

UNFPA Yemen

Independent Country Programme Evaluation

2015-2024



EVALUATION REPORT
2024



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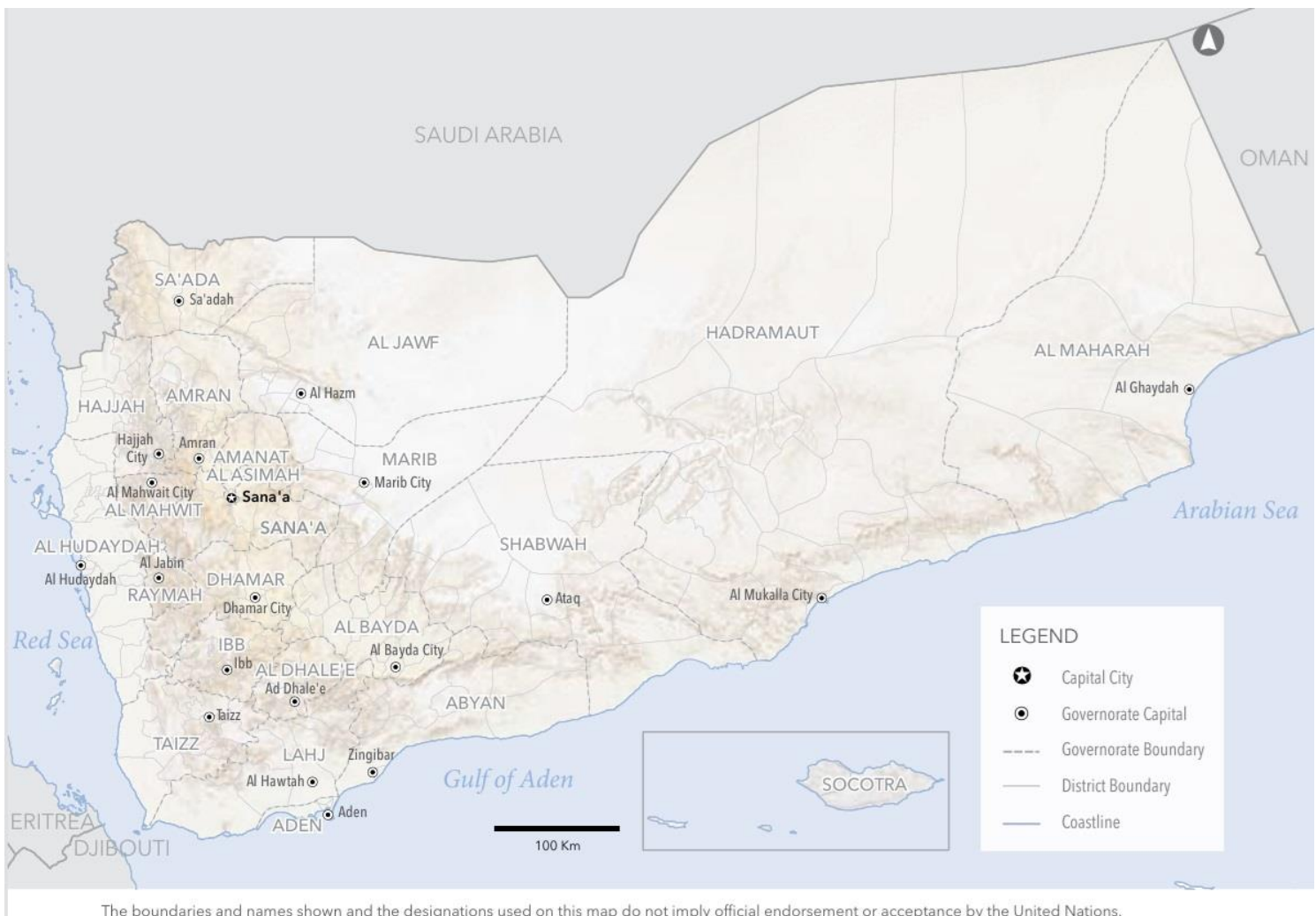
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Figure 1: Map of Yemen



Source: Humanitarian Response Plan.

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Foreword

Nine years into the war, Yemen remains one of the world's largest and most severe humanitarian crises. Over half of the country's population, around 18 million people, require some form of humanitarian assistance. Displaced women and girls, particularly those with disabilities, face major challenges in accessing reproductive health services and heightened risks of gender-based violence, including harmful practices.

In response to the crisis, UNFPA has been leading the coordination and provision of women's reproductive health and protection services across the country. Since 2018, UNFPA has also assumed the leadership of the rapid response mechanism, which provides immediate life-saving assistance to newly displaced individuals and families. The present evaluation aims to provide an independent assessment of UNFPA's response to the crisis in Yemen from its beginning in 2015 until now.

The evaluation finds that UNFPA has been able to flexibly adapt its country programme to the rapidly evolving needs of the population while demonstrating sensitivity to the socio-political context in Yemen. UNFPA-supported interventions in the areas of reproductive health, gender-based violence and youth have yielded positive outcomes, although they started from a very low baseline of available services. UNFPA was also able to successfully adapt its systems and processes, and leverage its partnerships to meet the requirements of the humanitarian situation.

The evaluation also identifies several areas for improvement in the UNFPA humanitarian response in Yemen. In particular, it points to the need for UNFPA to redouble efforts to engage with vulnerable groups, especially persons with disabilities. The evaluation also calls for an improved articulation of short-term humanitarian programming with longer-term resilience building and development strategies.

In the face of ongoing conflict, a worsening economic situation and an increasing frequency of natural disasters, the outlook for Yemen remains bleak. I hope this evaluation will help the Yemen country office to enhance its future programming and strengthen its response to the crisis.

Marco Segone

Director, UNFPA Independent Evaluation Office

Acknowledgements

This evaluation is the first crisis-specific humanitarian evaluation conducted by the Independent Evaluation Office following the development of the UNFPA guidance on humanitarian evaluations.¹ As such, it provided a valuable opportunity to test and further refine the UNFPA approach to humanitarian evaluations.

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¹ [Guidance on humanitarian evaluations: Compendium to the evaluation handbook, UNFPA IEO, 2024](#)

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Acronyms

ASRO	(UNFPA) Arab States Regional Office	IRG	Internationally Recognized Government
CCA	Common Country Analysis	KII	Key informant interview
CCY	Cash Consortium of Yemen	MISP	Minimum initial service package
CMWG	Cash and Marketing Working Group	MOPHP	Ministry of Public Health and Population
CPD	Country Programme Document	MPCA	Multi-purpose cash assistance
CPE	Country Programme Evaluation	NGO	Non-governmental organization
CSO	(Yemen) Central Statistics Organization	PDM	Post-Distribution Monitoring
DAC	Development Assistance Committee	PWD	Persons with Disabilities
DRR	Disaster Risk Reduction	RRM	Rapid Response Mechanism
ERG	Evaluation Reference Group	SDG	Sustainable Development Goal
FGD	Focus group discussion	ToC	Theory of Change
FGM/C	Female genital mutilation/cutting	UNCT	United Nations Country Team
GBV	Gender-based violence	UNDAF	United Nations Development Assistance Framework
GBVIMS	Gender-based violence information management system	UNDP	United Nations Development Programme
HCT	Humanitarian Country Team	UNEG	United Nations Evaluation Group
HNO	Humanitarian Needs Overview	UNFPA	United Nations Population Fund
HRP	Humanitarian Response Plan	UNHCR	United Nations High Commissioner for Refugees
IASC	Inter-Agency Standing Committee	UNICEF	United Nations Children's Fund
ICPD	International Conference on Population and Development	UNSDCF	United Nations Sustainable Development Cooperation Framework
IDP	Internally displaced person	WFP	World Food Programme
ILO	International Labour Organization	WG	Working Group
IP	Implementing partner	WHO	World Health Organization

Executive summary

This evaluation report presents the findings and conclusions of the country programme evaluation (CPE) covering the UNFPA Yemen Fifth Country Programme and its extensions up to the present. The CPE provides an independent assessment of the relevance and performance of the UNFPA Fifth Country Programme (2015-2022), and interventions covered by the Sixth Country Programme (2023-2024)² in Yemen. It also offers an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. Further, the CPE draws conclusions and provides a set of actionable recommendations for the next programme cycle.

The purpose of the evaluation is to demonstrate accountability on results and resources, support evidence-based decision-making and contribute to lessons learned for progress towards UNFPA commitments to the International Conference on Population and Development (ICPD).

The **high-level objectives** of the evaluation are:

- To provide an independent assessment of the UNFPA Yemen Fifth Country Programme and its extensions (from 2015 to 2024);
- To inform the design of the next programme cycle.

The **specific objectives** of the evaluation are to:

- Provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support from 2015 to 2024;
- Assess coverage of UNFPA humanitarian assistance and connection of immediate support with long-term development and peace objectives;
- Assess the role of UNFPA Yemen in UNCT and humanitarian country team (HCT) coordination and enhancing United Nations contribution to national development results and humanitarian response/recovery;
- Draw conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The scope of the evaluation has the following dimensions:

- *Geographically*: All Yemen governorates and districts where UNFPA has implemented its programmatic interventions;
- *Thematically*: All UNFPA Yemen strategies and programmes implemented within the national context, including (but not limited to) interventions in both development and humanitarian settings;
- *Temporally*: From 2015 through to the end of the last country programme extension in 2022, including programmatic work undertaken during 2023 and mid-2024.

The primary intended users of the evaluation are:

- UNFPA (Yemen and the Arab States Regional Office);
- The Government of Yemen;
- Implementing partners of UNFPA and rights-holders involved in UNFPA interventions;
- The United Nations Country Team for Yemen;
- UNFPA donors.

² As discussed further under the evaluation scope, below, the CPE covers UNFPA interventions up to the time of evaluation research (early to mid-2024) but is not a formal evaluation of the 2023-2024 Sixth Country Programme.

The methodological design was a mixed-methods approach that was developed based on an evaluation matrix used to outline what the evaluation should look at and how that would be done. This matrix linked the evaluation criteria and questions set out in the Terms of Reference (ToR) with the reconstructed Theory of Change (ToC) that describes the UNFPA Yemen country programme between 2015 and 2024.

Main findings

Relevance

UNFPA Yemen's programming since 2015 has been grounded in iterative and triangulated needs assessments. These assessments have primarily been broad-based, supplemented by anecdotal data specific to UNFPA's mandate areas. The programming has been guided by both structured and ad-hoc needs assessments, particularly in response to the escalating humanitarian crisis that began in March 2015. The systematic approach to data collection has been crucial in shaping the organization's response to the urgent needs of the population.

Despite the comprehensive data collection efforts, several challenges persist. Limitations in data granularity and comprehensiveness, particularly concerning gender-based violence (GBV) and reproductive health, hinder the targeting of interventions.

UNFPA Yemen's programming is primarily aligned with the organization's strategic plans, although it has predominantly focused on immediate humanitarian responses rather than long-term development goals. This prioritization reflects the urgent needs arising from the ongoing conflict, which has necessitated a shift towards short-term humanitarian interventions.

Cultural and political sensitivity has been a critical factor in the relevance of UNFPA programming. In particular, the ongoing conflict has resulted in limited government capacity and different priorities between North and South Yemen. This presents challenges for UNFPA in engaging effectively with government entities and emerging national strategies, despite its commitment to aligning programming with national priorities.

Effectiveness

UNFPA is a key provider of reproductive health and GBV services in Yemen amid deteriorating conditions. The country office has adapted to challenges and maintained essential services through programming and advocacy.

UNFPA support is crucial for maintaining health facilities and access to maternal health and family planning services in Yemen. UNFPA collaborates with international and national non-governmental organizations (NGOs) and UN agencies to provide essential reproductive health services. Without UNFPA, thousands of women would lack access to these critical services, highlighting the organization's vital role in the humanitarian response.

The prevalence of GBV in Yemen is significant, with women and children, particularly internally displaced persons (IDPs), facing heightened risks of forced marriage, sexual exploitation and abuse. UNFPA's initiatives address these challenges, although the socio-political context complicates advocacy efforts. A key programme area supported by UNFPA is the provision of economic empowerment training to help women generate income, addressing the economic vulnerabilities exacerbated by the crisis. However, this focus on economic empowerment risks diluting the UNFPA core mandate of preventing exploitation and ensuring the safety of women.

Since 2018, UNFPA Yemen has assumed the management of the rapid response mechanism (RRM). Through this, UNFPA has reached approximately 600,000 households, which translates to around 4.2 million individuals across 22 governorates. Essential supplies distributed include food (from WFP), hygiene kits (from UNICEF), and dignity kits, which are crucial for the well-being of displaced families.

Moreover, the RRM includes protocols for referral to reproductive health and GBV services for RRM recipients, ensuring that vulnerable populations receive the necessary assistance. However, challenges remain with respect to the gender responsiveness of the RRM and limited success targeting specifically vulnerable groups such as female-headed households.

Coverage

UNFPA has had broad geographical coverage across Yemen, having supported facilities in 20 out of 22 governorates. However, services are spread thinly and many needs remain unmet due to limited resources. In 2022, 7.1 million women needed GBV protection services, but only 119,000 received assistance. Youth-friendly reproductive health services reached only 152,000 young people. Barriers to greater coverage include a lack of supplies and trained staff, as well as extensive waiting lists for GBV services.

While programming locations are systematically selected to maximize impact, UNFPA has also sought to reach more remote areas, via mobile services and training of outreach staff that can be located in remote communities.

Coherence

UNFPA has increasingly recognized the importance of integrating reproductive health and GBV services. In its pivotal role as a member of the inter-agency humanitarian response community, UNFPA has aligned its programming plans with its mandate and broader inter-agency strategies, including the United Nations Development Assistance Framework (UNDAF) and the United Nations Sustainable Development Cooperation Framework (UNSDCF). UNFPA also engages in joint programming to create synergies and avoid duplication of efforts.

However, UNFPA faces significant challenges, including contextual limitations that affect data validity and political dynamics that hinder the full realization of its mandate and success in advocating for reproductive health and GBV as life-saving activities. These issues often receive limited recognition within the humanitarian response leadership, necessitating the exploration of non-traditional entry points for GBV work. UNFPA also faces challenges in ensuring the representation and participation of national actors.

Efficiency

UNFPA has established efficient resource and programme management systems, yet disruptions in quality and distribution have been a feature due to the challenges inherent in working on both sides of a conflict environment. This has manifested itself in issues of managing programming efficiently across multiple offices, and ensuring the correct mix of skills, experience, authority and gender balance within UNFPA's staffing. This disparity affects engagement with external stakeholders and highlights the need for strategic recruitment and retention efforts to prioritize gender diversity and inclusivity. UNFPA also has a significant reliance on a small number of external donors at any one time, which presents risks in an unstable funding environment. Finally, concerns persist about the underutilization and inconsistency or incompleteness of data for decision-making.

Connectedness

Despite recognition of the need for resilience building, UNFPA's programming has largely been reactive, focusing primarily on immediate humanitarian needs rather than long-term solutions. This has resulted in limited long-term resilience among affected populations or of the long-term sustainability of Yemeni civil society (i.e. UNFPA implementing partners), which is essential for sustainable recovery and growth.

A critical issue identified by stakeholders is the need to integrate climate change considerations into programming that encompasses both immediate humanitarian needs and long-term development strategies. Furthermore, there has been little substantial advancement in mainstreaming risk reduction

and resilience into national strategies, which is crucial for addressing the long-term impacts of climate change on services.

Despite these challenges, UNFPA has established a robust infrastructure for crisis response, positioning itself well for resilience-building initiatives. The RRM has been adapted to include climate disaster-displaced populations, demonstrating a commitment to addressing the needs related to this area.

Evaluation conclusions

Conclusion 1: The UNFPA Yemen country programme has demonstrated notable adaptability and responsiveness to the evolving and multifaceted needs of the population. However, this adaptability carries the potential risk of diminishing alignment with the core mandate and priorities of UNFPA.

From 2015 to 2024, UNFPA promptly adapted programming to the immediate needs of the population while demonstrating sensitivity to Yemen's socio-political context. This approach ensured that interventions were both culturally acceptable and operationally feasible, fostering a conducive environment for programme implementation.

Much of this was driven by systematic and ad-hoc needs assessments, allowing UNFPA to ensure relevance to the acute and ongoing demands of women, children and other vulnerable groups in the humanitarian crisis. The country office has used diverse data sources to ensure that its activities align with the evolving needs of the population and in integrating feedback into its operations.

The alignment of UNFPA Yemen's programming with the UNFPA Strategic Plan has been characterized by necessary culturally driven adjustments, including those in terminology and programming directions. The adjustments that result from this process include changes to how UNFPA has framed its programming and priorities, and incorporated programming that, at times, went beyond the core mandate areas of UNFPA.

Conclusion 2: UNFPA interventions in the fields of reproductive health, gender-based violence and youth have brought about positive changes to the health and welfare of women and girls, albeit from an extremely low baseline of available services. UNFPA support for population data efforts, while minor in relation to other work, has served as a lifeline to fundamental state services, which would otherwise likely have suffered almost complete collapse.

The country office has implemented a range of innovative and increasingly targeted and focused initiatives aimed at increasing awareness, accessibility and quality of reproductive health and gender-based violence services. Through community-based interventions, which empower women and provide them with a package of essential skills, UNFPA thus achieved some progress on changing social norms related to GBV and harmful practices. Efforts to engage youth in reproductive health initiatives have also been notable, although they were more diffuse. However, such progress remains limited by socio-cultural and political dynamics.

UNFPA has played a key role in enhancing production and dissemination of population data and related studies and sustaining national statistical systems. The data collected and shared by UNFPA has shaped policies and programmes that address the needs of diverse populations, helping ensure interventions are evidence-based.

While UNFPA has achieved some success in integrating reproductive health and GBV as life-saving activities at the inter-agency strategy level and across various coordination bodies, challenges persist in advocating for these services as life-saving priorities, particularly in the early phases of humanitarian response.

Conclusion 3: UNFPA interventions have been mostly focused on short-term humanitarian response with limited emphasis placed on disaster risk reduction (DRR), resilience building and long-term development.

Through its management of the RRM, UNFPA has addressed the immediate needs of displaced populations, enhancing their safety and wellbeing. However, the lack of linkages with longer-term development programmes remains a critical area for improvement.

While there is recognition of the need for resilience building, programming has historically been largely reactive, with limited metrics for assessing long-term impact. This, however, appears to be undergoing a change – both externally mediated (via the inter-agency community) and internally within UNFPA Yemen, which has expressed aspirations to expand its focus beyond immediate humanitarian responses to include long-term development strategies and considerations of climate change.

UNFPA has developed a robust infrastructure for crisis response, which could facilitate resilience building, although it has struggled to report significant progress on climate change indicators, indicating a disconnect between humanitarian action and the DRR planning required to strengthen preparedness and reduce climate-related vulnerabilities. UNFPA efforts to strengthen partnership in line with the localization principles and the Grand Bargain, and to develop the capacity of governmental and non-governmental partners, have also been insufficient to sustainably strengthen their resilience to future crises.

Conclusion 4: UNFPA acknowledges the importance of vulnerable and marginalized groups in its strategies and plans, but these groups are inadequately represented and their voices are inadequately heard in programming.

UNFPA Yemen-supported humanitarian interventions have achieved extensive geographical coverage across the country, leveraging a wide range of national civil society and government partnerships to generate access to some of the most remote and challenging areas of Yemen.

However, the programming and services have been spread thinly, making it impossible to meet the full extent of needs in the areas of reproductive health and GBV, due to limited resources. Thus, this coverage does not reflect the actual needs of the populations. There is a significant gap between the number of facilities supported and the actual demand for services. This is particularly true with respect to the most vulnerable and marginalized.

Initial desk-based assessments of needs are not sensitive to vulnerable groups, although more recent external analyses are drawing attention to these. While UNFPA has demonstrated some progress and proactivity in reaching out to vulnerable populations, specific services for them are often overwhelmed by the scale of general needs.

The voices of vulnerable groups are not well heard via feedback systems and overall coverage is not representative of the proportion of the population experiencing the specific vulnerabilities addressed by UNFPA.

Conclusion 5: UNFPA rapidly adapted its systems and processes to the realities of the humanitarian crisis, achieving operational efficiencies in managing the RRM and addressing initial funding challenges, despite concerns due to reliance on a few donors and inconsistencies in data management.

The country office successfully scaled up its programming in response to the crisis as it emerged, leveraging existing partnerships and establishing new ones. Throughout the crisis response, UNFPA has adapted its staffing strategies to maintain programme continuity despite security challenges. The establishment of hubs and remote working modalities has allowed for effective management, although there are still gaps in staffing. UNFPA Yemen has leveraged a range of solutions and systems to manage, report on and share data related to its programming, although inconsistent application and inaccuracies present challenges to data coherence and comprehensiveness.

Following the assumption of responsibility for the management of the RRM in 2018, UNFPA has achieved key operational efficiencies with a significant reduction in the turnaround time for aid delivery and improved data management and verification processes.

While the early period of the crisis saw challenges in securing adequate funding, with initial appeals being short-term and donor evacuations complicating resource mobilization efforts, UNFPA Yemen successfully pivoted to a humanitarian response modality. This improved over time, albeit with a reliance on relatively few high-value individual donors, which raises concerns about the long-term viability of, or risks associated with, funding streams.

Key evaluation recommendations

Recommendation 1: UNFPA Yemen should ground its work in a clearly articulated theory of change which links short-term programming with longer term strategies, while ensuring alignment with national priorities as well as with the global mandate of UNFPA.

Recommendation 2: Given the substantial investment and evolution of information technology and data management solutions over the years of the response, UNFPA should review the return on this investment in terms of the use of data products by the relevant stakeholders.

Recommendation 3: To increase programme effectiveness, UNFPA should examine its staffing structures, staff development and recruitment processes, particularly with reference to technical staff, across the two main offices (Sana'a and Aden) and in the field to fully engage with and be responsive to needs.

Recommendation 4: UNFPA should redouble its efforts to advocate for reproductive health and GBV services to be considered life-saving at inter-agency level.

Recommendation 5: UNFPA livelihoods programming should clearly link to opportunities to safeguard and enhance the rights of women and girls.

Recommendation 6: UNFPA should seek greater diversification of its resource base, with a reduced reliance on single donors, and a greater emphasis on core resources that can support the high administrative costs in Yemen.

Recommendation 7: UNFPA should engage with RRM partners to restructure or redesign elements of the RRM to increase its relevance in the light of changing displacement dynamics in Yemen and improve positioning of the RRM facility with respect to donor engagement and assistance.

Recommendation 8: UNFPA should redouble efforts to engage with vulnerable groups, particularly persons with disabilities.

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality". In pursuit of this goal, UNFPA works towards three transformative and people-centred results:

- End preventable maternal deaths;
- End the unmet need for family planning; and
- End gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage (CEFM).

These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), good health and well-being (Goal 3); the achievement of gender equality and the empowerment of women and girls (Goal 5); the reduction of inequality within and among countries (Goal 10); and peace, justice, and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in the Republic of Yemen since 1976. The support that the UNFPA Yemen country office provides to the Government of Yemen under the framework of the Fifth Country Programme (from 2012 to 2015, and with successive extensions to 2022) builds on national development needs and priorities articulated in a variety of internal and external strategies. Key examples of these are:

- The Government of Yemen National Population Policy (from 2020 to 2030);
- The Government of Yemen Reproductive Health Strategy (from 2017 to 2021);
- The United Nations Common Country Analysis/Assessment (CCA) (November 2021);
- The United Nations Development Assistance Framework (UNDAF) (from 2012 to 2015, extended to 2022);
- The United Nations Sustainable Development Cooperation Framework (UNSDCF) (from 2022 to 2024);
- Yemen Humanitarian Needs Overviews (HNO) and Humanitarian Response Plans (HRP) (from 2015 to 2024).

The 2024 UNFPA Evaluation Policy requires country programmes to be evaluated at least every two programme cycles, "unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred". In Yemen, the emergence of the humanitarian crisis in 2015 led to such a significant change in the country's context and therefore extensions to the 2012–2015 country programme to 2022 (see below).

This report presents the results of the country programme evaluation covering the fifth country programme, including its extensions, up to the current time. The CPE provides an independent assessment of the relevance and performance of the UNFPA Fifth Country Programme (2015-2022), and activities covered by the Sixth Country Programme (2023-2024)³ in Yemen. In addition, it offers an analysis of various facilitating and constraining factors influencing programme delivery and the

³ As discussed further under the evaluation scope, below, the CPE covers activities up to the time of evaluation research (early to mid-2024) but is not a formal evaluation of the 2023-2024 Sixth Country Programme.

achievement of intended results. The CPE also draws conclusions and provides a set of actionable recommendations for the next programme cycle.

The evaluation builds on the terms of reference (ToR) for the CPE (see Appendix 1) and the agreed evaluation design report. These documents provided the basis for a clear and coherent understanding between the UNFPA Yemen country office, the UNFPA Independent Evaluation Office, the evaluation reference group (ERG) and the evaluation team on the scope and format of the expected deliverables and the processes employed to ensure overall quality.

The evaluation used internationally-agreed evaluation criteria, drawn from the United Nations Evaluation Group (UNEG) norms and standards, the Organization for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) and ALNAP⁴ to study the agreed evaluation questions.

Evaluation purpose and objectives

The purpose of the evaluation is to demonstrate accountability for results and resources, support evidence-based decision-making, and contribute to lessons learned for progress towards UNFPA commitments to the ICPD.

The **high-level objectives** of the evaluation are to:

- Provide an independent assessment of the UNFPA Yemen Fifth Country Programme and its extensions (from 2015 to 2024). The CPE provides an independent assessment of the relevance and performance of the UNFPA Fifth Country Programme (2015-2022), and activities covered by the Sixth Country Programme (2023-2024)⁵ in Yemen and offers an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE also draws conclusions and provides a set of actionable recommendations for the next programme cycle; and
- Inform the design of the next programme cycle.

The **specific objectives** of the evaluation are to:

- Provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support from 2015 to 2022;
- Assess coverage of UNFPA humanitarian assistance and connection of immediate support with long-term development and peace objectives;
- Assess the role of UNFPA Yemen in UNCT and humanitarian country team (HCT) coordination and enhancing United Nations contribution to national development results and humanitarian response and recovery;
- Draw conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

Evaluation scope

The scope of the evaluation has the following dimensions:

- *Geographically*: All Yemen governorates and districts where UNFPA has implemented its programmatic interventions.
- *Thematically*: All UNFPA Yemen strategies and programmes implemented within the national context, including (but not limited to) interventions in both development and humanitarian

⁴ Active Learning Network for Accountability and Performance in Humanitarian Action.

⁵ As discussed further under the evaluation scope, below, the CPE covers activities up to the time of evaluation research (from early to mid 2024) but is not a formal evaluation of the 2023-2024 Sixth Country Programme.

settings. The primary programme areas considered, in line with UNFPA programming over the time period, are:

- Reproductive health and rights; GBV and women's protection; the Rapid Response Mechanism (RRM); youth, population and development.
- Cross-cutting issues include human rights; gender equality; disability inclusion; and displacement, coordination; monitoring and evaluation; innovation; resource mobilization; strategic partnerships. The evaluation also takes into account the humanitarian principles of **humanity, neutrality, impartiality** and **independence** which are fundamental to humanitarian action.
- *Temporally*: The evaluation covers the period from 2015 through the end of the last country programme extension in 2022 and programmatic work undertaken during 2023 (and from early to mid-2024, when data collection was completed to avoid imposing an artificial [and impractical] division on the data collection and analysis).

The primary intended users of the evaluation are:

- UNFPA (Yemen Country Office and the Arab States Regional Office);
- The Government of Yemen;
- Implementing partners of UNFPA and rights-holders involved in UNFPA interventions;
- The United Nations country team for Yemen;
- UNFPA donors.

The secondary users of the evaluation, i.e. the wider group of stakeholders to which the evaluation will be of interest, are:

- UNFPA headquarters divisions;
- National partners and stakeholders (NGOs, opinion leaders, women-led organizations);
- Other United Nations organizations.

2. Methodology

Overall analytical approach

The CPE was conducted in accordance with the principles outlined in UNEG Norms and Standards for Evaluations⁶, the UNEG Ethical Guidelines for Evaluation⁷, the UNFPA Evaluation Handbook and⁸ the Guidance on Disability Inclusion in UNFPA Evaluations⁹. It adheres to evaluation principles of independence, impartiality, credibility and utility. The evaluation used a mixed-methods approach encompassing both qualitative and quantitative methods. The design and analytical framework were detailed in an evaluation matrix (see Appendix 5) which linked the evaluation criteria, questions, indicators and data sources with the reconstructed theory of change (ToC) that describes the UNFPA Yemen country programme between 2015 and 2022.

The evaluation is primarily summative as it accounts for results achieved during the period from 2015 to 2022, with a formative element that provides recommendations for future programming.

As part of the initial scoping and inception process, the evaluation team conducted iterative consultations and interviews with key members of the evaluation reference group (ERG) and key UNFPA staff from the UNFPA Yemen country office and the UNFPA Arab States regional office (ASRO) (see Appendix 8). This helped to focus attention on some of the key opportunities, constraints and areas of interest for the evaluation.

Reconstructed Theory of Change

The reconstructed theory of change outlines the causal chain between the activities undertaken by UNFPA Yemen (derived from the original country programme document, successive extensions and external strategies such as the UNDAF) and the impacts which UNFPA has aimed to contribute to (see Appendix 4). It is also rooted in the UNFPA Strategic Plan for 2022-2025 which aims for three transformative results by 2030:

- Ending the unmet need for family planning;
- Ending preventable maternal deaths; and
- Ending gender-based violence and harmful practices.

To advance towards these results, the ToC includes **activities** initiated from past strategies and contributions to inter-agency plans. Key **outputs** from these activities are:

- Increased access to maternal and family planning services, particularly in underserved and crisis-affected areas;
- Enhanced youth-friendly services and education; and
- Improved capacities around data usage and community empowerment.

These outputs are expected to result in the **outcomes** of:

- Improved access to quality health services;
- Increased data-driven decision-making; and
- Enhanced abilities to address GBV and harmful practices.

Ultimately, and if successful, these outcomes will contribute to **impacts** such as reduced maternal deaths; reduced occurrences of GBV including harmful traditional practices; managed population

⁶ <https://www.unevaluation.org/document/detail/1914>.

⁷ <https://www.unevaluation.org/document/detail/2866>.

⁸ <https://www.unfpa.org/admin-resource/evaluation-handbook-2024>.

⁹ <https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations>.

growth; better governance; and enhanced humanitarian response, helping achieve global results for UNFPA and the SDGs. These goals and activities are integrated within the broader development-humanitarian-peace framework, recognizing the interconnectedness of these areas in creating sustainable change.

Evaluation matrix

On the basis of the ToR and the feedback from the scoping interviews, the evaluation team derived the overall approach using the standard Development Assistance Committee (DAC) evaluation criteria¹⁰ and the agreed **evaluation questions**, which set out the key areas of research to be covered by the CPE. Each of these questions has associated **assumptions**, which were tested by the evaluators using **indicators** for which primary and secondary data were collected and analyzed using the **research tools**. A representation of the analytical process is presented below.

Figure 2: Evaluation design and analytical process



Departures from the terms of reference

In developing the analytical approach to the evaluation, the evaluation team and the ERG agreed on a few changes to the evaluation criteria and questions of the original ToR¹¹ to better adhere to best humanitarian evaluation practice and eliminate data collection duplication, as follows:

- The formal evaluation criterion of “coverage”, was included and the criterion of “sustainability”, noted under the ToR, was merged with “connectedness” given the preponderance of programme focus on humanitarian interventions since 2015.
- The original 17 evaluation questions in the ToR were refined into a more concise and measurable suite of nine evaluation questions.

¹⁰<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm#:~:text=The%20OECD%20DAC%20Network%20on%20two%20principles%20for%20their%20use>.

¹¹ The ToR noted that many of its key elements, such as the evaluation criteria and questions, were “preliminary” and thus there was an expectation that the evaluation team would revise and refine these as part of the design process.

The final list of evaluation criteria and questions are as follows¹²:

Table 1: Evaluation questions

Relevance

EQ1. To what extent was the country programme adapted over the period from 2015 to 2024 to address the emerging and changing needs of diverse population groups, including vulnerable and marginalized groups?

EQ2. To what extent did the country programme align with (1) UNFPA strategic objectives; (2) applicable national development strategies; (3) inter-agency strategies and plans?

Effectiveness

EQ3. To what extent has UNFPA: (1) ensured access to and use of reproductive health and GBV services, including by vulnerable and marginalized groups and youth; and (2) contributed to improvements in the production, dissemination and use of reliable population data?

EQ4. To what extent have UNFPA interventions, within the framework of the RRM, contributed to the improved survival and safety of vulnerable displaced families?

Coverage

EQ5. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

Coherence

EQ6. To what extent have UNFPA Yemen interventions in the field of reproductive health and GBV been mutually reinforcing, helping to achieve comprehensive outcomes for the most vulnerable and marginalized groups?

EQ7. To what extent have UNFPA interventions been complementary to, and coordinated with, those of other development and humanitarian actors, thus reducing gaps, maximizing cost-effectiveness and avoiding duplications (notably via the cluster system, the RRM, multi-purpose cash assistance [MPCA], the Cash Consortium of Yemen [CCY] and any other joint work)?

Efficiency

EQ8. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme?

Connectedness

EQ9. To what extent did UNFPA humanitarian interventions take account of longer-term interrelated issues?

¹² The full list of original criteria and questions and the revised evaluation criteria and questions are presented side-by-side in Appendix 3 for reference.

Evaluation methods

The evaluation used a mixed-methods approach comprising both qualitative and quantitative methods to answer the evaluation questions. Primary data was collected through key informant interviews (KIIs) and focus group discussions (FGDs), supported by observations of UNFPA activities during site visits (where feasible) to communities and services supported by UNFPA and its partners. Primary data was triangulated with secondary data compiled through a comprehensive desk review of qualitative and quantitative data.

The evaluation followed five phases: preparation, design, data collection, analysis and reporting, and dissemination. A full timeline for the evaluation is presented in Appendix 3.

Data collection tools

The evaluation used a variety of data collection tools as follows:

- 1) **An in-depth document review** of all documents related to UNFPA Yemen country programme since 2015, including contextual information and global and regional documents of relevance to the mandate of UNFPA Yemen. A review of secondary documentation and data included programme and other relevant documents and data. This allowed the evaluation team to gain a fuller understanding of UNFPA Yemen programming and policies, strategies and coordination as relevant (see Appendix 9 for a selected list).
- 2) **Remote KIIs with key UNFPA stakeholders at global, regional and country levels.** A list of key informants to be interviewed individually or in a group at global, regional and country levels was developed in consultation with UNFPA Yemen and key stakeholders from ASRO and the UNFPA Independent Evaluation Office. This list included key UNFPA staff in other country/regional contexts that had previous experience of Yemen, primary stakeholders in other agencies and other locations (e.g. staff from sister United Nations agencies active in the reproductive health, GBV and protection space, such as OCHA, UNICEF, UNHCR, WHO), as well as selected external stakeholders (NGOs and donors, IASC cluster leads and coordinators).
- 3) **In-person interviews with stakeholders in Yemen.** Guided by the reconstructed ToC and evaluation matrix, the evaluation team engaged with a broad range of in-country stakeholders, including implementing partner staff, UNFPA Yemen country office staff as well as additional duty bearers (both state and non-state actors), community leaders and service providers in order to produce accurate and relevant findings.
- 4) **Focus group discussions (FGDs) with beneficiaries** of UNFPA Yemen programming. These enabled the evaluation team to obtain the views and understand the experiences of community members, especially women and adolescent girls, to ensure the findings are contextually grounded and the recommendations for future programming are relevant. These also allowed the evaluation team to assess if programming implemented by UNFPA met the needs of the target populations.
- 5) **Site visits/observation** of UNFPA-supported infrastructure and services. Contingent on the limited capacity of the evaluation team to engage in direct field work (due to security considerations), this approach was applied to validate support that UNFPA has provided to physical facilities (such as safe space, shelters, health centres, RRM distribution sites etc.) and – in a limited manner (as unsupported control facilities for comparison were not selected) – assess the overall quality of services provided by such facilities. This was triangulated with data from service providers and users, and feedback was integrated into the main report findings (i.e. not analysed as a stand-alone dataset).

Throughout the evaluation, the team prioritized using the most suitable evidence sources in a technically sound and appropriate manner. Data was collected and analysed from various available sources. To ensure accuracy, the evaluation team maintained continuous consultation with UNFPA Yemen and UNFPA Independent Evaluation Office staff, triangulating information by corroborating findings from multiple sources to ensure that they were consistent and accurate. The strength of

evidence was then assessed based on the level of triangulation that was possible within each area of analysis. The table, below, presents our approach to ranking the strength of evidence. Where views of different groups diverged on a particular topic, the analysis endeavours to make this explicit.

Table 2: Strength of evidence definitions

Strong evidence	Evidence comprises multiple data sources of high quality (good triangulation).
Moderate evidence	Evidence comprises multiple data sources of lesser and decent quality (good triangulation).
Weak evidence	Evidence comprises limited evidence, a single source or unreliable evidence.

Appendix 7 provides a summary overview of the strength of evidence in relation to the itemized evaluation findings.

A total of 131 key informants and 175 current or former participants in UNFPA Yemen-supported programming were interviewed across a number of locations in Yemen and at UNFPA offices (country office and governorate hubs). A full list of interviewees is presented in Appendix 8.

Data sources and sampling plan

The evaluation team employed a multi-stage sampling approach for primary data collection, focusing on several key criteria:

- Representation from North and South regions;¹³
- Emphasis on continual UNFPA-supported programming from 2015 onwards, especially targeting partners and locations with sustained interactions;
- Representative sampling across diverse UNFPA programming areas to reflect overall programming priorities.

Additional considerations included:

- Urban versus rural location representation;
- Security and logistical feasibility for the team’s site access;
- Availability of partner staff and rights-holders, addressing institutional memory concerns;
- Inclusion of a varied mix of stakeholders: government, civil society, United Nations agencies, community groups and private sector.

Purposive sampling guided the selection process, prioritizing individuals or groups well-versed in UNFPA-supported programming, which enhanced data collection efficiency and effectiveness, a particularly important consideration given the substantial size of the country, the logistical challenges of field travel (both in terms of travel time and security considerations) and the long time span of the evaluation scope (with the risk of a loss of institutional memory due to turnover of individuals and organizational partners of UNFPA).

An extensive stakeholder mapping effort, using UNFPA Yemen's data and financial records since 2015, generated a framework to identify approximately 45 varied institutional stakeholders for the sample. This list, detailed in Appendix 3b (individuals, including UNFPA stakeholders, are presented in Appendix

¹³ While the original research plan emphasized equal representation from North and South regions, the dynamics of security constraints which precluded direct travel to the governorates administered by the de-facto administration in the North, as well as logistical considerations in the South, meant that an exactly equal representation was not achieved.

8), was refined on an ongoing basis as data collection progressed based on respondent availability and further suggestions of key informants identified through snowball sampling.¹⁴

Community sampling (both for on-site visits and remote assessments) was determined by:

- Balanced geographical distribution across both northern and southern, as well as urban and rural, areas;
- Security and logistical accessibility for the evaluation team (including communications);
- Programmatic/demographic diversity considerations (types of UNFPA programming supported, gender, age, disability);
- Stakeholder availability for engagement.

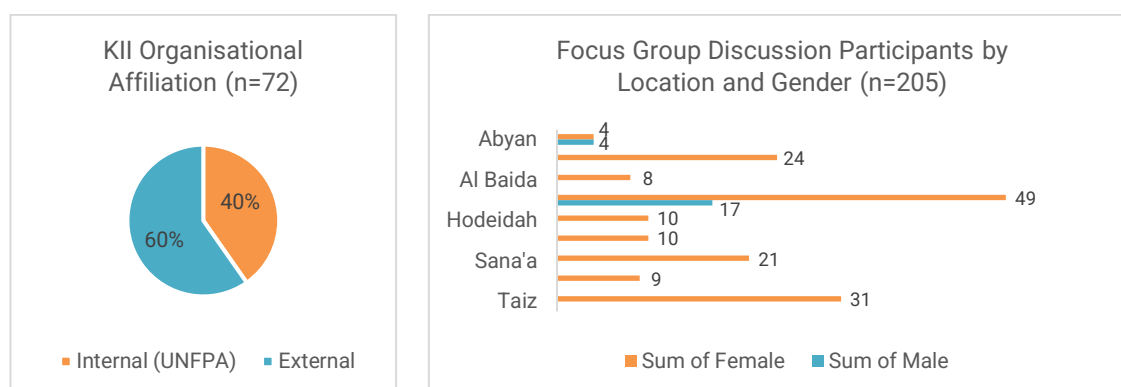
This structured and criteria-based approach was intended to maximize the chances of comprehensive representation and triangulation of data from different sources for the evaluation. Table 3, below, provides a brief overview of the data collection tools and planned and final samples.

