such as complaints boxes.

Despite all these different mechanisms, focus group discussions conducted during this mid-term evaluation process highlighted that many women are not aware of the hotline number or other methods of providing feedback.^{82, 83}

Finding 11. While there are specific complaints mechanisms established, PSEA, and particularly the difference between PSEA and GBV, is not consistently understood across UNFPA staff and partners and UNFPA current championship of PSEA globally is a good opportunity to improve this aspect of the project.

Respondents report a current discussion at UNCT level in Yemen with regard to PSEA and integrating this issue more fully into different levels of response such as the HRP and down through clusters, projects, and activities. However, it is recognised that it is a rather 'taboo' subject.

However, there is a lack of genuine understanding of PSEA, and particularly the difference between PSEA and GBV across UNFPA staff and partner staff. This is reflective of the whole response, with even the PSEA posters in Yemen linking sexual harassment and SEA (2 different issues with different mechanisms to address them) within one poster.

⁸¹ UNFPA key informant.

⁸² Focus Group Discussion participants

⁸³ Note that accountability is not the same as satisfaction and therefore the service quality indicators in the results framework do not apply to a finding on accountability feedback mechanisms.

Figure 23. Example Yemen Humanitarian Response PSEA poster

Prevent Sexual Exploitation and Abuse

الوقاية من الإستغلال والإيذاء الجنسي

I SAY

NO!

to sexual harassment

لا للتحرش الجنسي

- Break the silence: Report to prevent other cases of abuse
- You have a focal point and all discussions will be confidential
- Say NO to sexual harassment
- Harassment and abuse are not tolerated by this office
- Don't ignore it: sexual exploitation, sexual abuse, verbal harassment or sexual harassment is a serious misconduct

أبلغ فوراً عن ضحايا الاتهاتكات، لحماية حالات أخرى من خطرهما
 يوجد مخصص يمكن التحدث إليه في أي موضوع، وبسرية كاملة
 قل: لا .. للتحرش الجنسي
 التحرش والاتهاتك .. لا يمكن التسامح مع مرتكبيهما في هذا المكتب
 لا تفص الطرف: الإستغلال الجنسي، والإيذاء الجنسي، والإساءة الكلامية، والإساءة الجنسية هي سلوكيات خاطئة خطيرة

For more information, contact:			
Your Head of Agency مدير المنظمة	Nominated PSEA Focal Point الموظف المرشح لقضايا لحد من الإستغلال الجنسي	Inter-Agency Focal Points حلقات الوصل بين المنظمات	
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At the corporate level, UNFPA has significantly increased focus on PSEA. In 2019, the United Nations Development Programme (UNDP), UNFPA and the United Nations Office for Project Services (UNOPS) jointly published an independent review of each organization's policies and procedures to tackle sexual exploitation and abuse (SEA) and sexual harassment.⁸⁴ The review reported that "even though UNFPA has launched many activities to ensure internal awareness, some interviewees said that there might generally be an issue related to the overall understanding of the SEA and sexual harassment terminology."^{85,86} It further reported that new PSEA clauses have been inserted into UNFPA implementing partner agreements but "[a]s these contractual obligations are newly launched, the effect remains to be seen in practice."⁸⁷ Further back, UNFPA introduced mandatory online training for staff and consultants on PSEA in 2017. However, in Yemen UNFPA and implementing partner staff still intermix the terms of SEA, sexual harassment and GBV.

In 2020 UNFPA has taken over the global championship of PSEA and this is potentially and opportunity for UNFPA to advance and lead the way within Yemen on this issue.

⁸⁴ Deloitte. *Independent Review of UNDP, UNFPA and UNOPS Policies and Procedures to Tackle Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH)*. 2019.

⁸⁵ Ibid.

⁸⁶ Note that SEA refers to misconduct between a staff member and a community member while sexual harassment (SH) refers to misconduct within the workplace between employees.

⁸⁷ Deloitte. *Independent Review of UNDP, UNFPA and UNOPS Policies and Procedures to Tackle Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH)*. 2019.

EQ4: Efficiency

To what extent, is the MSOF project most efficiently utilising human, technical, technological, financial and knowledge inputs to achieve desired results?

Assumptions:

4.1 UNFPA and partners efficiently utilised available resources (financial and human) to ensure appropriate staff (# and capacity) and supplies and materials in place to achieve results.

4.3 UNFPA and partners efficiently utilised technical, technological, and knowledge inputs to achieve results.

4.3 The partnership between UNFPA and implementing partners was efficient for achieving results.

MSOF has supported UNFPA GBV coordination capacity and this has ensured impact of the project beyond the activities directly funded by the project. The project has efficiently utilised digital platforms for reporting and information management, including a comprehensive dashboard providing detailed results in real-time.

The MSOF partnership has inherent efficiencies of a combination of international NGO and local partners for understanding of both global standards and local cultural requirements and there remains further opportunity to truly maximise these efficiencies.

Finding 12. MSOF has supported UNFPA GBV coordination capacity and this has ensured impact of the project beyond the activities directly funded by the project.

The Phase II total budget for MSOF, covering 2 years from July 2019 to June 2021 was USD 10,961,853 with 7% of the total programme cost (USD 753,931) allocated to human resources with an additional 2% of the total programme budget (USD 234,000) for support to the hub offices.

The human resources costs budgeted within the project crucially includes contribution to coordinator roles for the UNFPA lead of the GBV sub-cluster, at national and sub-national levels.

Figure 24. Human Resources Budget for MSOF Phase II

MSOF Phase II: Human Resources Budget	Total Year 1	Total Year 2	Total
International GBV coordinator P4 (30% contribution to total cost)	58,500	99,020	157,520
Four Sub-national GBV coordinators in Aden, Ibb, Sa'ada and Al-Hudaydah governorates (50%)	56,667	72,000	128,667
Communication Officer (40%)	28,000	28,000	56,000
M&E and Reporting Officer (P3)		147,744	147,744
M&E Associate (40%)	28,000	28,000	56,000
Information Management Associate (100%)	26,000	51,600	77,600
Programme/Finance Associate (25%)	12,000	48,000	60,000
Three Drivers for Ibb, Aden, Hudaydah (50%)	32,000	38,400	70,400
Total	241,167	512,764	753,931

This has allowed for the impact of the project to go beyond the project activities themselves and influence the broader landscape of GBV programming in Yemen. The GBV sub-cluster in Yemen has more than 50 partners and the interactive, real-time dashboard highlights the reach of the sub-cluster beyond the MSOF project activities and results, with more than 1.2 million total beneficiaries reached. While there is still room for improvement in terms of the verification and robustness of the data, the development of this dashboard has been a significant achievement for GBV programming in Yemen.

additional needs have been highlights such as full-time resident nurses within shelters; transportation for shelters; and adequate telephone coverage (such as simcards) for legal and other service providers.⁹⁰

Further, the short-term nature of the funding (which is a challenge with all funding in Yemen) impacts on the sustainability of the services and the security of staff across implementing partners and service delivery facilities.

In addition to the contribution to salaries for coordination, the project also contributes to salaries for M&E and information management and this has increased the ability of the project to manage data and information, particularly through the increased use of technology and digital platforms (see next finding)

Finding 13. MSOF has efficiently utilised digital platforms for reporting and information management, including a comprehensive dashboard providing detailed results of GBV services, activities and results.

As above (finding 12 and finding 5) the project has been able to utilise digital platforms to create and support real-time dashboards for both the project-specific results and for the wider GBV results in Yemen. This allows for collating, comparing, analysing and reporting of GBV services and activities, able to be disaggregated by different factors such as location or partner.

GBV data is extremely sensitive globally, but particularly in the North of Yemen where de facto authorities have been suspicious of how GBV data will be used. Therefore the standardised international GBVIMS⁹¹ has been adapted to a Yemen-contextualised version. Reporting is conducted in an encrypted manner through the use of technological methods. The main challenges have been internet connectivity for linking data entry to the main server but this has been mitigated by developing solutions which allow partners to work offline and then sync when internet connection is available.⁹²

Finding 14. The MSOF partnership has inherent efficiencies of a combination of international NGO and local partners for understanding of both global standards and local cultural requirements.

