

UNFPA Yemen

Independent Country Programme Evaluation

2015-2024



EVALUATION REPORT
Volume 2, 2024



Evaluation management

Hicham Daoudi	Evaluation Manager, Humanitarian Evaluation Adviser, UNFPA Independent Evaluation Office
Camilla Buch von Schroeder	Humanitarian Evaluation Specialist, UNFPA Independent Evaluation Office
Kais Al-Abhar	Programme Specialist, UNFPA Yemen

Evaluation team

Brian O' Callaghan	Evaluation Team Leader
Ameera Ba-Fadhel	Reproductive Health Specialist
Fatma Mansour	Gender Specialist
Sharif Adel	Young and emerging evaluator

Evaluation reference group

Najeeb Al-Kubati	Ministry of Public Health and Population, Aden
Iqbal Aghbari	Ministry of Public Health and Population, Aden
Salem Alshabahi	Ministry of Public Health and Population, Aden
Zainb Al-bdoy	Ministry of Public Health and Population, Sana'a
Khalid Ahmed Saad	Central Statistics Organization, Sana'a
Safa Mautee	Central Statistics Organization, Aden
Waddah Ahmed Saif Ahmed	Ministry of Planning and International Cooperation, Aden
Mansour Zaid Haidera	Ministry of Planning and International Cooperation, Aden
Maher Alsabri	Deem for Development Organization
Ali Wadood	Building Foundation for Development
Njood Ahmed	Yemen Women's Union
Eman Al-Kubati	Maternal and Child Health Specialist, UNICEF Yemen
Elke Mayrhofer	Humanitarian Programme Adviser, ASRO, UNFPA
Thi Kieu Oanh Nguyen	M&E Adviser, ASRO, UNFPA

Ndundula Robert Ngalula	Reproductive Health Coordinator, UNFPA Yemen
Farid Gul	Gender-based violence Coordinator, UNFPA Yemen
Ali Syed	RRM Coordinator, UNFPA Yemen
Inas Ali	PD Specialist, UNFPA Yemen
Wael Al-Orim	Youth Officer, UNFPA Yemen
Ahmed Malah	Humanitarian Coordinator, UNFPA Yemen
Jean-Paul Umurungi	Aden Hub Coordinator, UNFPA Yemen

Copyright © UNFPA 2024, all rights reserved.

The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund. This is a publication by the Independent Evaluation Office of UNFPA.

 unfpa.org/evaluation

 evaluation.office@unfpa.org

 [@unfpa_eval](https://twitter.com/unfpa_eval)

 [@UNFPA_EvaluationOffice](https://www.youtube.com/@UNFPA_EvaluationOffice)

 UNFPA Independent Evaluation Office

Table of Contents

Appendix 1: Terms of Reference	4
Appendix 2: Evaluation Management	5
Appendix 3: Additional Methodological Detail	6
Appendix 3a: Revised vs. Original Evaluation Questions	6
Appendix 3b: Organizational Stakeholder Sampling Frame	8
Appendix 3c: List of site visits	9
Appendix 3d: Primary Research Tools	11
Appendix 3e: Evaluation Timeline	12
Appendix 4: Theory of Change	13
Appendix 5: Evaluation Matrix	16
Appendix 6: Additional Analyses	28
Appendix 6a: UN Programme Criticality Assessments 2015-2017	28
Appendix 6b: UNFPA Yemen Strategy Analysis	30
Appendix 6c: Additional Information	35
Appendix 7: Strength of Evidence	39
Appendix 8: List of Evaluation Key Informants	43
Appendix 9: Bibliography	46

Appendix 1: Terms of Reference

NOTE: These are the original, draft, Terms of Reference (TORs) for the evaluation. They formed the basis of the evaluation framing and design and all changes agreed between the evaluation team and the evaluation managers/reference group were incorporated into the evaluation design report. As such, the TORs were not revised on the basis of the agreed changes and should not be referenced against the evaluation report.