Table 3: Evaluation primary data tools and sampling plan

Data tool	Sample	Target	Final number
KIIs	UNFPA programme staff, implementing partners, donors, sister United Nations agencies, cluster/sector/WG/AoR representatives, government representatives (North and South)	87	72 KIIs with 131 individuals
FGDs	Participants in one or more UNFPA-supported programme activities	40	18 FGDs with 175 individuals
Site visits	Locations/facilities/infrastructure supported by UNFPA via its partners	20	20

The charts, below, provide additional detail on the primary informants to the evaluation.

Figure 3: Evaluation research targets reached



Source: Evaluation team.

¹⁴ A non-probability sampling and recruitment technique whereby evaluation interviewees are asked to assist evaluators in identifying other potential subjects based on the topic of interest.

Ethical considerations

In accordance with UNFPA Independent Evaluation Office and UNEG norms, standards and ethical guidelines for evaluations¹⁵, the evaluation team was responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle, including ensuring informed consent; protecting privacy, confidentiality, and anonymity of participants; ensuring cultural sensitivity and fair recruitment of participants (including women and socially excluded groups); respecting the autonomy of participants; and ensuring no harm to participants or their communities.

In line with the above, an evaluation reference group was established to provide oversight and technical assistance with these and other stakeholders, including both duty-bearers and rights-holders, to be consulted during each aspect of the design, implementation, and validation phases of the evaluation. During the evaluation, the following ethical issues, related risks, safeguards and measures were considered:

Table 4: Ethical considerations, risks, and safeguards

Phases	Ethical issues	Risks	Safeguards
Data collection	Safety of data collection team	Yemen is an active conflict country, with risks of terrorism, crime, civil unrest and other hazards deemed high by UNDSS. Travel by evaluators, particularly in field locations, exposes them to heightened risks	Completing the UNDSS SSAFE security training before data collection. Limiting of travel of evaluation team (no international team members present in Yemen), adherence to UNDSS-recommended travel guidance and security precautions when travelling in field; no travel to North region by evaluation team.
Data collection	Contact with vulnerable women and children	Potential exploitation of vulnerable programme participants by evaluation team members	Trained and experienced data collectors: The evaluation team are experienced field researchers and technical subject matter specialists, with considerable experience in the policies and procedures around ethical data collection. Ensuring explicit informed consent from individual participants, obtained in an appropriate manner. No participants under 18 years of age. Primary data collection from community participants followed previously established and approved tools, thus no institutional review board was convened.

¹⁵ The UNEG norms and standards for evaluation; UNEG Ethical Guidelines for Evaluation; UNFPA Evaluation Handbook (2024); Guidance on disability inclusion in UNFPA evaluations; UNFPA Evaluation Quality Assurance and Assessment (EQQA): Tools and Guidance.

Phases	Ethical issues	Risks	Safeguards
Reporting	Confidentiality of information	Exposure of UNFPA proprietary information on programming, processes or systems	Review of findings of analysis by UNFPA Independent Evaluation Office and Country Office representatives to ensure required confidentiality/sensitivity was respected.

Data security, confidentiality, and conflicts of interest

As independent consultants retained by the UNFPA Independent Evaluation Office, the evaluation team has an obligation to respect the privacy of rights-holders, UNFPA staff, personnel of other agencies, implementing partners, government officials, and to protect and maintain the confidentiality of all information obtained from those individuals and agencies.

The team undertook the following protocols to ensure that full confidentiality and security was maintained during the course of the evaluation:

- Reviewing, signing and adhering to UNFPA codes of conduct and confidentiality agreements on data;
- Maintaining secure practices, protocols and policies around the protection of this data (e.g. safe collection, restricted storage, etc.);
- No onward sharing of data with third parties;
- Flagging any potential conflict with the protocols within UNFPA ethical policies with the Independent Evaluation Office evaluation manager to ensure best practice is followed;
- Safe storage: all data was stored on the UNFPA shared cloud-based (Google) storage provided by UNFPA, with access granted to only evaluation team members;
- Limited usage: the data was used only for this analysis and no other purpose;
- Destruction of data: upon completion of the evaluation, the evaluation team will transfer all personal data collected for the performance of the evaluation to UNFPA and delete existing copies;
- Anonymization of all data collected via interviews/discussions in analysis and reporting, thereby meeting commitments to confidentiality made to evaluation respondents

Risks, limitations and constraints

A key limitation of the evaluation was the inability of the full evaluation team to conduct in-person data collection in Yemen. Specifically, the international evaluation team leader was not authorized by UNFPA Yemen to travel to the country for data collection. As a result, the national evaluators conducted in-person interviews only where logistically feasible and safe, while the team leader had to rely on online interviews with key stakeholders. In addition, security concerns within Yemen sometimes imposed travel restrictions on the national evaluators, further hindering their ability to gather data in person. While anticipated, this constraint impacted the quantity and quality of primary data collected, potentially affecting the depth and richness of the evaluation findings.

Prior to the field research visits, the evaluation team communicated with the UNFPA Yemen team (and UNFPA in turn with relevant authorities [Government of Yemen, UNDSS etc.]) to ensure an up-to-date assessment of risks in terms of security, communicable diseases, natural disasters and other severe threats to the evaluation. The main risks to the evaluation were as follows:

Table 5: Evaluation risks, limitations and mitigation strategies

Risk/limitation	Internal or external	Risk outcome and mitigation/management strategy	Impact on evaluation
Security incidents compromise the safety/welfare of the team.	External	All team members participated in United Nations B-SAFE training prior to data collection to ensure familiarity with security protocols. Field data collection was undertaken in accordance with recommended protocols (security accompaniment, pre-approval of itineraries etc.).	Low
Security deteriorates to the extent where travel to or within Yemen is hampered or prevented.	External	The evaluation team leader was not permitted to travel to Yemen for data collection due to UNFPA security concerns. Data was collected remotely via interview.	Moderate/ High
		The in-country national specialists were not permitted to travel to Sana'a (North part of Yemen) due to security concerns. Data was collected remotely via interview.	Moderate/ High
		Planned travel to one governorate (Lahj) was cancelled due to security concerns. The team selected alternative sites in another location with no such security concerns.	Moderate/ Low
		The need for stringent security protocols added significantly to the complexity of data collection efforts, with occasional misunderstanding/miscommunication of itineraries between UNFPA staff and the data collection team exacerbating this.	Moderate
Communicable disease outbreak restricts travel to programme communities.	External	Although cholera outbreaks are/were an ongoing risk in Yemen, they are highly localized and did not impair any planned travel.	None
Natural disasters adversely affect travel to programme communities.	External	Although natural disasters are/were an ongoing risk in Yemen, they are highly localized and did not impair any planned travel.	None
Communities and facility staff refuse to engage with the evaluators.	Internal	Did not materialize; no mitigation necessary.	None

Risk/limitation	Internal or external	Risk outcome and mitigation/management strategy	Impact on evaluation
Challenges in contacting stakeholders for research, especially in light of telecommunication s challenges for remote data collection.	Internal	Communication challenges due to poor telecommunications infrastructure are common in Yemen. The team relied on implementing partners to set up calls (via internet, or telephone as backup) and rescheduled as necessary. Some stakeholders could not be contacted/did not respond.	Moderate
Insufficient stakeholders contacted or reached to make the research reliable.	Internal	The additional time and effort involved in data collection efforts due to security precautions, communication infrastructure challenges and the long evaluation scope led to inefficiencies in data collection. Partly mitigated via the use of remote data collection and longer data collection times.	Moderate
Different members of the evaluation team applying tools differently leading to inconsistency in data collection.	Internal	Careful training of the national specialists and participation in initial interviews with the team leader ensured tools were well embedded. Further, ongoing quality control/checking of data collection took place in real time via regular team communications.	Low
Conceptual: breadth/depth of the evaluation scope (from 8 to 10 years and beyond).	External	<p>Firstly, the long time period covered by the evaluation meant that considerable changes to UNFPA staffing structures took place, with many staff having left positions and no longer contactable. This led to challenges in adequately representing the many aspects that the evaluation was tasked to cover in one concise analysis. Efforts were made to reach previous incumbents of positions (partly successfully) with a greater reliance on data/reporting archives from earlier years.</p> <p>Secondly, the breadth of activities conducted and documented over a period of a decade (with records compiled in UNFPA information management systems) constrained the level of granularity that the evaluation team could apply to documentary review. Efforts to synthesize data across time were further limited by changes to planned results and related indicators in line with changing UNFPA priorities and/or inconsistencies or inaccuracies in reporting these.</p>	Moderate

Risk/limitation	Internal or external	Risk outcome and mitigation/management strategy	Impact on evaluation
Environmental: different political, social and economic perspectives between North and South administrative areas.	External	Challenges in identifying consensus for some key issues were addressed by seeking to identify constraints and opportunities, and suggest ways forward.	Moderate

3. Background and context

Yemen is situated at the south-western corner of the Arabian Peninsula at the strategic location of the entrance of the Red Sea and the Gulf of Aden. It is characterized by a deep-seated social identity influenced by tribal confederations. In 2022, UNFPA reported that 73 per cent of the Yemeni population (23.4 million people).¹⁶ required humanitarian assistance. Moreover, 77 per cent of the 4.5 million displaced individuals inside Yemen are women and children.¹⁷ The Yemeni crisis began between 2011 and 2012 with a civil war declared in 2015 as a result of clashes between the Yemeni government forces and the Houthis (also known as Ansar Allah).¹⁸ After the eruption of fighting in 2015, Yemen's population came under two authorities: the de-facto authority that controls a significant proportion of the population in the north and the Internationally Recognized Government (IRG) that is based in the south.¹⁹ The Inter-Agency Steering Committee (IASC) activated a level-3 (L3) emergency in Yemen on 1 July 2015 until the end of March 2018.

Almost from the start of the conflict until 2023, Yemen faced the world's largest humanitarian crisis and has experienced the most substantial aid operation globally.²⁰ The country has experienced multiple emergencies: violent conflict, economic blockade, currency collapse, natural disasters, famine, COVID-19 and disease outbreaks, leaving the country with only half of its health facilities in operation. UNFPA reports that the needs in Yemen "seem bottomless" with conditions continuing to deteriorate.²¹ One woman dies every two hours during childbirth and more than a million pregnant and breastfeeding women are acutely malnourished.²²

As of 2023, Yemen ranks 163rd out of 166 on the SDG Index with a score of 46.8.²³ Yemen has been deemed as facing significant or major challenges on all SDGs except for numbers 12 and 13 (*responsible consumption and production* and *climate action*). With respect to SDG goal 3: Good Health and Wellbeing, Yemen faces major challenges on all but one indicator (new HIV infections). Yemen's maternal mortality rate had a value of 183 (per 100,000 live births) as of 2020.²⁴ Its neonatal mortality rate was 28.10 in 2020, and its under-five mortality rate was 59.60 in 2020. Yemeni life expectancy at birth was 61 for men and 68 for women in 2023 with the score having decreased year-on-year since 2014.²⁵

A 2019 UNDP study²⁶ indicated that if the conflict in Yemen persists until 2030, the country's development would be set back by nearly four decades. Climate change and extreme climatic events, such as heavy rains, floods, and insect infestation have exacerbated needs and reinforced the cycles of violence and forced displacement.

The figure below presents the status of Yemen regarding SDGs 3 and 5 (which UNFPA works to address) in 2023.

¹⁶ In 2023, UNFPA reported the population of Yemen as 34.4 million people. See <https://www.unfpa.org/data/world-population/YE>.

¹⁷ UNFPA, 2022 UNFPA Humanitarian Response in Yemen (2022).

¹⁸ UNHCR, Yemen Crisis Explained, <https://www.unrefugees.org/news/yemen-crisis-explained/>, updated March 2023.

¹⁹ Evaluation Terms of Reference, 2023.

²⁰ Successive annual Global Humanitarian Overviews published by OCHA have ranked Yemen as the most significant crisis between 2014 and 2021.

²¹ UNFPA, Yemen: The World's Largest Humanitarian Crisis (2021).

²² UNFPA, 2022 UNFPA Humanitarian Response in Yemen (2022).

²³ Sustainable Development Report 2023, accessed at

<https://s3.amazonaws.com/sustainabledevelopmentreport/2023/sustainable-development-report-2023.pdf>.

²⁴ UNFPA World Population Dashboard: Yemen, accessed at <https://www.unfpa.org/data/world-population/YE>.

²⁵ Data from World Bank (various secondary sources), see <https://data.worldbank.org/>.

²⁶ UNDP, Impact of War on Development, 2019.

Figure 4: Yemen SDG 3 and 5 performance 2023

SDG 3: Good health and well-being

- → Maternal mortality ratio
- → Neonatal mortality rate
- → Mortality rate, under-5
- → Incidence of tuberculosis
- ↑ New HIV infections
- ↓ Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30 to 70 years
- ** Age-standardized death rate attributable to household air pollution and ambient air pollution
- ↓ Traffic deaths
- ↓ Life expectancy at birth
- ** Adolescent fertility rate
- ** Births attended by skilled health personnel
- → Surviving infants who received 2 WHO-recommended vaccines
- → Universal health coverage (UHC) index of service coverage
- → Subjective well-being

SDG 5: Gender equality

- → Demand for family planning satisfied by modern methods
- → Ratio of female-to-male mean years of education received
- ↓ Ratio of female-to-male labor force participation rate
- ↓ Seats held by women in national parliament

Source: <https://dashboards.sdgindex.org/profiles/yemen-rep/indicators>.

Reproductive health and rights

Yemen’s maternal mortality ratio, estimated in 2020 at 183 per 100,000 live births²⁷, is the fourth highest in the Arab region, driven mainly by: a failed public health system due to the prolonged conflict; a high fertility rate of 4.4 births per woman; limited access to emergency obstetric and neonatal care services (because of insufficient human and financial resources); insecurity in many areas; and harsh socio-economic conditions, compounded by the COVID-19 pandemic. Only 51 per cent of health facilities are fully functioning while more than 70 per cent do not have regular supplies of essential medicines. Only 20 per cent of the functional health facilities provide maternal and neonatal services.²⁸

The modern contraceptive prevalence rate in Yemen, which increased from 10 per cent in 1997 to 29 per cent in 2013, is expected to have declined due to the conflict and the restrictive political environment against family planning, especially in the northern parts of the country. It is also affected by supply-chain challenges caused by the crisis and the COVID-19 pandemic.

Gender equality

Yemen ranks last of 149 countries in the World Economic Forum gender gap index and last of 160 countries in the UNDP gender equality index (0.834). While Yemen acceded to the Convention on the Elimination of All Forms of Discrimination against Women in 1984, Yemeni laws, especially family law, discriminate against women. Religious, cultural, social and political traditions drive the roles, responsibilities and division of labour between women and men.

Gender-based violence

Women and girls were already suffering disproportionately from gender-based violence and harmful practices, poverty, and violations of basic rights prior to the current conflict. Now, they face increasing risks and vulnerabilities including the recent introduction of mahram requirements in many governorates in the north. An estimated 6 million women are currently in need of gender-based violence response services.²⁹ Improving an enabling environment to address gender-based violence; scaling up prevention, early identification, case management and referral systems; and involving community influencers are key to ending gender-based violence and harmful practices and to achieving gender equality and women’s empowerment.

Population

The ongoing crisis in Yemen has had a significant socio-economic impact on the country and has hindered the conduct of the 2014 Census and other statistical surveys. Consequently, it is difficult to measure the progress in ICPD-SDGs in Yemen. In recent years, the Government of Yemen reaffirmed

²⁷ WHO Global Observatory: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)).

²⁸ Yemen HeRAMS Dataset, 2020.

²⁹ Yemen Humanitarian Response Plan, 2021.

its commitment to the 2030 Agenda for Sustainable Development, and the use of ICPD Plan of Action as a framework for future plans. Therefore, the National Population Council has revised and developed the National Population Policy to align with the state commitment in Nairobi and analysed the population situation in Yemen, which will be used to develop a triple plan in 2023.³⁰

Youth

Yemen's adolescents, aged between 10 and 19, represent 22 per cent of the population and are expected to almost double by 2050. While the 2021 common country analysis (CCA)³¹ has categorized all youth as a vulnerable population, adolescent girls are disproportionately vulnerable. Nearly two thirds of girls in Yemen are married before the age of 18 and many before the age of 15. The child marriage rates are highest among displaced populations. Approximately 19 per cent of adolescent girls undergo female genital mutilation. Key drivers for the vulnerability of adolescent girls include gender inequality, multidimensional poverty, inadequate legal and policy frameworks, the ongoing armed conflict, and the poor quality of services, including health and GBV services. The current armed conflict and government sensitivity on youth issues limit opportunities for programming for young people in the country.

UNFPA Yemen programming

UNFPA has worked in Yemen since 1976 and is currently implementing the sixth country programme in 2023-2024. Programming implemented and supported by UNFPA Yemen is, or has been, governed by five main pillars:

1. The Country Programme Document;
2. The United Nations Development Assistance Framework (UNDAF) from 2012 to 2021;
3. The United Nations Sustainable Development and Cooperation Framework (UNSDCF) from 2022 to 2024³²;
4. The UNFPA Strategic Plans;
5. The annual inter-agency Humanitarian Response Plans.

From 2015-2022, the period covered by this CPE, UNFPA Yemen programming was covered by the fifth CP, articulated in the 2012-2015 CPD, which underwent successive extensions of one to two years since its original expiry date in 2015. Similarly, the UNDAF received successive extensions year-on-year between 2015 and 2022.

UNFPA Country Programme Document 2012-2015/2022

The 2012-2015 CPD (extended successively to 2022) was formulated based on three priorities:

1. Decreasing maternal mortality;
2. Managing population growth and the 'youth bulge'; and
3. Improving humanitarian preparedness and response.

The overall goal of the UNFPA Yemen country programme was, and is, universal access to reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2014-2017.

These priorities were to be addressed under three programme components:

1. Reproductive health and rights;

³⁰ The triple plan in Yemen is a comprehensive strategy to address the country's humanitarian, development and peace needs. It is based on the ICPD Programme of Action, which is a global framework for promoting reproductive health and rights, gender equality, and sustainable development.

³¹ <https://yemen.un.org/en/169479-united-nations-yemen-common-country-analysis-november-2021>.

³² Both the current UNSDCF and UNFPA CPD (2022-2024) are to be extended for one year, to end in 2025.

2. Population and development; and
3. Gender equality.

The programme aimed to mainstream the needs of youth throughout the programme and focus on the empowerment of young women in particular. The programme components and activities were geared towards achieving the following outcomes and outputs:

Outcome 1: Improvements in access to, and the use of, high-quality maternal health and family planning services.

- Output 1: Access to mental health and family planning services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas.
- Output 2: Increased demand for family planning and other reproductive health services.
- Output 3: Youth-friendly reproductive health services and life-skills education are enhanced.

Outcome 2: Increased use of reliable data on population and development for decision-making and planning at national and local levels.

- Output 4: Improved capacity to produce reliable, disaggregated socio-economic and demographic data at central and local levels.
- Output 5: Improved capacity of government and civil society organizations to use data in addressing and planning processes at all levels.

Outcome 3: Improved ability of women and men to exercise their reproductive rights, including in emergency settings.

- Output 6: Improving community knowledge and awareness to empower men, women, boys and girls to exercise their reproductive rights, especially to prevent early marriage, female genital mutilation and cutting, and GBV.
- Output 7: Responses to gender-based violence are expanded and improved.

Specific country programme outcomes were designed to be in line with corresponding outcomes of the 2012-2015 UNDAF.

The UNFPA Country Programme was accompanied by a results framework that set out the intended outcomes, outputs and activities that would contribute to these outcomes. As the programme experienced successive extensions, the individual activities that were committed to in the original CPD were adapted, refined, changed or (in some cases) replaced with other activities. The de facto guiding strategies that underpinned much of both the UNFPA Country Programme and the UNDAF over the 2015-2022 period were the annual inter-agency and intersectoral humanitarian response plans (HRPs) that cover the overall response to the Yemen crisis developed by the clusters based on the humanitarian needs and gaps identified by all engaged clusters.

Successive annual, biennial or multi-year extensions of the UNFPA Country Programme and the UNDAF noted the centrality of the HRPs in reflecting the ongoing dynamics of the unfolding and worsening humanitarian crisis. Complementing the HRPs, UNFPA Yemen, from 2017, annually produced short descriptions of its humanitarian response achievements and plans for the coming year. These set out UNFPA-specific humanitarian response priorities for the areas of reproductive health, GBV and, since 2020, the RRM.

[Country Programme Document 2022-2024](#)

Yemen's current CPD, prepared in July 2022 spans a two-year period from 2023-2024 and targets continued leadership in the coordination and service delivery of reproductive health, and GBV

prevention and response.³³ The proposed country programme is guided by UNSDCF for 2022-2024, as well as the UNFPA Strategic Plan (2023-2025).

Specifically, UNFPA reports that in the two-year cycle, it will address the demand and supply for family planning among married women; improve mental health, emergency obstetric and neonatal care; and reduce the incidence and impact of GBV among women and girls affected by humanitarian crises. The proposed programme is tailored to address the unique circumstances of Yemeni women in coordination with the United Nations, civil society and government institutions, especially targeting the most vulnerable in rural areas and internally displaced persons (IDP) camps. Output 1 focuses on referral services for women and girls and output 2 focuses on enabling access to quality services to address GBV and harmful practices.

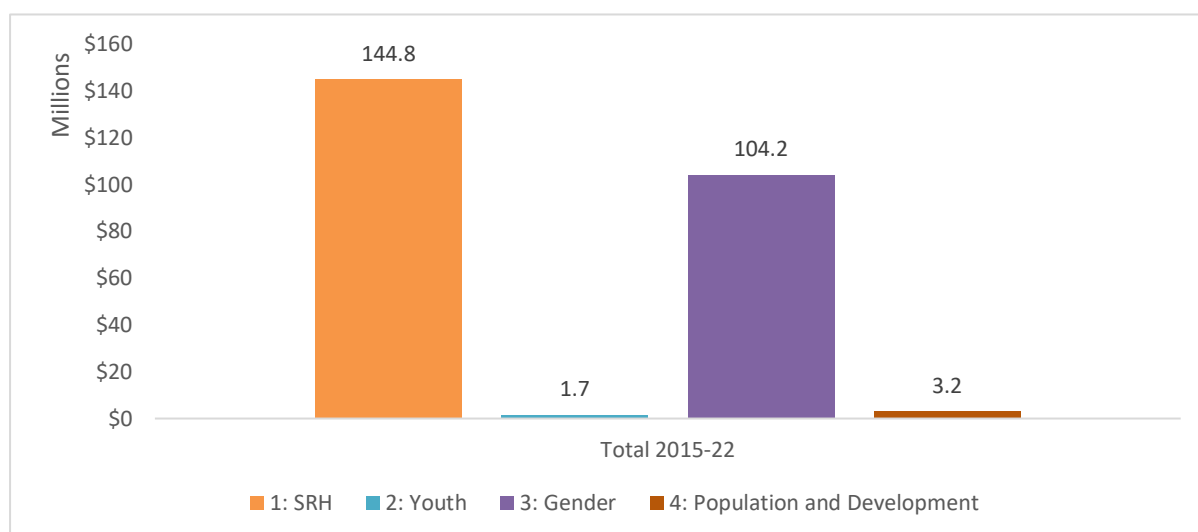
Programme resources 2015-2022

UNFPA Yemen experienced considerable growth in resources in line with the escalation of the humanitarian crisis, notably from 2018 onwards, when overall humanitarian resources increased significantly for Yemen, peaking in 2019/2020 and progressively reducing year-on-year to 2022/2023.³⁴

The distribution of funding across programming areas, illustrated by the chart right, shows that the majority of resources have been allocated to programming for reproductive health (57 per cent, on average, between 2015 and 2022) and gender (41 per cent, on average), with an average of 1.3 per cent (varying between 0.2 and 8.6 per cent) devoted to population and development, and between 0.5 and 1 per cent, on average, allocated to youth programming.

Although a dedicated humanitarian output was introduced into the UNFPA strategic plan only in 2022, the majority of UNFPA resources from 2015 were devoted to the humanitarian response. The RRM, for example, was funded to the total of \$31.3 million between 2018 and 2022, peaking in 2020 when \$12.4 million was disbursed through this initiative. Almost all of this funding was allocated under the gender programme area heading.

Figure 5: UNFPA Yemen disbursement by programme area



Source: ATLAS data 2015-2022.

³³ UNFPA, Country Programme Document for Yemen (2023-2024) (2022).

³⁴ See <https://fts.unocha.org/>.

4. Findings

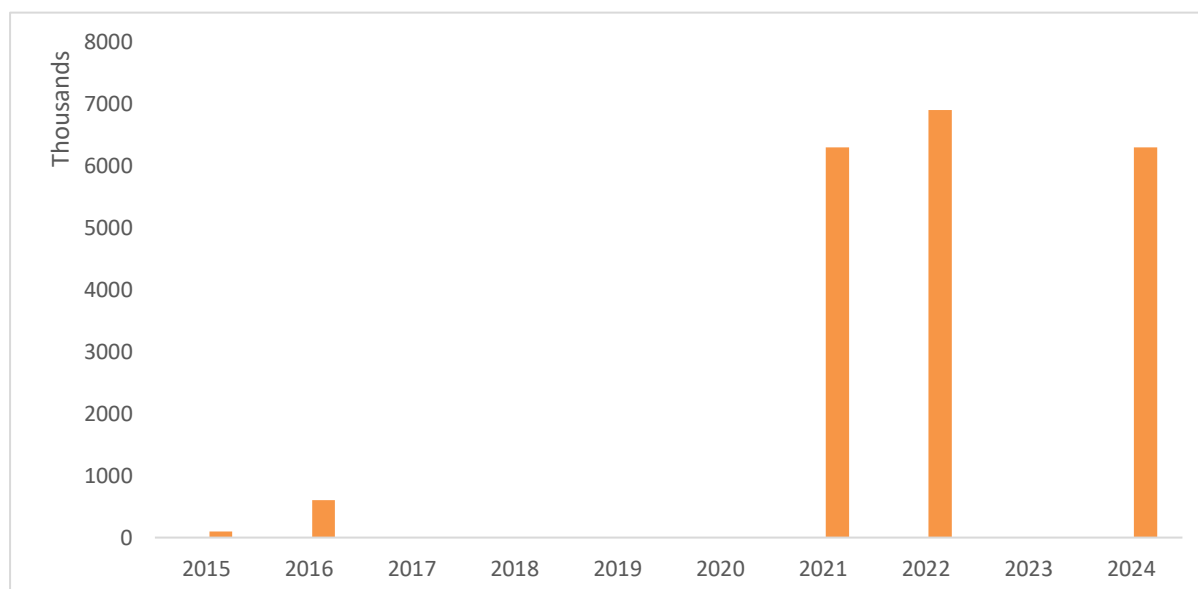
Evaluation question 1. To what extent was the country programme adapted over the 2015-2024 period to address the emerging and changing needs of diverse population groups, including vulnerable and marginalized groups?

Finding 1: Since 2015, UNFPA Yemen has based its programming on well-grounded, iterative and triangulated needs assessments from a variety of sources. These have been primarily broad-based, although those that are specific to the UNFPA mandate area of GBV are more anecdotal in nature.

Since the onset of the humanitarian crisis in 2015, UNFPA Yemen programming and operational approaches have been guided by both structured, systematic and ad-hoc needs assessments. These have provided, and continue to provide, diverse data related to the UNFPA mandate (among others) to establish and iterate activities in response to the acute demands facing women, children and other vulnerable populations in the country.

On escalation of the conflict in March 2015 (a United Nations Level 3 emergency response was activated in Yemen on 1 July 2015), OCHA, with contributions from UNFPA, issued a flash appeal for assistance. UNFPA used the minimum initial services package (MISP)³⁵ calculator, which estimates reproductive health needs using the best available data for populations (or estimated defaults in its absence)³⁶. Using this as a basis, UNFPA initially relied on estimates and subsequently undertook more systematic assessments on reproductive health needs with clusters and with partners.³⁷

Figure 6: Gender-based violence cases report in HRP 2015–2024



Source: Evaluation team.

³⁵ MISP is a set of minimum lifesaving reproductive health interventions developed by the Inter-Agency Working Group for Reproductive Health in Crisis.

³⁶ <https://iawg.net/resources/misp-calculator>.

³⁷ UNFPA key informant.

Data on GBV was less systematic than for reproductive health. A 2015 HNO estimated that 100,000 were at risk of GBV at 100,000 and 8,300 cases of GBV were reported between 2014 and 2015, acknowledged as a substantial underestimate. The numbers of those at risk had risen to over 6 million by 2021 – a tenfold increase on 2016.

Case reporting for GBV increased similarly, with the rollout of the GBV information management system (GBVIMS). As a result, organizations gathering data for the gender-based violence sub-cluster reported 18,700 cases in 2020 (the last year for which data was published in the HRP).

In mid-2016, the United Nations system, under the auspices of the resident coordinator and United Nations country team, undertook a programme criticality (PC) assessment in order to establish hierarchies of needs with respect to United Nations humanitarian response in Yemen. UNFPA advocated for high levels of priority for both reproductive health and GBV responses, with the outcome of the setting-up of the MISP as a PC1 activity (i.e. most important on a scale from PC1 to PC4) and another three outputs on health system reconstruction and coordination; GBV prevention and response and coordination; and expansion beyond the humanitarian setting assigned PC2 priority.³⁸

Evidence from a variety of key informants within UNFPA and from partner stakeholders indicates that an array of data sources has been (and still are) used to develop UNFPA programming strategies. These sources include internal assessments, the tracking of reproductive health/GBV service uptakes annually, and feedback from implementing partners (which conduct formal and informal consultations with community members). Despite occasional limitations in data granularity, generalizability and delays in publication, particularly with respect to GBV data (collection of which is very sensitive in the context of Yemen), these methodologies ensure that UNFPA-supported programming aligns with the acute needs.

In addition, external data sources are used to guide and triangulate UNFPA needs assessments. The most significant, widely used and consistently prepared planning documents are the HNO and HRP, both of which have been prepared on an annual basis in Yemen since 2013.³⁹ These assessments and plans were cited by many stakeholders as a key source of data for annual programme and activity planning. The HRP and HNO, in turn, are dependent on a variety of primary assessments, such as the health resources and services availability monitoring system (HeRAMS), the GBVIMS itself, multi-cluster assessments, joint intersectoral framework analysis (JIAF), task force for population movement area/location assessments, the 2013 demographic and health surveys (DHS) and (more recently) the 2023 multiple indicator cluster surveys (MICS).

A variety of more granular or ad-hoc mechanisms also provide data that can either be fed into programme planning or, more commonly, be used to validate or triangulate with more systematic data collection systems (discussed further below under EQ3 and EQ7). Regular monitoring mechanisms such as third-party monitoring (TPM)⁴⁰ and post distribution monitoring (PDM)⁴¹ for the RRM have also significantly shaped the UNFPA approach, providing good evidence that programme adaptations are closely aligned with evolving field realities and participant feedback.⁴²

Despite the variety of needs assessment mechanisms and activities that UNFPA has undertaken or leveraged, there are challenges with respect to specific targeting of UNFPA mandate areas and the comprehensiveness of needs assessment mechanisms. For example, the scale of the needs in relation to UNFPA mandate areas of reproductive health and GBV were not significantly appreciated from the outset of the crisis. For example, the 2015 HNO estimated 100,000 “actual or potential victims” of GBV

³⁸ UNFPA Response in Yemen Monthly Situation Report #05 – June 2016, also internal Programme Criticality documents, 2016.

³⁹ The first HRP for Yemen was published in 2010.

⁴⁰ TPM is implemented by a range of stakeholders to mitigate challenges of access to remote and/or insecure areas.

⁴¹ PDM is used for commodity disbursement monitoring.

⁴² UNFPA, United Nations agency, donor key informants.

against a total number of those in need of protection services of 3 million. These limitations have been systematically acknowledged across successive response plans.⁴³ This is discussed further below.

Overall, however, the ongoing adaptation to the varied challenges through innovative data collection and partner collaboration remains a critical component of strategic UNFPA operations in the region.

Finding 2: In the absence of an updated high-level programme strategy, programming decisions have tended towards more immediate needs and opportunities.

The extensions to the fifth country programme as approved by the UNFPA Executive Board were accompanied by amendments to planned outputs, activities and related indicators⁴⁴, although the three core programme outcomes remained the same between 2012 and 2022:

1. **Reproductive health:** Access to and the use of high-quality maternal health and family planning services is improved.
2. **Population and development:** The use of reliable data on population and development for decision-making and planning at national and local levels is increased.
3. **Gender:** The ability of women and men to exercise their reproductive rights, including in emergency settings, is improved.

Under each of these outcomes, activities and sub-outputs were proposed for each extension period, with progressively fewer for each extension, and original activities were amended or replaced with moderated or alternative activities. By 2022, a total of 33 planned activities in 2012 had been reduced to 12, with the progressive evolution of activities over time being noted in the annual country programme extensions.

The country office's approach to activities was dynamic and adaptive; while some activities were scaled back, others were expanded or newly introduced. The choice of programme activities over the time period was based on different drivers, including the original CPD, UNDAF and UNSDCF, and emerging needs or opportunities.⁴⁵ A notable example is the RRM, which, despite not being part of the initial CPD, grew to become a substantial component of UNFPA programming efforts.

The breadth of programme activities over the course of the evaluation period has been summarized in the reconstructed theory of change for the evaluation (see Appendix 4). A summation of the number of activities consistently undertaken (i.e. for several years) by programme area is presented in the table, below:

Table 6: Summary of programme activities by sectoral area, 2015-2022

Programme/outcome area	Number of activities noted 2015-2022
Reproductive health	12
Population and development	3
Gender and GBV	6
Rapid response mechanism	3

⁴³ Under-reporting of GBV cases is a widely acknowledged phenomenon.

See <https://www.gbvaor.net/sites/default/files/2020-09/GBV%20AoR%20HD%20-%20Advocacy%20Brief%20-%20GBV%20Prevalence%20data%2001.09.2020.pdf>.

⁴⁴ These were described in successive internal documents, all using the template of UNFPA Submission Form for Country Programme Extensions, that accompanied each extension application. A more detailed comparative analysis of UNFPA and United Nations strategic planning documentation is provided in Appendix 6b.

⁴⁵ UNFPA key informants.

Data from interviewees triangulates well with this approach; key informants from UNFPA noted how programming choices strongly emphasized immediate need, for example, the targeting and maintenance of healthcare facilities around existing service gaps. UNFPA, recognizing areas where few other actors could provide primary or secondary healthcare, opted to concentrate resource investment and service provision in a few select localities rather than expanding to new facilities. This strategic choice not only responded to the immediate needs but also ensured that efforts were not diluted across too broad an area.⁴⁶

Another example cited was the employment of updated datasets for quick decision-making, notably the use of the 2023 MICS data to shift priorities and specifics of operational locales within a very short timeframe.⁴⁷

This approach to programme adaptation presents challenges to cohesive long-term strategic work. Donor representatives interviewed for the evaluation expressed criticism regarding the lack of deeper, longitudinal analysis in the UNFPA approach.⁴⁸ The concern expressed was that the emphasis tends to be on short-term metrics and immediate results, which somewhat undermines the potential for robust, long-term planning. Evidence from donor representatives also highlighted concerns around UNFPA responsiveness to rapidly integrating donor feedback into immediate programming decisions, which sometimes resulted in a skew towards donor-prescribed objectives rather than an independent, long-term strategic outlook that UNFPA might have otherwise pursued. The long-term linkages between humanitarian actions and development work by UNFPA (e.g. along the HDP nexus) are further discussed under evaluation question 9.

In turn, internal stakeholders emphasized how the UNFPA approach to programme design often depends heavily on external factors such as donor preferences and terms and conditions of donor support, with the increasingly limited pool of donors creating challenges with negotiating types and terms of assistance. This reliance limits focus on the UNFPA core mandate areas in favour of alignment with donor interests instead.⁴⁹ This is partially in response to the overwhelming scale of need in Yemen, with the scope for more targeted analysis and dedication of resources limited by the push to meet the basic needs of the general population. This is exacerbated by several constraints which affect the depth of data utility in mandate-specific areas. In northern Yemen, data collection itself poses significant challenges, with security issues and bureaucratic hurdles often limiting the depth and frequency of assessments. Additionally, the need to negotiate access and permissions for sensitive topics like reproductive health, gender, youth and other vulnerability markers in conservative settings can restrict the granularity and scope of data collected (many of which rely on a sample-based approach - itself a challenge in a country as varied as Yemen⁵⁰), affecting how the programme design responds to specific UNFPA mandate needs.

Finding 3: While UNFPA Yemen grounds its programming and response work in accurate, up-to-date and best-available data, it has been limited in its focus on the key mandate areas.

While there is good evaluation evidence to indicate employment of data-driven strategies for responsive programming by UNFPA, there is also evidence of challenges and limitations in maintaining a focused lens on its key mandate areas of reproductive health, gender and youth. Balancing immediate humanitarian needs with these specialized areas, amid logistical and contextual constraints, has proven a complex undertaking.

⁴⁶ UNFPA key informants.

⁴⁷ Ibid.

⁴⁸ Donor key informants.

⁴⁹ UNFPA key informants.

⁵⁰ A challenge noted by many internal and external informants.

As discussed above, primary evidence from UNFPA stakeholders and review of secondary data from UNFPA and partner reports, proposals etc. indicates employment of a variety of data sources to inform programming, ensuring it responds to the immediate and identified needs effectively. However, there was limited evidence for a more systematic and granular analysis of needs in relation to the UNFPA mandate areas. Initial responses to the emerging crisis in 2015 and 2016 relied heavily on the MISPC calculator - a desk-based approach that was supported by anecdotal and ad-hoc partner data where available, but which risked missing those most vulnerable.⁵¹ This has been a feature of programming in Yemen until more recent years.

Another data source, the GBVIMS, which has been quasi-operational – in some form – in Yemen since at least 2018⁵² has yet to be fully rolled out. A 2021 evaluation of UNFPA GBV work noted that the GBVIMS had been “adapted to a Yemen-contextualized version” and highlighted some of the contextual challenges around collecting such sensitive data that impose limitations on its comprehensiveness.⁵³ Primary data from evaluation informants supports this, with different stakeholders highlighting the unsystematic nature of previous GBVIMS data⁵⁴ and ongoing (as-yet-unsuccessful) advocacy efforts to generate buy-in for a more comprehensive rollout of the GBVIMS nationwide.

For most reproductive health data, there are fewer obvious challenges, as the systems to collect general health information can easily include data related to maternal and neonatal health, although, as with GBV, there are some sensitive areas where data cannot be systematically gathered due to political or cultural challenges, for example, in relation to family planning, sexually transmitted infections etc.⁵⁵ For instance, assessments in northern regions face governmental restrictions, requiring adjustments in methodologies or relying on indirect approaches, leveraging local partner data and anecdotal evidence to map needs in an acceptable manner.⁵⁶

Other areas have fewer or poorer data sources to support programming, such as in the area of persons with disabilities⁵⁷ (PWD), youth, and highly marginalized or invisible groups.⁵⁸ Although attempts are made to integrate comprehensive assessments for PWD, the actual implementation suggests discrepancies in achieving the targeted outreach and service delivery. This discrepancy underscores a broader operational difficulty in covering all facets of vulnerability equally within the programming architecture, especially in conflict regions like Yemen. Youth engagement, although a declared part of the UNFPA mandate, frequently emerges within stakeholder feedback as an area requiring greater focus and specificity. Youth-sensitive programming sometimes becomes subsumed under broader health and GBV initiatives, or relies on overarching analysis that may not capture the unique needs or voices of the youth demographic. Initiatives such as the Youth Health Situation Analysis indicate attempts to understand this group better⁵⁹; however, evidence from UNFPA and external stakeholders indicates that consistent and sustained focus on their specific needs is lacking and is particularly challenging in the northern governorates where there is less political alignment with this aspect of the UNFPA mandate.⁶⁰

⁵¹ Former UNFPA Yemen staff informants.