Firstly, the project has successfully although perhaps implicitly selected a combination of partners who can provide both localised understanding and access, particularly in the North and inherent knowledge and understanding of global standards and best practice. By bringing this combination of local NGO and international NGO together the partnership, under the management of UNFPA, has the potential to be the ‘best of both worlds’. Local partners, in particular YWU and Deem, have both been able to provide access to challenging geographical locations and contribute an in-depth knowledge of accessibility and acceptability factors of GBV programming within Yemen. International partners – such as Care International – are able to provide global learning and best practice for different aspects of the project such as livelihoods and PSS to the project, in addition to the technical expertise provided by UNFPA.

There potentially remains further opportunity to truly maximise these partnership efficiencies by explicitly designing a specific contribution analysis of the different partners involved in terms of their value-add to (a) the project as a whole; (b) specific elements of the project; (c) each other; and (c) the wider GBV landscape in Yemen. There is further opportunity to expand this into an expertise-gap analysis which, together with a mapping exercise, could potentially inform linkages to other programmes and actors in any subsequent Phase of the project.

⁹⁰ Ibid.

⁹¹ <https://www.gbvims.com>

⁹² Multiple key informants.

EQ5. Connectedness

To what extent does the MSOF project contribute to longer term development?

Assumptions:

5.1 The MSOF project has a clear phasing-out strategy in place to ensure service delivery points remain functional.

5.2 The individual benefits of the MSOF project to women and girls remain over time (i.e. positive changes in agency, knowledge, access, confidence, and empowerment).

5.3 The collective community benefits of the MSOF project remain over time (i.e. changing social norms and harmful practices with regard to GBV).

To date, MSOF has yielded lasting impacts at both community and individual levels. Four years ago GBV was not an open topic of conversation in Yemen: now it is. Four years ago there were no women and girl safe spaces in Yemen; now there are 21 supported by this project and others beyond this project.

Finding 15. To date, MSOF has yielded lasting impacts at both community and individual levels. Four years ago GBV was not an open topic of conversation in Yemen: now it is. Four years ago there were no women and girl safe spaces in Yemen. Now there are 21.

In terms of an exit strategy for the project, many respondents highlighted that it is too soon in Yemen to articulate a comprehensive exit strategy. While clear differences exist in the South and the North vis à vis engagement with authorities and the support to services, in neither area is there currently a conclusive willingness nor ability for transition of any MSOF services to national authorities.⁹³

Sustainability aspects were strongly considered within the project design which very much relied on investment in local NGO structures – particularly YWU – rather than heavy investment in national authorities:

Given the current political situation, major investments in the governmental structures, whether within the Internationally Recognized Government (IRG), or De-Facto Authorities (DFA) may not be quite timely. UNFPA resorted to invest in the Yemen Women Union, a structure working on gender issues for the last fifty years....The project is also indirectly creating a pool of advocates who will be able to advocate for issues related to GBV, when a political solution is reached....Nonetheless, UNFPA also engages closely with the Ministry of Labour and Social Affairs (MOLSA) in the IRG, and the National Women Committee (NWC) in the DFA. We continue to support these structures, but not with major investments.⁹⁴

In respect of localisation of the project, the project is indeed now considered as part of the permanent and ongoing work of YWU who will certainly continue with the activities as much as funding allows⁹⁵. Deem also has sought additional funding for activities developed under MSOF to continue the provision of services beyond the MSOF specific-funded activities.

In addition, the project has supported the development of SOPs for GBV, to be endorsed by both North and South national structures (currently in the process of finalisation of endorsement in the South) which provides a lasting legacy.

Life-skills services, livelihood and economic empowerment activities, and PSS counselling have all left lasting positive impacts on women and girls. Community committees and Men2Men networks have contributed to an increased public discussion of GBV and broader issues of how women and girls are

⁹³ Multiple key informants.

⁹⁴ UNFPA. Project Proposal Phase II (219-2021): My Safety Our Future: The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. 2019.

⁹⁵ Note that in the context of Yemen, it is not possible to discuss sustainability in terms of government funding of GBV activities as might be the case in other, non-conflict and less fragile settings. Therefore the question of connectedness (used specifically as a humanitarian criterion rather than the development criterion of sustainability) as it pertains to MSOF explores other avenues of sustainability aspects.

perceived and treated within society and it is unlikely that this conversation, now started, will cease. The project has ensured that this has occurred while engaging authorities – both in the South and in the North – as much as possible.

The lasting impacts of the project to date should be permanent, but could be built upon even further. The ongoing war in Yemen has destroyed the previous existing social fabric of communities so ensuring women and girls can contribute to the rebuilding of this social fabric – by working concurrently to increase the agency of women and girls while sensitising men and boys and community gatekeepers – will have longer-term impact for recovery and rehabilitation of Yemen in the future.

Women themselves in the Safe Spaces highlighted how much they are willing and capable of contributing to their families and to society:

Safa'a: "When I came to YWU, I came depressed with psychologically stressed status. I have two daughters and my husband without work. I was surprised by what I got in the empowerment grant of machines and cloth. Now I sew bed sheets and curtains so, I can pay the rent"

Samira: "I learnt how to sew women's bags and school bags, and when I completed the training, they gave me a sewing machine for bags, solar energy and leather. Now, I am marketing my products through neighbored women and find the earned return is sufficient."

Saba: "I learned Inshade. At the beginning, my brothers were strongly opposed to my work and I tried with them until I persuaded them. Now, my voice reached the United States, Turkey and UEA via the live service through Internet. Currently our house is demolished due to heavy rain in last summer and I am working on rehabilitating it. No matter what impediments happen to me, I could start again."

Iman: "I enjoyed learning how to sew fabrics. Now I can buy a bike for my son and show my products via WhatsApp to market them and am able to overcome my fears"

Bedour: "My psyche has developed positively how I was and how I became. Now I am an entrepreneur, I taught the craft to my sisters and all my family works with me and earn financially. The first 4 thousand riyals I had from my own work I felt an indescribably wonderful feeling, on that day I celebrated myself."

Chapter 5. Conclusions and Recommendations

Conclusions

Conclusion 1. MSOF has undoubtedly contributed to an increase in availability and accessibility of GBV services, and an increase of awareness of GBV. It can be credited with being the catalyst for broader GBV programming across Yemen, beyond the project activities. There is still – within MSOF and more broadly across GBV service delivery in Yemen – a range of *quality* levels of service delivery but MSOF has ensured increased *quantity* of services provided.

Links to Findings 1,12

Conclusion 2. The MSOF project has significantly supported the GBV sub-cluster coordination mechanisms to work towards a consistency of services through development of SOPs and overall, the project has successfully contributed to increasing the capacity of GBV actors in Yemen, and the capacity and willingness of other humanitarian actors to include GBV considerations within programming.

Links to Finding 7

Conclusion 3. Yemen is separated into two distinct contexts in respect of the South under the control Internationally-recognised government and the North under the control of de facto authorities and this has impacted every aspect of the project, with activities – for service delivery and for awareness raising being more complicated and more difficult to implement in the North. The project has adapted to these different contexts in a practical manner but has not explicitly articulated different strategies for effectiveness, adherence to humanitarian principles, value for money, and reaching in the furthest behind in the different areas.

In respect of reaching the furthest behind, the project has not adequately developed strategies to ensure inclusion of the most marginalised – such as women and girls with disabilities and there is still room for improvement in the project with regard to feedback mechanisms, including reporting for PSEA, for those women and girls the project does reach.

Links to Findings 8,9,11

Conclusion 4. There remain differing levels of demand for different services, with economic empowerment and livelihood activities being most in demand. Despite the available SOPs, some services – particularly PSS services – require more monitoring to ensure PSS counselling is provided at an acceptable standard across all delivery points and under the principle of do no harm.⁹⁶ That There also remains an opportunity to improve feedback mechanisms to ensure that services provided are aligned with, and continually improved towards, what women and girls want.