(Click to open document)

Appendix 2: Evaluation Management

This Country Programme Evaluation was managed by the Independent Evaluation Office in UNFPA Headquarters, given the protracted humanitarian crisis in Yemen requiring an independent oversight of the process. The evaluation manager in UNFPA Headquarters chaired the reference group and was responsible for approving the evaluation's deliverables, including the design report and the final report. UNFPA also ensured that there was no undue interference in the review process by ERG members and, with the support of the ERG, was responsible for maintaining the independence, impartiality and credibility of the evaluation process and deliverables.

The role of the evaluation reference group was to support a credible, transparent, impartial and quality evaluation process in accordance with UNFPA Evaluation Policy and UNEG norms and standards. The ERG members acted as technical advisors in their respective areas of expertise, while the responsibility to approve evaluation products rested with the evaluation manager at UNFPA.

The ERG members provided inputs on key milestones in the evaluation process and had the following key responsibilities:

- To review the draft design report of the CPE and provide written feedback and comments, with special attention to: the evaluation questions; the evaluation matrix; the sample of stakeholders consulted and the selection of sites visited to safeguard against any possible bias, and the reconstructed Theory of Change.
- To act as key informants for the CPE and participate in interviews with the evaluation team (consultants) at the design and data collection stage, as required.
- To act as an interface between the evaluators and stakeholders of the evaluation and facilitate access to key informants and relevant documentation. To identify additional documents and background information reviewed by the evaluators during the design and fieldwork phases.
- To participate in the debriefing meeting with the evaluators in the UNFPA Yemen Country Office at the end of the fieldwork during which the emerging findings and preliminary conclusions were presented by the evaluation team.
- To review the CPE draft report and provide written feedback and comments, with a focus on factual mistakes or omissions that could invalidate the findings. Particular attention was to be paid to findings (they must be evidence-based), and conclusions (they must rest solidly on findings). Attention was also to be paid to the report language and potential issues of political sensitivity that needed to be addressed by the evaluation team and the evaluation manager while preserving the independence and objectivity of the report.
- To participate in formulation of recommendations based on the draft final report, as a co-responsibility of the evaluation team and the ERG members. Draft recommendations (proposed by the evaluation team) were tested and refined in consultation with ERG Members in terms of their: utility, feasibility and conditions of success.
- To contribute to the dissemination of the evaluation results and learning and knowledge sharing, including follow-up of the management response. ERG members were also to support the CPE manager in the identification of advocacy opportunities with a view to facilitating the uptake of the evaluation results in Yemen.
- To participate in ERG meetings called by the CPE manager.

Appendix 3: Additional Methodological Detail

Appendix 3a: Revised vs. Original Evaluation Questions

Original TOR Evaluation Criteria and Questions (question sequence reordered)	Revised Evaluation Criteria and Questions
Relevance	
EQ 1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. IDPs, Female-headed households, Married children, Muhamasheen, People with disabilities, Youth and Adolescent.); (ii) national development strategies and policies where applicable; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, (v) the New Way of Working?	EQ1. 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)?
	EQ2. To what extent did the country programme align with (i) UNFPA strategic objectives; (ii) applicable national development strategies; (iii) interagency strategies and plans?
Effectiveness	
EQ5. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme, also taking into consideration adherence to humanitarian principles ? In particular: (i) increased access to and use of integrated reproductive health services; (ii) empowerment of adolescents and youth to access reproductive health services and exercise their reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in humanitarian plans and programmes. Attention needs to be paid to the access to and use of SRH and GBV services by vulnerable and marginalized groups (including people with disabilities).	EQ3. To what extent has UNFPA: (i) ensured access to and use of RH/GBV services (including by vulnerable and marginalized groups and youth) and (ii) 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	
EQ10. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents, and youth) reside?	EQ5. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents, and youth) reside?
EQ11. Is the Response coverage in line with the criticality of needs and gaps identified by the OCHA led inter-sectoral needs analysis?	
EQ12. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (young people and women with disabilities; those of racial, ethnic, religious, and national minorities; etc.)	
EQ13. How well have the RRM and RH interventions been able to reach the entire population of displaced and conflicted affected families?	
EQ14. What have been the critical successes and challenges to ensuring adequate coverage over time, and what lessons can be learned?	
Coherence	
EQ2. To what extent the UNFPA interventions implemented in Yemen under the mandated thematic areas have been mutually reinforcing, helping to achieve comprehensive outcomes for the most vulnerable and marginalized groups?	EQ6. To what extent have UNFPA Yemen interventions in the field of RH and GBV been mutually reinforcing, helping to achieve comprehensive outcomes for the most vulnerable and marginalized groups?