⁵² The earliest reference to GBVIMS data in the HNO/HRP process was in late 2018 (for the 2019 HNO), where GBVIMS data was cited as a source for a key Protection Cluster indicator.

⁵³ Mid-Term Evaluation of the Project: My Safety, Our Future: The Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen, UNFPA, March 2021.

⁵⁴ UNFPA, donor key informants.

⁵⁵ UNFPA, IP key informants.

⁵⁶ UNFPA, UN, donor, IP, NGO key informants.

⁵⁷ A 2023 analysis of the Participation of Girls and Women with Disabilities in Economic Empowerment Interventions commissioned by UNFPA for the women and girls’ safe spaces (WGSS) receiving support has some value in highlighting this issue, but did not provide any in-depth analysis or map any evidence-based pathways forward.

⁵⁸ UNFPA, IP, donor key informants.

⁵⁹ UNFPA key informant.

⁶⁰ UNFPA key informants.

Ultimately, the constraints in data collection, particularly in distinguishing between the needs pertinent to core UNFPA mandates versus broader humanitarian requirements, occasionally hinder the precision of targeted interventions. This said, while evidence from internal and external stakeholders indicates a need (and an appetite) for increased specificity and granularity in data related to GBV and reproductive health in the Yemen context, the enormous gap between the needs and available services in UNFPA mandate areas means that there is little chance of wasted resources.

Developments that are more recent have sought to close the gap between the more general needs assessments and specific mandate areas in reproductive health, gender and vulnerability. For example, a late 2023 ACAPS study on gender has brought together various strands of data (some sourced from UNFPA) with the aim of mapping out the forms and drivers of GBV in Yemen, highlighting groups at particular risk, and identifying the key challenges for humanitarian GBV responders.⁶¹ Similar work in 2024 on Yemen's Muhamasheen (the ethnic minority known as 'the marginalized ones') may present opportunities for systematic focus on this vulnerable group. Further, a planned maternal mortality survey for 2024 will provide important insights to complement the 2023 MICS round and enable further evidence-based programming decisions.

In addition to the lack of sufficient granular data on the UNFPA mandate areas, the limitations regarding a long-term strategy also stem from the absence of a clearly documented theory of change. The use of different logic documents, flowcharts etc., to govern programming logic can lead to a lack of coherence and prevent adoption of a more systematic approach that would enable UNFPA to better understand what it is doing and why.⁶²

Finding 4: Although UNFPA has numerous channels for the voices of rights-holders, the rights-holders themselves and those responsible for implementing UNFPA programmes feel that their voices have limited influence on the work that UNFPA supports.

UNFPA Yemen has developed and manages a range of channels to gather feedback from rights-holders in the community as part of its accountability to affected populations. These are intended to guide its programming and humanitarian response work. The following list summarizes some of the key conduits for information noted across the secondary literature and cited by key informants (see Appendix 6c (1) for an expanded list):

- Regular meetings with supported facility staff and beneficiaries;
- RRM registration information;
- A formal UNFPA complaints mechanism;
- Use of third-party monitoring services;
- Cluster and working group meetings;
- Periodic or ad-hoc surveys by UNFPA or other agencies.

The existence and application of these mechanisms has been corroborated by feedback from partners and community members to the evaluation. For example, health facility users indicate that UNFPA IPs are actively involved in obtaining feedback by conducting visits to health facilities. They interact with people receiving the help and health staff regularly, which leads to an immediate, first-hand understanding of the participants' needs and perspectives.⁶³

Community members in Mukalla attested to how feedback is compiled through interactions with implementing NGOs, including discussions with both men and women who avail themselves of

⁶¹ Understanding The Cycle of Gender-Based Violence, ACAPS, 2023.

⁶² Noted by UNFPA Yemen management key informants.

⁶³ FGD participants.

reproductive health services. This dialogue allows UNFPA to gain a deep understanding of community needs and orient its interventions accordingly.⁶⁴

In addition to direct engagement with participants, UNFPA partners highlighted the value of working group and cluster meetings as an avenue for feedback to help UNFPA understand ground realities and update programme action plans and strategies on a needs-basis, although some stakeholders noted limitations with this mechanism (discussed under evaluation question 7).

The use and potential value of externally-managed mechanisms for assessment of community inputs were also noted by UNFPA key informants, specifically the Community Engagement Perceptions Survey (CEPS), rolled out most recently in 2023. UNFPA informants highlighted its immediate relevance to UNFPA work in identifying gaps in information among participating communities, specifying issues with data sharing, perceptions of irrelevance of services or ignorance of service, and gaps in engagement with communities on design of programmes. Stakeholders note that this report will be used to inform the work of the different humanitarian agencies and will help UNFPA in developing its strategies.⁶⁵

Despite the wide variety of different channels of feedback that UNFPA has either implemented directly itself (via partners) or participates in across the humanitarian community, there is evidence of challenges in effectiveness in terms of the extent to which rights-holders engage with them, and the use of feedback in programming.

Issues with accountability to affected populations (AAP) among the humanitarian community triangulate with evidence specific to UNFPA and partners. While an array of communication and feedback mechanisms was presented, UNFPA (and partners) was clear that there is greater scope for better leveraging such feedback for deeper analysis, for instance, by closing gaps in a more thorough examination of data that misses out on trend analyses over time.

Direct evidence from rights-holders corroborates this. In some cases, community members report having some experience of interactions with the UNFPA team and partners, for example, in health facilities or women and girls' safe spaces (WGSS). However, other community members noted in discussions that they had not had any direct contact with UNFPA or partners (prior to meeting with the evaluators). This arises from both geographical factors and programming sectors; soliciting information on gender issues and GBV in assessments in the northern parts of the country controlled by Ansar Allah (and in more socially and culturally conservative parts of the country) is considerably more challenging and is frequently omitted.⁶⁶

UNFPA respondents to the evaluation do note "some" changes due to the analysis of community feedback, but this is limited and inhibited in many cases by a perception that the feedback and recommendations are not in line with available funding (for example, recommendations related to increasing livelihoods interventions, more services etc.).

From the perspective of the overall humanitarian response community in Yemen, the findings of the various CEPS (carried out by UNICEF on behalf of the CEWG) frequently highlight deficiencies in accountability to rights-holders. In 2016, 44 per cent of survey respondents knew how to provide feedback or complain to humanitarian agencies, with the elderly, people with mental disability, and the illiterate and marginalized or socially excluded communities seen as having the most difficulty accessing information and assistance. In 2017, that proportion had declined to 25 per cent.⁶⁷ These

⁶⁴ Ibid.

⁶⁵ UNFPA key informant.

⁶⁶ UNFPA key informants.

⁶⁷ 2016/2017 CEPS data cited in Communication and Community Engagement in Humanitarian Response, Humanitarian Practice Network Magazine Issue 74, February 2019. See: <https://odihpn.org/publication/yemen-setting-common-service-high-risk-environment/>.

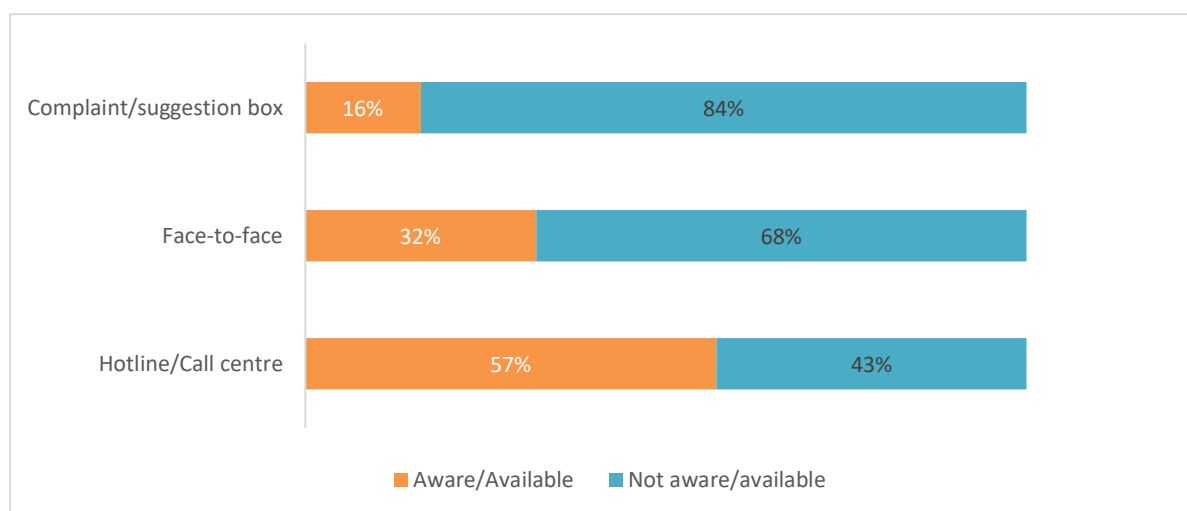
surveys appear to have been discontinued between 2019 and 2023⁶⁸ but were reinstated in 2022, with the proportion of rights-holders knowing how to provide feedback or complain to humanitarian agencies being reported as 89 per cent in 2023, a substantial increase on earlier years.⁶⁹

However, the awareness or availability of specific modalities of feedback were less positive in 2023 as illustrated in the chart, right, with the most commonly available means being a hotline or call centre, noted by just over half of respondents. These responses represented a slight improvement over the 2022 figures.

The survey also explored perceptions among rights-holders of how well agencies respond to community feedback. This was consistently low; in 2016, 29 per cent of respondents felt that complaints and feedback were satisfactorily addressed,⁷⁰ whereas by 2022 this had risen to 34 per cent, before declining again in 2023 to 22 per cent.⁷¹

This is echoed by other evaluations and analyses. For example, the 2023 Inter-Agency Humanitarian Evaluation of the Yemen crisis highlighted what the evaluators considered to be an “ad hoc, non-collective approach” to accountability, with a considerable number of initiatives, approaches, modalities, groups and commitments to AAP across agencies and coordination bodies. While they noted that these led to “some degree” of oversight, a “coherent, collective and coordinated commitment to accountability as required by AAP commitments” was deemed to be lacking and “contributed to confusion among Yemeni authorities, national NGOs, and beneficiaries as to what they should expect from humanitarian agencies, how to feed their views into the response, and how, if at all, they might hold to account humanitarian organizations”.⁷²

Figure 7: Awareness and availability of community feedback/complaints mechanisms – 2023 CEPS findings



Source: 2023 CEPS finding (all agencies).

⁶⁸ AAP was successively downgraded from one of the core 2015-2017 HRP objectives to a subsidiary output/activity between 2018 and 2020 but was reemphasized as a management sub-objective from 2021 through to the time of research.

⁶⁹ UNICEF Yemen Community Perceptions Survey, March 2024. The 2022/2023 report could not be sourced by the evaluation team.

⁷⁰ Communication and Community Engagement in Humanitarian Response, Humanitarian Practice Network Magazine Issue 74, February 2019.

⁷¹ UNICEF Yemen Community Perceptions Survey, March 2024.

⁷² Section 3.6, Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022.

Evaluation question 2. To what extent did the country programme align with (1) UNFPA strategic objectives; (2) applicable national development strategies; (3) inter-agency strategies and plans?

Finding 5: UNFPA Yemen has aligned its programming in accordance with the general objectives and goals of the UNFPA strategic plans, while being contextually and culturally sensitive.

The period between the creation (2011), the original expiry of the UNFPA country programme (2015) and the creation of the next CPD (2021) was a time of significant strategic evolution in UNFPA globally, particularly with respect to humanitarian programming. The global humanitarian response architecture, in particular, has considerably evolved since the original CPD was first prepared. Key milestones in the global external and UNFPA context over this period included updated UNFPA global strategic plans and international initiatives such as the IASC Transformative Agenda, the World Humanitarian Summit and United Nations Security Council Resolution 2250.⁷³

The original CPD was formulated during the lifetime of the 2007-2013 UNFPA Strategic Plan, although neither the original CPD nor its predecessor for 2007-2011 make reference to the UNFPA global strategy or strategic priorities. The five CPD extensions from 2016 to 2021 likewise make no reference to UNFPA strategic plans. However, the extant CPD for 2022-2024 does explicitly note the guidance provided by the global strategic plan, and similarly links each of its key outputs to the three UNFPA transformative results.

A more detailed analysis of the results frameworks of the Yemen CPD and those of the UNFPA strategic plans between 2008 and 2021 is presented in the table below. This explores the extent to which the outcomes (and outputs) of the original CPD align with successive iterations of the UNFPA strategic plans through to 2021. The analysis shows definite alignment with certain elements of the UNFPA global strategy, most significantly with the 2014-2017 strategic plan, and less so in the more recent 2018-2021 plan, which placed greater emphasis on gender and GBV than previous versions. This is a reflection of the challenges of implementing gender- and GBV -related activities in the context of Yemen, with the text of the related CPD outcome (number 3) not mentioning gender or harmful practices (these are noted in the related outputs in the associated results framework).

Table 7: Yemen CPD and UNFPA strategic plans 2008-2021 results frameworks analysis

CPD 2012-2015 (extended to 2022) outcome	UNFPA Global Strategic Plan		
	2008-2013	2014-2017	2018-2021
The use of reliable data on population and development for decision-making and planning at national and local levels is increased	Outcome 3 (1 of 4)	Outcome 4 (2 of 4) Outputs: 12, 15	Outcome 4 (2 of 2) Outputs: 13, 14
Access to and the use of high-quality maternal health and family planning services is improved	Outcomes 2, 3 (2 of 5)	Outcome 1 (2 of 5) Outputs: 2, 3, Outcome 2	Outcomes 1, 2 (4 of 8) Outputs: 2, 3, 4, 7
The ability of women and men to exercise their reproductive rights, including in emergency settings, is improved	Outcomes 2, 3 (2 of 4)	Outcome 3 (2 of 3) Outputs: 9, 10	Outcome 3 (2 of 4) Outputs: 9, 12

⁷³ See Appendix 6c (2) for a fuller list of such milestones.

This strategic alignment evident from documentation is corroborated by primary data from key informants to the evaluation, with a consistent message among current and past incumbents of senior and technical positions of UNFPA Yemen programming alignment with the outcomes/objectives and goals of the UNFPA strategic plans.

Senior-level UNFPA Yemen interviewees highlighted alignment of country office strategies with the UNFPA strategic plans on various levels, albeit with the default UNFPA terminologies and implementation modalities being adjusted to context-specific language – for example, the use of “reproductive health” or “maternal health” instead of “sexual and reproductive health and rights”; “birth spacing” instead of “family planning”; “women protection” instead of “GBV”; and “inclusion” instead of “gender equality”. Current and former staff highlighted this practice as a key requirement in operationalizing strategic objectives amid cultural sensitivities with a view to being acceptable to the authorities, especially in the DFA controlled areas.⁷⁴ Evidence from key informants underscores the importance in a Yemen context of negotiation with national authorities from the outset of programming activities for successful implementation to temper broader UNFPA objectives with a need for adapted implementation on the ground in line with what is acceptable to all stakeholders.⁷⁵

From a more granular programming perspective, efforts to tailor approaches to be socially, politically and culturally acceptable are clearer. Evidence from UNFPA key informants indicates a multi-faceted process of aligning programmes: first, aligning them internally according to Yemen's context and then aligning them globally with the three transformative results of UNFPA strategic plans. This layered model of alignment ensures that UNFPA Yemen's programming adheres to broader strategic objectives while remaining integrated with the global vision of UNFPA.

Ultimately, this has led to programming approaches and activities that are partially aligned with UNFPA strategic priorities in a clear attempt to marry these with on-the-ground realities. The adjustments that result from this process include the more superficial terminological changes noted above, but also different programming directions. The RRM (discussed in the previous finding and also under evaluation question 4) is one example of this. Another is the emphasis in gender-related programming on economic empowerment activities (via WGSS). This represents a departure from the core mandate of UNFPA, but it is crucial in Yemen for several reasons: it is highly sought after by women and girls (and male household members who rely on the income produced), it is widely accepted by authorities in both North and South, and it provides an entry point for other activities.⁷⁶ However, this brings its own risks to achievement of the related transformative results, in terms of potential economic exploitation of women and girls and moving too far from the UNFPA mandate. This is discussed further under evaluation question 3.

Thus, the evidence gathered by the evaluation conveys a picture of consistent and adaptable alignment of UNFPA Yemen's programming with the general objectives of UNFPA strategic plans. It is evident that contexts of political sensitivities and humanitarian principles shape the delivery and language of these objectives, but the primary intent to align with the strategic plans prevails.

Finding 6: UNFPA has undertaken some efforts to advocate for, or build capacity to develop, national plans and strategies in its mandate areas, but this is minimal and there is little capacity or attention to develop these.

⁷⁴ UNFPA (former and current) key informants.

⁷⁵ UNFPA, United Nations, NGO key informants.

⁷⁶ UNFPA key informants. Also discussed in the Mid-Term Evaluation of the Project: My Safety, Our Future: The Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen, UNFPA, 2021.

The 2012-2015 CPD noted a number of national strategies related to UNFPA mandate areas, notably:

- The reproductive health strategy, 2011-2015⁷⁷;
- The national women's development strategy⁷⁸;
- The fourth national socio-economic plan for poverty reduction⁷⁹;
- The fourth five-year plan, 2011-2015, of the Government of Yemen⁸⁰;
- The national health strategy⁸¹.

While the CPD details the UNFPA goals, outcomes, and targeted improvement areas for planned work, it does not provide more detail on the mentioned national plans and strategies, nor detail on any specific methods of support, measures, or an implementation plan for supporting these strategies. As such, the CPD's commitment to various components of Yemen's national strategies is clear but lacks specifics on implementation.

The CPD also omits significant mention of discussion or consultation with government authorities in its preparation (although anecdotal information from UNFPA attests to various discussions and meetings with government authorities that led to the production and approval of the CPD). This is in contrast to the previous (fourth) CPD 2007-2011, which highlighted "consultations with the Government, civil society organizations and donors" in its development.⁸² Indeed, the evaluation of the fourth country programme found it was "...well aligned with the major relevant policies and strategies" of Yemen.

The accompanying fifth CPD results framework presents the intended UNFPA outcomes for each of the three programme areas and "national priorities" for each are also specified. However, these are described in broad terms (e.g. "the empowerment of women and youth") with no specific origin provided.

Although not fully part of the scope of this evaluation, the extant CPD (2021-2023) moves even further from alignment with national strategies, clearly noting that Yemen has seen an "absence of a national development strategy due to the many years of conflict".⁸³ As such, the CPD emphasizes alignment with UNSCDF as well as national voluntary commitments made on ICPD+25 in Nairobi in 2019 (although these are not specified in the CPD). Indeed, the CPD results framework specifically notes that no national priorities for individual outcomes are available, in contrast to the previous CPD. Evidence from UNFPA stakeholders is in line with the trend of decreasing reflection of national priorities in UNFPA strategies. Key informants presented a mixed picture as to the extent to which UNFPA Yemen's strategies in recent years were developed with participation of key national stakeholders, with diverse perspectives of involvement across different entities.

A key point of consensus on this trend is the diminished and fragmented government capacity in Yemen. Internal and external key informants highlighted the significant diversity in priorities and capacities between North and South Yemen, as well as across various government entities. Even where UNFPA may have sought to include national priorities in plans and strategies, obtaining agreement from both administrations has been challenging and inconsistent over time and location.⁸⁴ This challenge is exacerbated by a severe shortage of resources available to government administrations in Yemen, leading to inability to pay staff salaries and resulting in absenteeism and lack of productivity.⁸⁵ As a

⁷⁷ Final country programme document for Yemen 2012-2015, UNFPA, para 7.

⁷⁸ *Ibid.*, para 8.

⁷⁹ *Ibid.*, para 11.

⁸⁰ *Ibid.*, para 15.

⁸¹ *Ibid.*

⁸² Final country programme document for Yemen 2007-2011, UNFPA, para 12.

⁸³ Final country programme document for Yemen 2022-2024, UNFPA, para 14.

⁸⁴ UNFPA (former staff) key informants.

⁸⁵ UNFPA, IP, Government key informants - discussed further under evaluation question 9.

result, government participation in macro-level planning processes, such as the current CPD, has inevitably been limited.⁸⁶

Further, from a strategic management perspective, the original CPD was deemed not to be significantly relevant amid the humanitarian response plan for the level 3 crisis that emerged in 2015⁸⁷, with extensive national stakeholder engagement not always being feasible or prioritized due to these external factors.

As a result of these challenges, most of the strategic planning processes have focused on much more granular alignment of priorities between UNFPA and government entities. UNFPA stakeholders and government stakeholders alike testified to a range of shared priority-setting at a project and output level. For example, stakeholders in different government ministries noted how they prepare annual plans of activities in coordination with UNFPA and from which (among other organizations) they seek support for implementation.⁸⁸ This appears to be a practical solution to alignment of UNFPA activities with government priorities in the specific sectors covered by the UNFPA mandate.

This said, there appear to be opportunities for higher-level engagement and support on strategies that are, at the least, recognized and some movement towards action being taken by UNFPA and sister agencies operating at this level. UNFPA key informants reported having worked with a range of government ministries or departments in both administrations in the country on a variety of emergent strategies in the 2021-2024 period. Some examples of in-development or nascent strategies and plans with which UNFPA is starting to engage (or could do so in future) include:

- A national health strategy/reproductive health strategy (including obstetric fistula strategy and midwifery strategy);
- Youth action policy framework on implementation of the youth, peace and security framework;
- The Youth National Development Plan.

Notwithstanding the extensive challenges in engaging productively with higher levels of government which may not prioritize the UNFPA mandate areas (notably around gender and GBV, youth and certain elements of reproductive health) and which suffer under chronic and comprehensive lack of resources, these 'green shoots' of planning may offer entry points for UNFPA to once again mainstream government engagement within strategic planning processes.

Finding 7: Where available and relevant, UNFPA has aligned its programming with available high-level inter-agency strategies, notably the UNDAF and the UNSCDF.

In the absence of a coherent set of high-level or sectoral national strategies to guide its programming, UNFPA has aimed to align its strategy with the governing frameworks of the United Nations system within Yemen. This includes the UNDAF 2012–2015 (and the accompanying 2010 CCA), that was extended annually or biennially until 2021, and which was superseded by UNSCDF for 2022–2024. The text of the 2012–2015 CPD explicitly states that it reflects both the findings of the 2010 CCA and the priorities of the UNDAF.⁸⁹ However, the relevance of these documents to the situation in Yemen from 2015 onwards is questionable. For example, the 2010–2011 CCA includes an analysis of root causes of inequality which appears to have been taken from a much earlier CCA as it references a target year of 2005.⁹⁰

Successive extensions to the UNFPA fifth country programme between 2016 and 2020 clearly specify that they are parallel extensions of the UNDAF. This situation held until 2021, when UNCT decided not

⁸⁶ UNFPA, United Nations, donor key informants.

⁸⁷ UNFPA (former staff) key informant.

⁸⁸ Yemen government ministry and office key informants.

⁸⁹ Final country programme document for Yemen 2012-2015, UNFPA, para 15.

⁹⁰ United Nations Common Country Assessment; Republic of Yemen, UNCT 2011

to extend the UNDAF nor develop a UNSDCF in favour of prioritizing the HRP as “the main programming document for the country”.⁹¹ In 2022, a new UNSDCF was developed, with the UNFPA CPD for 2022–2024 also being developed in parallel. This is clear evidence – that triangulates well with testimony of UNFPA key informants to the evaluation – of how UNFPA has sought to align its strategic planning processes with those of the wider humanitarian response community. Given the rapidly changing dynamic of the humanitarian crisis from 2015, and the same issues with national capacity to engage with and participate in strategic planning, the limitations of these strategies mirror those of the UNFPA CPD for the same period.

Looking at the programme priorities as articulated in the governing strategies, it is clear from both a review of strategic programming plans and evidence from UNFPA stakeholders, both current and past, that specific country programme outcomes were designed to be in line with corresponding outcomes of the 2012–2015 UNDAF (including extensions), summarized as follows⁹²:

Table 8: UNFPA versus UNDAF programme outcome comparison

UNFPA outcome	UNDAF outcome
Outcome 1: By 2015, access to and the use of high-quality maternal health and family planning services is improved	<p>Outcome 3 (priority area 2): By 2015, vulnerable groups and deprived districts (including those in humanitarian emergency situations) have improved access to sustainable quality basic social services.</p> <p>Outcome 6 (priority area 3): Engagement of young women and men in decision-making related to their own well-being enhanced.</p>
Outcome 2: By 2015, the use of reliable data on population and development for decision-making and planning at national and local levels is increased	Outcome 8 (priority area 4): National capacities for evidence-based planning, implementation and monitoring of development programmes strengthened at all levels by 2015.
Outcome 3: By 2015, the ability of women and men to exercise their reproductive rights, including in emergency settings, is improved	<p>Outcome 5 (priority area 3): Enabling environment enhanced for increased women empowerment, and participation and protection at family, community and higher level.</p> <p>Outcome 6 (priority area 3): Engagement of young women and men in decision-making related to their own well-being enhanced.</p>

The CPD also notes that the country programme is based on the H4 Plus Initiative (a joint effort in the areas of maternal and newborn health by the Joint United Nations Programme on HIV/AIDS, UNICEF,

⁹¹ Extensions of country programmes, UNFPA 2016, 2017, 2018-19, 2020, -2021

⁹² Drawn from the 2012-2015 UNDAF and the 2012-2015 UNFPA CPD: <https://yemen.un.org/en/11649-united-nations-development-assistance-framework-undaf-2012-2015>.

UNFPA, WHO and the World Bank)⁹³. However, this initiative concluded in 2016, and Yemen does not appear to have been one of the countries that ultimately participated.⁹⁴

Finding 8: At more programmatic implementation levels, UNFPA has consistently and effectively participated in annual inter-agency humanitarian response planning processes.

The practical programming strategies that both guided and were influenced by the UNFPA country programme and the UNDAF over the 2015-2022 period were the annual HRP for the Yemen crisis.

The UNFPA CPD extensions and the UNDAF noted the centrality of the HRPs in reflecting the ongoing dynamics of the unfolding and worsening humanitarian crisis. Indeed, as noted above, the 2021 country programme extension for UNFPA Yemen noted that no UNDAF extension nor UNSDCF were put in place by the UNCT for that year. In their place, UNCT agreed that agencies would be accountable to the HRP for that year.

The significance of the HRP and HNO to UNFPA programming is also reflected in evidence collected from key informants to the evaluation. Earlier incumbents in UNFPA Yemen management positions noted early (i.e. approximately 2015–2018) challenges in transitioning from a longer-term development focus of programming to humanitarian action, but this improved over time as the country office gained experience in humanitarian programming and as increasing resources for humanitarian response became available.⁹⁵ A key priority for UNFPA across the entire period of evaluation (as the lead agency responsible for these sectors) was ensuring that reproductive health and GBV were well integrated in the HRP and HNO, with considerable external (and some internal) advocacy required for this.⁹⁶ Further, UNFPA also provided annually updated population projections, including population movements and displacement data from its custodianship of the RRM, to be shared widely and used in the HRP.⁹⁷ Technical staff from donors and sister agencies (including members of the health cluster and reproductive health working group) commended UNFPA's contribution to providing valuable data and facilitating needs assessment and gap analyses.⁹⁸

Responses from other stakeholders (including those outside UNFPA) also provide positive perspectives on the extent of UNFPA Yemen's involvement in the HRP and HNO. These stakeholders provide consistent evidence of UNFPA Yemen's active participation in, and contribution to, these assessments. This was noted by both UNFPA and implementing partner staff, who highlighted annual contributions to these exercises, notably around the key mandate areas of GBV and reproductive health (although robust data has been lacking - see evaluation question 1).⁹⁹

UNFPA Yemen's programming is also influenced both by inter-agency (i.e. sister United Nations agency) priorities and donor priorities, which often determine resource availability. While contextual and political challenges frequently require adjustments to planned programme activities, emerging needs and opportunities also present additional areas of work. Donor preferences often influence these choices and have led to opportunities such as the RRM, which, while outside the immediate UNFPA mandate, have facilitated resources and potential entry points for core activities. Evaluation question 7 discusses the coherence of UNFPA programming with inter-agency plans and activities in more detail.

⁹³ Final country programme document for Yemen 2012–2015, UNFPA, para 15.

⁹⁴ The initiative final evaluation, conducted by the UNFPA Independent Evaluation Office in 2017, notes that Burkina Faso, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Guinea Bissau, Liberia, Sierra Leone, Zambia and Zimbabwe participated in the initiative. Various efforts to reestablish the initiative in different forms appear to have taken place over the past number of years, most recently in late 2023 (as the H3 group), but with limited success. See evaluation question 7.

⁹⁵ UNFPA (former staff) key informants.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ UN agency, donor key informants.

⁹⁹ UNFPA key informants.

Finding 9: Reference to and implementation of external technical standards and principles has formed an implicit part of the overall UNFPA humanitarian response with good awareness of these among staff and partners.

UNFPA-led and other standards have formed an integral component of UNFPA programming in Yemen, although the most commonly-cited (and only standard to be tracked substantively) has been the MISP. Although not noted in the original CPD (nor in the 2022–2024 CPD), the accompanying CPAP notes that the provision of MISP services in humanitarian settings through training of partners and service providers is a key element of programme outputs.¹⁰⁰

As noted above, UNFPA initially used the MISP calculator for determining the scale of reproductive health needs for the purposes of programming planning and resource mobilization. The mid-2016 United Nations programme criticality assessment resulted (as a result of UNFPA advocacy) in the MISP being designated a PC1 activity (i.e. most important).¹⁰¹ The MISP has subsequently become an integral part of the humanitarian response in Yemen, noted as an element of cluster-based activities in each annual HRP since 2016 (excepting 2022). UNFPA has also undertaken promotion and advocacy of the MISP among external stakeholders; as early as 2016, UNFPA undertook training of several hundred implementing partner staff, members of the reproductive health inter-agency working group, health providers and managers,¹⁰² and reported annually on such training provision (discussed further under evaluation question 3).

Further, from the outset of the humanitarian response to the emerging crisis in 2015, UNFPA has relied upon external standards and benchmarks for planning and implementing programming. For gender/GBV, extensive documentation of UNFPA activities and external plans, strategies and reports from the response outset indicate that GBV standards have formed a foundational part of the UNFPA response in this sector. As with MISP, training on GBV standards (specifically the UNFPA Minimum Standards for Prevention and Response to GBV in Emergencies) has been provided since at least 2016¹⁰³, although quantitative data on numbers of trainees was only reported in 2019, with general statements that the standards “have been applied consistently”¹⁰⁴ and that supported facilities (i.e. WGSS) meet the five standard objectives for such services cited in the GBV minimum standards.¹⁰⁵

With respect to other standards and norms, there is more limited evidence of UNFPA Yemen including or citing them in programming planning documentations and reporting over the course of the evaluation period. For example, Sphere standards are noted in the context of the MISP (the principles of which are part of Sphere¹⁰⁶) in at least one programme proposal¹⁰⁷, but not in programme strategic documentation or in annual reporting.

The lack of explicit references to standards and principles (beyond MISP and the GBV minimum standards) in core UNFPA strategies does not necessarily indicate that these are of limited significance to UNFPA programming. Primary evidence from a cross-section of key informants (both UNFPA and external stakeholders) indicates widespread general awareness of various standards and principles, and indeed testimony of implementing partners on receipt of training on humanitarian principles, GBV standards and their mainstreaming across programme activities supported by UNFPA.¹⁰⁸ Indeed,

¹⁰⁰ Country Programme Action Plan 2012 – 2015 Between UNFPA and the Government of Yemen, UNFPA, 2011.

¹⁰¹ UNFPA Response in Yemen Monthly Situation Report number 05 – June 2016, also internal programme criticality documents, 2016.

¹⁰² 2016 SIS (internal) Annual Report - Republic of Yemen, UNFPA 2017.

¹⁰³ The 2016 UNFPA SIS Annual Report notes the achievement of a targeted programme milestone of the “UNFPA GBV standards in emergencies rolled out”, although no more specific details are provided.

¹⁰⁴ SIS (internal) Annual Reports - Republic of Yemen, UNFPA 2022-23.

¹⁰⁵ Page 60, Inter-agency Minimum Standards for GBV in Emergencies, GBV AoR, 2019.

¹⁰⁶ Sphere sexual and reproductive healthreproductive health standards 2.3.1, 2.3.2, 2.3.3. See: <https://www.spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>.

¹⁰⁷ UNFPA REPRODUCTIVE HEALTH/GBV Response Proposal 16-UF-FPA-035, 2016.

¹⁰⁸ UNFPA, IP key informants.

UNFPA partner YFCA is the focal point for Sphere in Yemen and ensures staff are trained in its principles and application. However, among others, awareness was more general, with limited specific examples provided of application of principles, and no evidence for a systematic assessment mechanism for application of principles and standards. Indeed, some partner informants to the evaluation, particularly those closer to community level (where application of principles and standards becomes all the more important), noted a desire and need for new or refresher training on key standards. Application of humanitarian principles (and the challenges therein) is discussed further under evaluation question 5.

The 2021 mid-term evaluation of the My Safety Project (which sought to determine alignment with different standards) noted that UNFPA Yemen contributes to, and is directed by, humanitarian coordination mechanisms in Yemen. This was found to be evidence of adherence of UNFPA to humanitarian principles “specified in extant overarching humanitarian frameworks”¹⁰⁹, presumably UNDAF/UNSDCF and HRPs. A review of these documents across the evaluation period for some of these key principles indicates that some, if not all, of the key humanitarian norms and standards are cited in these strategic or planning documents. The table, below, illustrates the trends from 2015 to 2024 (the most recent HRP available).

Table 9: Humanitarian standards and principles in UNFPA and United Nations strategies, 2015-2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	UNDAF	UNSDCF
Humanitarian principles	x		x	x	x	x	x	x	x	x		
Core humanitarian standards				x								
Do no harm				x			x	x	x	x	x	x
AAP	x	x	x	x	x	x	x	x	x	x	x	x
Sphere							x	x		x		
MISP		x	x	x	x	x	x		x			
LNOB									x		x	x

As can be seen, the most frequently cited standards are AAP, humanitarian principles (although not referenced in either the UNDAF or its successor the UNSDCF) and the principle of ‘do no harm’. MISP, while cited in all but two of the HRPs, is a technical standard that would not necessarily be expected to be referenced in high-level agreements such as UNSDCF or UNDAF. Further, the findings of the 2023 Inter-Agency Humanitarian Evaluation of the Yemen crisis indicate that the inclusion and integration of key standards and principles (notably humanitarian principles) suffered from the absence of a “collective approach to the[ir] operationalization and application”. Among several examples of limitations in this area, the evaluation noted that the application of humanitarian principles under the response were “not regularly discussed at HCT meetings”.¹¹⁰

¹⁰⁹ Mid-Term Evaluation of the Project: My Safety, Our Future: The Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen, UNFPA, 2021.

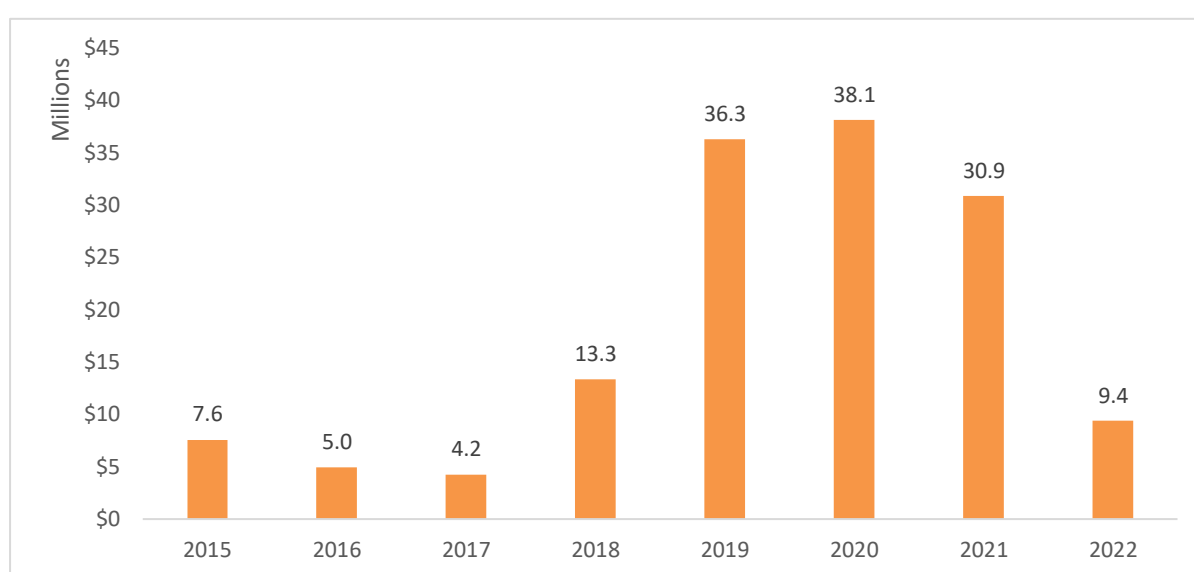
¹¹⁰ Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022.

Evaluation question 3. To what extent has UNFPA: (1) ensured access to, and use of, reproductive health and GBV services (including by vulnerable and marginalized groups and youth); and (2) contributed to improvements in the production, dissemination and use of reliable population data?

Finding 10: UNFPA has been, and remains, one of the few providers of support to providers of reproductive health and GBV services amid the widespread deterioration or lack of service quality, quantity and availability in Yemen.

The evaluation gathered a variety of perspectives from key informants representing a wide variety of institutional duty-bearing stakeholders in Yemen regarding the UNFPA role in supporting reproductive health and gender and GBV services in Yemen. Insights drawn from these expert views highlight the significant role UNFPA has played in these areas.

Figure 8: UNFPA Yemen reproductive health programming disbursement 2015–2022



Source: ATLAS data 2015-2022.

Reproductive health

As displayed in the chart, right, UNFPA has disbursed over \$144 million in the period from 2015 to 2022 on reproductive health programming, constituting 57 per cent of overall programming expenditure. These resources were targeted on three main areas¹¹¹:

- Improving access to high-quality maternal health and family planning services;
- Generating increased demand for family planning and other reproductive health services;
- Enhancing youth-friendly reproductive health services and life-skills education.¹¹²

Evaluation interviewees, both internal and external to UNFPA, highlighted the value of UNFPA-supported programming, which has been fundamental in providing essential reproductive health services for women and girls, especially during the 2015-2017 period – a time when these services were heavily affected by the prevailing crises in Yemen. This period was characterized by effective and swift response by UNFPA, even as the humanitarian challenges mounted, emphasizing efficiency and

¹¹¹ Data from UNFPA annual reporting 2015-2023.

¹¹² A more comprehensive list of programme activities supported by UNFPA can be found in Appendix 6c (3).

adaptability.¹¹³ Respondents from external agencies highlighted their perceptions of clear differences between reproductive health facilities with and without UNFPA support and the action taken to support facilities in significant need has been well-documented by UNFPA in periodic reporting.

Implementing partners note the presence of international and national NGOs and some other United Nations agencies (UNICEF, WHO) that provide reproductive health services complementary to UNFPA. However, they also highlighted that UNFPA support ensured either a higher quality of service or specific reproductive health services that are not available elsewhere (e.g. CMR) or free of charge. Evidence from primary stakeholders indicates that, without UNFPA supported reproductive health services and clinics, many thousands of women would not have any access to reproductive health services. UNFPA direct support (i.e. via payment of salaries and stipends) to medical staff also means they do not leave for private sector work, a common phenomenon.¹¹⁴ One facility that was supported by UNFPA carried out its first ever caesarean-section in 2021 with a UNFPA-supported doctor. Up to a million people have access to UNFPA-supported services. Without this support, they would lose access to services such as family planning, in particular, as the administrations (particularly in the North) are unlikely to allocate resources to this service.¹¹⁵

At its largest extent (2018–2019) UNFPA reported directly supporting approximately 300 health facilities for reproductive health services throughout the country¹¹⁶, although the considerable variability in resources over time meant that support to such numbers could not be sustained¹¹⁷. Indeed, more recently, the overall strategy has focused on consolidating higher-quality and more consistent support to a smaller number of strategically-chosen facilities.¹¹⁸ This is discussed further under evaluation question 5.