Links to Findings 4,5,10

Conclusion 5. MSOF is nicely positioned at the nexus of humanitarian and development action, working to both deliver services and seek sustained and continued positive change in terms of awareness. This is aligned with UNFPA strategic direction and with external direction of Agenda for Humanity and the New Way of Working. To date, MSOF has yielded lasting impacts at both community and individual levels. The awareness raising activities have had different levels of success in the South under the IRG compared to in the North under the DFA but regardless of this, the baseline success in opening a conversation about GBV can be seen to be a critical achievement across Yemen.

Links to Findings 3, 6,15

Conclusion 6. MSOF, like other interventions in Yemen, has found ways to adapt to COVID-19. Further analysis would be required of these adaptation measures but there is the potential to consider the

⁹⁶ Given the range of PSS services provided, by a range of individuals with differing qualifications, it is unclear if all women are receiving high standard, survivor-centred, gender-sensitive PSS or whether in some cases PSS might be reinforcing negative norms and inadvertently causing further harm to women and girls.

changes within a broader understanding of programme improvement, seeking to embed some of the new modalities of service delivery as permanent options and additions to more traditional service delivery.

Links to Finding 2

Recommendations

Current Phase Recommendations

1. Review the project, in line with UNFPA strategies (at country level and globally) and with the HRP process to increase focus on the most vulnerable; particularly adolescent girls and women and girls with disabilities. Seek learning from other UNFPA contexts (such as the regional Syria response – for tools, strategies, procedures, training materials etc in Arabic) and develop a plan to increase issues of inclusion of the most vulnerable by the end of this project phase.
2. Improve AAP and feedback mechanisms, again taking learning from other Arabic UNFPA contexts for tools and templates.
3. Recognise the global UNFPA championship of PSEA and utilise this opportunity to take the leadership of implementing PSEA in practice: all UNFPA staff and all MSOF partner staff, including those at the front line (in service delivery positions) to undertake training for PSEA. Focus particularly on ensuring an understanding of the difference between PSEA and GBV.

Potential Phase III considerations

1. A Phase III proposal can be an opportunity to review the alignment of the current indicators. While the overarching framework of the four outputs, the outcome, and the impact is solid, their alignment and related indicators could be reviewed based on :
 - a. The development of a coherent Theory of Change that reflects Yemen experience, evidence, and expertise to map and align MSOF Outputs, Outcomes, and Impact Indicators along with identified stakeholders and direct beneficiaries ;
 - b. Reviewing the global minimum standard indicators and ensuring MSOF indicators are aligned with the Theory of Change as well as reflecting local Yemen context and best practices;
2. Articulate within the Phase III proposal explicit strategies and realistic targets for North and South separately, across the four output.
3. Deepen Output 4 and develop an awareness-raising strategy (contextualised to South and North) which is framed by social norm change and gender inequality scales with short-term (project length); medium-term; and longer-term goals, recognising that the funding provided by a potential MSOF Phase III will contribute to the short-term goals, but this will be implemented within a broader longer-term framework. Ensure within the strategy an articulation of how the current conflict context and the breakdown of community and social cohesion presents a window of opportunity for ensuring that future societal rebuilding includes the voices of women and girls and is founded on the notion of *building back better*.

Strengthen and expand Output 2: Increased livelihoods and economic empowerment activities are in high demand; potentially seek other partnerships for this across UN agency and international NGO / private sector for an expansion of this component of the project. Consider new empowerment activities, slowly moving from traditional women “related” ones to less conventional, to contribute to social norm change vis à vis women can or should do or not do.

4. Explicitly highlight a plan towards integration of existing services into state social services structures (particularly for the South) as *a foundation* towards an eventual exit strategy when the situation

allows. Ensure this includes linkages within institutional channels, such as family and child protection units.

5. Explicitly articulate the efficiencies of local / INGO partnership, highlighting the value add of the different partners to the project; to each other; and to GBV efforts in Yemen in broader terms (linking localisation and contextual understanding with global best practice standards and learning from other contexts) and develop a roadmap for maximising the efficiencies.

Annex I: Terms of Reference

TERMS OF REFERENCE

Mid-Term Evaluation (MTE) of the project “My Safety, Our Future: The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen.” (June 2017 – June 2021)

Title	External, International evaluator
Purpose	To conduct Midterm Evaluation (MTE) of the project “My Safety, Our Future: The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen.” (June 2017 – July 2021)
Duty Station	Home based and Yemen
Contract duration	From November 2020 to February 2021

Introduction

UNFPA Yemen is seeking an external international/national consultant for the Mid-term Evaluation (MTE) of My Safety Our Future (MSOF) project on “the Protection of Women and Girls from Gender-based Violence (GBV) in Yemen.”

The MTE will focus on a formative evaluation of the project after 3 years and 3 months of implementation which works with the objective of ensuring survivors of violence and women and girls at risk have improved wellbeing.

Mid-term Evaluation Background

The humanitarian crisis in Yemen remains the worst in the world; driven by conflict and political instability. Humanitarian conditions continue to deteriorate, including internal displacement, famine and outbreaks of epidemics such as cholera. An estimated 24.1 million people – over 80 per cent of the population – are in need of some form of assistance, including 14.3 million who are in acute need and 14.4 million in need of protection.

Yemen has one of the worst protective environments for women and girls. Even before the conflict, Yemeni women faced severe inequalities and systematic discrimination. With the onset of the conflict, these inequalities have exacerbated. It is important to note that among the 4.3 million people displaced as a result of the conflict, 76 per cent of them are women and children, making them the most vulnerable to GBV, exploitation and deprivation of basic life essentials. According to a recent study conducted by Family Counselling and Development Foundation in 2017, approximately 5.5 million Yemenis (18 percent of total population) suffer psychological problems because of the conflict of which nearly 82% are women.

GBV encompasses domestic or psychological violence, sexual violence and other harmful traditional practices such as female genital mutilation, forced and early marriages. GBV is a life-threatening, global health and human rights issue that violates international human rights law and principles of gender equality.

UNFPA is the lead UN agency with a mandate to combat GBV and to mitigate its consequences; to meet the reproductive and maternal health needs of persons in emergency situations, especially ensuring that women can deliver safely in often difficult conditions; and to meet the needs of young people as they mature and move into adulthood.

In response to the humanitarian crisis in Yemen, UNFPA stepped up the protection and provision of life-saving services for women and girls who experienced GBV by working closely with affected populations, community-based organisations, local and international NGOs, governments and UN agencies to ensure that the life-saving reproductive health needs are met and systems are in place to prevent and respond to GBV.

The impact, outcome and outputs of the project will be evaluated through the MTE, according to the UNFPA MSOF project logical framework, are as follows:

Impact: Women and girls gain power over their lives, pursue their potential and live free from violence and inequality.

Outcome: Women, men, girls and boys are safe, survivors can recover and their vulnerabilities to GBV is reduced.

Output 1: Comprehensive, specialized GBV services and support structures are available and functioning.