EQ3. To what extent have UNFPA interventions been complementary to those of other development and humanitarian actors, thus reducing gaps and avoiding duplications, given the operational context?	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, the MPCA/CCY and any other joint work)?
EQ4. What have been the drivers and obstacles to strategic and effective internal and external coherence?	
Coordination	
EQ9. To what extent the mechanism/cluster modality (MPCA/CCY consortium, joint work with UNFPA and WFP) has contributed to ensuring timely and cost-effective preparedness and response delivery in each governorate and district?	
Efficiency	
EQ6. 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?	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	
EQ15. To what extent has the UNFPA humanitarian response considered longer-term development goals articulated in the results framework of the country programme?	EQ9. To what extent did UNFPA humanitarian interventions take into account longer-term interrelated issues?
EQ16. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crisis?	
EQ17. How well did the RRM link displaced, and conflict affected families to resources for the provision of longer-term services through other partners and institutions?	
Sustainability	
EQ7. To what extent are UNFPA's programs likely to be sustainable in the long term?	
EQ8. What strategies have been developed to eventually handover implementation and monitoring to local actors, if the context allows?	







Appendix 3b: Organizational Stakeholder Sampling Frame

Organization	Programme Area(s)	#ofYearsFunded	Sampled (y/n)
Adventist Development and Relief Agency	SRH, RRM (Gender)	2	y
Al-Hikma Al-Yamania Association	Gender	2	n
All Girls Foundation	SRH, Gender	5	y
British Council Yemen	SRH, Gender	1	n
Building Foundation for Development	SRH, RRM (Gender)	5	y
CARE International Yemen	Gender, RRM (Gender)	5	y
Central Statistical Organization	P&D	6	y
Civil Status and Registration Authority	P&D	1	n
Danish Refugee Council	RRM (Gender)	3	n
DEEM	SRH, Gender, RRM (Gender)	4	y
Family Counsel Development Foundation	SRH, Gender	5	y
Field Medical Foundation	SRH, Youth, Gender, RRM (Gender), P&D	5	y
For All Foundation	SRH, Youth	3	n
Human Access for Partnership and Development	SRH, Gender, Youth	6	y
Humanitarian Aid & Development	SRH	1	n
International Rescue Committee	SRH, Gender	1	n
INTERSOS - Yemen	SRH, Gender	3	n
Islamic Relief Yemen	RRM (Gender)	1	n
Ministry of Public Health and Population	SRH, P&D	4	y
National Population Council	P&D	6	y
National Yemeni Midwives Association	SRH	6	y
Norwegian Refugee Council	Gender, RRM (Gender)	3	y
Qatar Red Crescent Society	SRH	2	y
Relief International UK	SRH, Gender, RRM (Gender)	5	y
Save the Children Fund	SRH, Gender	2	n
Search For Common Ground Yemen	Youth	2	n
Social Development Hodeidah Girls Fund	RRM (Gender)	1	n
Society for Humanitarian Solidarity	SRH, RRM (Gender)	3	y
SOUL for Development	SRH, Gender	1	n
Tamdeen Youth Foundation	RRM (Gender)	1	n
Vision Hope International	RRM (Gender)	3	y
Women's National Committee	SRH, Gender, P&D	2	n
Yemen Alkhair Relief Development Fund	RRM (Gender)	3	n
Yemen Development Foundation	RRM (Gender)	3	n
Yemen Family Care Association	SRH, Gender, Youth, P&D	8	y
Yemen Peace School	Youth	1	n
Yemeni Association for Reproductive Health	SRH	1	n
Yemeni Women's Union	SRH, Gender, P&D	8	y
Youth Without Borders	Youth, Gender	5	y