Gender, gender-based violence and women protection

While robust and reliable estimates of the prevalence of GBV are difficult to measure quantitatively, a considerable amount of well-grounded and widely accepted analysis of the risks and reality of gender-based discrimination, violence and other infringements on the rights of women and girls (as well as vulnerable men and boys) has been published in Yemen in recent years.

From a quantitative perspective, Yemen has been consistently placed at the bottom of indices that measure gender inequalities¹¹⁹. The ongoing crisis has exacerbated these inequalities, restricted access to economic activities and basic services, and contributed to widespread increases in GBV, despite acknowledged significant underreporting. An analysis of the cycle of GBV in Yemen, conducted in 2023 by an independent research body supported by the GBV Area of Responsibility (GBV AoR) notes that “The available literature, anecdotal evidence, and experiences of both national and international responders all point to an increase in reported GBV incidents and risks”.^{120,121}

The increase in GBV in Yemen is driven by several factors, including the breakdown and ineffectiveness of legal systems and lack of recourse, a culture of impunity for perpetrators, conflict-induced poverty and traditional discriminatory gender roles.¹²² This is particularly the case for IDPs, of which women

¹¹³ Implementing partner, Government key informants.

¹¹⁴ UNFPA implementing partner key informant.

¹¹⁵ UNFPA Annual Humanitarian Response Hub, unpublished Yemen country note, 2022.

¹¹⁶ This does not include a much more substantial number of facilities that benefited from the contents of the UNFPA-supplied Reproductive Health kits - this is discussed further below.

¹¹⁷ By end of 2020, the number of facilities supported had dropped to 108, as reported in the SIS (internal) Annual Report - Republic of Yemen, UNFPA 2020.

¹¹⁸ UNFPA key informant.

¹¹⁹ E.g. the World Economic Forum's Global Gender Gap Index

¹²⁰ Understanding the Cycle of Gender-Based Violence in Yemen, ACAPS Analysis Hub, 2023

¹²¹ A Gendered Crisis: Understanding the Experiences of Yemen's War, Sana'a Centre for Strategic Studies, 2019

¹²² Ibid.

and children account for approximately 75 per cent in Yemen.¹²³ Similarly, with respect to harmful practices such as child marriage, there are either minimal changes in their prevalence, or increases. In 2013, according to data from the Yemen DHS, 32 per cent of all young women aged between 20 and 24 had been married before the age of 18, and 9 per cent before the age of 15. The 2023 MICS measured a under-18 marriage rate of 30 per cent, and an under-15 marriage rate of 6.5 per cent, a minimal reduction over a decade.

Box 1: The emergence of digital GBV in Yemen

One of the key entry points for gender-related programming in Yemen for UNFPA partners is the provision of economic empowerment training – key skills that can be used to generate an income for women, girls and their households.

UNFPA implementing partner staff in Mukalla highlighted how attendees at their safe spaces are increasingly requesting training on the repair of mobile smartphones. As well as being an emerging economic opportunity with the rise in online mobile connectivity, women are seeking to assist others in preventing the spread of digital GBV. Frequently, when women hand over mobile smartphones for repair to shops run by men, they find their personal photos already on the phones are copied by the technicians and either posted on social media or used for blackmail purposes by the perpetrators. This can lead to violence if and when such incidents are discovered by conservative family members, further eroding the already-limited rights and empowerment of women.

Although conservative communities in some parts of Yemen are resistant to the concept of women phone technicians, this is an emerging skill area supported by UNFPA via its partners.

The clear evidence of increased GBV risks and increases in the reality of GBV in Yemen available from the literature (and highlighted within key planning documents such as the annual HNOs and HRP) corresponds to a wide range of qualitative primary evidence from evaluation informants. For example, case managers from UNFPA implementing partners highlighted a trend of escalating incidence of GBV over the past decade. Typical types of violence include domestic, economic, physical, and sexual violence. More recently, cyber and digital violence and blackmail have emerged due to increases in online connectivity (see box, above). In addition, partners noted an increase in divorce, forced and child marriages – often triggered by crises – and internal displacement and poverty.

Against this backdrop, UNFPA, even more so than for reproductive health, is seeking to fulfil its mandate as the provider of last resort for GBV services. This is particularly challenging given the social, cultural and political challenges that engaging in work related to gender, women and girls' rights, GBV and harmful practices present across Yemen, albeit to a somewhat lesser extent in the southern-administered portion of the country. These challenges, particularly in conservative communities and those northern areas controlled by Ansar Allah, have obliged UNFPA to look for non-traditional entry points to gender and GBV work in many areas, which limits the extent to which its mandate can be exercised (discussed further below).

UNFPA is one of the only GBV service providers. Government services are not functioning, civil servants have not been paid for years, facilities are only supported by NGOs and the United Nations...but 75 per cent is by UNFPA. UNFPA provides a major contribution to critical services for women – without this there'd be nothing.

- UNFPA key informant

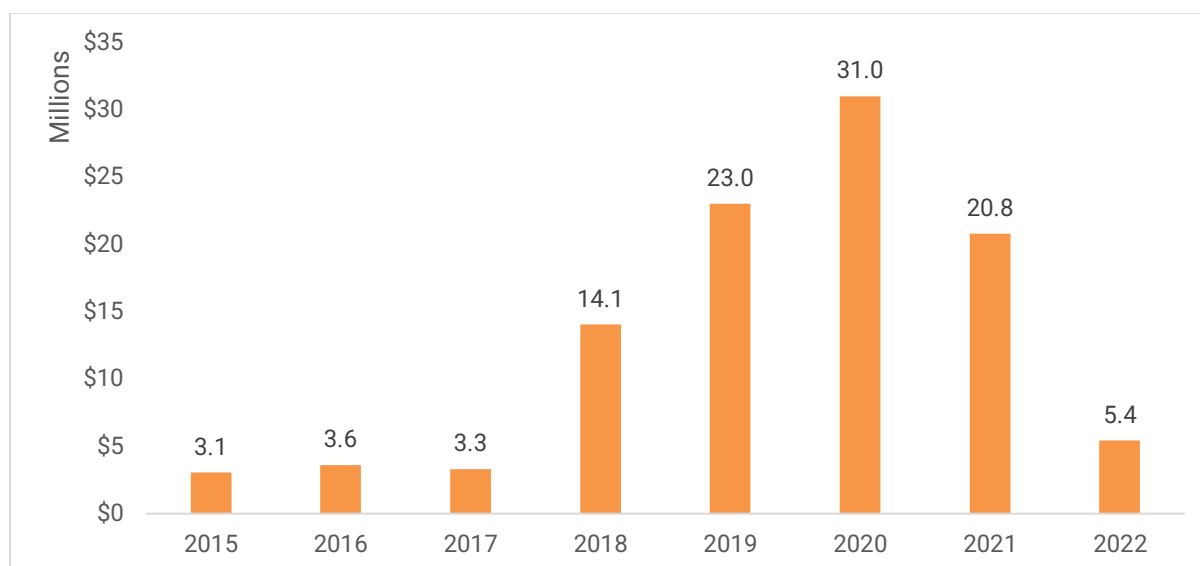
¹²³ Ibid.

This perspective, that UNFPA is the most significant of a small community of GBV service providers and provides services that would otherwise be unavailable is shared by virtually all stakeholders consulted for the evaluation. It triangulates well with the evidence from external stakeholders and service providers in the area of GBV/women’s protection and empowerment. The substantial waiting lists for admittance to safe spaces that provide training, noted by UNFPA staff and several partners, is testament to the unmet demand for services, albeit with the livelihoods training being a major draw (discussed further below).

UNFPA Yemen has implemented various initiatives to empower men, women, boys and girls in exercising reproductive rights and preventing child, early and forced marriage (CEFM), female genital mutilation and cutting, and GBV. As shown in the chart, right, UNFPA Yemen has disbursed over \$104 million on gender-related work (including on the RRM mechanism) between 2015 and 2022, comprising 41 per cent of overall programmatic expenditure. Key activities between 2015 and 2023 focused on the areas of awareness-raising on reproductive rights (especially to prevent CEFM, female genital mutilation and cutting, and GBV), and improving and expanding responses to GBV. A comprehensive list of key activities undertaken, drawn from UNFPA reporting, is provided in Appendix 6.

Implementing partners noted that other actors may provide non-core support services such as vocational training or education, but few other centres provide services only to women. This is crucial for ensuring optimal support to women, as traditions and customs do not allow mixing between men and women in one place. Community members that attend UNFPA-supported spaces also attest to this. Primary data gathered from safe space staff and attendees in 2021 as part of annual reporting of UNFPA Yemen activities attested to the importance of these spaces and how they would have little or no recourse in their absence.

Figure 9: UNFPA Yemen gender programming disbursement 2015-2022



Source: Evaluation team.

[Without the WGSS] I would remain illiterate and would not learn reading and writing, nor have any skill or knowledge. There is no other service.

- FGD Participant, WGSS, Sana’a

Finding 11: Despite the considerable positive work for women and girls, issues of quality, accountability to affected people, and realization of basic rights exist within supported services.

The positive perspectives cited above are counterbalanced by accounts of challenges and deficiencies in some of the GBV services supported by UNFPA. For example, rights-holders attending evaluation FGDs report a lack of accessible and effective support systems. For instance, shelters that are meant to provide refuge can fall short of meeting the basic needs of survivors. Women described experiences of confinement within these shelters, where their movements are heavily restricted. They are not allowed to open windows or go outside without explicit permission, which undermines their autonomy and sense of safety. While there may be justification for precautions to ensure a secure environment for survivors in the difficult context of Yemen, a lack of freedom equally may exacerbate feelings of trauma and helplessness, making it difficult for survivors to heal and regain control over their lives.¹²⁴

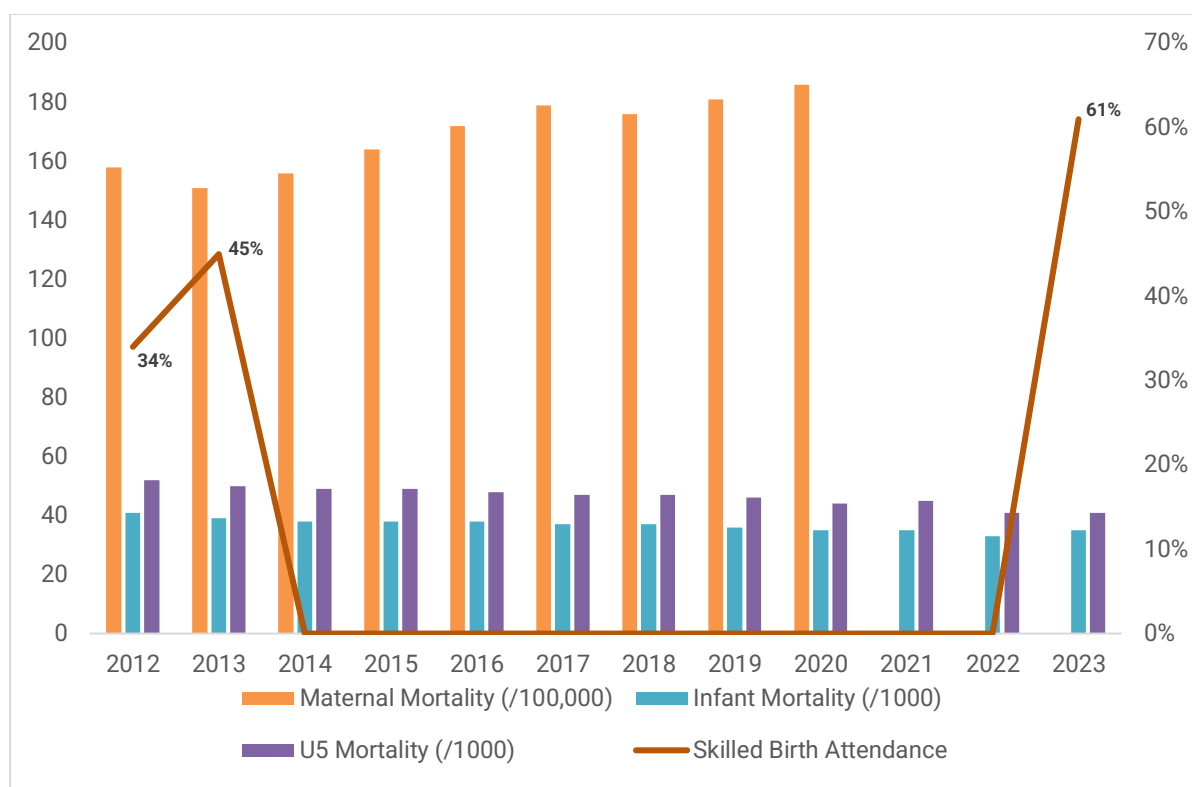
Moreover, rights-holders contributing to the evaluation also report all available health services (not just, but particularly reproductive health) being frequently inadequate. While some of these issues (such as a lack of essential medical supplies, staff or facilities) are a consequence of chronic resource shortages affecting all actors, others are a consequence of poor oversight or training, for example, the absence of privacy during consultations which can lead to further trauma. Exploitation and unethical practices by GBV service providers is also a significant concern for which evidence has emerged and is not reflected in UNFPA-managed monitoring (e.g. via third-party monitoring). Such first-person reports indicate that some shelter managers and implementing partners may prioritize their personal or organizational interests over the well-being of survivors and of other staff. For example, there are instances where women are coerced into silence regarding inappropriate demands or manipulated by those in positions of power within the service delivery framework. Some women reported that staff members demanded personal favours or remuneration in exchange for support, creating an environment of exploitation that further victimizes those seeking help. Although these accounts are anecdotal, that is, not representative of the entirety of services, such evidence suggests a potential need for more accountability and oversight of partners and improved attention to existing feedback mechanisms to ensure no harm is done and that diminishing resources are carefully managed.

Finding 12: Although quantitative evidence on key reproductive health indicators is lacking, anecdotal evidence indicates that, where UNFPA Yemen provides support, lives have been saved and suffering alleviated.

The evidence from both primary and secondary sources clearly demonstrates the deterioration or lack of quality, quantity, and availability of reproductive health, GBV, youth and population services in Yemen. Evidence from these sources underscores the increased challenges that these sectors encounter amid the decade-long crisis.

¹²⁴ FGD participants, locations and other identifying information is confidential.

Figure 10: Key reproductive health indicators for Yemen 2012–2023



Source: Evaluation team.

The chart, above, visually represents data on a number of important reproductive health indicators in Yemen between 2012 and 2023 (the most recently available data, though much of the data is estimated). Yemen has either deteriorated or remained static in many measures.

Maternal mortality, one of the main areas where UNFPA seeks to make a difference, has consistently increased in Yemen between 2013 and 2020 (the last year for which estimates are available), although skilled birth attendance has increased from 45 per cent in 2013 (when the last DHS survey was completed in Yemen) to 61 per cent in 2023, as assessed via the UNICEF MICS. Infant and under-five mortality rates have shown some very small declines or remained largely unchanged. All indicators are among the poorest in the middle east region (the average maternal mortality rate for the Arab world in 2020 was 132 and the infant mortality rate was 24; Yemen is 41 per cent and 46 per cent higher than these rates, respectively).¹²⁵

Anecdotal data from primary sources triangulates well with these figures, and even suggests that they may be overly optimistic. Access to reliable data is a major challenge in Yemen, with stakeholders noting that limited availability of data in Yemen hinders the ability to accurately assess the decline in the quality, quantity and availability of reproductive health and GBV services.¹²⁶ UNFPA has conducted periodic service mapping, but this is a resource-intensive activity (particularly with respect to ensuring regular updates) and has not been undertaken consistently.¹²⁷

Stakeholders noted that the absence of accurate data was particularly challenging during the early stages of the crisis (2015-2017), a period of substantial reductions in the availability and likely quality

¹²⁵ Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, United Nations DESA population division).

¹²⁶ Implementing partner key informants.

¹²⁷ UNFPA, implementing partner, service provider key informants.

of reproductive health services in Yemen due to the conflict.¹²⁸ In response to this, UNFPA has consistently supported provision of reproductive health services via a substantial number of initiatives or supported partners to enhance access to reproductive health services. This has been notable in remote rural areas through, for example, support to the national midwifery strategy and programme – noted by internal and external interviewees as a key initiative contributing to safe deliveries and basic reproductive health, during humanitarian crises.

Evidence from a range of implementing partners/service providers and others engaged in the health sector suggests that women attending facilities supported by UNFPA have experienced improved health outcomes through both increased access/availability and improved service quality in a context where national resources are severely lacking. These stakeholders report (anecdotal) decreases in mortality rates and increases in normal deliveries in such facilities, indicating a perception of effectiveness of UNFPA-supported interventions. As well as improvements in reproductive health outcomes, stakeholders also noted the following additional output/outcomes (many of which were articulated in the theory of change for UNFPA Yemen programming reconstructed for this evaluation):

- Improved community support (particularly in conservative communities such as in Hodeida Governorate) for UNFPA-supported reproductive health interventions, recognizing their role in saving lives and improving maternal health.
- Improved community knowledge regarding family planning and reproductive health, which has led to an increase in the number of women seeking these services, reported by partners as a direct result of UNFPA-supported educational initiatives and outreach efforts.
- Increased patient passthrough in supported facilities, with increasing numbers of facility deliveries.
- The provision of free emergency kits and delivery services has further enhanced accessibility and acceptance among the community.
- Improved rights-holder satisfaction with the quality of services provided by UNFPA in health centres. While not all services are entirely free, the cost-effectiveness and quality have been highlighted as significant benefits by participants in FGDs.

Finding 13: In its efforts to identify entry points and innovations to mitigate and prevent GBV and harmful practices in Yemen, UNFPA risks moving beyond its core mandate areas.

UNFPA Yemen has faced significant challenges in addressing GBV due to the prevailing socio-political context, particularly in the north of Yemen. Conservative communities and administrations have been resistant to discussion or engagement on GBV. Further, a demonstrated willingness by the administration in the north of Yemen to sanction those of the humanitarian community that are confrontational with respect to such issues, or deemed disrespectful to cultural red lines, has necessitated a careful approach in managing cases and advocating for GBV issues.¹²⁹ Inherent competitiveness between international actors and a lack of unity when such sanctions are threatened or implemented further limits the ability of agencies to push the limits of their mandates.¹³⁰

Looking at the wider humanitarian community, this has manifested itself as a general disregard for gender mainstreaming and GBV programming, despite widespread and continued acknowledgement of the need for this.¹³¹ For UNFPA, successive management incumbents therefore minimized the

¹²⁸ UNFPA, implementing partner key informants.

¹²⁹ UNFPA (former) senior management key informants.

¹³⁰ Section 3.9, Inter-Agency Humanitarian Evaluation for the Yemen Crisis, 2023.

¹³¹ See the Inter-Agency Humanitarian Evaluation for the Yemen Crisis, 2023, which highlights the failure of the international community, from the HCT downwards, to meet gender mainstreaming milestones. The IAHE evaluation notes the difficulty of negotiating sensitivities around gender mainstreaming with authorities, but also cites evidence from interviewed female stakeholders who claim “they [Yemen humanitarian leadership] did not even try”.

nationally-focused advocacy or activist role of UNFPA in GBV and sought more acceptable entry points for programming targeted towards women and girls, although more recent (from 2022 onwards) renewed advocacy efforts are starting to pay dividends. Examples of the significant areas that have been or are being addressed are as follows:

CEFM, and female genital mutilation: In response to the urgent needs and widespread acceptance of these harmful practices (particularly of CEFM), UNFPA has engaged in limited location-based awareness-raising activities (especially in coastal areas) and advocacy for policy change (in the south of Yemen) as well as joint programming on CEFM with UNICEF. However, the lack of concrete evidence or data to measure the impact of these initiatives poses a challenge to their effectiveness and sustainability.

Government engagement: The development and endorsement of GBV Standard Operating Procedures (SOPs) has been a lengthy process, marked by delays and challenges in gaining government approval. Despite these hurdles, there is a sense of progress as the government is beginning to engage more with UNFPA on these issues.

Economic empowerment: The use of economic empowerment and livelihood training activities has also contributed to improving the lives of beneficiaries, fostering a sense of community and support and thus changes in community attitudes towards discussing GBV, a growing recognition of the problem, and an increasing demand for services.

Women's empowerment and awareness: The engagement of women in more 'mainstream' programming has led to increased awareness and empowerment. Many participants reported a transformation from feelings of depression and helplessness to becoming educated and empowered individuals who are more confident in facing societal challenges.

UNFPA implementing partners provided evidence of the limited norms changes that are slowly taking place. One (national NGO) partner noted how targeted communities were initially mistrustful and sceptical regarding their organization and the safe space it supported. However, over time, the economic empowerment and livelihoods training activities have led to acceptance of the spaces as net positives for the communities. The partner noted how "fathers come to enrol their daughters" due to the positive economic impact on women who are involved (although enrollees must meet admission criteria).

Multi-purpose cash: The use of multi-purpose cash as a tool for economic empowerment of GBV survivors has also proven an impactful initiative since 2016, when UNFPA and the British Council collaborated with the Charitable Society for Social Welfare and Yemeni Women's Union to support 40 women survivors of GBV in Hajja and Hodeida governorates through the British Council's Springboard programme. A 2017 impact assessment of this initiative found that the combination of training and cash interventions enhanced the participants' self-perception, economic independence, and social support networks, leading to sustainable and long-term positive changes in their lives.¹³² Since this initiative, UNFPA Yemen has significantly scaled up its cash programming, with numbers of recipients jumping significantly from 260 to over 6,000 between 2018 and 2019, although reported numbers are unavailable for all years. A 2023 annual regional review of UNFPA humanitarian programming, which included primary data collection among rights-holders in Yemen, found that the majority of respondents felt that cash for transport contributed significantly to their ability to access services necessary to recover from the conditions of violence.¹³³ In its efforts to generate entry points for gender-related programming, UNFPA risks moving beyond its core mandate areas.

¹³² Springboard Programme and Cash Interventions for Gender Based Violence Women Survivors in Hajja and Hodeida Governorates, Yemen Impact Assessment Report, Sarah Ahmed, 2017.

¹³³ 2023 Impact Assessment of UNFPA's Multi-Country Response to Humanitarian Crises, UNFPA, 2023.

As well as the cultural, social and institutional challenges to changing social norms, particularly in northern regions where such resistance is stronger, the “well-oiled machine” of UNFPA humanitarian programming (as described by a donor, see evaluation question 8 below) is an indication of strong UNFPA integration into the humanitarian response community. The shortcomings of this community vis-à-vis gender mainstreaming can present additional burdens on UNFPA in exercising its mandate in relation to gender. For example, the focus on income generation and economic empowerment activities for women as an entry point for gender work has led to increasing demands to emphasize this aspect of work and increase the provision of such services substantially (UNFPA stakeholders reported discussions on potentially increased linkages and joint work with UNDP in this area, which is more in line with the latter’s mandate). While this can be seen as a successful and innovative way to generate entry points for work more related to the UNFPA mandate on basic human rights for women and girls, it also brings risks of dilution of that UNFPA core mandate¹³⁴ and even exploitation of women and girls by their families. The example cited, above, by a UNFPA implementing partner, where fathers bring their daughters to enrol in economic empowerment and livelihoods training activities, can be interpreted as a recasting of entrenched attitudes of women and girls as resources to be exploited for the benefit of households or household heads. While this type of economic exploitation is minimally comparable to harmful practices such as CEFM (or arranged and temporary marriages to foreign men for cash¹³⁵), a denial of women and girls’ rights to other opportunities (such as taking them from formal education) may still be taking place as well as women being coerced into situations that compromise their safety and autonomy.

Finding 14: Scope for norms change is limited and, while there is evidence of some positive change at both community and government levels, UNFPA is unlikely to achieve significant progress towards its transformative results via current programming.

The evaluation has found some evidence of positive changes in attitudes towards GBV and harmful practices. Stakeholders interviewed for the evaluation highlighted how UNFPA-supported community outreach initiatives have been instrumental in fostering dialogue around these critical issues. The establishment of safe spaces has provided women with access to essential services and support, leading to a growing recognition of domestic violence as unacceptable. Stakeholders reported an increased demand for GBV services, indicating a shift in perception that empowers women to seek help and assert their rights. This transformation is evident in testimonies from women who have accessed these services, expressing newfound confidence in addressing GBV and advocating for their reproductive health needs.

Further, UNFPA work on community engagement emerges as a critical factor in shifting social norms. UNFPA’s collaboration with religious leaders and community networks (e.g. the “man to man” groups, which involve men in advocacy efforts, contributing to changing perceptions around gender roles) has facilitated discussions on GBV and harmful practices. These grassroots initiatives have proven essential in fostering a culture of support and understanding, as community members begin to challenge traditional norms and advocate for women’s rights. Involvement of men in these discussions has been particularly impactful, encouraging a collective approach to addressing gender inequality.

However, while there are more signs of progress in the south than in the north of Yemen, the overall pace of change is slow and coverage highly limited (see evaluation question 5), indicating that UNFPA efforts are unlikely to lead to widespread or systemic change. For example, innovative work with religious leaders (who incorporate messaging against GBV or harmful practices in their sermons on

¹³⁴ Noted by UNFPA and NGO partner key informants.

¹³⁵ The practice of *nikah mut’ah* (temporary marriages which offer a legal means of sex-trafficking of women for payment) was cited by key informants among UNFPA, implementing partners and female community members in FGDs.

Fridays) was reported to have reached 77 as of 2023¹³⁶ - this is a fraction of the total number of such leaders.

Despite the challenges, there are indications that GBV is becoming part of the national agenda, which presents an opportunity for UNFPA to engage. The endorsement of GBV SOPs in 2023 by the Ministry of Social Affairs and Labour (MOSAL), both in the north and the south, is a milestone which¹³⁷ signifies a growing acceptance of GBV programming within governmental frameworks, although concrete actions and legal frameworks remain inadequate.¹³⁸ Further, in certain regions, local authorities have begun to incorporate gender considerations into their health policies, reflecting a shift towards recognizing the importance of addressing GBV and harmful practices. However, challenges remain, particularly in the northern regions where political resistance persists.

Finding 15: UNFPA Yemen programming acknowledges the needs of vulnerable or marginalized groups, but it is limited by both the scale of need across most of the population and inherent quality challenges in ensuring it is fit for purpose.

UNFPA Yemen, across its reporting and according to its technical and managerial staff, strives to target vulnerable populations, including IDPs, women, and marginalized groups such as the Muhamasheen and PWDs.¹³⁹ This includes specific strategies to engage these groups effectively, for example, via UNFPA support to mobile teams that are deployed to remote areas to provide reproductive health services specifically to IDPs in camps, or to remote areas ensuring that these vulnerable groups have access to essential health services. UNFPA interviewees noted that they encourage IPs to proactively reach out to these vulnerable populations and prioritize their needs. Examples of UNFPA work to reach specific vulnerable populations are as follows:

Youth: The implementation of youth-focused programming has faced a mix of challenges in Yemen related to the social, cultural and political contexts. Despite this, UNFPA has sought to execute impactful programming among youth in Yemen over the course of the evaluation period. While dedicated funding levels for youth programming have represented a very small percentage of overall programming funding (between 0.5 and 1 per cent on average between 2015 and 2022¹⁴⁰), the original country programme aimed to mainstream the needs of youth throughout the programme and focus on the empowerment of young women.

Programming has therefore reflected a moderate youth focus since 2015. Some key examples drawn from UNFPA reporting¹⁴¹ include:

- In 2017, UNFPA reported supporting 52 interactive theatre shows aimed at raising awareness on child marriage and GBV issues in 26 districts, reaching a total of 9,809 young people.
- In 2019, weekly radio programmes on youth-specific population, health, and reproductive health issues were broadcast through three local radio stations in Sana'a, Aden and Ibb.
- In 2020, UNFPA partnered with young Yemeni YouTube influencers to reach 4.6 million people with awareness-raising campaigns on GBV on YouTube.
- In 2021, two youth service centres were established in Taiz and Aden. The centres provide young men and women with different services including capacity building, psychological support, legal support, health and reproductive health support, awareness on GBV and sport activities.

¹³⁶ UNFPA key informant.

¹³⁷ Reported by UNFPA key informant.

¹³⁸ UNFPA, NGO, implementing partner key informants.

¹³⁹ UNFPA key informants.

¹⁴⁰ UNFPA internal ATLAS financial data analysis by the evaluation team.

¹⁴¹ All examples drawn from UNFPA (internal) SIS Annual Reports for Yemen 2015-2021.

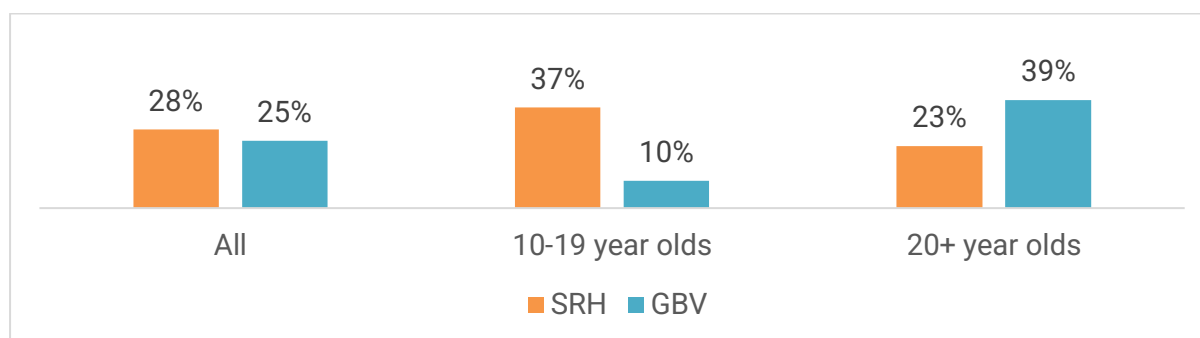
As far back as 2015, UNFPA noted that government administrations in Yemen were unlikely to give increased priority to adolescents, especially very young adolescent girls, in national development policies and programmes, particularly those that increased availability of comprehensive sexuality education and sexual and reproductive health. Further, the joint programme on the abandonment of female genital mutilation was suspended for almost two years (2015–2016) due to the security situation in Yemen, although it restarted in 2017.

Youth also face issues accessing general health services, particularly adolescent girls, and with particular difficulties accessing reproductive health services. Intersectional challenges, such as caring responsibilities or disabilities, compound these difficulties. Some of these challenges are cultural or legal (the Mahram [male relative chaperone] requirement); others are security related, while others still are related to the accessibility and affordability of transport to health centres, or indeed the lack of youth health-friendly services around reproductive health and mental health.¹⁴²

Youth programming in Yemen has also faced challenges with respect to political considerations; young people can be viewed as resources by authorities in an increasingly polarized conflict, with access to them and messaging that they receive heavily constrained.¹⁴³ Therefore, as with other areas of the UNFPA mandate and programming deemed ‘sensitive’, youth programming is more challenging in the north than the south. In the south, for example, UNFPA reports good engagement with the Ministry of Youth and Sports and assisted in the development of a strategic plan for the youth sector between 2022 and 2023.¹⁴⁴

Persons with disabilities: Official data on the number of persons with disabilities in Yemen has not been updated since prior to the conflict. The WHO standard estimate is that PWDs comprise 15 per cent of any country’s population. In Yemen, this equates to over 4.5 million people with some form of disability. However, the conflict and impact of various nutritional, health and other problems linked to deprivation likely means the actual number is higher.¹⁴⁵ Although UNFPA cannot feasibly engage with any reasonable proportion of this population, since 2018 (when UNFPA first reported on persons with disabilities (PWD) benefiting from supported services), the number of PWDs reached has remained less than 1,000 per year (see chart). This is a very small proportion, not just of the population, but also of the population that do receive services supported by UNFPA. On average, 2.5 per cent of rights-holders reached by life-saving services between 2018 and 2023 were PWDs, considerably less than the likely proportion of the population.¹⁴⁶

Figure 11: PWDs supported by UNFPA reporting challenges in accessing services (2022)



Source: Evaluation team.

¹⁴² 2023 Impact Assessment of UNFPA’s Multi-Country Response to Humanitarian Crises, UNFPA, 2023.

¹⁴³ UNFPA, NGO key informants.

¹⁴⁴ UNFPA key informant.

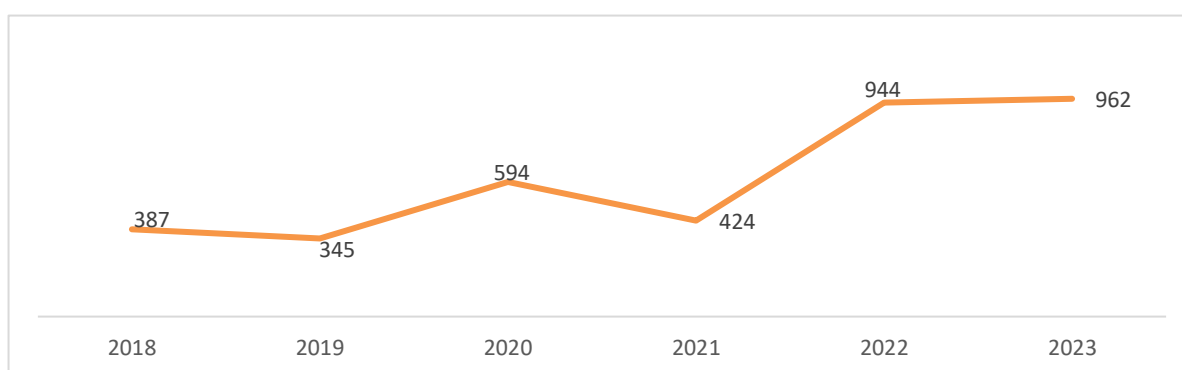
¹⁴⁵ Yemen Humanitarian Needs Overview, 2022.

¹⁴⁶ Data from internal SIS reporting 2018-2023.

UNFPA and partners report ongoing challenges in delivering services to PWDs, an issue primarily related to resources – investing in facilities or in human resources requires funding and/or expertise that is in short supply. For example, health facility staff note that PWDs have limited access to their facility, and a consistent excess of demand over supply for all services and all people, not just vulnerable groups. Reaching PWDs is also a challenge experienced by the RRM facility, discussed further below.

Work by UNFPA and partners in this regard has focused on ensuring supported facilities are physically accessible, but, as noted by UNFPA staff, “everyone is vulnerable – there is little space or means to tailor services. We are trying to prioritize the most needed cases”.¹⁴⁷ However, many PWDs still report challenges in accessing WGSS and women’s centres. The chart, right, highlights that, in 2020, 25–28 per cent of respondents across the two types of service delivery point found challenges, particularly young people accessing gender-based violence services, and older people for reproductive health services.¹⁴⁸ Implementing partners acknowledge these challenges but noted that they are working to include the vulnerable where possible.

Figure 12: Persons with disabilities receiving UNFPA-supported services 2018–2023



Source: SIS Annual Reporting.

Persons with disabilities can come [to our centre] if they are accompanied by their families, but it's not easy.

- Implementing partner staff, Hodeida

We had a pilot programme for people with visual impairment. We note that sometimes we might exclude them. For example, when they want to participate in sewing activities, and we don't have the appropriate capabilities to carry out such training for them, but we've worked to integrate them into other activities like handcrafts.

- Implementing partner staff, Sanaa

Vulnerable populations, such as adolescent girls, are particularly susceptible to the challenges of the conflict in Yemen, and the challenging socio-political dynamics that are both causes and consequences of this. For example, a 2023 evaluation of the UNFPA-UNICEF Global Programme to End Child Marriage highlighted the need in Yemen to make major adaptations to the programme since 2015 to keep it

¹⁴⁷ Reported in the 2022 Impact Assessment of UNFPA’s Multi-Country Response to Humanitarian Crises, UNFPA, 2022.

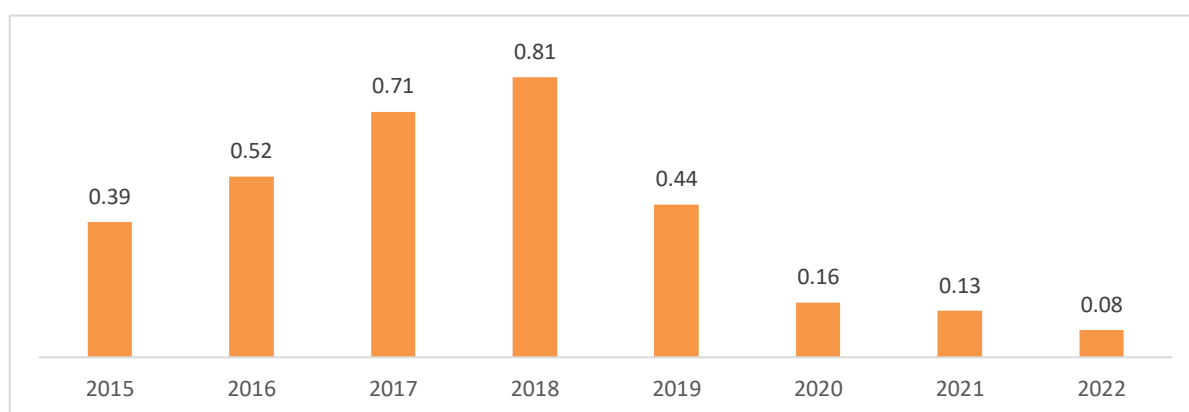
¹⁴⁸ Ibid.

operational. A key change has been a decision not to work directly on the component related to laws and policies (focusing instead on education and health), with government engagement restricted to the internationally recognized government in the south.¹⁴⁹

Finding 16: UNFPA Yemen support to population data systems and structures in Yemen contributes to sustaining functionality, with emerging opportunities to generate or use population data for substantive programming efforts.

Since 2015, the population data infrastructure of Yemen has suffered greatly from the division of the country into two competing factions. The work of the Yemen Central Statistics Organization (CSO) in its data collection, analysis and dissemination efforts has been enormously hampered by a lack of national resources, political sensitivities and administrative hurdles, particularly in the northern regions.¹⁵⁰ In addition to a scarcity of resources, initiatives have faced delays and cancellations due to the need for governmental authorization, which is often not granted.

Figure 13: UNFPA Yemen population data programme disbursement, 2015-2022 (million USD)



Source: ATLAS data 2015-2022.

A significant challenge faced by UNFPA and other members of the humanitarian response community in Yemen is the lack of reliable and up-to-date data on vulnerable populations. Data used for programming is often outdated, with the last comprehensive census conducted in 2004. The reliance on old data hampers the ability to design targeted interventions for vulnerable groups, with many organizations relying on outdated information. There is a pressing need for updated population data to inform programming, but donor interest in funding these initiatives remains low, further complicating the situation.¹⁵¹

In furtherance of its mandate in this area, UNFPA Yemen has played a very significant role in collecting, analysing and disseminating data on population dynamics in Yemen. The country office has, over the course of the evaluation period, and despite the challenges of the humanitarian crisis, worked with a variety of government and non-government stakeholders to advocate for policies that address population challenges and promote sustainable development.

The overall proportion of funding that is made available to this sector (in comparison to other mandate areas) is very low – never more than \$1 million per year (see the chart, right). On average, 2.6 percent of annual funding goes to population dynamics programming, though it has ranged from 8.9 percent in

¹⁴⁹ Evaluation of the UNFPA-UNICEF Global Programme to End Child Marriage, UNICEF, 2023.

¹⁵⁰ UNFPA, Government key informants.

¹⁵¹ Ibid.

2017 to 0.2 percent in 2021¹⁵²). However, evidence from internal and external stakeholders indicates that the very limited funding is put to good use, not just producing outputs that are useful to national stakeholders, but also providing a measure of 'life-support' to the national population data institutions that would otherwise likely completely collapse, further contributing to the failure of public institutions in Yemen. Since 2015, UNFPA Yemen's reported activities in population data can be summarized into several key areas (a more comprehensive list of activities is provided in Appendix 6e (5)):

- Data collection, analysis and publication of reports;
- Support to policy development for use of data;
- Capacity building of national and local actors in use of data;
- Collaboration and communication.

Through these activities, UNFPA has supported the functionality of population data systems by engaging with the key local partners and building capacity. From 2018, in the south, where government infrastructure was absent or damaged, UNFPA initiated efforts to rehabilitate facilities, provide necessary equipment and train local staff, which has led to improved services and quality of data collection.