Output 2: GBV survivors and at-risk women and girls have improved capacities and safe access to resources, support services and livelihoods opportunities

Output 3: Awareness-raising and community mobilization identify key risks and address negative norms, attitudes and practices that perpetuate the social acceptance of GBV

Output 4. Strengthen accountability of Yemen's humanitarian architecture on prioritizing GBV prevention and response, adopting risk mitigation strategies in their response plans, and increase the core capacity of humanitarian actors in addressing GBV

Specific detailed output description:

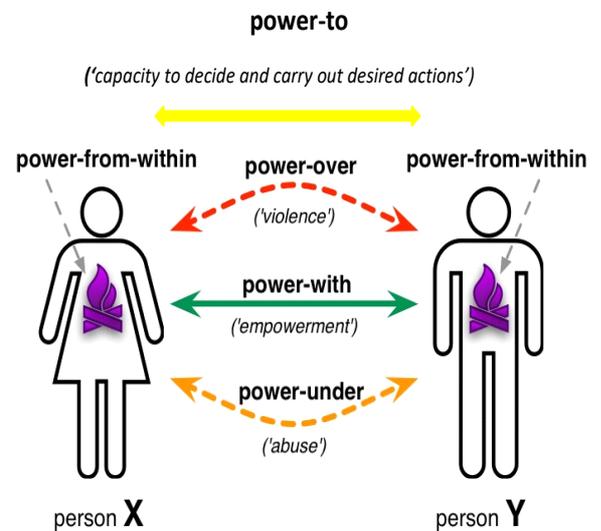
Output 1: *Comprehensive, specialized GBV services and support structures are available and functioning.* Due to the sensitive nature of GBV programming as well as the low level of capacity on the ground, UNFPA's approach is to support health, including sexual reproductive health services and safe shelters as an entry point for GBV services most notably clinical management of rape. The programme will support strengthening and expansion of medical, psycho-social care, legal advice and referrals using health and safe shelter facilities as an integrated service hubs with facilitated referral to other services chosen by survivors of rape, child marriage, domestic violence/intimate partner violence, FGM and psychological abuse among others to services such as legal, police and shelter.

Enormous strides have been made to ensure the availability of such services, but critical gaps remain in both quality and scope of services. UNFPA and partners will continue conducting the following activities:

- Provide medical, psychological services and legal assistance through a tailored case management approach
- Provide training to health providers including midwives and nurses (in mobile and static facilities) to deliver quality care to survivors including GBV case screening, identification male survivors and to provide services that are responsive to specific needs of women, girls, men and boys from clinical and psychological perspective.
- Distribute post-rape treatment kits to static and mobile health facilities.
- Conduct case management training as a means for expanding survivor's access to comprehensive services.
- Develop functioning GBV referral system for each targeted governorates.
- Facilitate referral of GBV cases using cash for life-saving services
- Conduct monthly GBV case management meeting among service providers in nine governorates
- Support women safe shelters in Sana'a, Al Hudaydah, Ibb, Aden and establish a new shelter in Amran
- Conduct community dialogue, awareness-raising on GBV prevention and response, as well as dissemination of GBV service cards to the community to promote self-referral.
- Running of two women and girls safe Centres

Output 2: *GBV survivors and at risk women and girls have improved capacities and safe access to resources, support services and livelihoods opportunities:* The programme will continue implementing the livelihoods intervention. The programme is strategically designed to address the root causes of GBV; by focusing on underlying gender inequalities and powerlessness.

The programme supports women and girls both as survivors and women and girls who are at risk; in realizing their voice, ability and power over their lives. Thus, by harnessing the individual power to transform their lives from passive to assertiveness and active: strengthening their power within by building their self-confidence and self-esteem, strengthening their ability to access opportunities and resource both material and information about services and the ability to take decisions concerning their lives. The programme aims to equally strengthen their collective power of survivors and at risk women-men-boys and girls through a coaching and mentorship system that last long after the training, thus, strengthening women's collective power and ability to actively engage with each other on common challenges and solutions. Thereby, enabling them to rebuild their inner strength as well as supporting the fulfilment of their aspiration.



This programme will build on the findings and retain the aim of rebuilding the survivors' inner strength and in supporting the fulfilment of their aspirations. Together with them, trainers will conduct participatory mapping of protection risks to economic participation and brainstorm on their business aspirations so as to assess needs in terms of vocational training, skills development and start-up assistance. Trainers will then conduct skills building and vocational training courses. Upon the successful completion of training, each trainee will be encouraged to develop and present a business idea. If assessed appropriate by the trainers mobilised by the British Council, the programme will support the financing of such ideas through the delivery of cash assistance. While applying what she has learned during the course to her life and her business, every trainee will avail of the services of a coach or a mentor to resort to for advice and support for two years after the training. She will also avail of a support network that the trainer will help establish among course participants. The network will increase substantially every trainee's social capital and help her break free from the isolation that the violence trapped her into. The network will keep encouraging her in sustaining the changes she has made to her life and in succeeding as a fulfilled person and business woman.

Output 2 activities include;

- Conduct screening assessment of GBV survivors and at risk women and girls on their distinct needs and capacities.
- Conduct economic and life-skills training for 500 GBV survivors and at risk women and girls
- Provide 500 GBV survivors and at risk women with cash support for business start-up
- Facilitate referral to literacy and vocational training programmes
- Establish and support a network of women to women groups across four governorates

Output 3: Awareness-raising and community mobilization identify key risks and address negative norms, attitudes and practices that perpetuate the social acceptance of GBV: To deliver this output, the programme will be informed by the GBV vulnerability and security risk assessment, including safety audits and risk mappings, conducted with the target communities. These exercises will help develop and implement a community engagement and outreach strategy on GBV prevention. It will involve the preparation and distribution of information, education and communication (IEC) materials including information on the hotline that the programme will make available to communities to report GBV cases and seek help for survivors. In quarterly community outreach events, the programme will deliver key messages on the life-saving nature of GBV services. These will be complemented by men to men focus group discussions on men's role in GBV prevention. The programme will also support communities to

develop protection mechanisms and community based strategies for GBV prevention, including the identification of high risk hotspots. Awareness raising sessions through religious leaders and mobile theatre plays will help in this. Engaging media actors and platforms on promoting GBV prevention will be an important activity for the delivery of this output.

Output 3 activities include;

- Establish community and child protection committees
- Conduct public dialogues at the community level on key GBV issues
- Establish men to men network at community level
- Support sporting events at the family centres in Al Hudaydah and Sana'a for men and boys
- Identify and support individual male champions for GBV in the supported districts to use various platforms to denounce GBV in their communities
- Conduct community sensitisation and education through mobile theatre plays tackling key GBV issues
- Support community led campaign on child marriage, domestic violence psychological abuse
- Conduct capacity building trainings for police, lawyers, and community leaders on human rights, gender and GBV

Output 4. Strengthen accountability of Yemen's humanitarian architecture on prioritizing GBV prevention and response, adopting risk mitigation strategies in their response plans, and increase the core capacity of humanitarian actors in addressing GBV. This output will require work at two levels. At the government level, the programme will conduct multi-sectoral GBV assessments and situation analysis and establish functioning GBV coordination mechanisms in most needed governorates of Aden, Al Hudaydah and Ibb. On the other hand, it will roll out the IASC guidelines on GBV prevention and response in Yemen and support the development of sector specific action plans including risk mitigations strategies across the Yemen humanitarian response. Enhancing the GBVIMS will be part of this delivery along with the development of an inter-cluster GBV monitoring and evaluation framework. The programme will also implement national SOPs on GBV prevention and response and develop a clinical management of rape protocol and support their adoption.

Output 4 activities include;

- Conduct multi-sectoral GBV assessments and situational analysis to inform humanitarian response
- Support sub-national GBV coordination mechanisms in Aden, Hudaydah, Sa'ada, Ibb and Sa'ada
- Roll out IASC guidelines on GBV prevention and response and the development of sector specific action plans including risk mitigations strategies across the Yemen humanitarian response
- Roll-out the GBVIMS across Yemen
- Develop and implement a comprehensive capacity building strategy for GBV partners and service providers with a focus on case management, psychosocial services for survivors, gender, moving beyond one-off trainings
- Facilitate a regional learning forum for local organisations

Mid-term Evaluation objectives and scope

The purpose of this MTE is to provide an independent assessment of the project to improve project implementation, and making necessary course corrections. The evaluation will assess relevance, effectiveness and efficiency, and sustainability of the project.

More specifically, the objectives of the MTE will be to assess:

- Progress made toward the achievements against the logic of the partnership and performance after 3 years and 3 months of implementation (from June 2017 to date).
- Relevance of the project strategies and design including methodologies/instruments and tools will be assessed in the evolving context of changing socio-economic developments and realities in

Yemen With Special focus on application and integration of inclusiveness, participation, local capacity building, economic empowerment, linkages, partnerships etc, in the programme.