Yemen Family Care Association/PCF	Sana'a	GBV		YFCA Main office-Remote			1	The interview was conducted remotely with 2 female staff members.
Yemen Women Union	Sana'a	GBV	Amanat Al Asema	YWU Main office - Remote			1	The interview was conducted remotely with 2 female staff members.
	Sana'a	GBV	Al Tahrir	WGSS - Remote		1	1	The interviews were conducted remotely. 10 beneficiaries for the FGD/ 5 WGSS Staff were interviewed
	Al Hudayda	GBV	Al Zuhra	WGSS - Remote		1	1	The interviews were conducted remotely. 10 beneficiaries for the FGD/ 5 WGSS Staff were interviewed
DEEM	Sana'a	GBV	Taiz	WGSS - Remote		1	1	The interviews were conducted remotely. 16 beneficiaries for the FGD/ 7 WGSS Staff were interviewed
	Sana'a	RH	Taiz Doma-Khader	Remote- FGD and KII		1	1	
CSO	Sana'a	RRM	Sana'a	Remote			1	
	Maarb	RH	M'areeb	FGD Maarb general hospitsl		1		6 females
Building Foundation for Development	Sana'a	RRM	Sana'a	Remote			1	The RRM project Manager reported that they can not collect beneficiaries to conduct the FGDs due to arrests of humanitarian aid workers in Sana'a
YFCA	Sanaa	RH	Sana'a	Remote- FGD+KII			1	
All Girls Foundation	Sanaa	RH		Remote KII				
QRCS	Sanaa	RH		Remote KII			1	RH Coordinator
	Al Baida	RH	Al-Thowra Hospital , Al-Baida governorate	Remote FGD		1		8 females
QRCS	Sana'a	RH	Al-Jomhori Hospital , Sana'a	Remote FGD		2		5 female community members, 6 midwives

Appendix 3d: Primary Research Tools

Click to open

	KII Questions: UNFPA staff
	KII Questions: United Nations organization staff
	KII Questions: UNFPA partner staff
	KII Questions: Government partner staff
	KII Questions: Donor staff
	FGD Questions: Rights-holders/community members

Appendix 3e: Evaluation Timeline

Legend		
BOC: Brian O Callaghan; NS: National Specialists; EO: UNFPA Evaluation Office, ERG: Evaluation Reference Group; YCO: Yemen Country Office Focal Point(s)		
Activity	Responsibility	Month
Phase I		Nov 2023 - Jan 2024
Inception Meetings with the EM, YCO, ERG and stakeholders (Remote)	BOC, YCO, EO	Nov 2023 - January 2024
Initial document review	BOC, NS	Dec 2023-January 2024
Stakeholder analysis	BOC, NS	By January 20
Reconstruction of the ToC	BOC, EO	January 20
Finalization of draft evaluation questions, matrix, analysis plan, workplan and tools	BOC, NS, EO, YCO	January 25
Submission of draft 1 design report to EO & YCO	BOC	January 25
Review and redrafting	EO, ERG, BOC	February 10-15
Submission of final design report		BOC, NS
		February 15 2024
Phase II		February-June 2024
In-depth document review	BOC, NS	By end February
Remote interviews with RO/HQ/former CO staff	BOC	Feb - March
Remote interviews with current UNFPA and partner staff	BOC	March – June
Yemen field data collection (NON-Govt-controlled areas)	NS	May - June
Yemen field data collection (Govt-controlled areas – remote from Aden)	NS	June
Completion of debrief meeting at the end of the field visit	BOC, NS	Mid-June
Completion of evidence tables of primary data	BOC, NS	By end June
Phase III		June - Sept 2023
Completion of initial analysis & findings	BOC, NS	June 15
Drafting of final evaluation report	BOC	June – August
Submission of 1st draft final evaluation report to EO/YCO/ERG		BOC
		August 8 2024
Feedback from EO/YCO/ERG		By Sept 2
Revision of 1 st draft		By Sept 10
Second draft		Mid-Sept
Receipt of consolidated feedback on draft final report from UNFPA		Mid-Sept
Submission of revised report	BOC	By Sept 20
Submission of final evaluation report		BOC
Submission of PowerPoint presentation for dissemination		BOC
		Sept 20 2024
Submission of evaluation brief in English		BOC
Completion and submission of copy edited and professional design of all final deliverables		BOC/EO/YCO
		End September 2024