Further, the work that is undertaken by the key partners, for example, the national population projections produced annually (for each governorate and district disaggregated by sex and age) by the CSO, are crucial not just for maintaining legitimacy of an important government institution, but also for programming. This data is widely trusted by actors in the field and is used annually for determining humanitarian needs and priorities via the HNO and HRP. An important milestone in data collection for the CSO in 2023 was the publication (with UNFPA support) of the Multiple Indicator Cluster Survey (MICS) in 2024, which is expected to further enhance the quality and reliability of population data in Yemen.¹⁵³ Further, key thematic publications contribute to furtherance of other UNFPA mandate areas. Examples reported by UNFPA and partners include:

- The National Framework for Gender Statistics;
- National Women and Men Report;
- National Report on Progress on SDGs in Yemen;
- Various geographic information systems governorate and district-level datasets on population and infrastructure for use in planning and monitoring;
- Preparation of the ICPD framework and guidelines for integrating population issues into development plans;
- Household budget surveys;
- Studies on the economic, social, and health situation and conditions of displaced families;
- Production of a demographic dividend profile as an advocacy tool;
- Guidelines for religious leaders on population issues;
- Radio programming on population, health and reproductive health issues.

Although a detailed review of the level of use of each of these publications or analyses across programming in Yemen is beyond the scope of this evaluation, many stakeholders cited the importance of accurate population projections (via the HNO and HRP, which are the basis for much humanitarian response programming in Yemen) and, crucially, the publication of the MICS (the first significant population-level analysis in Yemen since the 2013 Demographic and Health Survey).

Finally, capacity-building of local partners and organizations in the region has been noted by UNFPA and population partners as having led to many NGO partners building significant expertise in population data, particularly in the northern regions, while the southern regions started from a very low capacity and a virtually non-existent infrastructure. Thus, from a very limited baseline, and with very limited

¹⁵² UNFPA internal ATLAS data.

¹⁵³ UNFPA, United Nations agency, Government key informants.

resources, UNFPA has sustained and nurtured the sector and continues to successfully exercise its mandate despite substantial challenges.

Evaluation question 4. To what extent have UNFPA interventions within the framework of the RRM contributed to the improved survival and safety of vulnerable displaced families?

Finding 17: Although outside its mandate areas, assumption of responsibility for the RRM has provided UNFPA Yemen with opportunities to grow its resource base and further its core mandate, although these could be more effectively leveraged.

Commencing in mid-2018, UNFPA Yemen's achievements in providing RRM assistance to displaced families include:

- Provision of lifesaving emergency supplies and economic empowerment initiatives to newly displaced people through the RRM;
- Outreach efforts extending assistance to approximately 600,000 households/4.2 million individuals;
- Comprehensive enrollment and assistance for displaced families, covering up to 22 governorates (as of 2022; 207 in 2024);
- Distribution of essential supplies such as food, family hygiene kits and dignity kits;¹⁵⁴
- Development of protocols for gender-based violence and referral pathways, enhancing support structures.

The management and implementation of the RRM by UNFPA was a key achievement by UNFPA in terms of improving and increasing its operational footprint, profile and resource base. With the benefit of a positive experience of a previous similar initiative in Iraq,¹⁵⁵ UNFPA was well-positioned to take advantage of an acknowledged need to revisit and improve the management of the mechanism. Designed and co-led in the 2016–2017 period by initial implementing agencies Action Contre la Faim (ACF) and UNICEF, stakeholders report that it faced a variety of operational challenges in its early years, including inaccurate lists of support recipients, difficulties obtaining government authorizations, internal agency bureaucratic delays, and poor transparency and accountability systems.¹⁵⁶

In 2018, UNFPA was tasked with addressing these challenges through overall RRM management. Direct evidence from stakeholders involved in the RRM at the time indicates that the country office was very successful in doing so, with many interviewees praising the competence demonstrated by UNFPA in adeptly negotiating previously intractable issues.¹⁵⁷

While the efficiency of the RRM is discussed further under evaluation question 8, two key operational achievements of the UNFPA management of the RRM were:

- A significant reduction in the turnaround time for aid delivery. Originally, the process was reported to sometimes take several weeks (and even months for some components), but UNFPA has been cited as successfully closing the gap to reach the target of delivering assistance within 72 hours of a displacement event. For instance, the establishment of over 50 warehouses and a robust logistics framework has allowed UNFPA to pre-position supplies

¹⁵⁴ Food, i.e. immediate ready rations (IRR), is procured by WFP and distributed by UNFPA. Basic family hygiene kits (BHK) are procured by UNICEF and distributed by UNFPA.

¹⁵⁵ The 2018 Resident Coordinator and UNFPA Country Representative for Yemen both had prior experience with the Iraq RRM, a similar model which reached almost 2.5 million displaced people between 2014 and 2017. Source: <https://iraq.unfpa.org/en/resources/iraq-rrm-operational-dashboard-december-2017?page=21>.

¹⁵⁶ UNFPA, United Nations agency, NGO key informants.

¹⁵⁷ UNFPA, United Nations agency, NGO key informants.

effectively. This proactive approach ensures that assistance reaches those in need promptly, thereby improving the immediate response.

- Data management and verification processes were significantly impaired by the accuracy of lists of support recipients, often relying on unverified data from local authorities (and hence liable to manipulation). However, the introduction of an enrolment-based modality that emphasizes triangulation of data from multiple sources has been reported to have led to a significant reduction in inaccuracies (cited by UNFPA source to have dropped from 90 per cent in 2018 to approximately 5 per cent, although other stakeholders warn that triangulation of sources can push validation beyond the 72-hour window¹⁵⁸). This rigorous approach to data collection and verification has improved the targeting of assistance and enhanced the overall quality of the humanitarian response.

The operational efficiency gained through the RRM has not only enhanced visibility and credibility of UNFPA among donors and stakeholders but has also positioned the organization as a frontline agency in humanitarian efforts.¹⁵⁹ For example, the ability to gather real-time data through trained personnel on the ground has strengthened the capacity of UNFPA to respond to emerging needs, particularly in the context of climate-related displacements and health emergencies (such as repeated cholera outbreaks that have affected over 2.5 million people since 2016 (see box below). This data-driven approach not only ensures that resources are allocated effectively but also enhances accountability.

Box 2: Cholera response in Yemen

Yemen experienced the world's largest recorded cholera outbreak from 2016 to 2022, with over 2.5 million suspected cases and 4,000 deaths. As of 2024, it was spreading across multiple governorates, worsened by heavy rains and flooding that increase water contamination risks. Health experts warn that, without adequate preparedness and response efforts, suspected cases could reach 255,000 by September 2024. Since its inception, with overall leadership from WHO, UNFPA and partners have addressed the outbreak via the RRM. This has been reported by agencies on the ground to have "massively increased" the acceptance of the RRM among community members, allowing it to expand geographically as well as sectorally. UNFPA Yemen volunteered to focus assistance on pregnant and lactating mothers affected by the crisis, thus leveraging the RRM assistance to address its core mandate.

The transition of RRM leadership from UNICEF to UNFPA has been widely noted as allowing the latter to assert its role as a key humanitarian actor in Yemen. This shift has facilitated better coordination among various stakeholders, including local NGOs and international partners. The establishment of the RRM as a stand-alone cluster in 2018 enabled UNFPA to streamline its operations and enhance its visibility in the humanitarian landscape. This has bolstered the credibility of UNFPA, opening avenues for collaboration with other organizations and expanding its resource base. The ability to lead and coordinate effectively has positioned UNFPA as a reliable partner in emergency situations, attracting further funding and support from donors who prioritize rapid humanitarian responses.

RRM is saving the face of our agencies when it comes to humanitarian action – we can move really quickly, particularly when a sudden emergency occurs.

- United Nations agency key informant

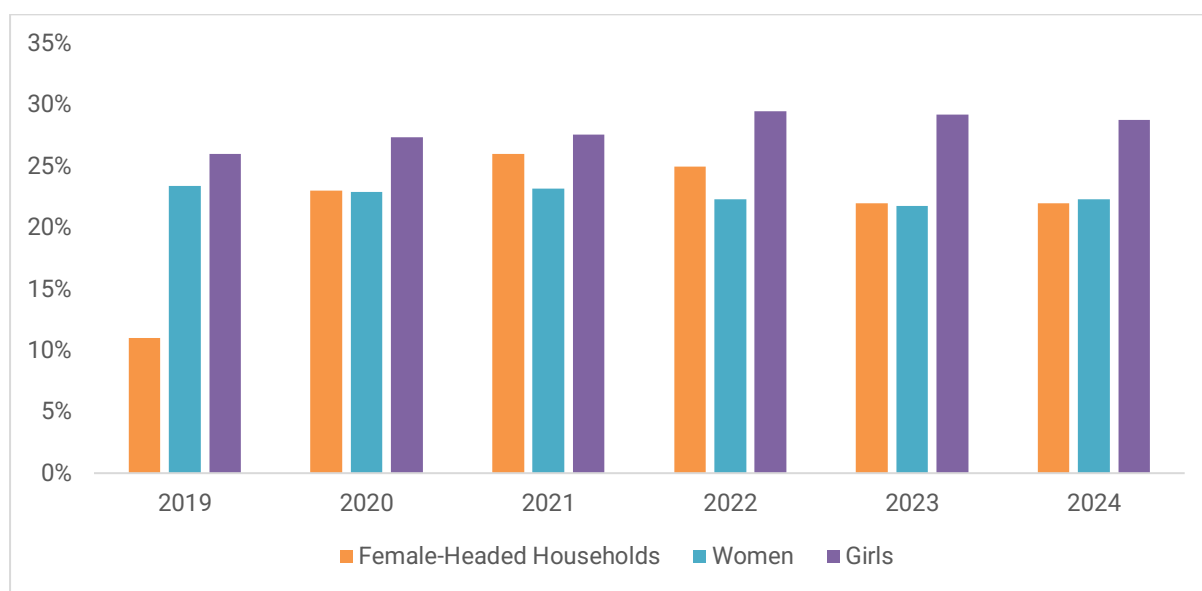
¹⁵⁸ United Nations agency key informants.

¹⁵⁹ UNFPA, United Nations agency, NGO key informants.

A notable aspect of the RRM is its gender-related dimension. The distribution of dignity kits and other essential supplies ostensibly considers the specific needs of women and children, who constitute a significant portion of the displaced population (although data is challenging to obtain, female-headed households are reported by UNFPA to comprise approximately 26 per cent of displaced households¹⁶⁰). By prioritizing gender inclusivity, UNFPA not only aligns with its core mandate of promoting reproductive health and gender equality but also enhances its appeal to donors who may be more willing to support gender-focused initiatives.

However, there is evidence to suggest that the RRM is not fulfilling its potential to address the UNFPA mandate. The inclusion of female-headed households in programming has indeed been presented by some stakeholders as being demonstrative of gender sensitivity by taking into account needs and vulnerabilities of women and girls, with development of related guidance and policies, not just for UNFPA, but for other RRM partners. For example, in their water, sanitation and hygiene (WASH) kit, UNICEF includes not just family, but some gender-sensitive items, or youth and adolescent items.

Figure 14 : Gender responsiveness of the RRM



Source: RRM Dashboard.

Nonetheless, other stakeholders interviewed for the evaluation considered the RRM a platform where gender considerations were often sidelined, with attention and resources being focused on the mechanics or logistics of efficient delivery of commodities rather than gender-responsive and vulnerability sensitive targeting or ensuring coherent, systematic and impactful referrals to other services. For example, the inclusion of female-headed households since 2019 has averaged 22 per cent (see the chart, right), below the estimated 26 per cent of such households cited above. This suggests that the allocation of RRM assistance is not specifically targeting female-headed households and could best be described as 'gender blind', rather than 'gender responsive' or 'gender transformative', according to the commonly used gender scale.

Similarly, there is little data available on referrals from the RRM to other services (such as gender-based violence or reproductive health assistance). Stakeholders noted these as a weak point of the RRM, with

¹⁶⁰ See: https://civil-protection-humanitarian-aid.ec.europa.eu/news-stories/stories/women-yemen-aspiring-life-free-violence-conflict-enters-9th-year_en#:~:text=About%203%2F4%20of%20the,the%20EU%2Dfunded%20skills%20training,&text=Yet%20discriminatory%20gender%20norms%20continue.support%20themselves%20and%20their%20families.

challenges in the quality of information available from second line response partners to whom referrals are made. Funding has been noted as a key constraint with respect to cross-sectoral interventions.¹⁶¹

Finding 18: The RRM is well-designed, appropriately targeted and effectively implemented, although longer-term needs cannot feasibly be fully met by UNFPA and RRM partners.

The design and structure of the RRM are pivotal to its effectiveness. Established in response to the humanitarian crisis following the Hodeida crisis in 2017, the RRM transitioned from an OCHA-led initiative to one spearheaded by UNFPA. The RRM's design allows for a rapid response within a 72-hour window, which is essential in a context characterized by frequent displacements and emergencies. While challenges remain in meeting this timeline with all services (such as MPCA or longer-term food packages – both outside the area of responsibility of UNFPA) due to verification processes and external demands, the core components of the mechanism (UNFPA dignity kits, UNICEF hygiene kits and WFP food) have generally succeeded in providing timely support to displaced populations. The ability to mobilize resources quickly has positioned UNFPA as a reliable partner in emergency situations, attracting further funding and support from donors who prioritize rapid humanitarian responses.

From a rights-holder satisfaction perspective, analysis of camp coordination and camp management (CCCM) cluster monitoring data collected by REACH between March and November 2021, showed that RRM was deemed “adequate” in 34.7 per cent of camp settings. A similar number (33.5 per cent) found the RRM provision inadequate, and the remainder (31.8 per cent) did not have access to RRM. While these numbers are not indicative of significant success, looking at RRM in comparison to other services (in the table, below), it is seen that RRM is significantly ahead of all other services assessed, which, on average, were rated as adequate in 8.1 per cent of sites.¹⁶²

More recent data from this monitoring mechanism, shown in the chart below, is also positive with respect to recipient perceptions. As shown, in just over half of sites (56 per cent), a small proportion of households saw provision of RRM as a gap. Only in less than one fifth of sites (18 per cent) did half or more households feel RRM was an important gap. This also contrasts favourably with other services; of these, the overall majority of households (86 – 100 per cent) saw other services as a key gap in an average of 37 per cent of IDP sites (data not shown in chart), compared to 10 per cent of sites for RRM.

Table 10: Proportion of RRM sites by perceived adequacy of services

	Service adequate	Inadequate	Non-existent
Education services	14.3%	30.9%	54.8%
Food distributions	6.0%	80.1%	13.9%
Healthcare services	6.6%	33.7%	59.7%
Livelihood services	0.6%	13.3%	86.1%
Multi purpose Cash distributions	2.8%	45.4%	51.7%
NFI distribution	12.5%	45.7%	41.8%
Nutrition services	9.9%	29.9%	60.2%
Protection services	19.6%	28.6%	51.9%
RRM distributions	34.7%	33.5%	31.8%

¹⁶¹ United Nations agency, implementing partner key informants.

¹⁶² REACH CCCM dashboard monitoring data. Cited in the Inter-Agency Humanitarian Evaluation of the Yemen Crisis, 2023, data accessed January 2022.

Shelter maintenance services	11.2%	26.9%	61.9%
WASH services	3.9%	34.1%	62.0%
Waste disposal services	2.2%	11.8%	86.0%

Adequate: At least 70% of the site population have access to a functional service.

Inadequate: Less than 70% of the site population have access and/or service is not functional/irregular.

Non-existent: Service not available within about 30 minutes' walk of the site.

The quality of supplies provided through the RRM is another theme that emerged from the context. Feedback mechanisms, such as third-party monitoring and community engagement, have been integral in refining the assistance provided. For instance, cultural sensitivities regarding the contents of dignity kits have been addressed through direct consultations with affected populations, ensuring that the aid is relevant and useful. Organizational stakeholders interviewed expressed satisfaction with the quality of the dignity kits, which include essential items such as reusable and disposable sanitary pads. Community feedback via focus group discussions has been overwhelmingly positive, indicating that the kits are well-received and meet the needs of the recipients. However, concerns were raised regarding the procurement processes and the quality of other supplies, such as medical equipment. A thematic expert pointed out that the quality of supplies can vary depending on the procurement processes of different organizations, highlighting the need for consistent quality assurance across all items provided.¹⁶³ Further, the contents of the kits need careful consideration and traceability to ensure concerns by all can be promptly addressed to minimize scope for delays. For example, a charge was made by authorities in 2019 and 2020 that some kit contents originated from Israel (which was not the case), a potentially damaging allegation that required quick repudiation.

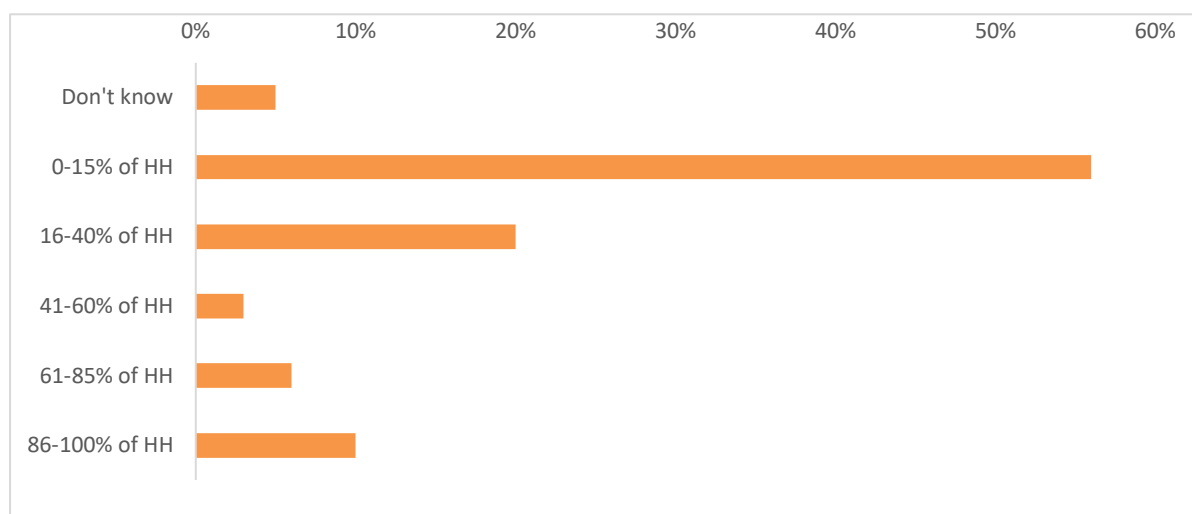
Finally, a key area that is not adequately addressed by the RRM is the targeting of vulnerable groups. In 2021, an analysis of the RRM by UNFPA¹⁶⁴ highlighted the exclusion of vulnerable groups such as PWDs and the stigmatized Muhamasheen ethnic group in Yemen, members of which are acutely vulnerable to displacement and are discriminated against in receipt of assistance. The analysis noted a commitment on the part of UNFPA to address this issue in future. However, there is little evidence that this has been followed up, and vulnerable populations are not visible among the tracking tools used. This said, implementing partners did highlight that needs assessments for the RRM incorporate data collection on such vulnerable populations as adolescents, PWDs and Muhamasheen (although the extent to which they are prioritized, if at all, is not clear).¹⁶⁵ Further, key protection concerns noted via the RRM Dashboard are both mental and physical disabilities, and elderly household members (60+).

¹⁶³ Donor key informant.

¹⁶⁴ Linking the Rapid Response Mechanism to the Provision of Cash Assistance and Women's Protection: Yemen Case Study, UNFPA 2021.

¹⁶⁵ UNFPA RRM implementing partner key informant.

Figure 15: Proportion of IDP sites where households identify RRM as a key gap, 2023



Source: REACH Dashboard.

Feedback from rights-holders that have received RRM assistance has also been positive in terms of quality and items, although, equally unanimously, they have highlighted the short-term nature of the assistance as a significant issue. For instance, rights-holders have reported that while they receive immediate relief, the lack of follow-up assistance leaves them vulnerable shortly after the initial aid is distributed. This highlights the need for better linkages to longer-term assistance programmes in line with the HDP-nexus approach to ensure that the basic needs of IDPs are met beyond the immediate crisis. This will also help avoid widespread dependence on international assistance such as the RRM which potentially inhibits nationally-led recovery solutions and ‘rent-seeking’ behaviour among populations, authorities and civil society (including international organizations) that have a vested interest in sustaining the flow of resources into Yemen.¹⁶⁶ Evaluation stakeholders also emphasized the importance of enhancing DRR and resilience-building efforts that complement the RRM framework, building on the increasingly-established precedent of responding to natural disasters. This is discussed further under evaluation question 9.

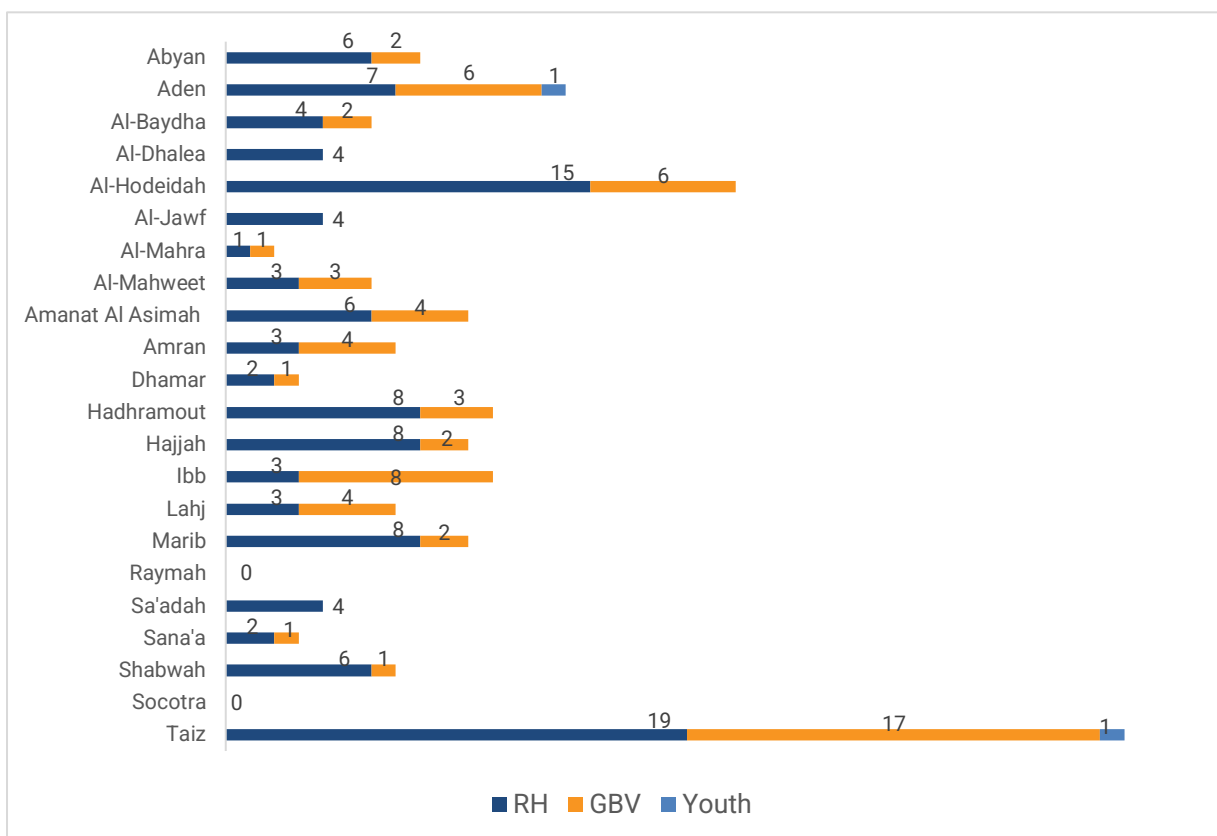
¹⁶⁶ United Nations agency, NGO key informants.

Evaluation question 5. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

Finding 19: While UNFPA Yemen programming has had extensive geographical coverage across most governorates of Yemen, programming and services supported reach a small proportion of facilities and the population, with the full extent of reproductive health and gender-based violence needs impossible to meet given the lack of government resources in these areas.

The chart, below, illustrates the geographical distribution of UNFPA-supported facilities¹⁶⁷ across Yemen as of mid-2023.¹⁶⁸ As can be seen, the distribution of facilities across governorates, particularly with respect to reproductive health, is extensive, with only two governorates in Yemen not having services. One, the island of Socotra off the coast of southern Yemen, is very remote.¹⁶⁹ The other, Raymah Governorate, is Yemen’s smallest governorate and is bordered by Hodeida and Sana’a Governorates with access to facilities in these locations. UNFPA has also provided RRM assistance to community members from both governorates (reported in 2021).

Figure 16: Number of UNFPA-supported facilities by governorate and programme area



Source: Service Mapping Dashboard.

¹⁶⁷ UNFPA service mapping dashboard data used in this analysis has been revised for accuracy (e.g. the dashboard counts each case manager as a discrete facility, whereas this analysis combines multiple case managers in one location).

¹⁶⁸ Data for reproductive health and GBV facilities is taken from the UNFPA-managed gender-based violence and reproductive health service mapping dashboard, with the two supported youth centres in Aden and Taiz also included. The most recent update noted on the dashboard is July 2023.

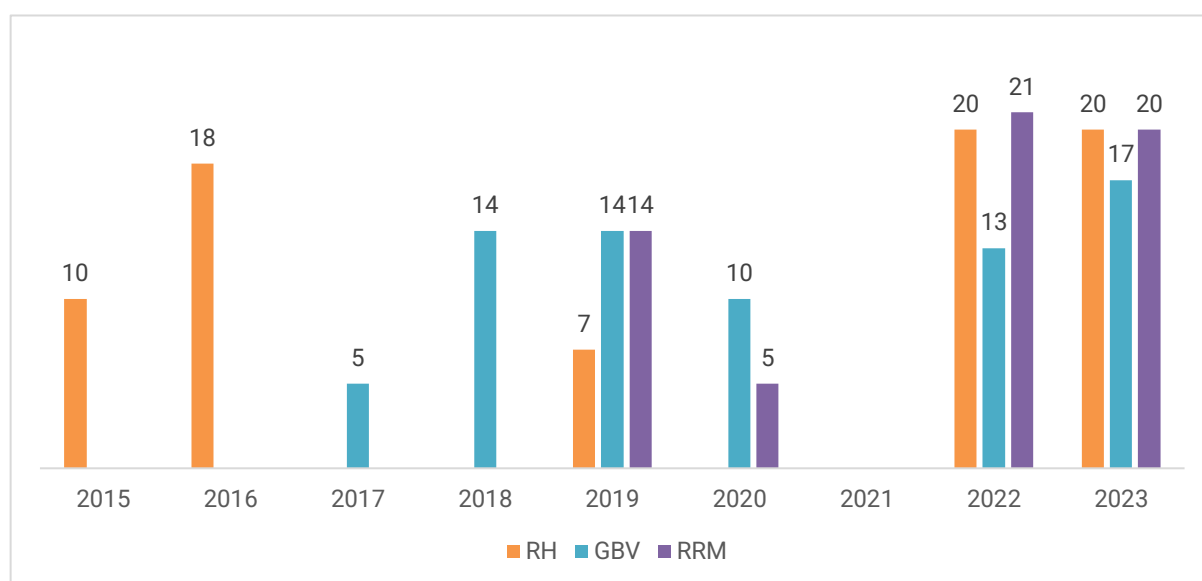
¹⁶⁹ Although, in 2018, UNFPA responded to the damage caused by a tropical cyclone there as part of an OCHA-led inter-cluster rapid assessment and transported more than 500 dignity kits to those affected.

Over the period of the evaluation, UNFPA support appears, from reported data, to have been widely spread across governorates of Yemen, although comprehensive data is only sporadically reported (discussed further, below). In 2015, UNFPA reported supporting reproductive health in facilities in 10 governorates. This had risen to 18 governorates in 2016 and by 2022–2023, services in 20 governorates (of 22 in Yemen) were being supported directly via IPs.¹⁷⁰

Although no specific gender-based violence locations were noted in 2015 reporting, 5,500 individuals were reported to have received gender-based violence services through supported facilities, and 93,200 dignity kits were distributed across 19 governorates in that year.¹⁷¹ By 2018, UNFPA reported supporting facilities in 14 governorates, falling to 10 in 2020 and rising again to 17 by 2023.

For the RRM, although the mechanism started in 2018, location data was not reported until 2019, when 14 governorates were reached. By 2021 this had increased to 21, and 20 governorates were included in 2022.

Figure 17: Number of UNFPA-supported governorates by programme area



Source: UNFPA Annual (Internal) SIS Reporting.

While UNFPA has had good success in covering almost the entirety of Yemen’s governorates with support to services, this is only an approximation of coverage and does not indicate the extent to which UNFPA support meets outstanding needs across populations. It is clear from all sources that there is an enormous gap in coverage of key services in Yemen, and UNFPA is only able to meet a small proportion of these with the resources available. Thus, although UNFPA supports facilities in a substantial number of governorates, its support, as of 2024, reached 117 facilities across the 20 supported governorates – less than 3 per cent of the total number in the country.

For example, the WHO HeRAMS¹⁷² database has data from 5,638 health facilities of various types in Yemen. Of these, 1,840 are reported as normally offering basic emergency obstetric care (BEmOC) services, but, as of 2024, only 36 per cent of these were reported as being able to offer full (18 per cent)

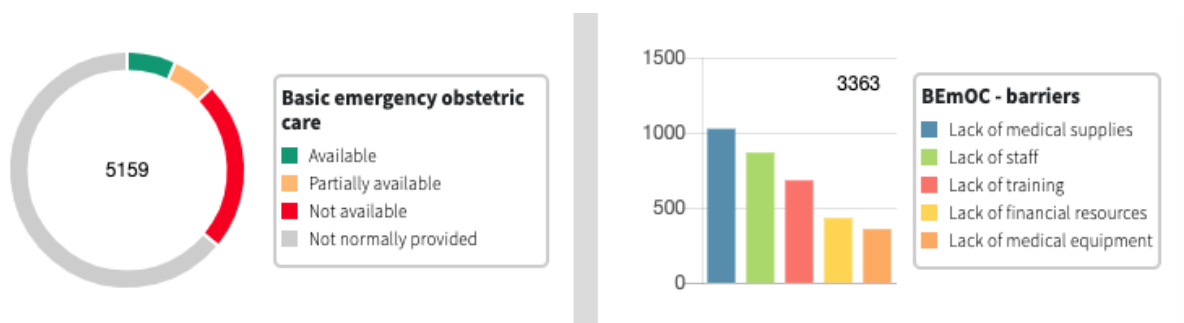
¹⁷⁰ This analysis looks at directly supported services only – it does not include governorates that may have been indirectly reached, such as via media and outreach campaigns or by training of staff from governorates in a centralized location.

¹⁷¹ SIS (internal) Annual Report - Republic of Yemen, UNFPA 2015.

¹⁷² HeRAMS is an online system for standardizing and assessing the availability of medical services, mostly used for emergency response. See www.herams.org.

or partial (18 per cent) coverage. The graphics below illustrate this, with the primary barriers to the provision of such services being noted as a lack of supplies and staff.

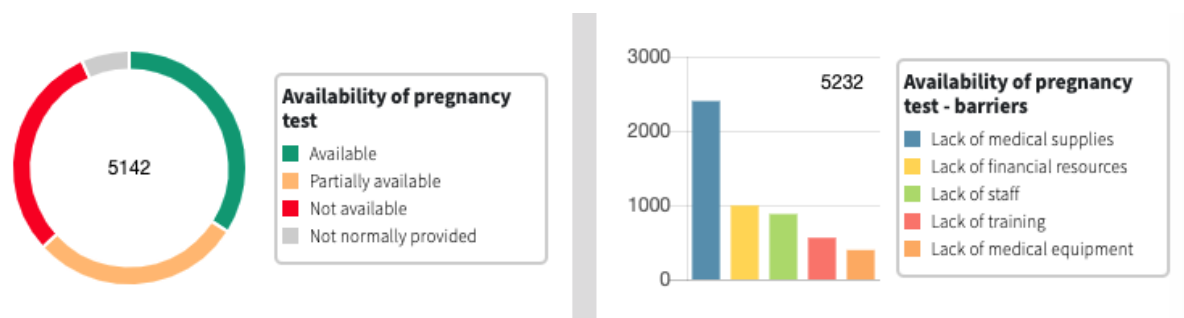
Figure 18: BEmOC services offered by health facilities in Yemen (2024)



Source: www.herams.org.

Similar issues can be seen for most of the reproductive health services that are tracked by HeRAMS. For antenatal care (ANC), less than a quarter of the health facilities included can provide full services, with another quarter not being able to provide these services at all. Again, lack of supplies, financial resources and staff are the primary issues identified.

Figure 19: ANC services offered by health facilities in Yemen (2024)



Source: www.herams.org.

The enormous gap between needs and available resources was also emphasized by implementing partners and staff of service providers interviewed as part of the evaluation. Interviewees highlighted gaps in supplies, staff, and skills training as a key issue with provision of services. These challenges are ongoing in UNFPA-supported facilities and are even more significant in those many facilities not supported.¹⁷³

Figure 20: Locations, facilities and services supported by UNFPA as of mid-2024



Source: UNFPA Programme Response Online Dashboard, accessed July 2024.

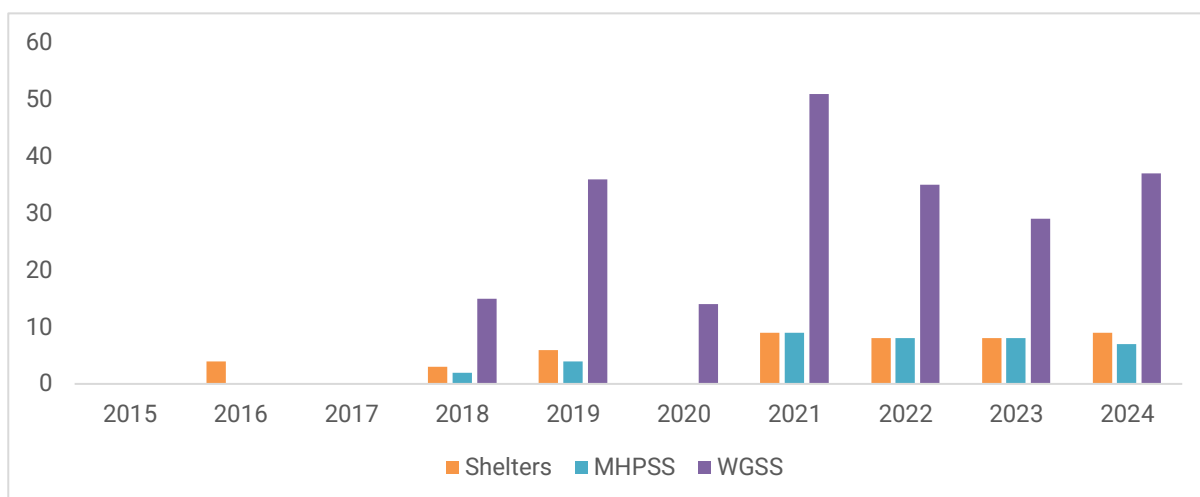
¹⁷³ Implementing partner and service provider key informants.

For gender-based violence and youth services, the gaps between demand and availability of services and resources to meet these needs are even more significant. By 2022, UNFPA was reporting 7.1 million women in need of gender-based violence protection services¹⁷⁴, but was reaching 119,000 with services at the end of the same time period.¹⁷⁵ For the same year, 152,000 young people were reported to have been reached via youth-friendly reproductive health services. With over half of the population considered as youth, this also represents coverage of a very small proportion of needs.

For gender-based violence and youth programming, coverage of those in need has again been largely determined by availability of resources (although specific location of services is determined by the social, cultural and political acceptability of such activities). UNFPA has consistently sought to mobilize resources for gender-based violence services and to advocate for entry points in challenging locations (discussed under evaluation question 3). For example, in 2018, huge demand for safe space-offered gender-based violence services led UNFPA to establish new safe spaces in IDP settlements and densely populated areas; in 2018 the total number reported as being supported or established was 35.¹⁷⁶ However, reported funding constraints in 2020 led to a contraction of support to less than half of this number (although the number of shelters and MHPSS supported remained steady).¹⁷⁷ After experiencing expansion and contraction between 2021 and 2023, the number, as of mid-2024, stands at 37 (see chart, right).¹⁷⁸

While the numbers of people accessing these services over time is not consistently available, there is sufficient data available from UNFPA reporting to compare the overall needs with people reached. As noted above, UNFPA reported reaching 119,000 women and girls with gender-based violence services in 2022, and while many more have been reached through campaigns (a maximum of 1.65 million in 2021), it is still clear that, as with other programming, there is a wide gulf between the numbers reached compared to those in need.

Figure 21: Number of UNFPA-supported gender-based violence facilities, 2015-2024



Source: Evaluation team.

Another example of how programme implementation modalities seek to maximize coverage is the use of five programme hubs, commodity pre-positioning and decentralized warehousing for commodities to be able to respond quickly and efficiently to needs. UNFPA uses the hubs and the warehousing facilities (key informants noted that at one point there were over 50 district-based warehouses, plus

¹⁷⁴ UNFPA situation report.

¹⁷⁵ SIS (internal) Annual Report - Republic of Yemen, UNFPA 2022.

¹⁷⁶ SIS (internal) Annual Report - Republic of Yemen, UNFPA 2018.

¹⁷⁷ SIS (internal) Annual Report - Republic of Yemen, UNFPA 2020.

¹⁷⁸ UNFPA programme response online dashboard, accessed July 2024.

central warehousing in the major port of entry) to ensure that commodities can be distributed effectively to where they are needed and, importantly in the case of the RRM, within the requisite 72-hour window for supplies to displaced people. These logistical considerations are key to ensuring prompt, effective and efficient coverage.

After the conflict escalation in 2015 it became clear that the traditional programming approach wouldn't work. The single office in Sana'a couldn't cover the whole of the country. We decided to decentralize to five hubs, including an important hub in Hodeida. This is quite a strategic area with port access to the Red Sea (the only entry point in the North) and includes a land border with the Kingdom of Saudi Arabia. So, it was very strategic – 60% of IDPs were generated from this region.

- UNFPA key informant

In terms of the coverage of rights-holders' needs, direct consultations with people in communities where UNFPA works indicates that general needs are only partially being met. Many who have participated in activities or received support via the RRM have highlighted positive outcomes such as increased awareness of their rights, better self-confidence and an improved sense of community. However, others have noted some dissatisfaction, for example, around the limitations of the support provided for livelihood trainings (e.g. post-training supplies kit), which is seen by some as inadequate for starting and maintaining a profitable small business. They have called for linkages to additional supports, for example in education and health.¹⁷⁹ Further, rights-holders and service provider staff (in relation to gender-based violence activities in shelters and WGSS) highlighted the extensive waiting lists for spaces in these facilities due to enormous demand; one UNFPA partner claimed to have a waiting list of 2,000 women seeking entry to their facilities.

The needs are enormous – there are hundreds of women attending the supported safe space in Aden per day. Case workers can only deal with five to six cases per day, but with hundreds of women attending, only a proportion can be seen. For economic empowerment activities there are only 20 spaces per month – with 800 on one waiting list for late 2024. Once trust has been built, the demand scales enormously.

- UNFPA key informant

This said, UNFPA notes that the livelihood interventions are designed as an entry point for more specialized gender-based violence interventions to gain wider community acceptance.¹⁸⁰ Thus, their limitations are partially by design and partially due to insufficient resources (which, in turn, UNFPA reports as resulting from donor unwillingness to support UNFPA as an agency without speciality in this particular area). UNFPA, nevertheless, reports efforts to partner with other United Nations agencies (such as UNDP, which specializes in livelihoods programming and with which UNFPA reports having an agreement in place to coordinate some livelihoods activities) to cover this gap.¹⁸¹

Finding 20: Despite a difficult context, UNFPA has put in place measures and safeguards to address the considerable challenges to adherence to humanitarian principles.

Despite the fact that the distribution of UNFPA-supported services is thinly spread and incommensurate with the vast need within the country, there is good evidence to indicate that selection of programming locations by UNFPA has followed a systematic process that seeks to maximize impact and meet the greatest needs with all due reference to humanitarian principles of humanity, impartiality, neutrality and

¹⁷⁹ FGD participants, various governorates.

¹⁸⁰ UNFPA key informant.