- Recommend adjustments, if any, to project strategies and directions for the remainder of the project.
- Potential sustainability of the project
- The extent to which a longer-term and transformational impact on lives of beneficiaries can be demonstrated
- The extent to which the project has contributed to changed community perceptions concerning GBV
- The evaluation should take into account different levels of implementation, such as primary prevention (root causes), response / access to quality services, lobbying for policy development etc. in order to define weaknesses and strengths of the programme more specifically and to be able to develop corresponding suggestions for improvement

Mid-term Evaluation criteria and key questions

The MTE will look at the following criteria.

Relevance will look at the planning, design, implementation and coherence of the MSOF project to UNFPA Yemen concerns. The MTE will make suggestions on improvement of the project design to achieve the results focusing on targeting and evidence based prioritization of targeted facilities, beneficiaries and stakeholders

Effectiveness will examine factors contributing to achievement of the results in time, quality of service and beneficiaries' views. The MTE should also examine UNFPA's coordination role and look at the level of ownership among the stakeholders in the project. Any lessons learnt at this stage of the MSOF project should be identified by the MTE.

Efficiency will examine the extent to which the MSOF Project is making best use of available human, technical, technological, financial and knowledge inputs to achieve its desired results.

Sustainability will look at the aspects of the MSOF project which is contributing to the continuation of the results of the project after its completion. Suggestions on further activities to improve transferability of the project.

The MTE should be able to answer (but are not limited to) the following questions:

Criteria	Questions
Relevance	To what extent is the project activities and outputs aligned with design of the project? To what extent is the project activities and outputs aligned with the needs and demands of affected population/beneficiaries?
Effectiveness and Efficiency	What have been the key outputs of the MSOF project so far? Is output delivery on schedule? Are there any delays? What have been the main challenges in the delivery of these outputs? What has the project done to overcome the main challenges encountered? What has been the nature and quality of interaction and collaboration at the national levels, in particular what partnerships have been established with other humanitarian partners and relevant government institutions (national and local level)? Which activities, methodologies, partnerships and use of the produced output are the most/least effective in contributing to the projects' objectives and why? What are their common quality aspects and challenges? What have been the key achievements and challenges of the MSOF projects at the different levels (organizational/UNFPA, national/institutional, local/beneficiaries)? What has the project done to overcome the main challenges encountered?

	<p>What are the main factors that have facilitated or obstructed the achievement of outcomes?</p> <p>Are adequate monitoring tools and mechanisms in place, and functional? Do they allow communication and exchange of lessons learned?</p> <p>Are the established quality assurance mechanisms adequate and applied?</p> <p>Has the existing monitoring and evaluation mechanisms contributed to the achievement of expected results throughout the project implementation and how have these been effective? How could these work better for future interventions?</p> <p>Has the projects achieved the intended targets as agreed by UNFPA and the Donors?</p> <p>Has the project been implemented in a cost efficient manner?</p> <p>Have the specific prevention activities in the program (e.g. men to men network, dialogues etc) contributed to sustained changed attitudes and behaviours towards family members and GBV survivors?</p> <p>Have there been any unintended changes within the program?</p> <p>Have there been any unforeseen risks occurred and what did the project do to mitigate these risks?</p> <p>Has the program addressed the risks identified, included those related to conflict?</p> <p>How conflict sensitive has the approach and implementation of the program been?</p> <p>How does/can/could the program serve the needs of male GBV victims, particular boys and young men?</p>
Sustainability	<p>Assess to what extent a phasing-out strategy has been defined and what steps have been taken to ensure project sustainability.</p> <p>Are the project results, achievements and benefits likely to be durable or further support is required? Are results anchored in national institutions and can the partner maintain them?</p> <p>Does project design, approach lend itself well to having a lasting and transformational impact on the lives of girls and women?</p> <p>How does the program address and enhance the triple nexus approach (humanitarian, peace and development)?</p>

MTE methods, process and timeframe

Methodology

The evaluation will be a transparent and participatory process involving relevant UNFPA Yemen stakeholders and partners at the regional, and country levels. The evaluation methodology will employ mixed methods for data collection. The logic model based on MSOF project will be used to assess whether the project is on the right track and whether the proposed interventions have the potential to achieve proposed outcomes in the suggested time-frame.

The evaluation will have two levels of analysis and validation of information:

Level 1 will start with a desk review of information sources on UNFPA Yemen MSOF project work available through project document, detail AWP, progress reports and annual project reports, monitoring reports prepared by UNFPA staff and relevant government reports on the implementation of the project; technical products developed during the project implementation, meeting minutes of the important meetings, capacity assessment report conducted in the beginning of the project implementation.

Level 2 will involve in-depth analysis of the project both by qualitative and quantitative data collection. Level 2 will involve field visits and will employ a number of evaluation methods ranging from document review, interviews, focus group discussions, surveys, observation depending on the final methodology. A qualitative comparative case study analysis can be applied too.

The following data sources will be utilized and data will be triangulated to ensure validity and reliability:

- Review of key documents: Strategic Plan; MSOF Project Annual Reports; baseline study; monitoring/reporting information, including donor reports; previous evaluations; guidance notes, etc.;
- Interviews and focus groups with a purposive sample from UNFPA MSOF Project staff, staff from partners, other UN agencies, any civil society partners, beneficiaries and local-national authorities.

MTE Process

This evaluation is taking place at the end of 3 years and 3 months implementation of project activities. The MTE will look at the progress made towards the results and suggest any changes to management to improve the project. The entire process of the MTE will take place over a period of four months, in which collection of field data should be completed over a period of one month from the start of data collection. The project is implemented in partnership with IPs all over Yemen. The MTE is expected to cover all stakeholders engaged in this project.

The MTE will include the following steps:

Step 1: Inception meeting, desk review of key programme documents and key stakeholder interviews to understand the scope of the MTE. Review project theory (desk review and meetings) and Stakeholder analysis.

The evaluator will attend an inception meeting where s/he will be oriented on project objectives and key progresses made. At this stage of the MTE, the evaluator will have the chance to meet with UNFPA staff and staff from IPs working on this project to be oriented with the project and define scope as well as design of the MTE. At this stage, UNFPA will provide the evaluator with key project documents for review. The documents could include agreement with donor, letter of agreements between UNFPA and IPs, capacity assessment report, monitoring reports by UNFPA staff, post activity reports by IPs. Documents should provide a sense of the intent of the project as well as what is actually occurring.

Step 2: Submission of Inception Report and finalization of methodology and evaluation design based on UNFPA feedback.

The inception report should include final evaluation questions, identified stakeholders for interviews and discussions, and present the methodology of the midterm evaluation. This will be finalized in agreement with UNFPA.

Step 3: Data collection (mixed-methods).

Interviews and focus group discussions, or questionnaire interview should focus on what stakeholders know and perceive to be true about the MSOF project. Data from project staff, documentation, and stakeholder interviews and group discussions will be used to determine plausibility of the project model. That is, data are analyzed to determine the extent to which the project is properly implemented, sufficiently developed, and activities appropriate, to reasonably predict that desired outcomes will be met.

Step 4: Data analysis.

Collected data should be analyzed. Analysis framework should be clearly explained in the report.

Step 5: Share preliminary findings and presentation draft report with UNFPA.

The evaluator will share preliminary findings and recommendations with UNFPA at the end of the field visit and interviews with stakeholders. The evaluator will draft the report and present the initial report to a group with representatives from UNFPA and key stakeholders. Feedback will be taken into consideration and incorporated into the final report.

Step 6: Draw conclusions and make recommendations (analysis and report writing).

The evaluator makes conclusions and recommendations. Conclusions and recommendations are drawn from the data. The evaluator is expected to guard against validity threats, such as personal bias.

Step 7: Draft report.

The evaluator finalizes a draft report. The report structure should follow the UNEG's evaluation report guidance. UNFPA will review the report as part of quality assurance and will share it with the reference group for their feedback.

Step 8: Finalization of the MTE report.

The evaluator will present the final draft MTE report to the stakeholders in a validation workshop. Recommendations of the MTE report will also be presented and stakeholders will prioritize recommendations to draft action plans for the Management Response. UNFPA will be responsible for finalizing the Management Response and follow up of the Actions Points.