Appendix 4: Theory of Change

The reconstructed ToC for the CPE of UNFPA Yemen is grounded primarily in the overall mandate and purpose of UNFPA which, since the establishment of UNFPA in 1969, works towards the ‘*realization of reproductive rights for all and supports access to a wide range of Reproductive health services*’.¹ The purpose of UNFPA has been articulated slightly differently across different iterations of its strategic plans, with the overall UNFPA ambition expressed in the UNFPA Strategic Plan for 2022-2025 as three transformative results to be achieved by 2030:

- 1) Ending the unmet need for family planning,
- 2) Ending preventable maternal deaths and
- 3) Ending gender-based violence and harmful practices.”²

Cognizant of the overall purpose of UNFPA and the transformative results, the **goal** of the reconstructed ToC for this evaluation (not represented in the figure, below, for brevity) is:

- Universal access to reproductive health and realization of reproductive rights are achieved (ICPD Programme of Action), and
- Achievement of the SDGs by 2030.

This links to both the UNFPA strategic plans for 2018-2021 and 2022-2025 and is reflected in all UNFPA strategic plans and documents since the strategic plan was launched.

To progress towards the organizational goal, or impact, in the light of the ongoing humanitarian crisis in Yemen, the ToC identifies characteristics of **activities**, **outputs**, and then **outcomes**.

1. Activities (Inputs)

Linked to and derived from the work that UNFPA proposed across the original 2012-2015 CPD, regular extensions of this and programme plans and strategies (including UNFPA contributions to interagency plans such as the HRPs and UNDAF/UNSDCF) are activities that UNFPA should have initiated and undertaken over the course of the evaluation period to ensure an appropriate response to the challenges of the Yemen context AND safeguard programmatic trajectory towards the transformative results.

These activities are grouped under the primary programme areas articulated within the CPD and subsequent updates (notably the introduction of the RRM in 2017).

2. Outputs

The ToC articulates key outputs that directly result from the activities outlined in the figure below:

- Access to maternal health and family planning services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas.
- Increased demand for family planning and other reproductive health services.
- Youth friendly reproductive health services and life-skills education are enhanced.
- Improved capacity to produce reliable, disaggregated socio-economic and demographic data at central and local levels.
- Improved capacity of government organizations and civil society organizations to utilize data in addressing and planning processes at all levels.
- Improved community knowledge and awareness to empower men/women, boys and girls to exercise reproductive rights, especially to prevent early marriage, FGM/C and GBV.
- Responses to GBV are expanded and improved, including in humanitarian settings.
- Improved coherence, coordination and complementarity among all actors providing development and humanitarian assistance.
- Improved survival and safety of vulnerable displaced families

3. Outcomes

These outputs lead to three **outcomes** which cover the breadth of UNFPA programming as outlined in the UNFPA strategic plans, the UNFPA Yemen Country Programme Document (CPD) and the UNDAF/UNSDCF:

- Access to and the utilization of high-quality maternal health and family planning services is improved.
- Utilization of reliable data on population and development for decision-making and planning at national and local levels is increased.

¹ <https://www.unfpa.org/about-us>

² UNFPA, 2017, Strategy Plan 2018-2021 Annex 2 Theory of Change, Final, 24Jul17

- Ability of women and men to exercise their reproductive rights and access services that address GBV and harmful practices, including in emergency settings, is improved.