¹⁸¹ Ibid.

independence. For example, the highest number of supported facilities are in Taiz and Hodeida Governorates, which have the highest populations in Yemen. Services are generally more concentrated in the west of the country, which has the highest population density. However, UNFPA also pays regard to the need for services in relation to what is otherwise available. Hence, for reproductive health, relatively few services are supported in larger metropolitan areas that are already well-supported (e.g. Sana'a and Aden). UNFPA has sought to spread support across governorates and, more recently, in the light of diminishing resources, focus support on targeted facilities, emphasizing quality over quantity.¹⁸² This more recent retargeting of UNFPA programming is reflective of UNFPA Yemen adherence to the principle of humanity, ensuring that the services they provide are of high quality to uphold the dignity and rights of recipients.¹⁸³

Further, key informants to the evaluation, both internal and external to UNFPA, affirmed that UNFPA has a robust policy of targeting the most affected areas, including remote areas and those under the control of the different parties to the Yemen conflict, both North and South. These accounts illustrate the UNFPA commitment to impartiality and neutrality, seeking to provide services where they are needed most, irrespective of the political or geographic landscape. Indeed, several examples were reported by former country office staff members of UNFPA being prepared to halt programming if the principles of neutrality and independence were in danger of being compromised by, for example, political considerations of preference to certain locations or populations.¹⁸⁴ These were corroborated with donor representatives, who commended this approach and commitment.

At the beginning of the RRM we were receiving a lot of lists of ineligible IDPs for assistance, but we use a 'triangulation modality' where a given list serves as a basis, and where at least two of three independent sources must verify the data, or a trusted partner physically verifies issues.

- UNFPA key informant

That said, in a challenging environment such as the north of Yemen, compliance with the need for independent triangulation of sources can be difficult to achieve definitively. Stakeholders have highlighted supposedly independent data sources that are essentially proxies for entities seeking to manipulate the flow of humanitarian assistance.¹⁸⁵ This underscores the need for UNFPA to continually raise the bar in terms of accountability and validation. For example, the use of a network of trained UNFPA data collection personnel on the ground that links to a live data portal is a promising practice that can alleviate some of the data risk (and, indeed, is reported as being considered for replication outside Yemen).¹⁸⁶

The issue of financial and human resource challenges is also a key barrier to attaining maximum coverage. This scenario echoes the often harsh realities of working under resource constraints in a humanitarian setting. Evidence from key informants from UNFPA highlighted an "adaptive" programming strategy, citing the optimization of their work on the ground to contribute to fulfilling the widespread needs through continuous engagement with implementing partners and validation of data (through cross-checks, for example, of initially reported RRM needs, and through the use of third-party monitoring services and post-distribution monitoring). This approach resonates with the principle of neutrality as UNFPA seeks to fill self-identified gaps in service provision, without taking sides in the conflict. The use of independent third-party monitoring (albeit via a limited pool of credible service providers in this area) that can access programming locations to assess resource distribution and validate reported data is a useful and important measure to ensure adherence to the principles of

¹⁸² UNFPA, donor key informants.

¹⁸³ UNFPA key informant.

¹⁸⁴ UNFPA former staff, donor key informants.

¹⁸⁵ United Nations agency, NGO key informants.

¹⁸⁶ UNFPA senior management key informant.

neutrality and impartiality. While these measures cannot fully guarantee that the principles are being adhered to, they provide an additional layer of diligence and accountability.

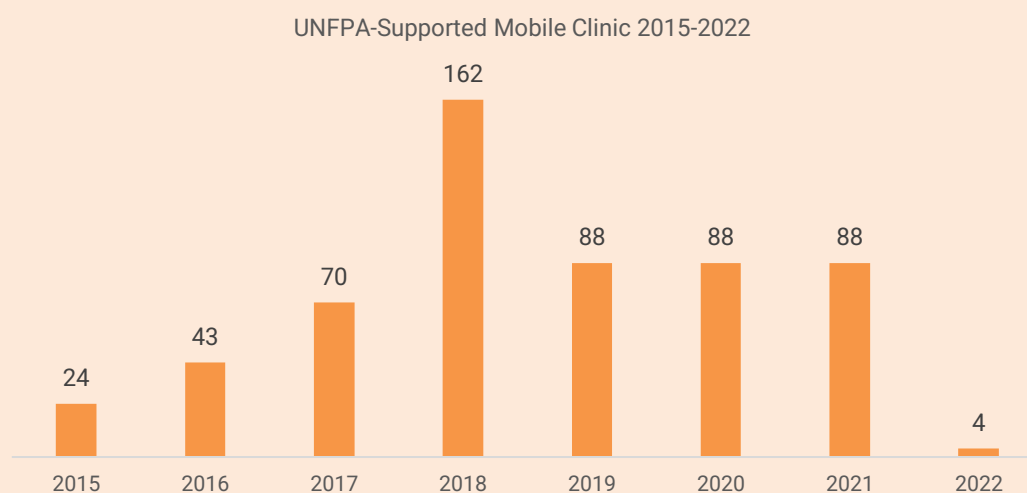
Finally, UNFPA has supported programmatic measures to seek to either facilitate access of populations to existing facilities or bring services to communities in line with the principle of humanity. An example of the former is the provision of vouchers and cash to community members to enable them to cover the costs of transportation to facilities, and the latter is the support to mobile clinics (see box, below). For the latter, UNFPA tries to be systematic in how it prioritizes those most in need, for example, through the use of cluster severity indices (the integrated food security phase classification known as IPC¹⁸⁷) to select those at IPC phase 3 or higher.¹⁸⁸

Box 3: UNFPA mobile reproductive health teams

Throughout the Yemen crisis, UNFPA has supported mobile reproductive health teams comprising a general physician, two midwives, two nurses and a pharmacist to provide essential reproductive health services in locations where health facilities are not available or hard to reach, such as displaced person camps and remote villages.

These have proven a highly popular and impactful way to reach remote areas and populations (particularly women and girls) that may not have the capacity or resources to travel to static facilities.

Since 2015, UNFPA support to these clinics has varied greatly, depending on the level of donor resources available to fund them. In 2015, 24 clinics were in operation. This increased dramatically with the increase in funding available between 2018 and 2019 to 162. Substantial funding cuts post-COVID-19 (as donor commitments to Yemen have diminished as they have increased elsewhere, such as to Ukraine) led to a decrease to 88 in the period from 2019 to 2021 and the numbers decreased to only four in 2022 (data from SIS annual reporting and UNFPA Situation Reports).



Source: Evaluation team.

¹⁸⁷ See Health Cluster PiN and Severity Guidance, September 2021,

¹⁸⁸ UNFPA key informant.

Evaluation question 6. To what extent have UNFPA Yemen interventions in the field of reproductive health and gender-based violence been mutually reinforcing, helping to achieve comprehensive outcomes for the most vulnerable and marginalized groups?

Finding 21: UNFPA Yemen and the wider response community have an increasingly robust policy of integration of reproductive health and gender-based violence across strategies, services and assessments.

UNFPA strategies and plans: The integration of different strategic and programme planning components within UNFPA Yemen has historically been limited, with evidence of an increasing recognition of the importance of this aspect as the country programme has evolved.

For example, the original 2012–2015 CPD (and the related operational plan, the CPAP) has little reference to integration of programming components. The most substantive ambition is to integrate the key mandate areas of UNFPA (population, reproductive health and gender issues) into sectoral plans, including humanitarian response plans, under the population and development component.¹⁸⁹

This reflected the wider global UNFPA strategy of the time, which also emphasized the need to work with national authorities to link humanitarian response with reproductive health services and integrate population dynamics with reproductive health and gender equality initiatives to inform national policies effectively.¹⁹⁰

By 2022, with the publication of the 2022–2024 CPD, UNFPA had progressed significantly with respect to the importance ascribed to integration of programming components. The strategy placed clear emphasis on the need to ‘package’ interventions across both the reproductive health and gender-based violence components and reach across the humanitarian-development-peace nexus.

...programme results will be achieved through interventions that ensure women’s access to an integrated package of reproductive health and gender-based violence services across the humanitarian-development-peace continuum.

- UNFPA Yemen CPD 2023–2024

Again, this move towards greater integration reflected the UNFPA global strategic shift to more coherent and integrated programming, via the 2018–2021 global strategy. This highlighted the critical importance of integrating various programme elements such as reproductive health, gender-based violence, youth engagement and population data within humanitarian responses. It framed a coherent and integrated approach as essential to effectively support countries to achieve the SDGs and ensure no one is left behind, particularly the most vulnerable.¹⁹¹

This evolution is further articulated in the extant UNFPA global strategic plan (2022–2025), which incorporates new dimensions for programming focus, notably the impact of ‘megatrends’ such as climate change into programming and the expansion of humanitarian response capacities. The plan highlights that addressing these interconnected issues is essential for achieving the UNFPA transformative results.

External strategies and plans: The main inter-agency strategic documents for the overall United Nations Yemen response, the UNDAF (2012–2015) and the UNSDCF (2022–2024) very much follow the same pattern as UNFPA strategies (in line with, as can be assumed, extant global best practices in humanitarian and development programming). The UNDAF, like the UNFPA CPD, emphasized

¹⁸⁹ UNFPA Yemen CPD 2012-2015, population and development component, output 2.

¹⁹⁰ UNFPA Strategic Plan 2014-2017.

¹⁹¹ UNFPA Strategic Plan 2018-2021.

integration of gender considerations as the main area for mainstreaming across programming.¹⁹² By the time of the preparation of the UNSDCF, ten years after the UNDAF, the concept of programmatic integration had achieved significantly more emphasis. The plan, supported by the findings of the 2021 Common Country Assessment (CCA), noted that United Nations engagement in Yemen required “an integrated set of programming priorities that strengthen and make more inclusive the country’s national and local development and humanitarian systems”. Further, integration of the “promotion and advancement of gender equality and women’s and girl’s empowerment” was also deemed a priority in this strategy.¹⁹³

From even before the onset of the heightened crisis in 2015, the primary planning instruments for the Yemen humanitarian response - the HRP - have explicitly incorporated a degree of programmatic integration relevant to the UNFPA mandate. Specifically, the HRP during this time (2015 and 2016, primarily) noted the importance of integrating gender considerations across all elements of programming. In 2016, the HRP noted that the IASC had recognized the 2014–2015 Yemen HRP as a “global best practice in terms of integrating gender considerations into planning”.¹⁹⁴ The HRP for that year further emphasized the need to integrate gender and protection considerations across all responses. In 2017 and 2018, integration of programme components and services within humanitarian responses became a key objective of the HRP, with the aim of ensuring integrated multi-sectoral approaches. While 2019 and 2020 saw a decreased emphasis on integrated activities in the HRP, the 2021–2024 annual plans redoubled these aspects, incorporating specific elements such as MHPSS, food insecurity and malnutrition, health, displacement and the use of multi-purpose cash to create synergies and efficiencies in programming responses and promote “longer-term resilient outcomes”.¹⁹⁵

These plans have been supported by a suite of multi-sectoral needs assessments: the Food Security and Livelihood Assessments (FSLA), Multi-Cluster Location Assessments (MCLA), the Multiple Indicator Cluster Survey (MICS) and the Standardized Monitoring and Assessment of Relief and Transition (SMART), many of which include consideration of gender, vulnerability, reproductive health and youth.¹⁹⁶ Other field needs assessments, such as those conducted as part of the RRM, include data related to all of the UNFPA mandate areas. For example, specific questions are asked of IDPs being screened for inclusion in the RRM related to gender, health, disability etc. so that the RRM services can be linked to other programme elements (such as referrals to reproductive health services, gender-based violence services or for MPC assistance) and the (anonymised) data can be shared with other agencies to update needs assessments.

Evidence from former UNFPA management staff responsible for programme planning in the early years of the response indicates that the integration of gender across inter-agency plans was a key (and successful) point of advocacy for UNFPA. While this could not be triangulated with external sources, the reflection of these programming components in the successive planning documents demonstrates how there is, at least, an intention to ensure coherent programming in line with UNFPA mandate areas.

Finding 22: Integration and mutual reinforcement of programming sectors has proven challenging to operationalize effectively.

While there is good evidence to indicate emerging and evolving UNFPA Yemen emphasis on integrating programming, the extent of this integration ultimately appears to be influenced by available institutional knowledge, resources and circumstances. A range of perspectives reflecting on the efficiency and

¹⁹² UNDAF 2012-2015, priority area 3.

¹⁹³ UNSDCF 2022-2024.

¹⁹⁴ Yemen HRP 2016.

¹⁹⁵ Yemen HRP 2023.

¹⁹⁶ Yemen HRP 2022.

progress of this integration strategy are presented by a range of stakeholders dating from the early phases of the humanitarian response.

UNFPA staff attested to the integration of programming (reproductive health and gender-based violence programming in particular) as being a relatively recent development, with significantly greater attention to integration being paid since 2020/2021 with a strategic shift expected to streamline UNFPA interventions by 2024 pivoting around core functions of reproductive health and gender-based violence.¹⁹⁷ Complementing the strategic evolution, a number of key actions and decisions have been taken over the time period of the evaluation to facilitate integration within UNFPA programming and with the activities of other agencies, as follows:

- Co-location of different aid facilities in proximity to each other;
- Integrating referral pathways, such as adding MHPSS to the reproductive health packages, reproductive health and GBV referrals integrated into the RRM. Extensive training of service providers in these pathways;
- Selection of implementing partners with multiple programming capacities; more than half of UNFPA IPs since 2015 have been supported in more than one sectoral area, with almost a fifth in three or more sectors;
- Leveraging data collection and needs assessments for sectoral data that can be used to refer to other services, for example, RRM data gathering tools identifying sectoral needs of displaced households, which would allow for improved case referrals and specific sectoral responses.¹⁹⁸

However, despite some good efforts and successes, stakeholders noted several key challenges to successful integration of UNFPA programming elements, as follows:

- High turnover of international staff in UNFPA Yemen (generally in senior and/or technical roles) presented an ongoing challenge to retaining institutional memory regarding integration models and sustaining momentum towards integration, particularly in the early years of the response when the strategic emphasis was not as strong.
- Despite commitments to co-location, there is a significant imbalance between the number of reproductive health facilities and the number of services available in the country, with the relatively few facilities being located at some distance from health facilities with the capacity to refer. For example, UNFPA service mapping recorded 2,676 reproductive health facilities countrywide as of mid-2023, but only 117 facilities' (only 61 of which were physical facilities and 56 of which were case managers).¹⁹⁹
- Absence of referral mechanisms in many health facilities, and limited training of health staff in the use of referrals - this is a challenge of coverage, discussed under evaluation question 6.
- UNFPA and IP interviewees noted challenges in translating positive strategies regarding integration into implementation on the ground, where resources are severely constrained, and service availability is limited at best and non-existent in many cases. In some cases, external stakeholders were quite critical of UNFPA efforts to operationalize stated intentions: *"UNFPA encourages integration but doesn't actually implement it"*.²⁰⁰
- Confidentiality concerns of GBV survivors when service providers share the same space or challenges in sharing information related to services (particularly sensitive information related to GBV) with other response actors that offer complementary services, such as food, cash and shelter.

¹⁹⁷ UNFPA key informants.

¹⁹⁸ UNFPA SIS Annual Report, 2022.

¹⁹⁹ UNFPA GBV and reproductive health service mapping dashboard, data from July 2023.

²⁰⁰ NGO key informant.

- Substantial societal stigma and misconceptions around key vulnerabilities, such as disability, mental health and harmful practices which hinders integration with GBV and reproductive health programming by preventing individuals from seeking necessary services, further complicating integration efforts.
- Funding resources and IP capabilities are not always commensurate with the requirements for integrated programming. While many partners (56 per cent [see above chart]) have demonstrated capacity in more than one sector (36 per cent of UNFPA Yemen IPs since 2015 had been supported in both reproductive health and GBV programming), it does not equate to adequate capacity to refer between sectors. For example, some RRM partners might not have expertise in both reproductive health and GBV, limiting the ability of UNFPA to provide integrated services through these partners.²⁰¹
- A lack of enforcement of gender mainstreaming by donors which affects the willingness of implementing partners to engage in integration efforts.²⁰²
- Political, cultural and social dynamics are a significant challenge across a considerable portion of Yemen in terms of integrating programming, notably the implementation of GBV programming in the areas of the North administered by Ansar Allah, but also in more conservative communities. This has obliged UNFPA to moderate its programming in certain areas, focusing on specific elements even within sectors (e.g. on livelihoods training for gender programming) that further dilute its mandate and are inimical to integration of activities.

The mix of ongoing actions and challenges paint a picture of integration of reproductive health and GBV programming as an ongoing process for UNFPA Yemen. An increasing emphasis on integration is a strategic shift that has been emerging in recent years and is firmly rooted in the future planning of UNFPA. However, challenges persist in operationalizing strategy into on-ground implementation, particularly given the widespread weakness of public services infrastructure, socio-political unwillingness to permit key elements of UNFPA programming in some areas and diminishing resources available for humanitarian response in Yemen. The issues related to sharing institutional knowledge, adapting to partners' capabilities, retaining the confidentiality of sensitive cases, and mobilizing resources all contribute to the overall dynamics affecting sectoral integration.

A key challenge area is more comprehensive integration of reproductive health and GBV (and indeed youth and LNOB) into the RRM process. While referrals to these services are part of the RRM process, there is a mismatch between the resources available and the needs. However, while resources are unlikely to see increases, there is scope for improving the type and quality of engagement in the RRM to improve coherence. In particular, the nature of the RRM as a 'government-friendly' intervention (i.e. widely welcomed by government authorities as well as affected populations)²⁰³ creates potential leverage to increase the level of engagement with other UNFPA mandate areas.

Despite these challenges, it is clear that UNFPA Yemen is committed to pursuing this avenue of integrated service provision in the hope of achieving more comprehensive outcomes for the most vulnerable and marginalized in Yemen. Indeed, interviewees noted ongoing work towards correcting this issue, with, for example, a consultant tasked in 2024 to assess various integration points across UNFPA programming. Further, as recently as 2023, UNFPA, in its annual reporting, highlighted the need for strengthening the referral network with service providers to ensure better outcomes for women and adolescent girls (particularly for reproductive health and legal services).²⁰⁴ This reflects a growing recognition of the overlapping needs of support recipients and the importance of services that address both reproductive health and GBV.

²⁰¹ UNFPA key informant.

²⁰² UNFPA IP key informant.

²⁰³ UNFPA, implementing partner key informants.

²⁰⁴ UNFPA Yemen SIS Annual Report 2023.

Evaluation question 7. To what extent have UNFPA interventions been complementary to, and coordinated with, those of other development and humanitarian actors, thus reducing gaps, maximizing cost-effectiveness and avoiding duplications (notably via the cluster system, the RRM, the MPCA, CCY and any other joint work)?

Finding 23: UNFPA Yemen is a key member of the inter-agency humanitarian response community in Yemen, with all programming plans, strategies and structures aligned with wider instruments and reflecting the UNFPA mandate, though programming is also sometimes (but not always) driven by donor priorities which frequently determine resource availability in Yemen.

As discussed under evaluation questions 1, 2 and 6, UNFPA Yemen strategies and plans reference and include relevant elements of high-level inter-agency strategies (the UNDAF and UNSDCF) and, indeed, the CPD development processes were fully aligned with these, even to the extent that the successive CPD extensions matched those of the UNDAF.

UNFPA has demonstrated active and critical engagement in inter-agency humanitarian planning, including participation in the United Nations HCT and security management team and playing an important coordination and contributory role for key data sets. However, as noted in evaluation question 1, such assessments are challenged by contextual limitations that can affect the validity of data and by political dynamics that prevent full exercising of the UNFPA mandate.²⁰⁵

The first application for a country programme extension in 2016 noted a clear rationale for the progressive revision of the originally (2011) planned activities, namely the broader political and security situation, institutional weaknesses and capacity constraints among UNFPA partners.²⁰⁶ This is not to say that the country office reduced the scope of all activities to the (relatively) few that remained in the programme strategy by 2022. Indeed, the country office took on a wide range of additional activities over the time period – some grounded in the original CPD, some in the UNDAF and others on the basis of needs or opportunities as they arose or were identified by the UNFPA management team in coordination with the other members of the humanitarian response community.²⁰⁷ The primary research identified several examples from stakeholders of agencies being requested by donors to explore programming in specific areas – such as in procurement of medical commodities, specific vulnerable groups and geographic locations – and feedback from UNFPA stakeholders is clear that donor preferences and priorities are a key determinant of programming choices, albeit typically within the acceptable range of UNFPA mandate areas.²⁰⁸ This is a common feature of humanitarian programming, with the constraints of sectorally or geographically earmarked funding widely accepted as a challenge to be negotiated by those delivering humanitarian assistance.²⁰⁹

UNFPA is not good at challenging donors. There is an attitude that UN agencies cannot say no to, or challenge, donors.

- UN key informant

An important example of this is the RRM, which was not an activity envisaged or accommodated by the original CPD. Moreover, it was a ‘top-down’ initiative that originated with donors and the United Nations resident coordinator’s office and came to represent a significant proportion of UNFPA programming.²¹⁰ The RRM, as a purely short-term relief activity delivering hygiene and dignity kits, food and cash to displaced populations, is to some extent, but not fully, aligned with the UNFPA mandate. It represented

²⁰⁵ UNFPA, IP, United Nations, donor key informants.

²⁰⁶ UNFPA Country Programme Extension Submission, 2016.

²⁰⁷ UNFPA (former staff) key informants.

²⁰⁸ UNFPA programme and management key informants.

²⁰⁹ See Section 2.2, Donor Conditions and their Implications for Humanitarian Response, IASC, 2016.

²¹⁰ UNFPA (former staff), NGO, donor key informants.

a vital and impactful response to a significant need amongst victims of the conflict in Yemen when introduced in 2018 and, over time, created entry points for UNFPA for programming. The RRM is discussed in more detail under evaluation question 5.

While donor preferences or priorities are a significant driver of programming choices (bringing with it risks of unpredictable changes to these, for example, as a result of changes of elected governments that may be less [or more] amenable to UNFPA mandate areas²¹¹), it is not fully a one-way exchange. Evidence from both UNFPA and donors indicates that UNFPA Yemen has not been exclusively beholden to donor preferences. In at least one case, UNFPA Yemen has declined funding that was not fully aligned with its strategic priorities and was overly short-term in nature. This was noted as being a mature and responsible position to take, rather than a missed opportunity.²¹²

As discussed under evaluation questions 2 and 6, UNFPA Yemen strategies and plans reference, include and are harmonized with the key annual inter-agency planning and implementation documents, the HNO and HRP. Further, UNFPA is a key participant in the main inter-agency coordination bodies, the clusters and working groups, notably the GBV AoR, the reproductive health working group and the RRM cluster. UNFPA also participates in other inter-agency groups, for example:

- The reproductive health commodity security group in North and South regions (for forecasting and procurement plan preparation) with national NGOs under the leadership of the Ministry of Public Health and Population;
- The Cash Consortium for Yemen;
- The H3 group, an inter-agency health initiative between UNFPA, WHO and UNICEF²¹³;
- The Yemen Inter-Agency Group on Youth;
- The Community Engagement and AAP/RCCE working group (and associated feedback mechanisms) for rights-holder feedback and complaints;
- The inter-cluster coordination mechanism.

Stakeholders representing different organizations attested to UNFPA participation in and/or leadership of these various coordination groups and forums. The effectiveness of UNFPA leadership and/or participation in these forums is discussed further below.

UNFPA also undertakes a range of joint programming activities in Yemen, which create synergies and efficiencies by avoidance of duplication. The most significant example of joint programming (in resource terms) is the RRM, which UNFPA implements in partnership with UNICEF and WFP (with referrals to multi-purpose cash services by IOM).

In addition to this initiative, another two key examples of joint programming are noted in UNFPA annual reporting and were cited by interviewees as being important or impactful:

- UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation;
- The UNFPA-UNICEF Global Programme to End Child Marriage.

UNFPA has also contributed or supported a range of periodic risk and conflict assessments by the UNCT and supported national data collection activities such as the UNICEF-led MICS survey in 2023.

Beyond joint programming, on a day-to-day basis, there is good evidence from a variety of stakeholders to attest to how UNFPA and others engaged in similar activities use the various coordination bodies and informal or ad-hoc mechanisms to coordinate and avoid duplication. For example, the monthly GBV AoR meetings have standing agenda items on key issues, gaps, referral pathway quality, avoidance of

²¹¹ Donor key informant.

²¹² Ibid.

²¹³ This was formerly the H6 partnership, which in turn evolved from the H3+ group. The group appears to have had limited activity since 2016, and although Yemen was not an original target country, United Nations key informants noted an agreement to reactivate as H3 in November 2023, albeit with limited success. See: <https://www.unfpa.org/h6-partnership>.

duplication etc. Other measures include the cross-referral of cases to other organizations that might have smaller caseloads to take advantage of shorter waiting times or improved accessibility of services to those in need. While a systematic approach to assessment of duplication was not feasible, there is little evidence to suggest it is a significant factor in Yemen, given the scale of unmet need and the diminishing resources. Indeed, the variety of service mapping tools available to actors (e.g. HerAMS, the GBV and reproductive health service mapping dashboard) and the well-established cluster system means that avenues for avoiding duplication (if not creating synergies) are well embedded.

Finding 24: There has been limited success in getting recognition for reproductive health and gender-based violence as life-saving and key facets of the wider humanitarian response in Yemen, despite UNFPA Yemen efforts to promote this recognition.

From a high-level strategic perspective, in mid-2015, the UNCT allocated programme criticality (PC) ratings of 1–4 (1 being most critical) to a range of humanitarian response outputs across all United Nations agencies that were operational in Yemen. At this time, of 193 outputs across all agencies, nine were the exclusive responsibility of UNFPA. Of these, one was rated PC1: The coordination and management of delivery and distribution of lifesaving reproductive health and SGBV equipment and supplies. Five of the outputs (related to reproductive health and GBV programme delivery, partnerships and coordination) were assigned a PC2 rating, and three (establishment of the GBVIMS and strengthening data flow; supporting mobile reproductive health clinics in conflict-affected areas; supporting GBV services) were rated PC3.

As outlined under evaluation question 1, in 2016, UNFPA advocated for higher levels of priority for both reproductive health and GBV responses, with the outcome of the designation of the MISP as a PC1 activity and another three outputs on health system reconstruction and coordination, GBV prevention and response and coordination, and expansion beyond the humanitarian setting assigned PC2 priority.²¹⁴

In 2017, the PC assessments were revised again (total outputs were consolidated from 193 to 144 with UNFPA being responsible for five), with all the UNFPA activities rated as PC2, including the original PC1 rating for reproductive health. Reproductive health as an element of multi-agency health services (jointly rolled out by UNFPA, WHO and IOM) retained its PC1 rating, however.²¹⁵

As also discussed above, both the UNDAF and the UNSDCF prioritize both reproductive health and GBV, with the UNSDCF setting the empowerment of women and youth as the third of four priority areas (incorporating reproductive health and GBV elements). Further, successive HRPs and HNOs have highlighted the importance and needs of reproductive health and GBV programming in responses, with these sectors being variously designated as “critical”, “immediate”, a “first-line response” or as specific objectives or sub-objectives within the HRP operational plans over the 2015-2024 period.

While it is not possible to demonstrate that the prioritization of these UNFPA mandate areas was a direct result of UNFPA advocacy, various stakeholders (including those outside UNFPA) attest to extensive UNFPA Yemen involvement in the HRP (and HNO) processes. These stakeholders provide consistent evidence of UNFPA Yemen's active participation and contribution to these assessments, as noted by both UNFPA and implementing partner staff, who highlighted critical annual contributions to these exercises, notably around advocating for the life-saving nature of GBV and reproductive health services.²¹⁶

²¹⁴ UNFPA response in Yemen Monthly Situation Report Number 05, June 2016. Also, internal programme criticality documents, 2016.

²¹⁵ See appendix 6a for a detailed summary of the programme criticality assessment outputs assigned to UNFPA between 2015 and 2017. All data from internal documentation.

²¹⁶ UNFPA, NGO, United Nations agency key informants.

This evidence indicates that, at an inter-agency strategy level, there has been success in ensuring reproductive health and GBV services as life-saving activities. At a more practical level, the evaluation evidence is more mixed.

UNFPA staff noted a variety of efforts to mainstream the life-saving nature of reproductive health and GBV services across coordination bodies. Examples include:

- Recruitment of an activist gender-based violence coordinator to focus on advocacy across clusters and WGs;
- Using IASC guidance on integration of GBV in other clusters;
- Mentoring staff on key GBV issues and being advocates for these;
- Establishment of a communication sub-group in the GBV sub-cluster to advocate on GBV communications and outreach;
- Advocacy on gender issues and women and girls needs among the response community and national and international media during crisis response events, for example, responses to cholera outbreaks and chronic food shortages;
- Prioritization of individual clusters for GBV integration using the IASC GBV guidelines by having these endorsed by the head of the HCT and mandated across the clusters;²¹⁷
- Training of cluster members on GBV integration and preparation for the GBVIMS rollout.

Despite these efforts, a range of internal and external key informants to the evaluation highlighted challenges across various management and coordination bodies (such as the UNCT) in successfully advocating for both reproductive health and GBV services as life-saving activities, particularly in the early years of the humanitarian response.²¹⁸

While some successes at inter-agency level have been achieved (e.g. the rollout of GBV SOPs in Yemen during 2023 and 2024), technical experts highlight a pervasive challenge of GBV services not being taken seriously as a life-saving issue and that GBV work is low on the perceived hierarchy of need in humanitarian crises, particularly when resources are limited.²¹⁹ This is exacerbated by the specific challenges that engaging in GBV work faces in Yemen, notably in the north of the country. The need to seek 'non-traditional' entry points for GBV work (such as livelihoods) can serve to de-emphasize important aspects of women and girls' rights and the use of circumspect language and modalities in order to secure access for any kind of gender-related programming has potentially led to:

- A reinforcement of inequitable gender norms by UNFPA tacitly accepting the restrictions imposed on it in order to generate access to locations and populations in need;
- Enabling or validating ostensibly 'legacy' attitudes among decision-makers in the humanitarian sector that GBV or reproductive health are not at the same priority as other sectors;²²⁰
- Dismissing GBV work, decisions not to fund important initiatives and demands for data to support requests (in contravention of accepted confidentiality concerns);
- A focus on the mechanics or logistics of humanitarian assistance delivery (noted as a particular risk with respect to the RRM) with 'performative' reference to genuine delivery of services or work to address inequitable or harmful social norms or practices;²²¹
- Missed opportunities to engage in more meaningful advocacy activities due to either extensive commitments to existing complex and demanding programming or concerns

²¹⁷ Five clusters are reported by UNFPA to be prioritized for gender-based violence mainstreaming in 2024.

²¹⁸ UNFPA (former) management key informants.

²¹⁹ UNFPA key informants.

²²⁰ NGO, United Nations agency key informants.

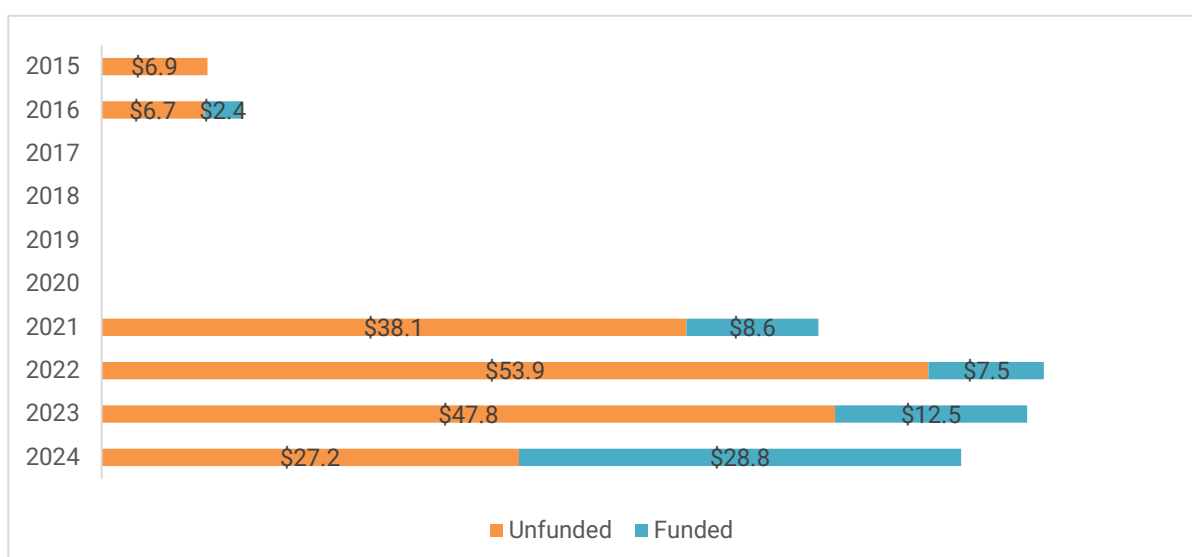
²²¹ NGO, donor key informants.

that existing programming might be jeopardized (for example lack of engagement in an informal working group related to the issue of Mahram in the north of Yemen).²²²

Citing these issues, some external stakeholders expressed that UNFPA could and should do more to advocate for GBV work and reproductive health as lifesaving interventions. They highlighted that in locations with major protection concerns (specifically in relation to GBV) and in discussions on pooled funding, UNFPA could not advocate effectively for the prioritization of protection. As noted by one key informant: “UNFPA didn’t have much clout to influence decision-making at HCT level on protection”. These issues have also been noted by donors, which, while highly supportive of the UNFPA mandate, are less susceptible to the political pressures and challenges faced by operational agencies in Yemen.

From a funding perspective, GBV and reproductive health have historically been poorly supported in comparison to other areas. The 2023 Inter-Agency Humanitarian Evaluation noted that protection, in particular, was one of the most underfunded sectors under previous HRPs, and that mainstreaming of protection across all operations had not been supported strategically through the HCT.²²³

Figure 22: GBV AoR Yemen funding versus requirements, 2021–2024 (million USD)



Source: Evaluation team.

The chart, right, highlights the provision of funding to the GBV area of responsibility in Yemen from 2015 to 2024²²⁴ (no data was available between 2017 and 2020). As can be seen, funding requirements have increased consistently over the years, but the proportion of needs funded has varied considerably, from zero per cent in 2015, to 12 per cent in 2022, to 51 per cent in 2024. This represents an average level of funding for GBV in Yemen of 22 per cent of HRP requirements. By contrast, average annual funding for the overall protection cluster between 2015 and 2024 is 55 per cent of HRP requirements, underscoring how poorly GBV performs within this sector.

While disaggregated funding data for reproductive health is not available for a similar analysis, overall funding for the health cluster (which incorporates reproductive health) has, for most of the period since 2015, lagged the total average cluster funding. On average, between 2015 and 2024, the health cluster

²²² Ibid.

²²³ Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022

²²⁴ Data from fts.unocha.org - data between 2017 and 2021 was not available.

received 48 per cent of funding requirements, with the average for all clusters over that period being 60 per cent (see chart, below).²²⁵

These data triangulate well with the perceptions of stakeholders interviewed for the evaluation. Interviewees noted:

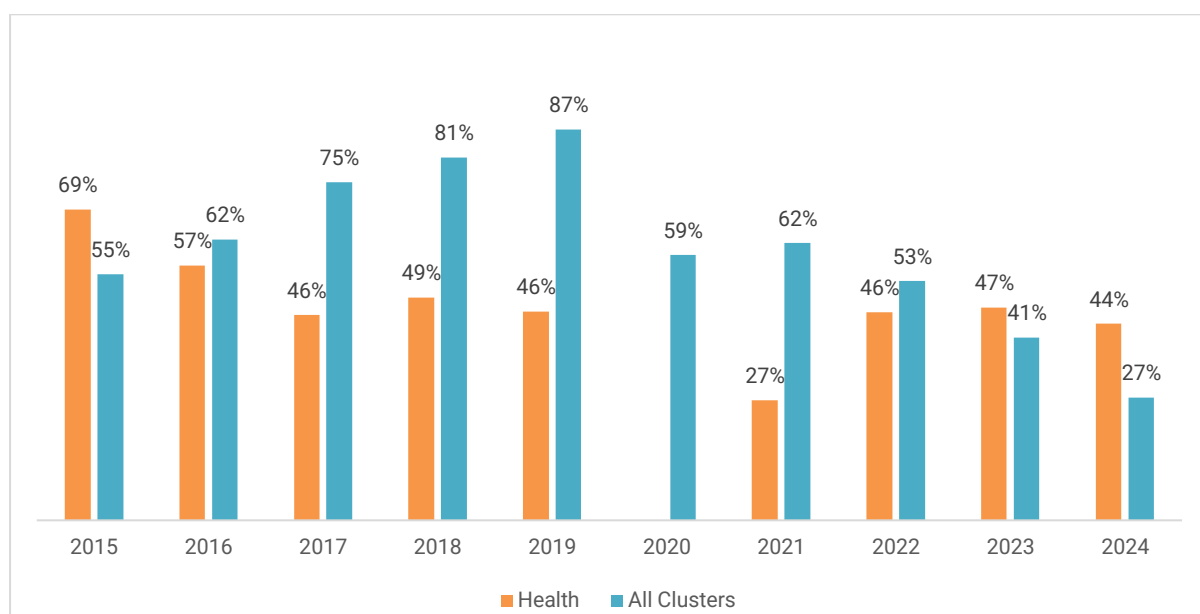
Sometimes GBV is seen as less lifesaving in a funding constrained environment.

Last year, three clusters were prioritized, but protection was not one of them.

Nutrition and health are still allocated priority when the chips are down.

- UNFPA key Informant

Figure 23: Proportion of cluster funding requirements met 2015-2024



Source: Evaluation team.

Promisingly, UNFPA staff expressed keen awareness of the challenges faced, and many expressed commitments to emphasizing the importance of GBV and reproductive health programming across the wider inter-agency community in 2024 and beyond. The proportion of funding received versus requirements for both GBV and reproductive health (51 per cent and 44 per cent in 2024, respectively) is higher than average. However, in the environment of increasingly constrained funding availability, the challenges may be greater than in previous years when funding prospects were more optimistic.²²⁶

Finding 25: While UNFPA Yemen has shown competence and effectiveness in leading and participating in a variety of coordination mechanisms related to the humanitarian response in Yemen, discussion of key issues and the participation of national actors in these forums is limited.

UNFPA Yemen plays a key leadership and coordination role in the inter-agency humanitarian response community in Yemen, specifically in respect to operational alignment, coordination, and advocacy via the GBV AoR, reproductive health working group and the RRM cluster (all of which UNFPA leads or co-leads), as well as participation in the youth inter-agency working group. There is reasonable evidence as to the effectiveness of these coordination mechanisms, particularly for GBV and reproductive health, in their key functions of information sharing and avoidance of duplication and the good positioning of

²²⁵ Ibid - data from 2020 specific to non-COVID-19 activities for health was unavailable.

²²⁶ UNFPA key informants.

UNFPA within the cluster system.²²⁷ In particular, UNFPA engagement and productive relationships with senior United Nations leadership (i.e. at HC level) was noted as being a strong point of the UNFPA country operation and contributed to an improved profile for UNFPA as the humanitarian response grew between 2015 and 2019.²²⁸

The theme of inter-agency collaboration emerged as both a strength and a challenge. While many partners recognized the efforts of UNFPA to build relationships and advocate for funding, others expressed more mixed feelings about the level of UNFPA support. Some stakeholders noted that while UNFPA maintained good relationships with certain partners like UNICEF, there were tensions with others, such as WFP, which affected overall coordination. The need for clearer roles and responsibilities within the inter-agency framework was highlighted as essential for improving collaboration. Instances were shared where lack of coordination led to overlapping services and confusion among support recipients, ultimately undermining the effectiveness of the humanitarian response.

Some informants to the evaluation were clearly critical of the overall functionality of the key coordination groups, the GBV AoR in particular, which was described as “ineffective” due to the inhibition on discussing GBV issues in the north of Yemen and a lack of capacity among members.²²⁹ In contrast, the reproductive health WG was perceived by internal and external stakeholders alike as having a higher profile, yet still faced challenges in leveraging influence within the broader health cluster. Respondents emphasized the need for improved referral systems and better integration of services, citing examples where fragmented approaches led to gaps in service delivery and unmet needs among vulnerable populations.

Another concern expressed by external stakeholders (and also noted by some UNFPA stakeholders in relation to field-level programme implementation) was the tension between the twin operations in Yemen with the full country office based in Sana’a, and therefore within the sphere of influence of the Ansar Allah-led administration, and a sub-office in Aden, where the internationally-recognized government is located. The motivations, experience, skills, resources, sectoral priorities and level of engagement of both of these administrations differ widely, as do the type and quantity of oversight of operations of the international community.