Step 9: Dissemination of MTE report, and plan specific steps for utilization of MTE data.

Based on the stakeholder analysis, UNFPA will develop a dissemination plan from the beginning of the evaluation process. It will follow the principles of gender and human rights, particularly participation and inclusion of stakeholders.

Deliverables

Inception report: The inception report should detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The inception report should also include a proposed schedule of tasks, activities and deliverables. This inception report should also identify the sites visits and it should elaborate on the selection criteria for those sites selected.

Preliminary findings: The evaluator shall share initial findings and recommendations with the UNFPA Yemen programme team prior to the stakeholders' consultation.

Draft reports: Report structure should follow UNEG evaluation report guidance.

Facilitate and presentation of draft MTE report: A presentation will be done on the draft report and the draft report will be shared with the UNFPA Yemen Country Office for comments. In addition to validation of data, the evaluator should draft practical recommendations in consultation with stakeholders.

Final MTE report: The final report will not exceed 40 pages (not including annex) in hard and soft copy to be submitted to UNFPA (please follow UNFPA's evaluation report guidance).

Management arrangement

The evaluator will work in close collaboration and consultation with UNFPA Yemen staff and management structure as per the table below:

Actors and accountability	Roles and responsibilities
Commissioner of the Evaluation (Country Representative of UNFPA Yemen)	Safeguard of the independence of the evaluation exercise and ensure quality of evaluations Prepare a management response to the evaluation and ensure the implementation of committed actions in the management response
Evaluation Task Managers (Deputy Representative/Humanitarian Coordinator)	Provide inputs from the programme perspective Participate in the review of the evaluation methodology and provide comments to the evaluation team. Observe the process of the evaluation Facilitate evaluation by providing relevant documents and contacts

	<p>Facilitate and ensure the preparation and implementation of relevant management responses</p> <p>Facilitate and ensure knowledge sharing and use of evaluation information</p> <p>Coordinate with travel unit on travel arrangement for field visits of the evaluator.</p>
Monitoring and Evaluation Specialist	<p>Support the UNFPA Yemen Programme Team at all stages of the evaluation management in terms of technical issues of evaluation.</p> <p>Follow up on the progress of the evaluation</p>
Reference Group	<p>UNFPA Yemen Programme Team.</p> <p>Participate in various steps of the evaluation management process such as inception meeting and commenting on draft reports to ensure evaluation quality.</p>
Evaluator	<p>Lead the whole evaluation process</p> <p>Manage the evaluation process in timely manner</p> <p>Communicate with UNFPA Yemen whenever it is needed</p> <p>Conduct field visits to the project sites identified and collect data.</p> <p>Report to UNFPA Yemen when required</p> <p>Produce the inception report</p> <p>Produce the final report</p> <p>Participate in dissemination workshops organized by UNFPA and present findings of the reports (can be done through Webinar).</p>

Required skills and competencies

The following are the required skills and competencies expected from the selected applicant for conducting this MTE. In the case of an evaluation team, it is expected that the team leader should fulfil all required skills and competencies.

- Education:
 - Advanced degree in relevant discipline (e.g. Gender studies, public health, development and social studies, sociology, political science, etc.)
 - Advanced degree in evaluation is an asset.
- Professional experience:
 - At least 10 years' experience in programme evaluation in a humanitarian and/or development contexts and proven accomplishment in undertaking evaluations, including leading evaluations of multi-stakeholder programmes for multilateral organizations.
 - Experience in evaluating reproductive/mental health, and Rapid Response Mechanism related programmes/project.
 - Experience in conducting evaluations in complex humanitarian settings
 - Experience working in Yemen will be an advantage.
- Knowledge and skills:
 - Knowledge of evaluation.
 - Knowledge in results-based programming.
 - Proven expertise in evaluating programmes focusing on reproductive/mental health, and Rapid Response Mechanism.
 - Extensive knowledge of qualitative and quantitative evaluation methods.
 - Excellent written and spoken English and presentational capacities.
 - Knowledge of Arabic language is a requirement.
 - Knowledge of the UN system would be an asset.

Important: The evaluator/s has to explicitly declare his/her independence from any organizations that have been involved in designing, executing or advising any aspect of the particular programme of UNFPA Yemen that is the subject of the Midterm evaluation. Selection process will ensure that the evaluator/s does not have any relationship with this particular UNFPA Yemen programmes in the past, present or foreseen in the near future.

Evaluation ethics

Evaluations in the UN will be conducted in accordance with the principles outlined in both UNEG Norms and Standards for Evaluation in the UN System and by the UNEG 'Ethical Guidelines for Evaluation'. These documents will be attached to the contract. Evaluators are required to read the Norms and Standards and the guidelines and ensure a strict adherence to it, including establishing protocols to safeguard confidentiality of information obtained during the evaluation.

Application Evaluation Criteria

The evaluator will be evaluated based on technical capacities (70%) and financial proposal (30%). Technical evaluation will be based on the following criteria stated below.

	Advanced university degree in relevant fields such as public health, development and social studies, sociology, political science and evaluation.	10 points
	Demonstrate experience from evaluations of similar types of project.	25 points
	At least 10 year experience in programme evaluation in a development context and proven accomplishment in undertaking evaluations, including leading evaluations of multi-stakeholder programmes for multilateral organizations. Expertise in evaluating programmes focusing on health, GBV and RRM.	20 points
	Good understanding on GBV.	10 points
	Preferably in depth knowledge of Yemen.	5 points
	Excellent written and editing English.	10 points
	Excellent knowledge of Arabic language	10 points
	Demonstrate to be fluent in English writing skill is a requirement, by providing 2 writing samples in English.	10 points
	Total	100 points

A two-stage procedure is utilized in evaluating the submissions, with evaluation of the technical components being completed prior to any price proposals being opened and compared. The price proposal will be opened only for submissions that passed the minimum technical score of 70% of the obtainable score of 100 points in the evaluation of the technical component.

The technical component is evaluated on the basis of its responsiveness to the Term of Reference (TOR).

Technically qualified consultants may be selected for an interview before financial evaluation.

Individual consultants will be evaluated based on Cumulative analysis, the award of the contract will be made to the individual consultant whose offer has been evaluated and determined as:

- a) responsive/compliant/acceptable, and
- b) having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

Application procedure and deadline

Interested applicants must submit the following document/information (in PDF format) to demonstrate their qualifications.

Technical component:

- Letter of interest explaining why they are the most suitable for the work.
- Technical proposal.
- Two writing samples/reports in English.
- Signed Curriculum vitae with contact details of 3 clients for whom you have rendered preferably the similar service.

Financial proposal (with your signature):

- The financial proposal shall specify a total lump sum amount in **US Dollar** including consultancy fees and all associated costs
- Please note that the cost of preparing a proposal and of negotiating a contract, including any related travel, is not reimbursable as a direct cost of the assignment.
- If quoted in other currency, prices shall be converted to US Dollar at UN Exchange Rate at the submission deadline.

Complete applications should be sent to jobs@unfpa.org. Only applications with all items mentioned above will be considered.