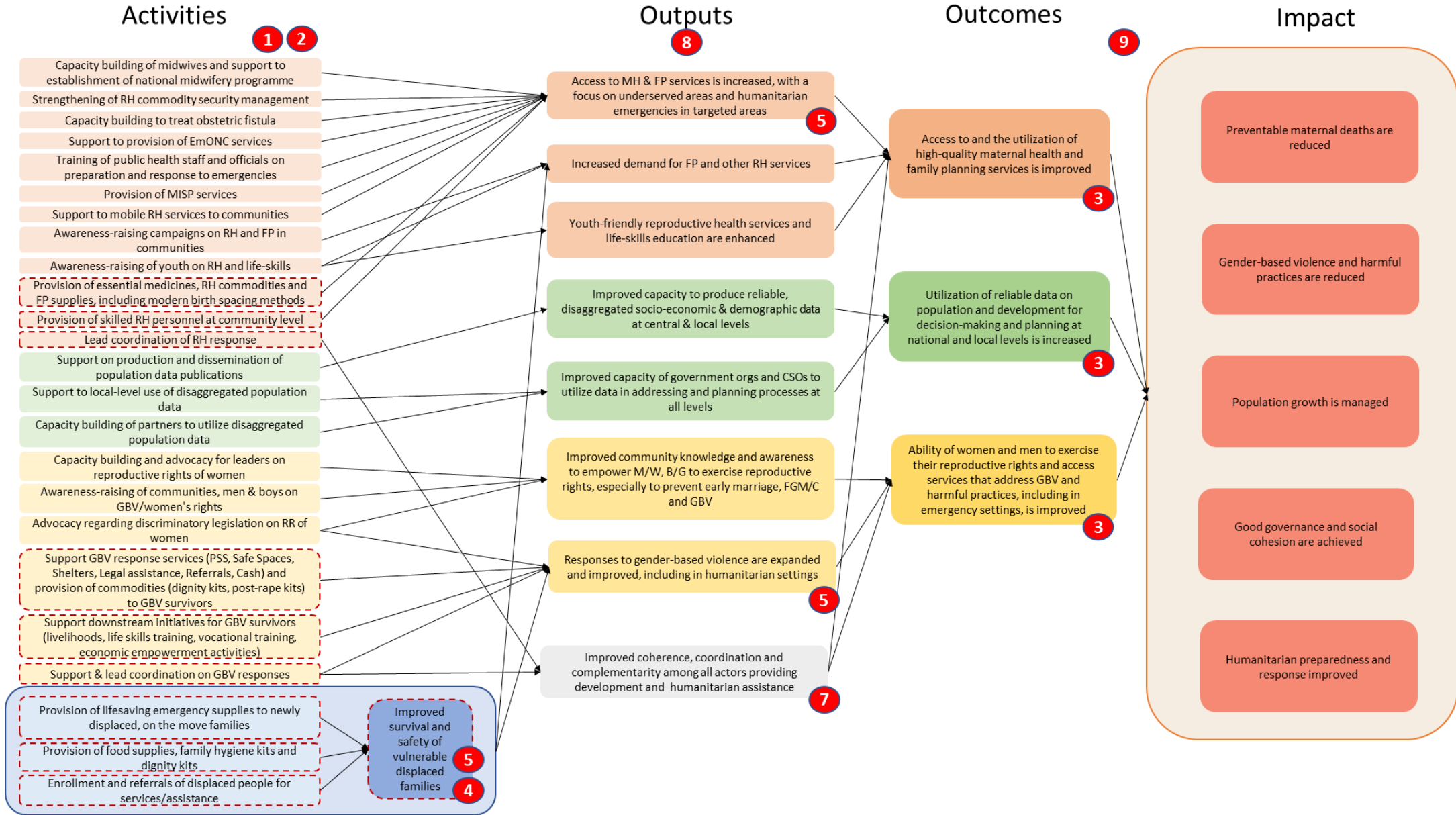
4. Impacts

These outcomes directly contribute to the following five impacts that are also articulated in the CPD and UNDAF/UNSDCF:

- Preventable maternal deaths are reduced.
- GBV and harmful practices are reduced.
- Population growth is managed.
- Good governance and social cohesion are achieved.
- Humanitarian preparedness and response is improved.

The outcomes and impacts thus described, if achieved, ultimately contribute to realization of three transformative results and ultimately the achievement of the UNFPA global goal and the SDGs.

Underpinning the chain of causality from activities to goal is the increasing understanding that humanitarian action can no longer be “siloed” from development work or from peace processes, and so it is necessary to ground the ToC within an understanding of the **development-humanitarian-peace nexus**.