Further, access in the two regions of the country, in terms of both physical access to programming locations and the acceptability of specific programming, differs widely. The 2022 Inter-Agency Humanitarian Evaluation explored the dynamics of these difference in considerable depth, including primary research among humanitarian staff of a wide range of agencies, implementing partners and government officials, and concluded that there have been significant shortcomings in leadership across the two regions, even taking into account the challenges and political sensitivity required.²³⁰ While the findings of the evaluation were not specific to UNFPA, evidence from stakeholders suggests that UNFPA in Yemen is both susceptible to some of these leadership shortcomings and also vulnerable to the weaknesses in inter-agency coordination and United Nations country leadership. Advocacy for GBV work and reproductive health emerged as a critical theme, with varying levels of satisfaction reported among stakeholders. While some respondents to the evaluation expressed praise for UNFPA efforts to advocate for the inclusion of GBV and reproductive health in humanitarian responses, others noted a lack of robust advocacy on women’s rights and GBV issues. Instances were

²²⁷ UNFPA, IP, NGO, United Nations agency key informants.

²²⁸ Three individuals filled the United Nations humanitarian coordinator role between 2015 and 2024. Although none were available or contactable for interview for this evaluation, other external key informants attested to the relationships between UNFPA senior management staff and the incumbents.

²²⁹ NGO, implementing partner key informants.

²³⁰ See section 3.9 (Leadership, coordination and advocacy) of the Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022.

shared where advocacy efforts fell short, leading to insufficient funding and support for critical programming.²³¹

Funding constraints were a recurring theme that impacted the satisfaction levels of cluster, AoR and WG members. Several evaluation respondents indicated that the trend of reduction in humanitarian funding for Yemen has shifted the focus of coordination meetings towards fundraising rather than strategic planning and collaboration. This shift has led to concerns about the sustainability of programmes and the ability to meet the needs of vulnerable populations effectively.

A final concern regards communication between UNFPA and its partners, the absence of which has been reported as leading to frustration, particularly affecting advocacy and coordination on protection and GBV issues. Additionally, while UNFPA has built the capacity of partners, many report enduring gaps in coordination, resource allocation and strategic planning, with ongoing improvements needed to ensure adequate support for reproductive health and GBV services in Yemen. This is discussed further under evaluation question 9.

Evaluation question 8. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme?

Finding 26: UNFPA Yemen overcame a lack of experience in humanitarian programming at the outset of the crisis in Yemen to successfully scale up programming and mobilize resources from a wide variety of sources.

In 2015, with the outbreak of the conflict, UNFPA had some, but limited preparations in place for an escalation of operations. In late 2014, the Yemen Country Representative had prepared a contingency plan for programming that took stock of the different dynamics in operation in the country at that time. The plan anticipated a strategic shift for UNFPA to align with Yemen's evolving political context, focusing on advocacy, policy development and humanitarian response. The plan also explored various staffing and resourcing modalities in the eventuality of a deterioration in the security context, including evacuation of international staff.²³²

While this exercise was prudent and demonstrated a degree of foresight, adaptability and responsiveness to the changing landscape in Yemen, it did not anticipate the suddenness and severity of the deterioration that took place in early 2015. With the sudden escalation of the conflict in February and March 2015, the international members of the UNFPA management team were evacuated. However, prompt establishment of a hub in Amman facilitated the continuation of the leadership role of the management team, ensured continuity of programming and helped UNFPA to participate in inter-agency coordination forums.²³³

As discussed under evaluation question 3, UNFPA quickly moved to establish a new basis for programming on the outbreak of the conflict in 2015. A flash appeal for resources was issued in March 2015, and existing partnerships were leveraged to assess needs, advocate for programme criticality for reproductive health and GBV, put administrative measures in place (such as travel approvals for staff) and establish programming that addressed both immediate needs and longer-term considerations.²³⁴ In particular, UNFPA reported using pre-existing population data estimates and the UNFPA data guidelines in emergencies²³⁵ for programme planning, but capacity was focused on development

²³¹ United Nations agency, NGO, implementing partner key informants.

²³² (Internal) UNFPA Yemen: Programme Contingency Plan, November 2014.

²³³ SIS (internal) Annual Report - Republic of Yemen, UNFPA, 2015.

²³⁴ UNFPA key informants.

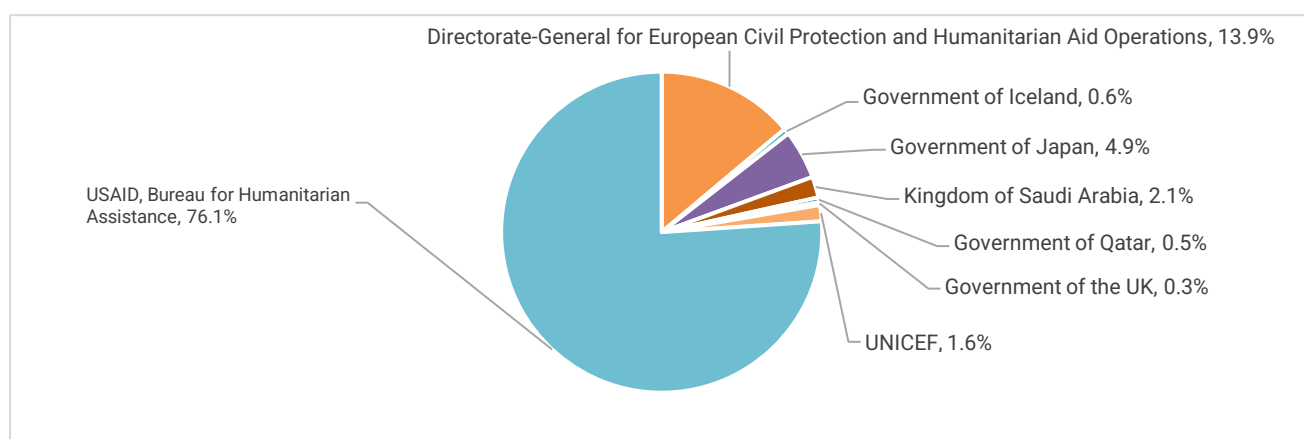
²³⁵ https://www.unfpa.org/sites/default/files/pub-pdf/guidelines_dataissues.pdf.

programming rather than humanitarian, and despite training for staff in Amman on this, there was limited scope for any large scale population data activities at that time.

UNFPA’s rapid support for the establishment of the five inter-agency hubs was reported to have been a very useful and cost-effective way to access different parts of the country.²³⁶ A key challenge was managing expectations of stakeholders (e.g. political leaders, ministries etc.) to remain within the UNFPA mandate. Former UNFPA staff highlight how it was essential to make clear that UNFPA was providing assistance in line with needs and to seek to prevent resources being diverted to support the conflict (particularly in the north). Collective validation exercises among United Nations agencies were a useful solution to determine the bona fides of national-level partners.²³⁷

On declaration of the L3 crisis in mid-2015, UNFPA reorganized programming to focus on the MISP, reproductive health, commodity security, procurement and distributions, GBV prevention and response, monitoring and evaluation, and data in emergencies.²³⁸ Programme funding dynamics were reported as being challenging in the early period of the crisis as donor representatives had been evacuated from Yemen. The initial UNFPA Flash Appeal lasted only three months and the substantially increased overhead costs of programming due to, for example, heightened security procedures, increased coordination and logistics etc. led to concerns among donors and limitations on funding with respect to assessed needs.²³⁹

Figure 24: UNFPA Yemen non-core funding 2024 by donor



Source: fts.unocha.org.

An analysis of funding and individual donors to UNFPA Yemen between 2015 and 2022 triangulates well with the reported challenges in the early period of the crisis. As shown in the chart below, the total funding dropped between 2015 and 2017 as the country office oriented its programming to humanitarian response. This gathered significant momentum with changes in country office management in 2018–2019, and when the RRM commenced. The funding levels increased dramatically between 2018 and 2019 (substantial contributions from the Governments of Saudi Arabia and the United Arab Emirates in 2018 and 2019 were a significant factor in the resource mobilization totals), fell back in 2020, with the disruptions caused by the COVID-19 crisis, recovered somewhat in 2021, dropped in 2022 (due to the humanitarian response to the invasion of Ukraine) and have increased in 2023–2024.

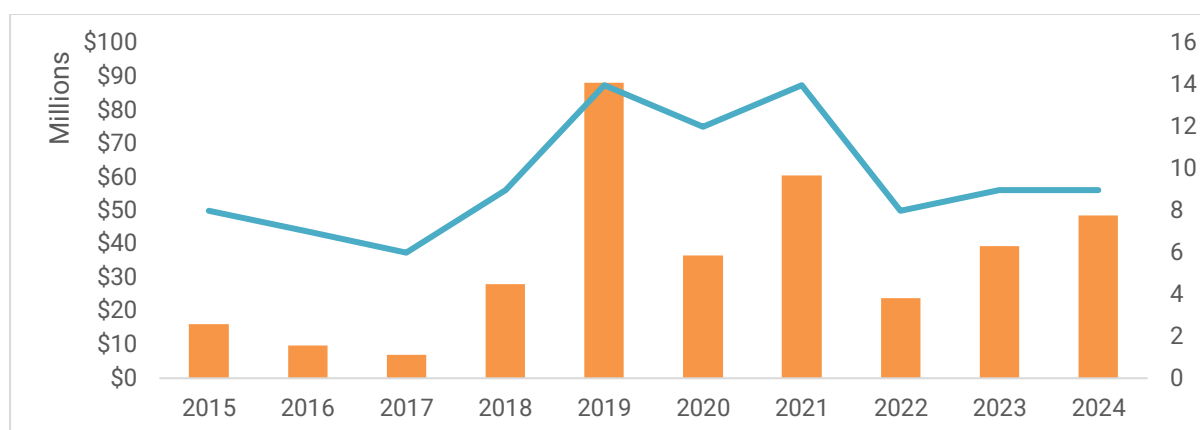
²³⁶ Interviewees contrasted the Yemen inter-agency hubs with the humanitarian response in Darfur, where each agency had separate hubs which were expensive and unsustainable.

²³⁷ UNFPA (former) management key informants.

²³⁸ UNFPA Yemen Execution Workplan for 2016 (internal document).

²³⁹ UNFPA (former) management key informant.

Figure 25: UNFPA Yemen total funding and number of donors, 2015–2024



Source: fts.unocha.org.

Overall, however, the amount of funding and the diversity of donors in the early years illustrates a robust fundraising strategy, albeit with some reliance on high individual donors (in early years on the Kingdom of Saudi Arabia and the UAE Government, and more recently on the Government of the USA (Bureau of Humanitarian Assistance- BHA²⁴⁰) which is responsible for over 75 percent of the 2024 UNFPA budget.²⁴¹

Finding 27: While UNFPA is seeking to adjust programming to a trend of diminishing humanitarian resources for Yemen, resource shortfalls are leading to a range of programmatic, organizational and personnel challenges.

A significant theme that emerges from the primary evidence from internal and external stakeholders is the ongoing challenge of securing adequate funding for UNFPA humanitarian programming in Yemen. As described above, data related to financial resources indicates a fluctuating funding landscape. The chart below highlights this imbalance (combining paid and committed – but not yet paid – funding as of mid-2024. This may be subject to change). In particular, policy changes following the 2024 elections in the USA may impact existing or future funding commitments to UNFPA, as took place subsequent to the 2016 US elections.

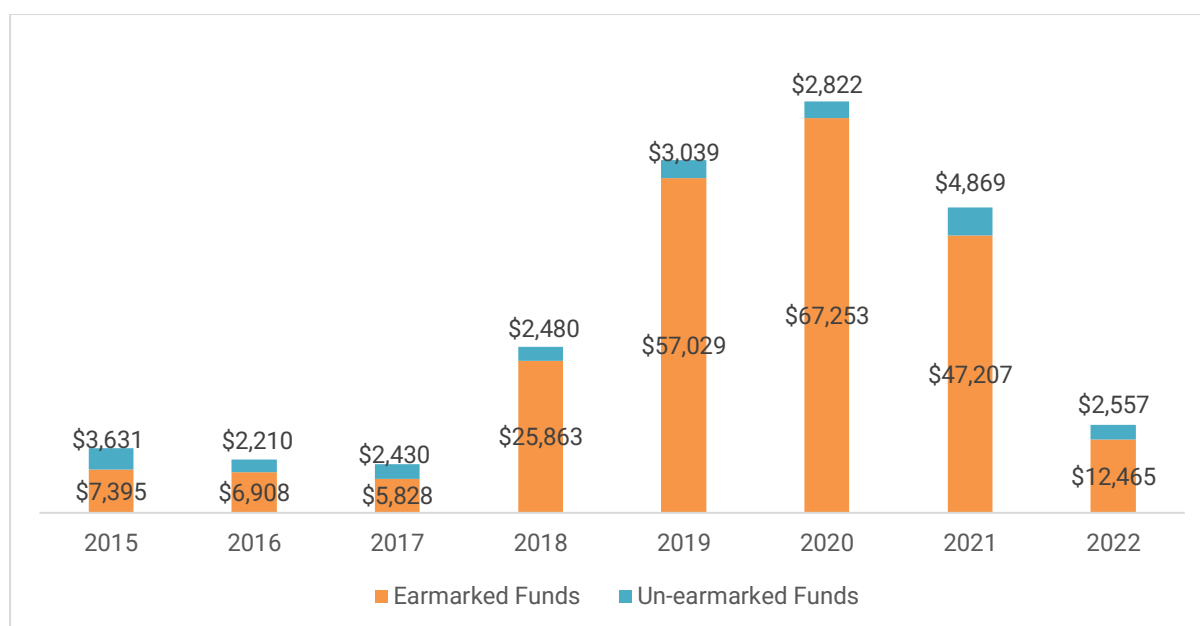
Senior UNFPA management respondents highlighted that, over the past five to six years, while the available funding to UNFPA was initially satisfactory, it has become increasingly difficult to mobilize resources, with a high reliance on variable levels of external funding (versus core UNFPA resources), leading to cuts in activities and a need to repeatedly prioritize essential services only.

Former UNFPA management staff noted that the initial withdrawal of donors from Yemen in 2015 posed significant challenges, complicating the resource mobilization efforts. The need for diversified funding sources is underscored by the observation that the humanitarian response is heavily donor-led, with limited opportunities for UNFPA to challenge or negotiate for more substantial commitments.

²⁴⁰ USAID merged the former offices of OFDA and Food for Peace in 2020 to form the Bureau for Humanitarian Assistance.

²⁴¹ <https://fts.unocha.org/>.

Figure 26: UNFPA Yemen funding by earmark, 2015-2022



Source: ATLAS data 2015-2022.

Moreover, despite a spread of donors, the reliance on a small number of international donors for the bulk of funding creates risks for UNFPA and the many national implementing partners which have become entirely dependent on external funding, much of which is tied to specific programme activities.

The chart, right, illustrates the progression of UNFPA Yemen country office funding over the course of the 2015–2022 period, with the majority of such funding allocated to specific activities or projects. On average, approximately 10 per cent of UNFPA funding was not earmarked for specific activities over the period, although this varied from 4 per cent in 2020 to 33 per cent in 2015, with the absolute amount of unallocated funds exhibiting much less variation than earmarked funds. This has been reported as leading to challenges in maintaining robust and safe administrative and management functions in a high-cost environment.²⁴²

Finding 28: While the RRM has historically been well-funded, available resources are declining and are unlikely to be commensurate with future needs.

The above-mentioned challenges that UNFPA (and others in the humanitarian community) in Yemen face are of particular relevance to the RRM. Analysis of evidence from UNFPA and implementing partners reveals that while immediate humanitarian response via the RRM has been largely effective, it is hindered by resource limitations and the need for adaptability to changing contexts.

Multiple stakeholders responding to the evaluation highlighted that while the resources and supplies available for the RRM increased substantially through 2018 and 2019, ultimately they are insufficient to meet the needs of the targeted population in light of the ongoing population needs in Yemen, and are becoming increasingly sparse.²⁴³ The need for more systematic funding pipelines and improved advocacy with donors (primarily the YHF and CERF, which funds the majority of the RRM) was emphasized.²⁴⁴

²⁴² UNFPA management key informants.

²⁴³ CERF funding is limited by the overall envelope allocated for all United Nations activities under PC1, and UNFPA key informants report that the HCT does not always prioritize the RRM in its final endorsements.

²⁴⁴ Ibid.

As noted under evaluation question 4, perceptions of IDPs in receipt of RRM assistance are generally positive, more so for RRM than other services supplied in camp settings²⁴⁵, which speaks to the efficiency of this facility. Post-distribution monitoring conducted by third-party monitors on behalf of UNFPA among samples of RRM recipients also indicate very high levels of satisfaction (considerably higher than the data cited above). In a 2022 survey of 861 recipients, 88 per cent of recipients considered the RRM package appropriate.²⁴⁶ This data was corroborated by direct feedback from community members that were interviewed for the evaluation. RRM recipients testified as to the timeliness of the assessments and assistance that they received via national partners and the importance of such assistance.

The YARD team, supported by UNFPA, conducted successful distributions in this camp in the past year. After any disaster the team conducts a rapid response for us immediately and distributes the RRM kits and dignity kits for female beneficiaries. There were no problems during the distribution process – the distribution was conducted smoothly within one day.

- RRM recipients, Al-Mukalla

The importance of coordination and collaboration among the RRM partner agencies is a theme that emerges as an ongoing need. For instance, the need to link the RRM with DRR efforts has been noted, as well as the importance of involving the other partner agencies jointly in funding discussions to present a united front to donors.²⁴⁷ A lack of smooth coordination can lead to inefficiencies and gaps in the humanitarian response, underscoring the necessity for improved inter-agency collaboration.

The issue is that interest in RRM is waning. UNFPA should involve [RRM partners] more so donors don't just see UNFPA. This doesn't mean that [the RRM partners] will try and capture the funds, but we could use our comparative advantage in negotiations. The RRM is proven to work well, but showing unity with other sister agencies would be helpful.

- United Nations RRM partner key informant

This improved flexibility and collaboration was highlighted in a context where adapting to changing needs and contexts is increasingly important. Stakeholders noted that the RRM must be increasingly flexible to respond to the evolving humanitarian landscape, in light not just of more limited resources, but changing displacement patterns (such as increases due to climate change).²⁴⁸

Finding 29: Despite the context challenges, UNFPA has implemented a mix of different leadership and staffing modalities that have contributed to good programme continuity and consistent implementation, although some areas would benefit from more attention.

A recurring theme in the context of UNFPA Yemen – in responding to a multi-year, complex emergency with substantial security concerns - is the challenge of staffing levels and capacity. From the onset of the crisis in 2015, the evacuation of international staff from the country presented an immediate management challenge that UNFPA responded to well via the relocation of staff to the hub in Amman and remote working modalities. Many respondents noted that the ability to work remotely has allowed UNFPA to maintain operations, despite the challenging security and logistical environment in Yemen, as well as providing an economical solution to the expense of retaining in-country international staff. However, this flexibility also comes with challenges, particularly in ensuring that remote staff remain

²⁴⁵ REACH CCCM Dashboard monitoring data.

²⁴⁶ United Nations Rapid Response Mechanism Final Post-Distribution Monitoring Report, Moore Yemen/UNFPA, 2022.

²⁴⁷ United Nations agency key informant.

²⁴⁸ UNFPA, United Nations agency key informants.

connected to the realities on the ground. UNFPA technical staff highlighted the importance of regular communication and engagement with in-country teams to ensure that remote work does not lead to disconnection from the operational context.²⁴⁹

However, several evaluation respondents highlighted that while there have been improvements over the years, there remains a significant need for more personnel, particularly in critical areas such as finance and procurement. A key concern is a need for adequate staffing in the Aden sub-office, with some respondents expressing that the current staffing levels are insufficient to meet the demands of the humanitarian response.²⁵⁰ This sentiment was echoed by internationally recognized government partners, who emphasized that while UNFPA has improved its staffing, it still requires more personnel to effectively manage its operations. They would like to see a greater focus on Aden rather than Sana'a.²⁵¹

Moreover, the issue of double hatting—where staff members are required to take on multiple roles—was frequently mentioned. Internal and external key informants in Yemen pointed out that many staff members are juggling responsibilities across different functions, which negatively impacts their efficiency and effectiveness. This situation is particularly acute in hubs where staffing is limited, leading to a strain on resources and a potential decline in the quality-of-service delivery.²⁵²

The issue of decentralization emerged as a critical factor influencing the operational effectiveness of UNFPA in Yemen. The decision to decentralize operations to five hubs, including the strategically important Hodeida hub, was noted by UNFPA and external implementing partners as a necessary step to enhance local engagement and responsiveness to the needs of the population. However, there were concerns about the varying levels of staffing across these hubs. For example, while some hubs are adequately staffed, others are severely understaffed, leading to inconsistencies in service delivery and coordination.²⁵³

The importance of local knowledge and engagement was also highlighted, with several respondents noting that staff from the capital cities may not fully understand the realities faced by communities in remote areas. This gap underscores the need for UNFPA to invest in local staff and community volunteers who can bridge this divide and ensure that programmes are tailored to the specific needs of the populations they serve.

In addition, some stakeholders highlighted a gender imbalance in the staffing of the UNFPA Yemen country office, with poorer representation of women in technical, partner-facing roles. A review of the 2023 country office staffing structure indicates a significantly higher proportion of men versus women staffers (although the country representative role has been occupied by three women and one man since 2015, which is positive).²⁵⁴ Stakeholders noted this imbalance, particularly with regard to roles where staff engage with external stakeholders, with some entrenched discriminatory attitudes evident among internal staff. Some key informants noted that the patriarchal nature of Yemeni society and gender norms should be more actively challenged by UNFPA as an advocate for gender equality by seeking to ensure a better gender balance within its own operations.

This lack of gender balance not only affects the internal dynamics of UNFPA but also has implications for the effectiveness of GBV interventions. For example, male GBV technical staff can face barriers to accessing sensitive spaces and services for women. This calls for a strategic approach to recruitment and retention that prioritizes gender diversity and inclusivity.

²⁴⁹ UNFPA key informants.

²⁵⁰ UNFPA key informants.

²⁵¹ Government key informants.

²⁵² UNFPA, United Nations agency key informants.

²⁵³ UNFPA, implementing partner, NGO key informants.

²⁵⁴ UNFPA Yemen Office organogram, 2023 (internal document).

Finally, the 2022–2023 Inter-Agency evaluation of the Yemen crisis noted several challenges to efficiency across the overall humanitarian response in Yemen that pertain to UNFPA operations. These include:

- Inadequate human resources and partners, and constraints on access for systematic monitoring;
- "Bunkerization" of United Nations agencies (a term coined by the evaluation). For example, programme location access limitations due to onerous (and expensive) security protocols across all United Nations agencies;
- Risk assessment practices that deem large parts of the country to be extremely high risk, which in turn has led to a preference for protective measures rather than strategies seeking acceptance.

The evaluation considered that such measures have not been effective or efficient, have been overly broad-brush and have further distanced humanitarian workers from the people they intend to help.²⁵⁵

These findings are supported by feedback from evaluation interviewees, with many (external) stakeholders highlighting their competence and experience but also identifying challenges in some key sectoral areas, for example, in working to transition programming from humanitarian to development. Some UNFPA staff and external stakeholders expressed concerns about the ability of UNFPA to adapt to changing needs and perceptions within the humanitarian context, particularly in the light of the increased focus on climate change and the need for resilience-building (discussed in more detail under evaluation question 9). The challenging context of Yemen was noted as a key determinant of this, with technical experts with the right mix of skills and experience either unavailable nationally, or unlikely to be willing to move to Yemen.²⁵⁶

Finding 30: UNFPA Yemen has successfully leveraged procurement systems, policies and procedures to ensure consistent provision of commodities to end-users, although disruptions in quality, security and distributions from various sources have been experienced since 2020.

Feedback from a variety of stakeholders, including donors, has been largely positive with respect to the UNFPA systems and processes in place to manage resources. As described by one donor, UNFPA Yemen operations are akin to "a well-oiled machine", comparing favourably with other country operations funded by the same donor. Although most donors cannot access Yemen operations directly due to security concerns, independent validation of activities via the use of in-country third-party monitoring has ensured a satisfactory level of oversight on their behalf, despite the widespread disruptions to procurement and logistics experienced as a result of both external events (e.g. the COVID-19 pandemic) and internal conflict.

Financial accountability and resource allocation were also significant factors noted by UNFPA in the choice and application of commodity management policies. Key informants to the evaluation emphasized the importance of ensuring that resources are allocated efficiently and transparently, particularly in light of criticisms faced by other agencies regarding their financial practices.²⁵⁷ The use of IPs to manage commodities was noted as a strategy not just to maximize efficiency of distribution, but also to mitigate risks of fraud and corruption, with stakeholders expressing confidence in this approach compared to direct funding to authorities that are less accountable to UNFPA than national NGOs. Nonetheless, multiple stakeholders highlighted that delays in procurement and financial disbursement negatively impacted the efficiency of programming and the timely delivery of essential services (for both commodities and for wider programming). For instance, an NGO partner noted that

²⁵⁵ Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022.

²⁵⁶ UNFPA, implementing partner, NGO key informants.

²⁵⁷ UNFPA key informants.

the absence of signed workplans and sub-agreements led to an instance of suspension of activities, which in turn resulted in staff being detained by authorities due to operational complications.

This situation underscores the critical need for UNFPA to streamline its approval processes to ensure that humanitarian efforts can commence without unnecessary hindrances.²⁵⁸ From a commodity perspective, reported procurement delays were a recurring issue, particularly in the context of reproductive health commodities. UNFPA internal procurement processes have been described by some internal and external key informants as slow, with some IPs reporting being forced to procure medications themselves, which did not adequately meet the needs on the ground.²⁵⁹ The procurement of commodities (particularly medications) locally highlights concerns around the need for strong quality control processes. Reports of counterfeit medications and poor storage conditions were raised as significant concerns about the integrity of supplies being procured and distributed.²⁶⁰

This is not to say that UNFPA does not actively seek to overcome such challenges. For example, reported difficulties faced in transporting reproductive health commodities into Yemen due to clearance issues at ports was mitigated by the establishment of a hub in Djibouti where commodities could be positioned to optimize the pipeline for in-country deliveries.²⁶¹ In addition, the decision by UNFPA in 2024 to recruit a quality assurance consultant to review vendors and rank them for quality reflected an acknowledgment of these issues and a proactive approach to mitigating risks associated with local procurement.²⁶²

Over the course of the UNFPA response in Yemen, a variety of sophisticated tools and systems have been developed to track activities, outputs, facilities etc. across the entire country. As far back as 2014–2015, UNFPA in Yemen, jointly with the Ministry of Public Health and Population, worked to develop the reproductive health logistic management information system. UNFPA developed SOPs and operationalized these via material for central, governorate and district warehouses to help trace the movement and proper warehousing of commodities.²⁶³

Finding 31: UNFPA Yemen data and management systems, while extensive, suffer from inconsistencies and incompleteness that present challenges to results tracking and reporting.

Since 2018–2019, UNFPA has been developing online data solutions for data management, service mapping and activity tracking. These dynamic and regularly updated dashboards are a very useful and easily accessible source of information for many within the humanitarian response community in Yemen.

This said, stakeholders expressed concerns about the underuse of data collected by UNFPA and the government, which hampers informed decision-making, with calls for better harmonization and analysis at the governorate level. Issues noted by donors revolved around feedback mechanisms to accurately assess needs in sensitive areas such as GBV and determine the outcomes and impacts of UNFPA-supported programming, as opposed to simple validation of outputs and activities, which is more easily achieved.²⁶⁴ Evaluation informants emphasized the need for better use of timely and accessible data to enhance the effectiveness of interventions, particularly in the context of reproductive health and GBV services. For example, the lack of comprehensive data on the prevalence of GBV in certain regions has hindered targeted programming and resource allocation, leaving gaps in service

²⁵⁸ NGO key informant.

²⁵⁹ Donor, implementing partner key informants.

²⁶⁰ Ibid.

²⁶¹ UNFPA key informants.

²⁶² UNFPA key informant.

²⁶³ UNFPA Yemen SIS Annual (Internal) Report, 2015.

²⁶⁴ Donor key informants.

delivery. The rollout of the GBVIMS could alleviate this to an extent, but significant challenges in its implementation in the north of Yemen mean that it is not likely in the short-term.

Internally, UNFPA Yemen uses a range of organization-wide data management systems and tools for tracking results, partners, grants, etc. (UNFPA sectoral specialists and downstream IPs provide data on activities supported or undertaken by UNFPA which are logged in the various UNFPA online data tools). While the country office diligently prepares and submits most of these reporting and management tools, there are inconsistencies that make it challenging to present an accurate and systematic picture of results and achievements. The following are the main types of inconsistencies noted by the evaluation analysis:

- Changes in typologies, definitions and measurement practices of indicators as UNFPA strategic priorities change in line with accepted practices;
- Lack of consistent disaggregation of quantitative data across indicators. For example, recipients of training on key areas such as MISP, CMR or other reproductive health skills are sometimes separated in reporting, but at other times they are included in a single figure;
- Lack of clarity around whether indicators are cumulative or new. For example, the number of WGSS or shelters supported from year-to-year in reporting does not specify whether reported facilities are new, newly supported or existing ones that continue to receive support;
- Inaccuracies in totals - reported quarterly figures frequently do not tally with annually reported figures, calling into question the accuracy of data systems, reporting skills and/or the underlying data;
- Inconsistent reporting on key metrics across years. For example, the number of mobile clinics supported was reported from 2015 to 2018 but not in subsequent annual reports.

Evaluation question 9. To what extent did UNFPA humanitarian interventions take account of longer-term interrelated issues?

Finding 32: Although UNFPA Yemen and partners widely recognize the need to build resilience, particularly given the emerging impact of a changing climate on Yemen, programming is largely reactive to immediate needs, with few concrete metrics and some, but limited, efforts towards longer-term resilience building.

There is strong evidence from primary and secondary evaluation sources regarding the need to better integrate humanitarian response work in Yemen with long-term development goals. Stakeholders expressed concerns regarding a disconnect between UNFPA-supported initiatives and governmental priorities, particularly in reproductive health and GBV. For instance, the call for a dedicated staff member to focus on integrating climate change considerations into regular programming underscores the recognition that resilience cannot be built solely through immediate relief efforts. This highlights the necessity for a holistic approach that combines emergency response with development initiatives, ensuring that interventions are sustainable and address the underlying vulnerabilities exacerbated by both conflict and climate change.

As noted under evaluation question 7, as early as 2016, in its contributions to the programme criticality assessment conducted by the UN resident coordinator's office, UNFPA had advocated for "expansion beyond the humanitarian setting", implying an aspiration to move beyond the immediate humanitarian response to long-term development.²⁶⁵ Indeed, UNFPA reporting indicates attempts to integrate some longer-term considerations or plans into needs assessments, for example a 2016 assessment on reproductive health supply chain management which included both short- and long-term interventions

²⁶⁵ UNFPA response in Yemen Monthly Situation Report number 05, June 2016. Also, internal programme criticality documents, 2016.

towards “establishing a fully functional reproductive health supply chain management system in Yemen”²⁶⁶. Such aspirations have had limited success, with the absence of strategic frameworks for both UNFPA and the wider United Nations community between 2015 and 2021 (in addition to the absence of national strategic planning due to the breakdown in governance) being a decisive factor in this.

The increasing visibility of climate change impacts in Yemen is a critical theme that is widely acknowledged by stakeholders as becoming more pronounced, albeit with a lack of awareness and understanding among communities regarding the link between localized natural disasters and wide climate change.²⁶⁷ However, although the emerging impacts of climate change are being increasingly acknowledged (e.g. in the 2022 UNFPA Yemen Annual Report, which noted that the ongoing crisis is “compounded by natural disasters linked to climate change”), UNFPA Yemen has not yet reported (or at least is unclear in its reporting on this) any significant progress on key climate change indicators included as part of previous and the most recent UNFPA global strategies, as follows:

Table 11: UNFPA Yemen reported progress on global UNFPA climate-change indicators

UNFPA global strategy indicator	UNFPA Yemen progress
MTR indicator country has mainstreamed risk reduction/resilience, inclusive of climate change, into national health strategies and plans (included in 2016 and 2017 annual reporting).	No progress.
Conducting a situation analysis on population changes and diversity and the impact of mega-trends, <u>including climate change</u> , on achieving the UNFPA transformative results and the Programme of Action of the ICPD.	While annual reporting for 2022 and 2023 states that an analysis was conducted in 2021, the same report for 2021 makes no mention of climate change or this analysis.
Involvement of adolescents and youth, including youth with disabilities...in the formulation and implementation of policies and programmes related to climate change.	No progress was noted by 2023.

Internal milestones and indicators show some evidence of inclusion of climate change considerations - notably the RRM, which since 2023, has specified the targets of RRM assistance being people newly displaced by conflict or climate change disaster.²⁶⁸

The chart, below, illustrates how the dynamics of the RRM are changing over the course of the crisis. Whereas in 2018 (the first year UNFPA managed the RRM) the assistance was delivered exclusively to conflict-related displaced populations, in subsequent years such recipients of assistance have decreased proportionately, being overtaken by those affected by natural disaster in 2023 (primarily seasonal rainfall and flooding events, although assistance was also delivered to those populations in Al-Mahrah and Hadramout Governorates affected by Cyclone Tej in October 2023).

UNFPA-reported initiatives to incorporate climate considerations into reproductive health, GBV and youth programming are steps in the right direction (as is the limited work with government counterparts to develop national strategies, discussed under evaluation question 2), but equally, UNFPA and partners

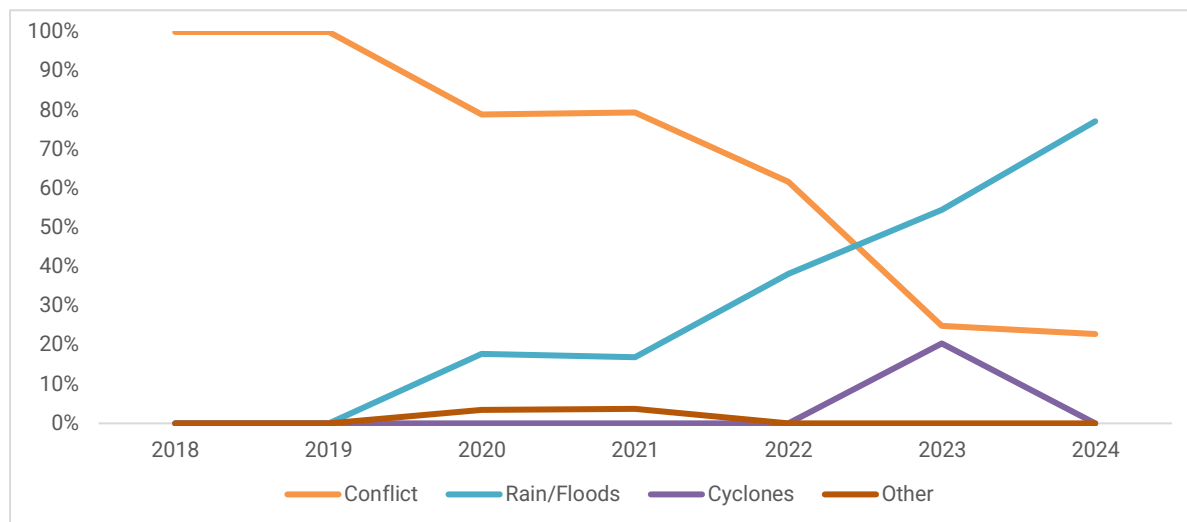
²⁶⁶ This resulted in the development of the Reproductive Health Logistic Management Information System with the MOPHP, discussed under evaluation question 8.

²⁶⁷ UNFPA, implementing partner key informants.

²⁶⁸ SIS (internal) Annual Report - Republic of Yemen, UNFPA 2023.

highlight a pressing need for broader community engagement and education. For instance, enhancing community understanding of how climate change affects health services can foster resilience and empower individuals to adapt to changing conditions.

Figure 27: RRM assistance enrolment by displacement cause, 2018-2024



Source: Evaluation team.

Over the course of almost a decade of dedicated humanitarian response, UNFPA has established a robust infrastructure to respond to crises, which positions it well to address resilience building. Initiatives such as the RRM have an established capacity to warn of and mitigate, as well as respond to, potential disasters, a key element of resilience. Additionally, there are ongoing efforts to ensure sustainability and resilience in Yemen, despite the pressing humanitarian needs. For example, the focus on livelihoods and economic empowerment as part of GBV programming, as well as UNFPA support to the midwifery programme (jointly with the MoPHP, UNICEF and WHO), which has been noted as a potentially scalable intervention with long-term and geographically wide-ranging impact in the reproductive health sector.²⁶⁹ Other examples can be found in youth programming, where more recent work with government counterparts to build youth, peace and security strategies may bear fruit, despite a challenging environment in the north.

Although almost all stakeholders interviewed were cognizant of the need to operate further along the humanitarian-development-peace continuum, the evaluation also found evidence of significant challenges in transitioning from humanitarian assistance to sustainable development. Many stakeholders expressed concern that the humanitarian sector has been “shouldering the burden of needs” without a clear roadmap for development.²⁷⁰ The lack of a transition plan complicates efforts to address the underlying vulnerabilities exacerbated by both conflict and climate change. For example, stakeholders have noted that while immediate needs are being met, there is insufficient investment in national capacities and legal frameworks that support resilience-building.²⁷¹ This gap highlights the necessity for a more strategic approach that facilitates this transition and ensures that development initiatives are aligned with the realities on the ground. There is evidence that the recent change in United Nations Yemen leadership heralds a more development-focused approach and therefore greater potential for UNFPA to enhance its resilience-building efforts.

Finally, many stakeholders expressed frustration with the current situation, where the United Nations community in Yemen is perceived as a “shadow government” that perpetuates a cycle of dependency

²⁶⁹ UNFPA, United Nations agency, Government, NGO key informants.

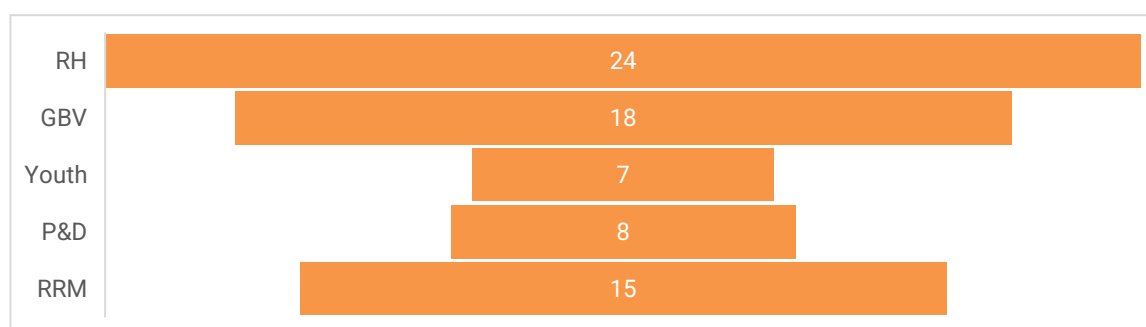
²⁷⁰ UNFPA, donor key informants.

²⁷¹ UNFPA, implementing partner key informants.

rather than fostering genuine development.²⁷² There is a call for a more radical approach to address the root causes of issues such as GBV and to create an environment conducive to long-term resilience. For instance, engaging with donors to ensure sustained political pressure on state actors to improve the overall context for development is seen as essential. This advocacy is critical for aligning government priorities with the needs of the population, particularly in addressing stigmas around family planning and reproductive health.

Finding 33: UNFPA Yemen has historically had a successful focus on partnerships with national-level organizations, with a wide range of partnerships implemented, and substantial resource transfers to civil society, helping to create a substantial sector that has, to an extent, filled the gap left by a fragmented and failing state.

Figure 28: Number of UNFPA Yemen partners per programming area, 2015–2022



Source: Atlas.

UNFPA Yemen has consistently emphasized the importance of partnerships of different kinds at different levels in the implementation of its programme strategies in Yemen. The original CPD for 2012–2015 (and the associated CPAP) presented a comprehensive spread of partners across a range of categories that UNFPA proposed to work with (illustrated in the chart, right). While the humanitarian crisis that unfolded in 2015 changed the underlying dynamic of the Yemen context, UNFPA still maintained a comprehensive partnership strategy throughout the 2015–2022 period. Evaluation evidence, including testimony from current and previous senior UNFPA management, indicates that strong and varied partnerships have been key to the implementation of most UNFPA programming. Thus, the early promise of extensive engagement within the CPD and CPAP has been realized in UNFPA programming between 2015 and 2024. UNFPA Yemen has worked with a wide variety of national and international NGO partners, United Nations agencies and government entities across north and south Yemen. The chart, right, presents an overview of the numbers of implementing partnerships per programming area over the course of UNFPA programming during the evaluation period.²⁷³ As can be seen, there is a wide variety of partners across each programming area.