Deadline for Application: TBC

Annex II: Documents Reviewed

Author	Title	Year
Government of Yemen	Yemeni National Guidelines for Clinical Management of Sexual Violence Survivors	<i>no date</i>
UNFPA	My Safety Our Future Phase II - Expanded Services for 2020-21. Concept Note presented to the Government of Sweden.	2020
UNFPA	UNFPA recommendations to its IPs for adjusting GBV Service Delivery in the context of COVID-19 outbreak in Yemen.	2020
UNFPA	COVID-19 Response and Impact Update. 24 March 2020.	2020
UNFPA	Joint Donor Comments on the 2019-2020 Annual Report: My Safety Our Future.	2020
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence in Yemen. Annual Narrative Report July 2019-June 2020.	2020
UNFPA	COVID-19 Impact and Response Update March 2020.	2020
UNFPA	Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA Interim Technical Brief.	2020
UNOCHA	Humanitarian Response Plan: End of Year Report.	2020
UNOCHA	Humanitarian Response Plan: Extension June - December 2020	2020
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Phase II Project Proposal.	2019
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Quarterly Report January through March 2019.	2019
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Annual Report: July 2018 - June 2019.	2019
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Mid-term Review Report.	2019
UNOCHA	Humanitarian Needs Overview Yemen.	2019
UNOCHA	Humanitarian Response Plan: End of Year Report.	2019
UNOCHA	Humanitarian Response Plan.	2019
UNOCHA	Humanitarian Response Plan. Extension June-December 2020.	2020
UNFPA	Inter-Agency Standard Operating Procedures (SOPs) for Prevention and Response to Protect Women and Girls in Yemen, Section 2: Annexes	2018
UNFPA	Inter-Agency Standard Operating Procedures (SOPs) for Prevention and Response to Protect Women and Girls in Yemen, Section 1: Procedures	2018
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Annual Progress Report July 2017 - June 2018.	2018
Multiple Agencies	Interagency Gender-based Violence Case Management Guidelines.	2017
UNFPA	My Safety Our Future. The Protection of Women and Girls from Gender-based Violence (GBV) in Yemen. Progress Report August - December 2017	2017

Annex III: Key Informant List

Name	Position	Organisation
Essam Ahmed	Project Manager	DEEM
Suad Ahmed	Programs Manager	DEEM
Dr Mutahar Alhaidari	Protection and GBV Manager	Human Access/CSSW
Annie Vestjens		Netherlands
Asma Al-Ali	Policy Officer	Netherlands
Rachele Losego		SDC
Adam Bergman		SIDA
Ahmed Malah	Humanitarian Coordinator	UNFPA
Amer Ali	GBV Coordinator hub	UNFPA
Ammar Alghawri	Information Management Officer	UNFPA
Andrea Paiato	MHPSS Specialist	UNFPA
Dr. Jean-Paul Umurungi	RH Specialist/Acting Head of Hub, Aden	UNFPA
Dr. Khaldoun Al Asad	Head of Hub	UNFPA
Dr. Khawla Akel	GBV Sub-Cluster Coordinator	UNFPA
Garik Hayrapetyan	Deputy Representative	UNFPA
Ghamdan Mofarreh	Head of Hub	UNFPA
Helmi Noman	GBV Coordinator hub	UNFPA
Hussein Shaqub	GBV Coordinator hub	UNFPA
Joyce Paklaki	GBV Specialist	UNFPA
Lana Simpraga	Head of Hub, Hodeidah	UNFPA
Saeed Saif	GBV Coordinator hub, Hodeida	UNFPA
Salwa Al-Azzani	GBV Officer	UNFPA
Ishraq Zabarah	Case Management Coordinator	YWU
Nejood Al-Radhmi	Project Manager	YWU

Annex IV: Evaluation Matrix

Evaluation Question	Indicators	Data collection methods
EQ1: Relevance (including coherence): To what extent does the MSOF project correspond to the identified needs of affected populations, while remaining aligned with UNFPA's mandate and strategic direction		
1.1 The stated intended results and objectives of the MSOF project are aligned with the needs of the targeted affected population.	Evidence of needs assessments conducted by UNFPA and/or partners at project outset (both Phase I and Phase II of the MSOF project) Evidence of repeat needs assessments conducted by UNFPA and/or partners during project implementation; Evidence of needs assessment findings integrated into project activities plans. Evidence of inclusion of gender and inclusion analysis in project plans	Document review Key informant interviews Focus group discussions
1.2 The MSOF project successfully adapted to the COVID-19 pandemic during 2020	Evidence of UNFPA COVID-19 plans being implemented for project adaptation Evidence of HRP and UN / humanitarian community adaptation plans being utilised	
1.3 The MSOF project is aligned <i>internally</i> with the UNFPA Strategic Plan, 2018-2021 and the UNFPA YCO Country Programme.	Alignment of Action/s design and intended results with UNFPA Strategic Plan 2018-2020 and / or other UNFPA global guidance; Alignment of Action/s design and intended results with UNFPA Yemen CPD.	Document review Key informant interviews – <i>internally with UNFPA staff only</i>
1.4 The MSOF project is aligned <i>externally</i> with the SDGs, Agenda for Humanity, and the Yemen HRP.	Alignment of MSOF project design and intended results with SDGs, Agenda for Humanity, and the HRP.	Document review Select key informant interviews (<i>UNFPA, IP, other UN agency and donor only</i>)
1.5 The MSOF project is aligned with relevant humanitarian standards such as Sphere, CHS, IAFM, MISP, and GBV AoR guidance.	Needs assessments, proposals, programme design documents showing clear adherence to minimum standards such as Sphere, IAFM/MISP and GBV AoR; Project activities in line with Sphere, IAFM/MISP and GBV AoR commitments and guidelines.	Document review Select key informant interviews (<i>UNFPA, IP, other UN agency and donor only</i>)
1.6 The action is both aligned with a human rights approach and actively promotes human rights, inclusion, equality and equity within all activities and outcomes.	Needs assessments, proposals, programme design documents clearly articulating adherence to human rights principles and strategies to achieve human rights results and gender equality results, and evidence that this has been explicitly incorporated into programme design; Project activities in line with UNFPA's commitments to human rights and gender equality;	Document review Key informant interviews
1.7 The action is aligned with humanitarian principles of humanity, impartiality, neutrality and independence.	Needs assessments, proposals, programme design documents clearly articulating adherence to humanitarian principles; Project activities in line with UNFPA's commitments to humanitarian principles.	Document review Select key informant interviews (<i>UNFPA, IP, other UN agency and donor only</i>)
EQ2: Effectiveness (including coverage): To what extent has the MSOF project achieved its stated objectives?		

2.1 The project has increased availability of functioning comprehensive, specialised GBV services (output 1).	Evidence of functioning service delivery points (safe spaces, shelters) and information access points (i.e. hotlines)	Document review Key informant interviews Focus group discussions
2.2 The project has increased access of GBV survivors and those at-risk to resources, support services, and livelihood opportunities (output 2).	Evidence of increased knowledge, agency, confidence and access of women and girls to services	Document review Key informant interviews Focus group discussions
2.3 The project has increased awareness of GBV risk and consequently reduced negative norms and practices within communities which perpetuate GBV (output 3).	Evidence of positive changes at community level	Document review Key informant interviews Focus group discussions
2.4 The project has strengthened the accountability of Yemen humanitarian architecture with regard to prioritising GBV prevention and response (output 4).	Evidence of increased reference to GBV in HRP and sector-specific plans 207-2020.	Document review Key informant interviews Focus group discussions
2.5 The MSOF project systematically reaches the right geographical areas	<ul style="list-style-type: none"> ● UNFPA and partners mapping of locations for service units based on PiN maps; ● Evidence of ongoing monitoring of movement and need. 	Document review Key informant interviews Focus group discussions
2.6 The MSOF project systematically reaches all demographic groups including the most marginalised (i.e. adolescent girls, women and girls with disabilities etc).	<ul style="list-style-type: none"> ● UNFPA and partners analysis of most marginalised populations and barriers to access; ● Evidence of ongoing monitoring of most marginalised populations in Yemen and access to services 	Document review Key informant interviews Focus group discussions
EQ3: Accountability and Participation: To what extent has the MSOF project ensured that the targeted population are active agents in designing, implementing, and monitoring UNFPA and partners' interventions and that there are functioning feedback and complaints mechanisms, including for PSEA?		
3.1 UNFPA ensured the targeted population group provided systematic & participatory feedback to the design, implementation, and monitoring of the MSOF project	Evidence of participation of population-level stakeholders in needs assessments Evidence of community engagement mechanisms showing ongoing input of women and girls into project at design, implementation, and monitoring Evidence of course correction changes of activities based on input of targeted population Satisfaction-levels of targeted population with accountability mechanisms.	Document review Key informant interviews Focus group discussions
3.2 UNFPA and partners have effective complaints mechanisms in place, including for PSEA.	Usage of complaints mechanisms by targeted populations; Extent to which women and girls are aware of PSEA mechanisms / know how to file complaints.	Document review Key informant interviews Focus group discussions
EQ4: Efficiency: To what extent, is the MSOF project most efficiently utilising human, technical, technological, financial and knowledge inputs to achieve desired results?		
4.1 UNFPA and partners efficiently utilised available resources (financial and human) to	# and type of key staff positions; % of key positions vacant for more than 3 months;	Document review Key informant interviews