Appendix 5: Evaluation Matrix

Item	Evaluation Matrix											
	Ref	Evaluation Assumptions to be tested	Indicators	Interview/Discussion Question Text	Desk Review		KII					FGD
Item	Ref	Assumptions	Indicators		UNFPA Strat. docs	Int/ext prog. docs	UNFPA staff	IP staff	UN orgs	Donors	Govt partners	FGD
		Relevance										
	EQ1 (Relevance)	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)?			x	x	x	x	x	x	x	x
A111	A1.1	UNFPA Yemen programme has been based on needs of women, girls, and young people identified at community, sub-national, and national level, particularly those affected by crisis or left furthest behind.	UNFPA Yemen programming demonstrates needs-based analysis of RHR, GBV and youth populations and/or services, including those specifically vulnerable (e.g. people with disabilities, minorities, etc.).	How has your programme planning been based on analysis of the RHR/Gender/GBV needs of populations, including those specifically vulnerable (e.g. youth, people with disabilities, minorities)?	x		x					
A112			UNFPA planned interventions address the needs of affected populations, in particular those specifically vulnerable (minorities, people with disabilities, displaced people, those affected by climate change).	To what extent has UNFPA programming been based on the assessed needs of populations, including those specifically vulnerable (e.g. youth, people with disabilities, minorities, those affected by climate change)?		x	x	x	x	x	x	
A113			UNFPA planned interventions demonstrate clear adjustments and revisions based on assessed changing needs conditions (including in the humanitarian context).	Has your programming changed over time based on changing needs? How so? Please give examples.	x		x			x		
A114			Contingency plans in place to inform UNFPA response to changing situations.	Do you have contingency plans in place that prepare for changing situations (for example new or emerging crises)	x		x					
A115			UNFPA participation in/contribution to humanitarian needs assessments (UNFPA, partners, HNO).	Has UNFPA participated in and/or contributed to interagency needs assessments such as the HNO - what has the UNFPA contribution been?		x	x	x	x			x

A121	A1.2	UNFPA Yemen programming and response work is based on participatory, coherent and comprehensive gender and inclusion analysis.	Needs assessments, proposals, and programme design documents show clear gender and inclusion analysis (e.g. disability, vulnerability).	Does UNFPA in Yemen include any specific analysis of the needs of women/girls, people with disabilities or other vulnerable groups in assessments, design documents/plans etc.? Which ones?	x		x					
A122			Evidence of participation of population-level stakeholders, including most vulnerable, in needs assessments.	When conducting or participating in needs assessments, do you include community members? Which ones (e.g. vulnerable groups)? How are they involved?		x	x	x				x
EQ2 (Relevance)		To what extent did the country programme align with (i) UNFPA strategic objectives; (ii) applicable national development strategies; (iii) interagency strategies and plans?			x	x	x	x	x	x	x	x
A211	A2.1	UNFPA Yemen strategic and planning documents are aligned with key national strategies/plans	UNFPA Yemen strategic and planning documents were developed with participation of key national stakeholders.	When developing your programme and strategic plans, to what extent were government or CSO partners involved?		x	x				x	
A212			UNFPA Yemen strategies and activities include consideration of relevant national strategies.	To what extent have programme and strategic plans taken national strategies/plans into account - which ones?		x	x					x
A221	A2.2	UNFPA Yemen programming strategies and plans are aligned with interagency strategies and plans	UNFPA Yemen strategies and activities are reflected in annual Humanitarian Response Plans (and vice versa).	n/a (desk review only)		x						
A222			UNFPA Yemen strategies and activities are reflected in the UNDAF/UNSDCF (and vice versa).	n/a (desk review only)		x						
A231	A2.3	UNFPA Yemen programming is aligned with the objectives set out in the UNFPA Strategic Plans 2014-2017, 2018-2021 and, where relevant, in the UNFPA Strategic Plan, 2022-2025 and the SDGs	UNFPA needs assessments, proposals, and programme design documents show clear adherence to/recognition of UNFPA strategic plan goals and outcomes.	n/a (desk review only)		x						
A232			UNFPA needs assessments, proposals, programme design documents and reporting show clear adherence to/recognition of the SDGs.	n/a (desk review only)	x	x						
A233			UNFPA Yemen activities demonstrate clear adjustments and revisions	To what extent have programme and strategic plans taken the		x	x					