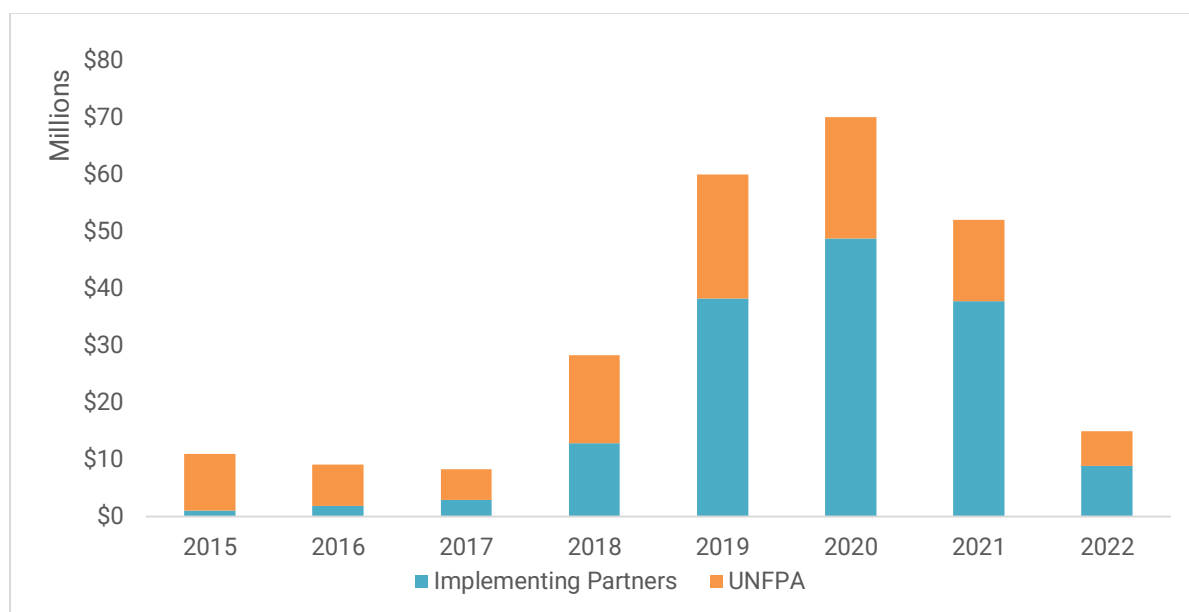
The second chart, right, presents the numbers of partners between 2015 and 2022 by type of organization with NGO partners being the most common. If only implementing agencies funded by

²⁷² UNFPA, NGO, donor key informants.

²⁷³ The analysis includes only implementing partners, i.e. NGOs (national or international) or government agencies. It does not include United Nations agencies. Some partners are double counted as they engage in work across multiple programming areas. See evaluation question 6 for more details.

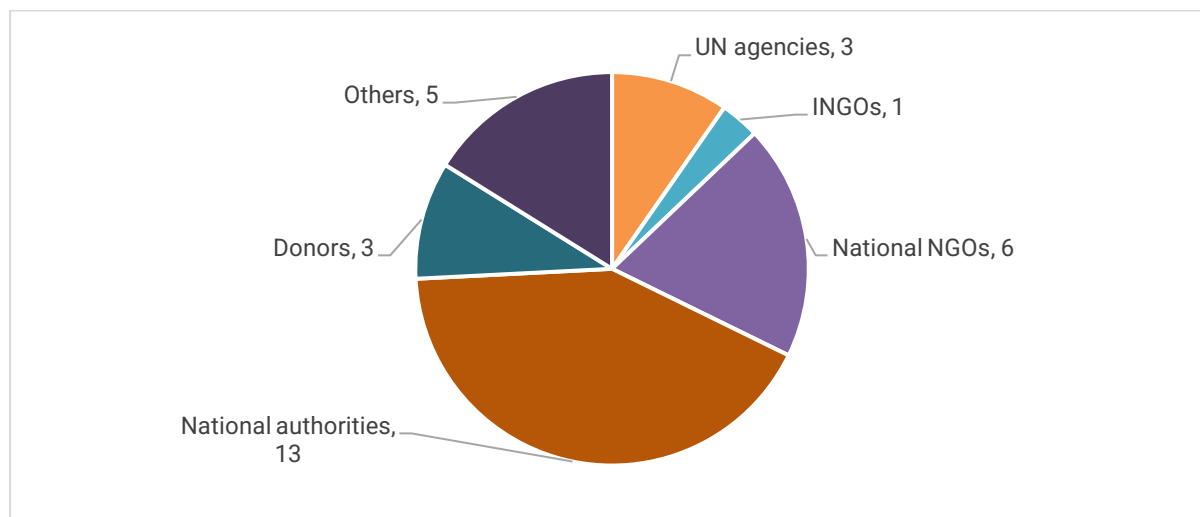
UNFPA Yemen are counted, then NGOs and service providers represent 75 per cent of the total, with government partners comprising the remaining 25 per cent.²⁷⁴

Figure 29 : UNFPA Yemen partner funding, 2015-2022



Source: Atlas.

Figure 30: UNFPA Yemen partners by category, 2015-2022



Source: Atlas.

The final chart displays the value of disbursement by UNFPA Yemen across all programming areas during the evaluation period. It illustrates how an increasing proportion of UNFPA resources has been allocated to implementing partners over time. From 9 per cent in 2015, as the humanitarian response

²⁷⁴As discussed under evaluation question 5, UNFPA does not directly fund government counterparts, but instead funds discrete activities and initiatives.

was just beginning, to a peak of 73 per cent in 2021, although this dropped to 59 per cent in 2022 (more recent data were unavailable).

This represents a very substantial resource transfer to the civil society sector in Yemen over the course of the past decade, reflective of the important role played by these partners.

Finding 34: UNFPA Yemen has built capacity of governmental and non-governmental partners, but sustainable institutional capacity building, though present among some partners, is limited, with a focus on project and financial management and reporting, rather than a targeted effort to 'build back better'.

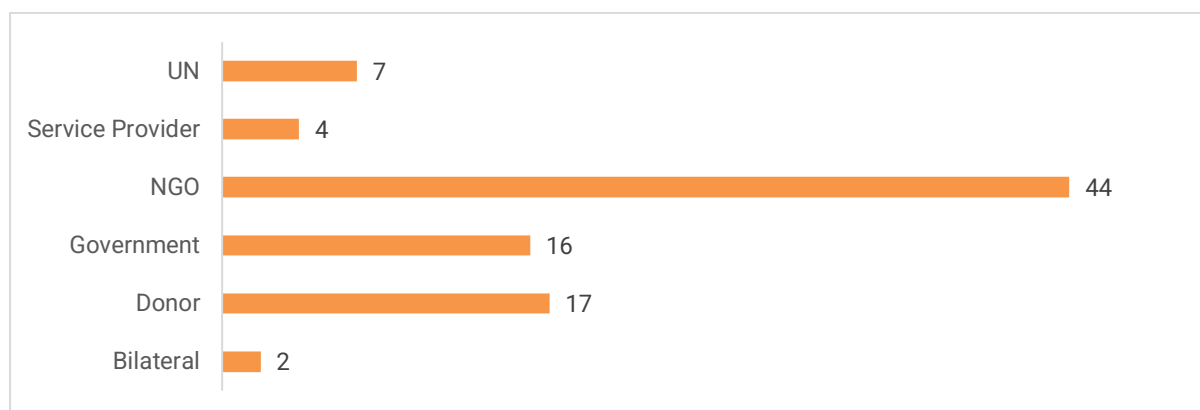
As early as 2012, in the original CPD, UNFPA recognized the need to prepare for a deterioration in the operating environment in Yemen, and had committed to working increasingly with civil society to realize its programming goals:

In order to mitigate the risks of continuing unrest and instability that may impede implementation efforts, the country office has prepared a contingency plan to ensure business continuity that relies primarily on involving more civil society organizations to facilitate the delivery of critical activities.

- UNFPA Yemen country programme document 2012–2015, paragraph 10

Indeed, evidence from primary and secondary sources highlights how the capacity of governmental partners in Yemen is severely limited due to widespread resource gaps, the political division of the country into two, many years of conflict that has destroyed public infrastructure and the dissipation of capacity of government as key staff seek opportunities elsewhere. This necessitates a reliance on national and international NGOs for effective service delivery, highlighting their critical role in filling the gaps left by public sector limitations.

Figure 31: Number of UNFPA Yemen partners by type, 2015-2022



Source: Evaluation team.

Despite these challenges, UNFPA has been supportive of both Yemeni Government bodies and national NGOs alike, albeit in different ways. For government partners (e.g. the Ministry of Public Health and Population for reproductive health, the Ministry of Social Affairs and Labor for GBV, the CSO for population data, the Ministry of Youth and Sports), UNFPA collaborates on targeting and planning of interventions, provides capacity building support, leverages the reach and authority for access permissions, and assists (where possible) with longer-term strategic planning. Essentially, UNFPA (and others of the international humanitarian community) are supporting the very existence of many government bodies and, as a result, public services in Yemen.

International organizations such as UNFPA are needed to maintain the health sector, otherwise it will collapse.

- Government key informant

For NGO partners, UNFPA contracts with them directly for implementation activities, using their diverse experiences and reach to manage support to on-the-ground service delivery, management and monitoring. This is a more contractual arrangement, with substantial resource transfers involved.

For both partnership modalities, there are tensions and dissatisfactions related to the type and quantity of support and resources. For government partners, the chronic scarcity of funding means that the UNFPA policy of implementing activities through NGOs deprives them of key resources. Some government partners do not agree with this approach and make the case that it is ultimately inefficient due to the absence of economies of scale or established infrastructure (which government partners would claim to possess). As noted by one government key informant: "Each NGO is like another ministry..."

On the other hand, NGO partners, which, as discussed above, receive considerable resources from UNFPA since their existence is largely dependent on international agencies, are considerably more tractable. However, evaluation respondents noted that the institutional relationship can be characterized as more "contractual" than "collaborative".²⁷⁵ Further, evidence from some existing and/or former partner organizations also suggests that, in efforts to maximize value for money and reach as many rights-holders as possible, UNFPA has used its bargaining power to compel partners to accept terms that are overly onerous. Several key informants testified about salary and benefit cuts (particularly for field staff), delays in remuneration and even unethical administrative practices²⁷⁶ (internal to the NGOs) that have been imposed on them as part of partner efforts to be competitive with regards to potential funding from UNFPA (and sister agencies). Some former IP informants noted that their partnership with UNFPA was simply not financially viable for the organizations to sustain.

While it was beyond the scope of the evaluation to validate all these issues (and indeed advocacy for increased resources by all stakeholders is to be expected in the increasingly resource-scarce environment of Yemen), the evidence from multiple sources suggests that the localization principles espoused in the Grand Bargain²⁷⁷ may be in danger of being compromised by UNFPA with respect to Yemeni civil society.

A legacy of the withdrawal of government from provision of many public services in Yemen has been the emergence of a very substantial community of humanitarian-focused civil society organizations. While a strong civil society is an asset for any country, in Yemen the sector is less focused on 'traditional' civil society roles, such as advocacy or rights-based work, and more so on being the intermediaries between international humanitarian response actors and rights-holders at community level across the country.

UNFPA are a mini-donor – they act like donors even though they should be partners. This has become a hindrance to having direct contact with the community, which is what NGOs do.

- NGO key informant

There is considerable evaluation evidence from the many national partners that participated in this evaluation to indicate that capacity building and resource allocation is a crucial area for improvement. Many participants noted that while UNFPA has made progress in building the capacity of implementing

²⁷⁵ Implementing partner key informants.

²⁷⁶ Such as being compelled to informally return a portion of paid (and hence formally recorded in accounts in order to satisfy audit requirements) salaries to the organization.

²⁷⁷ The localization of humanitarian aid is the second of the ten Grand Bargain workstreams.

partners, there are still gaps in coordination and integration at the field level. The need for better resource allocation and strategic planning to address the unique challenges faced in different regions of Yemen was emphasized, particularly in ensuring that reproductive health and GBV services are adequately funded and supported.

A prominent theme that emerged from the analysis is the issue of communication within UNFPA and between it and its partners. Many respondents noted a lack of structured and consistent communication from UNFPA management, leading to confusion and frustration.²⁷⁸ For instance, some evaluation respondents that are members of the GBV AoR or the reproductive health working group expressed concerns about some abruptness and internal disconnects in communication, which hindered effective engagement, particularly at higher coordination levels. This lack of clarity has resulted in difficulties in advocating for the prioritization of protection and GBV issues. An example highlighted was the challenges faced in discussions regarding pooled funding in high-need areas like Marib, where unclear communication led to missed opportunities for collaboration and resource allocation.²⁷⁹

More recently, however, UNFPA reports efforts to train local civil defence units and enhance the capabilities of national NGOs, reflecting a strategic move towards fostering local ownership and sustainability. Nonetheless, challenges remain in ensuring that these capacities are adequately supported. For example, while local organizations are being trained, there is a concern about their reliance on international funding, which may hinder their long-term sustainability and ability to respond effectively to both immediate and long-term challenges.

Box 4: Key government partnerships – population data and youth

Two key areas where UNFPA has fostered strong government partnerships in Yemen are in population data and youth.

For population data, UNFPA Yemen has fostered several key partnerships with the Central Statistical Organization. As discussed in evaluation question 3 above, while the level of resources that UNFPA devotes to population data is very small relative to the overall programming budget year-on-year, the consistent resources it has provided to the CSO year-on-year are one of the few lifelines of international support it receives. UNFPA has built, rebuilt and sustained the technical capacity of its staff, both north and south, since the outbreak of the conflict, and is keeping alive a key government function that might otherwise collapse entirely.

For youth, in 2021, new partnerships were established with governmental institutions (as well as international and local organizations). Some of them were key partners in implementing youth initiatives, while others, such as the Ministry of Social Issues in Aden, were engaged on a strategic level. Another partnership established was with the Ministry of Youth and Sports, with UNFPA supporting development of the first pro-youth strategy promoting inclusion of young people in national development jointly implementing activities in the UNFPA-supported Aden Youth Training Centre. Such partnerships and the strategy itself create space for further work on youth.

²⁷⁸ Implementing partner key informants.

²⁷⁹ NGO key informant.

5. Lessons learned

Data-driven decision-making: Ongoing adaptation to challenges in ensuring sufficiently granular and comprehensive data related to GBV (exemplified by the long-term challenges around rollout of the GBVIMS, which is hugely under-reported but which has a direct impact on related programming resources) through innovative data collection methods and, vitally, collaboration and advocacy with partners and donors, is key to appropriately leveraging both the strengths and limitations of these data sources to inform humanitarian responses effectively.

A central theme in UNFPA Yemen programming (and, indeed, much of the wider humanitarian response) is the emphasis on data-driven decision-making. UNFPA has effectively leveraged a variety of data sources, including structured and ad-hoc needs assessments, to understand the evolving needs of vulnerable populations. For instance, the RRM registration data, the UNFPA-managed reproductive health and GBV service mapping, and RRM dashboards have been important in shaping response programming, as have (to a lesser extent) external databases such as the HeRAMS. In the absence of robust data sources at the crisis onset, UNFPA effectively used the MISP calculator to quickly estimate needs and required resources in line with best practice.

Need for a coherent long-term strategy: The analysis reveals a critical need for a coherent long-term strategy amid the immediate humanitarian responses. The absence of an updated high-level programme strategy has led to programming decisions that prioritize short-term needs over sustainable solutions and threatened alignment with the core UNFPA mandate areas. Good programming practice requires development of a robust theory of change that can adapt to changing contexts while providing a systematic and clearly comprehensible basis for programming that reflects global UNFPA priorities. The lesson learned here is that a well-defined strategic framework is essential for guiding humanitarian efforts and ensuring they contribute to lasting change.

Effectiveness of feedback mechanisms: The evaluation highlights the importance of functional feedback mechanisms to enhance accountability and responsiveness to rights-holders. While UNFPA has established various channels for community engagement, challenges remain in their effectiveness and use. Many rights-holders (and implementing partners) report perceiving limited influence over programming decisions, and there is some evidence that service providers are not following the principle of doing no harm, indicating a need for better leveraging of community feedback. Strengthening these mechanisms, particularly in conservative settings where data collection is challenging, and/or in an increasingly resource-scarce environment, is crucial for ensuring that the voices of marginalized groups are heard and integrated into UNFPA's initiatives. This theme underscores the importance of fostering a genuine culture of accountability and responsiveness in humanitarian programming rather than a focus on procedural compliance.

A nuanced approach to gender programming: The considerable challenges faced by UNFPA in fully engaging in the mandate related to GBV (and to a lesser extent, youth) programming, particularly in the north of Yemen, has led to an important lesson on the need for sustained advocacy and collaboration with the humanitarian community as well as with government, religious and local authorities. This can ensure that positive changes are institutionalized and maintained and that UNFPA can take advantage of the support of its peers. A non-confrontational approach to such sectors that works within the acceptable constraints has been paying dividends, albeit slowly. There is some progress on the institutionalization of gender programming within governmental frameworks and evidence of a growing acceptance among communities of the importance of addressing GBV and harmful practices. However, progress is slow and it is not helped by limited engagement among the humanitarian response community in Yemen.

Rapid response mechanism implementation: The management and implementation of the RRM by UNFPA have been highlighted as a key good practice in increasing the organizational profile of UNFPA

among national and international actors, improving operational efficiency and resource mobilization. A variety of good practices in streamlining processes and establishing robust logistics frameworks (such as the establishment of warehouses, pre-positioning supplies and good data management) have proven essential for effective immediate humanitarian response to displacement events and supporting the wider national response.

Geographical coverage and accessibility: While UNFPA has, over the course of the evaluation period, reached 20 out of 22 governorates of Yemen, this does not necessarily translate into effective coverage. Resources have always been a critical constraint, but this has become even more of an issue in recent years, underscoring the reality that the overwhelming demand for services in Yemen cannot be fully met. Thus, UNFPA has increasingly adopted a strategy of more targeted strategies to maximize the quality of services in a more refined number of locations that maximize accessibility to vulnerable populations, where the most positive outcomes might be achieved. More strategic targeting can often mean that more people are reached with lifesaving services in a smaller geographic area, with the same resources, than spreading over a large geographical area, as the latter often incurs much higher transaction costs due to the greater logistical and management investment required.

Importance of geographical decentralization: Adaptation and innovation is crucial in the context of Yemen's rapidly changing environment, wide geographical spread and political realities. The shift by UNFPA from a centralized approach to a decentralized model with multiple programming hubs and a sub-office in Aden demonstrates its recognition of the need for flexibility and responsiveness. The strategic positioning of resources are examples of how UNFPA has sought to maximize impact despite operational constraints. This adaptability is essential for navigating the complexities of humanitarian programming in Yemen, where traditional methods may no longer suffice.

Importance of partnerships: The role of partnerships, particularly with national NGOs and local authorities, has proven an effective practice for reaching remote and underserved populations. It is especially notable where lack of trust in external actors, and social and cultural conservatism, are high. This collaborative approach has allowed for substantial resource transfers to civil society, which has played a vital role in filling gaps left by a fragmented state. This, coupled with robust accountability and transparency mechanisms, is a sound means not just of programme delivery, but also of building the capacity of national civil society. However, the analysis also highlights challenges, such as onerous terms and financial pressures faced by partners, which can compromise their operational viability, undermine the value of this approach and fail to build sustainable capacity. This underscores the importance of fostering strong partnerships while ensuring equitable treatment of partners to sustain outreach efforts and enhance the overall effectiveness of programming in a sustainable manner.

Gender mainstreaming: The realization of the UNFPA Yemen commitment to gender mainstreaming and success in advocating for this is evident in inter-agency strategic documents, such as the UNDAF, the UNSCDF, the HNOs and the HRPs, which highlight the necessity of promoting gender equality and empowering women and girls.

However, a key lesson is that commitments on paper do not necessarily translate into actions in programming. This is exacerbated by high turnover rates of international staff, which have hindered the retention of institutional knowledge, and inconsistencies in integration efforts even when the normative environment is positive. While success in making this a fundamental aspect of inter-agency humanitarian work has been limited, integrating gender considerations into assessments and planning documents ensures that the unique needs of women and girls are given some degree of priority. However, it is clear that challenges remain in effectively operationalizing this integration of gender mainstreaming, partly due to concerns around jeopardizing relationships with national authorities, but also partly due to persistent attitudes that gender programming is not life-saving (or, at least, less so than other sectors).

Addressing political sensitivities and operational challenges: The political landscape in Yemen presents unique challenges for UNFPA Yemen operations, particularly with the dual presence of the

country office in Sana'a and a sub-office in Aden. While this represents good practice in operating across conflict boundaries, there are important lessons on how differing motivations, resources and oversight between the two administrations complicate programme implementation. This is also highlighted by differing capacities across the two operational offices, with a perception of imbalance by external authorities that should be navigated carefully to manage political sensitivities while maintaining a focus on gender equality and women's rights. Finally, it can also present an operational risk to partners that work on both sides of the conflict lines due to hostility towards those who work on both sides of the political administrations.

Adaptability and foresight: UNFPA adopted a proactive approach to the insecure environment in Yemen even before the crisis outbreak in 2015, with the initiation of contingency planning in late 2014, thus facilitating a more rapid response when the conflict escalated in early 2015. UNFPA also made good use of regional assets and capacities, with the use of the humanitarian response hub in Amman to ensure leadership continuity. This ability to pivot and adjust strategies in real-time was as critical as contingency planning for effective humanitarian response.

Resource diversification: UNFPA's initial reliance on a limited number of donors created vulnerabilities, particularly during the early years of the crisis when funding fluctuated dramatically. For example, periods of significant contributions were often followed by sharp declines, which jeopardized the sustainability of humanitarian programming. This situation emphasizes the importance of diversifying funding sources to mitigate risks associated with dependency on single donors. Prioritization of core resources that can support high administrative costs and can engage a broader range of funding partners is a proactive and prudent approach to ensuring financial stability, particularly in an increasingly volatile global environment.

Programming flexibility and collaboration: Flexibility in response strategies was, and remains, a crucial positive practice, particularly in light of evolving humanitarian needs driven by factors such as climate change and displacement patterns. The adaptation of the RRM to address different types of displacement in collaboration with UNFPA sister agencies is a strong example of this.

Staffing and local engagement: The evacuation of international staff in the early part of the crisis and challenges in recruiting qualified and experienced staff later (and indeed the COVID-19 travel restrictions) necessitated implementation of remote working modalities, from which lessons can be learned. While there are cost savings, recruitment and retention benefits, and diminished risk exposure from this way of working, there are also risks of disconnection from the operational context and an absence of local knowledge and engagement. Prioritizing and balancing local engagement and investing in local capacity can bridge the gap between external agencies and the realities faced by communities.

Gender balance: There is an important lesson to be learned in striking an appropriate gender balance within the UNFPA Yemen country office, particularly in technical and partner-facing roles. This is important to ensure gender diversity and inclusivity and has particular relevance when seeking to address gender norms and advocate for gender equality via programmatic interventions in a highly patriarchal socio-cultural context such as Yemen.

Integration of humanitarian and development efforts: A key lesson of the past decade of humanitarian response in Yemen is the importance of strategically addressing underlying vulnerabilities and recognizing that resilience cannot be built solely through reactive measures to a crisis. This integration is vital for avoiding a cycle of dependency and, at least, working towards sustainable solutions that not only respond to current crises but also prepare communities and national capacities for future challenges, including those posed by climate change.

Communication and coordination: Effective communication and coordination among stakeholders emerge as critical lessons to be learned for improved programming. Limited two-way communication can lead to confusion and frustration among partners, hindering effective engagement and advocacy

efforts, particularly in high-need areas. Establishing clear communication channels and fostering a culture of collaboration is essential for enhancing the effectiveness of partnerships and ensuring that resources are allocated efficiently.

6. Conclusions

Conclusion 1: The UNFPA Yemen country programme has demonstrated notable adaptability and responsiveness to the evolving and multifaceted needs of the population. However, this adaptability carries the potential risk of diminishing alignment with the core mandate and priorities of UNFPA.

From 2015 to 2024, UNFPA promptly adapted programming to the immediate needs of the population while demonstrating sensitivity to Yemen's socio-political context. This approach ensured that interventions were both culturally acceptable and operationally feasible, fostering a conducive environment for programme implementation.

Much of this was driven by systematic and ad-hoc needs assessments, allowing UNFPA to ensure relevance to the acute and ongoing demands of women, children, and other vulnerable groups in the humanitarian crisis. The country office has used diverse data sources to ensure that its activities align with the evolving needs of the population, and in integrating feedback into its operations.

The alignment of UNFPA Yemen's programming with the UNFPA Strategic Plan has been characterized by necessary culturally driven adjustments, including in terminology and programming directions. The adjustments that result from this process include changes to how UNFPA has framed its programming and priorities, and incorporated programming, which, at times, went beyond the core mandate areas of UNFPA.

Links to findings 1, 3, 5, 7, 8, 9, 13 and 14

Conclusion 2: UNFPA interventions in the fields of reproductive health, gender-based violence and youth have brought about positive changes to the health and welfare of women and girls, albeit from an extremely low baseline of available services. UNFPA support to population data efforts, while minor in relation to other work, has served as a lifeline to fundamental state services, which would otherwise likely have suffered almost complete collapse.

The country office has implemented a range of innovative and increasingly targeted and focused initiatives aimed at increasing the awareness, accessibility and quality of reproductive health and GBV services. Through community-based interventions, which empower women and provide them with a package of essential skills, UNFPA achieved some progress on changing social norms related to GBV and harmful practices. Efforts to engage youth in reproductive health initiatives have also been notable, although they were more diffuse. However, such progress remains limited by socio-cultural and political dynamics.

UNFPA has played a key role in enhancing production and dissemination of population data and related studies and sustaining national statistical systems. The data collected and shared by UNFPA has shaped policies and programmes that address the needs of diverse populations, helping ensure interventions are evidence-based.

While UNFPA has achieved some success in integrating reproductive health and GBV services as life-saving activities at the inter-agency strategy level and across various coordination bodies, challenges persist in advocating for these services as life-saving priorities, particularly in the early phases of humanitarian response.

Links to findings 10, 11, 12, 16 and 24

Conclusion 3: UNFPA interventions have been mostly focused on short-term humanitarian response with limited emphasis placed on DRR, resilience building and long-term development.

Via its management of the RRM, UNFPA has addressed the immediate needs of displaced populations, enhancing their safety and wellbeing. However, the lack of linkages with longer-term development programmes remains a critical area for improvement.

While there is recognition of the need for resilience building, programming has historically been largely reactive, with limited metrics for assessing long-term impact. This, however, appears to be undergoing a change, both externally (via the inter-agency community) and internally within UNFPA Yemen, which has expressed aspirations to expand its focus beyond immediate humanitarian responses to include long-term development strategies and considerations of climate change.

UNFPA has developed a robust infrastructure for crisis response, which could facilitate resilience building, although it has struggled to report significant progress on climate change indicators, indicating a disconnect between humanitarian action and the DRR planning required to strengthen preparedness and reduce climate-related vulnerabilities. UNFPA efforts to strengthen partnerships in line with the localization principles and the Grand Bargain, and develop the capacity of governmental and non-governmental partners, have also been insufficient to sustainably strengthen their resilience to future crises.

Links to findings 18, 31, 32, 33 and 34

Conclusion 4: UNFPA acknowledges the importance of vulnerable and marginalized groups in its strategies and plans, but these groups are inadequately represented and their voices are inadequately heard in programming.

UNFPA Yemen-supported humanitarian interventions have achieved extensive geographical coverage across the country, leveraging a wide range of national civil society and government partnerships to generate access to some of the most remote and challenging areas of Yemen.

However, the programming and services have been spread thinly, making it impossible to meet the full extent of needs in the areas of reproductive health and GBV, due to limited resources. Thus, this coverage does not reflect the actual needs of the populations. There is a significant gap between the number of facilities supported and the actual demand for services. This is particularly true with respect to the most vulnerable and marginalized.

Initial desk-based assessments of needs are not sensitive to vulnerable groups, although more recent external analyses are drawing attention to these. While UNFPA has demonstrated some progress and proactivity in reaching out to vulnerable populations, specific services for them are often overwhelmed by the scale of general needs.

The voices of vulnerable groups are not well heard via feedback systems and overall coverage is not representative of the proportion of the population experiencing the specific vulnerabilities addressed by UNFPA.

Links to findings 18, 20, 21 and 22

Conclusion 5: UNFPA rapidly adapted its systems and processes to the realities of the humanitarian crisis, achieving operational efficiencies in managing the RRM and addressing initial funding challenges, despite concerns over-reliance on a few donors and inconsistencies in data management.

The country office successfully scaled up its programming in response to the crisis as it emerged, leveraging existing partnerships and establishing new ones. Throughout the crisis response, UNFPA has adapted its staffing strategies to maintain programme continuity despite security challenges. The establishment of hubs and remote working modalities has allowed for effective management, although there are still gaps in staffing. UNFPA Yemen has leveraged a range of solutions and systems to

manage, report on and share data related to its programming, although inconsistent application and inaccuracies present challenges to data coherence and comprehensiveness.

Following the assumption of responsibility for the management of the RRM in 2018, UNFPA has achieved key operational efficiencies with a significant reduction in the turnaround time for aid delivery and improved data management and verification processes.

While the early period of the crisis saw challenges in securing adequate funding, with initial appeals being short-term and donor evacuations complicating resource mobilization efforts, UNFPA Yemen successfully pivoted to a humanitarian response modality. This improved over time, albeit with a reliance on relatively few high-value individual donors, which raises concerns about the long-term viability of, or risks associated with, funding streams.

Links to findings 17, 18, 26, 27, 28, 29, 30, 31

7. Recommendations

The following are the key recommendations (and related key actions) from the evaluation analysis. The recommendations were developed in draft form by the evaluation team on the basis of the findings and conclusions post-data collection. The draft recommendations were discussed with the ERG and subsequently fine-tuned in a dedicated workshop with the UNFPA country office in September 2024. Recommendation key actions have been assigned a priority and timeline. Unless otherwise specified, all recommendations are directed to the UNFPA Yemen country office; delegation of individual actions or tasks will be the responsibility of management.

Priority and timeline definitions

Priority		Timeline	
High	Organizationally essential; should be addressed directly and resources allocated.	Short	Can be addressed immediately or within one year
Medium	Important but not urgent; should be considered in light of capacities and resources.	Medium	Can be addressed within a 1–2-year time horizon
Low	Of lesser importance; can be addressed as resources and time permit.	Long	Can be addressed in a 2–3+ year time horizon

Recommendation 1: UNFPA Yemen should ground its work in a clearly articulated theory of change which links short-term programming with longer-term strategies, while ensuring alignment with national priorities as well as with the global mandate of UNFPA.

Links to conclusions 1 and 3

Key Actions

- For the next country programme, develop a robust, comprehensive theory of change based on expressed needs of the affected populations, including those of the most vulnerable.
Priority: High **Timeline:** Short
- Ensure national priorities (nascent or more fully developed) are appropriately reflected in future country programme plans and associated theories of change.
Priority: High **Timeline:** Medium

- Ensure that the theory of change integrates short-term and long-term objectives, with an appropriate balance between preparedness, response and development programming, in line with the humanitarian-development-peace nexus, as well as the emerging threats of climate change.
Priority: High **Timeline:** Medium
- For the next country programme, disaster risk reduction should be a clear aim and appropriately prioritized in the country programme theory of change (including performance indicators).
Priority: High **Timeline:** Short
- Review and revise the theory of change on an annual basis to ensure responsiveness to the unpredictable interplay between governance, security and climate change.
Priority: Medium **Timeline:** Medium

Recommendation 2: Given the substantial investment and evolution of information technology and data management solutions over the years of the response, UNFPA should review the return on this investment in terms of the use of data products by the relevant stakeholders.

Links to conclusion 5

Key Actions

- Systematically review the suite of extant technologies and data management solutions used by the country programme and partners to assess utility, value for money, identify key added-value elements, and note challenges and weaknesses.
Priority: Medium **Timeline:** Medium
- Identify those that offer the best value for money and/or utility for retention and/or potential expansion to inform evidence-based programming, with gaps or issues identified and eliminated.
Priority: Medium **Timeline:** Medium
- Address key weaknesses in systems (such as old or incomplete data, inconsistent categorizations, definitions or metrics) by either eliminating them (to the extent possible) or clearly highlighting limitations to users.
Priority: High **Timeline:** Medium
- Share lessons and experiences more widely to contribute to organizational learning on use of technologies and data management solutions in humanitarian response both within UNFPA and among wider stakeholders, including the UNFPA innovation unit.
Priority: Medium **Timeline:** Medium

Recommendation 3: To increase programme effectiveness, UNFPA should examine its staffing structures, staff development and recruitment processes, particularly with reference to technical staff, across the two main offices (Sana'a and Aden) and in the field to fully engage with and be responsive to needs.

Links to conclusion 5

Key Actions

- Review the current staffing structures across the country office and sub-office (in Aden) to ensure that positions are in line with future programme plans and intended engagement with external stakeholders (such as IRG counterparts in Aden).
Priority: High **Timeline:** Medium
- Review and reassess staff contract modalities at hub level to ensure the level of skills and authority is commensurate with needs.
Priority: Medium **Timeline:** Long
- Recruitment processes should seek to ensure solicitation of applications for positions from qualified and experienced women to rebalance genders within the country office.
Priority: Medium **Timeline:** Short
- Build capacity of UNFPA Yemen staff on climate change awareness, analysis of relevant data analysis, advocacy and resource mobilization for climate change programming.
Priority: High **Timeline:** Medium

Recommendation 4: UNFPA should redouble its efforts to advocate for reproductive health and GBV services to be considered lifesaving at inter-agency level.

Links to conclusion 2

Key Actions

- Focus efforts within the humanitarian community to overcome latent attitudes that do not place GBV and reproductive health at the same priority level as other response areas. These attitudes can more easily manifest themselves in an environment such as Yemen where even referring to GBV is proscribed.
Priority: High **Timeline:** Short
- Seek greater collective and coordinated support from sister agencies in looking to generate progress on key gender equality and rights issues, such as changes in social norms, reduction in harmful practices and realization of women's rights.
Priority: Medium **Timeline:** Medium
- Seek to innovate and include specific reproductive health and GBV objectives, and related indicators and targets, in future strategies and proposals at the inter-agency level.
Priority: Medium **Timeline:** Medium

Recommendation 5: UNFPA livelihoods programming should clearly link to opportunities to safeguard and enhance the rights of women and girls.

Links to conclusion 2

Key Actions

- Ensure design of such activities is sensitive to considerations of equity and rights of women and rights in relation to other areas such as education, health or welfare.
Priority: High **Timeline:** Short
- Ensure application of such considerations via consistent application across implementers of guidelines and tools related to economic empowerment activities that adhere to the GBV ethics and guiding principles and follow the do-no-harm principle.
Priority: High **Timeline:** Medium
- Engage in normative work among participants in UNFPA supported activities and their communities to avoid economic empowerment and livelihoods programming becoming an end in itself. Seek clear linking of such activities with programming related to UNFPA mandate areas.
Priority: High **Timeline:** Medium
- Work with external agencies specializing in this area, such as UNDP and FAO, to build in (or at least advocate for inclusion of) gender responsive activities within economic empowerment programming on a wider basis.
Priority: Medium **Timeline:** Medium
- Ensure ongoing monitoring of economic empowerment activities that is sensitive to these potential issues so they can be identified and remedied.
Priority: High **Timeline:** Medium

Recommendation 6: UNFPA should seek greater diversification of its resource base, with a reduced reliance on single donors, and a greater emphasis on core resources that can support the high administrative costs in Yemen.

Links to conclusion 5

Key Actions

- Ensure resource mobilization planning incorporates contingencies for sudden changes in the donor funding landscape.
Priority: High **Timeline:** Short
- Resource mobilization plans should reflect the likelihood of a gradual diminishment of donor resources as the ten-year anniversary of the Yemen crisis approaches.
Priority: High **Timeline:** Short

- Ensure proactive donor communications and fundraising to secure resources for DRR elements within response programming.
Priority: High **Timeline:** Medium

Recommendation 7: UNFPA should engage with RRM partners to re-strategize or redesign elements of the RRM to increase its relevance in the light of changing displacement dynamics in Yemen and improve positioning of the RMM facility with respect to donor engagement and assistance.

Links to conclusions 3, 4 and 5

Key Actions

- Undertake a review of the RRM model to identify additional entry points (even as pilot schemes) for reproductive health, GBV and youth programming to ensure greater coherence with the UNFPA mandate areas.
Priority: Medium **Timeline:** Medium
- Leverage data collected via the RRM related to UNFPA mandate areas (e.g. number of female-headed households, displaced women, girls, adolescents and youth) to better inform decision-making on reproductive health, GBV and youth programming.
Priority: High **Timeline:** Short
- Develop and disseminate a mix of additional (culturally acceptable) messaging in relation to key mandate areas (adolescent reproductive health, harmful practices, youth and peace, disaster risk reduction).
Priority: Medium **Timeline:** Medium
- Undertake advocacy among RRM partners to ensure a single voice on increased visibility of gender, youth and reproductive health considerations within RRM programming.
Priority: Medium **Timeline:** Medium
- Leverage the positive perceptions and reach of the RRM across both the humanitarian community, rights-holders and national-level duty-bearers to proactively target more vulnerable populations.
Priority: Medium **Timeline:** Medium
- Review and revise targeting of RRM support to include greater numbers of female-headed households.
Priority: High **Timeline:** Short
- Explore entry points for engaging in programming with less visible vulnerable groups that may be missed by mainstream programming to ensure none are left behind.
Priority: Medium **Timeline:** Medium
- Work with RRM cluster partners (and those from other clusters such as Shelter and non-food items clusters) to ensure enhanced RRM kits that include disaster relief items that are distributed within the requisite time window.
Priority: Medium **Timeline:** Medium

Recommendation 8: UNFPA should redouble efforts to engage with vulnerable groups, particularly people with disabilities.

Links to conclusion 4

Key Actions

- Set clear priorities, including evidence-based targets and monitoring modalities, for inclusion of visible vulnerable groups (such as PWDs, female-headed households, the elderly, Muhamasheen) in all programming, including the RRM, to bring those participating in supported activities or facilities to at least 15 per cent, which is their estimated proportion of the population.
Priority: High **Timeline:** Short
- Seek to engage in partnerships with key advocacy organizations for people with disabilities (e.g. Humanity and Inclusion (formerly Handicap International) for capacity building of implementing partners with respect to PWD identification and inclusion and referral.
Priority: Medium **Timeline:** Medium
- Engage in advocacy work at all levels, including senior levels (e.g. HC and HCT) on more inclusive intervention targeting vulnerable groups.
Priority: Medium **Timeline:** Medium

Recommendation 9: In line with the commitments made as part of the Grand Bargain, UNFPA should empower national partners and redouble efforts to build resilience and strengthen preparedness in the face of ongoing conflict, economic crisis and emerging climate change impacts.

Links to conclusion 3 and 5

Key Actions

- UNFPA should develop a more nuanced partnership strategy that emphasizes co-creation, participation, sustainable capacity-building and mutual understanding with local actors.
Priority: High **Timeline:** Medium
- Identify and mitigate obstacles preventing partnerships between organizations, donors, and local responders to reduce administrative burdens.
Priority: High **Timeline:** Short
- Advocate for systemic change within the inter-agency community and national counterparts to reflect and support building a resilient and sustainable future for the Yemeni population.
Priority: Medium **Timeline:** Medium
- Continue capacity-building and other support to national authorities to develop sectoral strategies related to UNFPA mandate areas.
Priority: Medium **Timeline:** Medium

- Support and enhance the participation of national civil society in inter-agency coordination mechanisms.
Priority: Medium **Timeline:** Medium
- Enhance capacities of local and national partners on DRR preparedness, response and coordination (particularly in relation to climate change) by incorporating longer-term capacity strengthening in partnerships.
Priority: Medium **Timeline:** Medium
- Develop measurement metrics and markers for development of national capacities.
Priority: Medium **Timeline:** Medium



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