ensure appropriate staff (# and capacity) and supplies and materials in place to achieve results.	Evidence that supplies are sufficient for effective programming.	
4.3 UNFPA and partners efficiently utilised technical, technological, and knowledge inputs to achieve results.	Evidence that all available technical, technological and knowledge resources were (and continue to be) utilised for project results	Document review Key informant interviews – <i>UNFPA staff and implementing partner staff only</i>
4.3 The partnership between UNFPA and implementing partners was efficient for achieving results.	UNFPA and partner satisfaction levels with partnerships; Evidence that partnership has evolved when necessary.	Document review Key informant interviews – <i>UNFPA staff and implementing partner staff only</i>
EQ5: Connectedness (<i>sustainability</i>): To what extent does the MSOF project contribute to longer term development?		
5.1 The MSOF project has a clear phasing-out strategy in place to ensure service delivery points remain functional.	Evidence of a realistic phasing out plan.	Document review Key informant interviews
5.2 The <i>individual</i> benefits of the MSOF project to women and girls remain over time (i.e. positive changes in agency, knowledge, access, confidence, and empowerment).	Evidence that women and girls retain longer-term benefits of the project	Document review Key informant interviews Focus group discussions
5.3 The collective community benefits of the MSOF project remain over time (i.e. changing social norms and harmful practices with regard to GBV).	Evidence that community changes initiated by the project are permanent.	Document review Key informant interviews Focus group discussions

Annex IV: Indicators within UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies⁹⁷

Indicators for participation

- Number of people in affected population, disaggregated by age and sex and other variables as appropriate to the context (ethnicity, disability status, sexual orientation, etc.), who have participated in programme assessment, design, implementation and monitoring;
- Special fora established to ensure participation of marginalized groups in a non-stigmatizing manner;
- Men and women are chosen in a fair and representative process to represent their community in aid decisions.

Indicators for supporting national systems

- National contingency plans include actions associated with protecting women, girls, boys and men from GBV in the aftermath of a crisis;
- National protocols for GBV survivor care are aligned with international standards;
- Percentage of GBV coordination working groups led/co-led by national partners/ stakeholders;
- Percentage of overall funding for GBV in emergencies allocated by UNFPA to national partners;
- Number of trainings conducted with national partners in international standards for GBV survivor care.

Indicators for social and gender norms

- Change in knowledge, attitudes and behaviour/practices; examples include:
- Percentage of men more likely to intervene to stop gender-based violence (post intervention);
- Percentage of men sharing more with their partner (parenting responsibilities, resources, etc.);
- Percentage of women/men who do not intend to marry their daughters before the age of 18;
- Percentage of women/men who have committed to not let their daughters undergo female genital mutilation.
- Percentage of young men and boys and young women and girls who participate in programmes offering gender and sexuality education;
- Percentage of men and women who know any of the legal rights of women;
- Number of programmes implemented for men and boys that include examining gender and cultural norms related to GBV;
- Percentage of target audience who have been exposed to communication messages on discontinuation of harmful traditional practices.

Indicators for collecting and using data

- The collection, sharing and management of quantitative information on GBV are in line with the GBV guiding principles;
- Systems for safe and ethical GBV incident data management (through the GBVIMS or other safe and ethical data system) are established and/or reinforced;
- Number of trainings conducted for staff and implementing partners on safe/ethical data collection;
- Percentage of assessments, monitoring and other data collection mechanisms that include data that is disaggregated by sex and age;
- Reports on sexual violence incidents compiled monthly (anonymous data), analysed and shared with stakeholders.

⁹⁷ <https://www.unfpa.org/featured-publication/gbvie-standards>

Indicators for healthcare

- MISP implemented within two-weeks of crisis onset;
- Number or percentage of reported GBV cases that were referred and received health care, within a given time period, disaggregated by age and sex;
- Number or percentage of reported rape cases receiving post-rape care from a UNFPA- supported health centre or mobile clinic, within a given time period (PEP within 72 hours, EC within 120 hours, STI treatment within two weeks), disaggregated by age and sex;
- National protocols aligned with international standards have been established for the care of sexual assault survivors;
- Essential supplies and post-rape treatment pre-positioned;
- Number of viable health facilities, mobile clinics and health actors provided with rape treatment kits and other clinical commodities for management of sexual violence;
- Number of health staff trained in clinical management of rape;
- Number of health facilities treating rape survivors;
- Health actors integrated in GBV Standard Operating Procedures (SOPs) and included in referral pathway.

Indicators for MHPSS

- Percentage and number of reported GBV survivors who access psychosocial support services;
- Context-specific MHPSS programmes for affected populations, established within two-weeks of a crisis onset;
- Number of safe spaces set up per 10,000 affected females;
- Percentage of affected women, girls, boys and men from within the affected population that are aware of how to access psychosocial support, disaggregated by age and sex;
- Percentage and number of support workers trained in MHPSS;
- Number of joint assessments of MHPSS needs and interventions conducted;
- MHPSS actors integrated in GBV SOPs and included in referral pathway.

Indicators for Safety and Security

- Community-based strategies are in place to monitor GBV-related risks in affected communities;
- Safety audits conducted on a regular basis;
- Risk assessment available for all affected, accessible areas that reflects current situation;
- PSEA focal point assigned within United Nations Country Teams;
- Percentage of security personnel/forces who are female in affected areas of the country;
- Percentage of affected communities monitoring security risks and identifying risk by location;
- Percentage of security personnel trained in GBV prevention and response, disaggregated by function and sex;
- Security sector actors integrated in SOPs and included in referral pathway;
- UNSC Resolution 1325 action plan is in place.
- Indicators for justice and legal aid
- Free legal services in place and accessible to GBV survivors;
- Percentage of women who know of a local organization that provides legal aid to GBV survivors;
- Legal aid services staffed by well-trained personnel integrated into the general GBV referral system;
- Percentage of individuals (men and women) who are aware of their legal rights pertaining to GBV;
- Percentage of reported GBV survivors in affected population accessing legal aid services;
- Percentage of GBV survivors who access legal aid services and report satisfaction with the legal process;
- Legal/justice actors integrated in GBV SOPs and referral pathway.

Indicators for dignity kits

- Number of women and adolescent girls who received dignity kits, disaggregated by age;
- Number of individuals who indicated they are satisfied with the information provided in the dignity kits they received, disaggregated by age 97;
- Percentage of crisis-affected women and adolescent girls receiving dignity kits;
- Number of women and girls consulted in the development of the dignity kit;
- Input from the consultation used to inform the dignity kit contents;
- All women and girls of reproductive age are provided with appropriate materials for menstrual hygiene following consultation with the affected population.

Indicators for socio-economic empowerment

- Livelihoods programmes integrated into GBV SOPs and included in referral pathways;
- GBV survivors have access to livelihoods programmes;
- Changes in women and girls' access and control over resources;
- Changes in net income of livelihood recipients;
- Inclusion of GBV risk reduction in livelihoods strategies and funding proposals;
- Income support provided to affected population;
- Percentage of women and adolescent girls that have access to material and/or cash-based assistance.

Indicators for referral systems

- Referral pathways in place and functional;
- GBV SOPs are in place at national and sub-national levels;
- Percentage of GBV survivors who were referred for comprehensive care, within a given time period;
- Percentage of first responders who are trained/oriented on the referral pathway;
- Standard intake and referral forms are developed and utilized by service providers;
- Capacities of GBV actors are mapped and assessed to strengthen referral system.