			based on the evolution of UNFPA global strategic planning.	UNFPA global strategies/plans into account - which ones?								
A241	A2.4	UNFPA Yemen programming is aligned with external norms and standards such as Sphere, MISp, GBV AoR standards and humanitarian principles	Needs assessments, proposals, programme design documents make reference to and include provision for norms and standards such as Sphere, MISp, GBV AoR and the humanitarian principles of humanity, neutrality, independence and impartiality.	n/a (desk review only)	x	x						
A242			Level of knowledge and understanding of external norms, standards and principles among UNFPA staff and partners.	Are you familiar with different principles such as SPHERE, MISp, GBV AoR standards? How would you characterize your level of understanding (not aware/vaguely aware but can't list/can list some/can list all/can list and provide detail on their mainstreaming)			x	x			x	
A243			UNFPA and/or partners have internal mechanisms to assess and report against these norms, standards and principles and adjust programming to bring in line with same.	Do you measure and/or report against humanitarian principles? If so, how?		x	x					
		Effectiveness			x	x	x	x	x	x	x	x
	EQ3 (Effectiveness)	To what extent has UNFPA: (i) ensured access to and use of RHR and GBV services (including by vulnerable and marginalized groups and youth) and (ii) contributed to improvements in the production, dissemination and use of reliable population data?			x	x	x	x	x	x	x	x
A311	A3.1	UNFPA Yemen support contributes to all people, but especially women, adolescents, and youth, accessing and utilizing sustainable quality RHR services and women and girls accessing GBV services in a timely manner.	Evidence of UNFPA implementation of the key activities articulated in the reconstructed TOC.	Over the past number of years, how successfully has UNFPA implemented RHR/Gender/Youth/RRM (as applicable) programming? What are the main activities undertaken? What have been the biggest challenges?		x	x	x				x
A312			Output/Outcome measurement mechanisms & disaggregated data	n/a (desk review only)		x						

			demonstrate changes in programme outcomes for target populations.																
A313			Satisfaction-levels of national/local-level institutional stakeholders with UNFPA support.	How happy are you with the level of support provided by UNFPA in Yemen/this area? What could or should have been done differently?															
A314			Satisfaction levels of assisted populations (women, men, boys, girls, and marginalized/vulnerable groups) with UNFPA support.	How happy are you with the level of support provided by UNFPA in Yemen/this area? What could or should have been done differently?															
A315			Evidence of advocacy activities by UNFPA Yemen among policymakers and national/subnational leadership.	Has UNFPA encouraged change in policies or laws related to women's or girls rights? If so, please explain.															
A316			Changes in existing, or new, laws and policies combatting GBV and harmful practices	Have these efforts led to any changes in laws and policies that relate to women/girl's rights?															
A321	A3.2	UNFPA Yemen programming contributes to changes in knowledge, attitudes and practices around the negative effects of GBV and harmful practices among populations, including those affected by humanitarian crises	Evidence of increased knowledge among populations (including youth) of the negative effects of GBV and harmful practices	Have you seen any changes in the <u>knowledge</u> of people in this community regarding violence against women or harmful practices such as early marriage?															
A322			Evidence of changes of attitude towards harmful and inequitable practices and social norms linked to UNFPA-supported programming.	Have the <u>attitudes</u> of people in this community towards violence or discrimination against women or harmful practices such as early marriage changed over the past ten years or so? If so, how do you know this? If not, why not?															
A323			Evidence of people within affected populations attempting to take action to reduce harmful practices and improve social norms.	Have you or any other people in the community started to take action to reduce violence or discrimination against women or harmful practices such as early marriage in the past number of years? If so, what kind of action? If not, why not?															
A324			Evidence of reductions in incidence of harmful practices.	Have you seen any results of changes in attitudes or actions taken? If so, what results?															

A331	A3.3	UNFPA Yemen programming systematically reaches demographic populations of vulnerability and marginalization (i.e. women, girls, and youth with disabilities; those of ethnic, religious, or other minority status.).	UNFPA and/or partner responses include clear targeting strategy for hardest-to-reach/ most marginalized populations and disaggregate beneficiaries by gender, age, disability, and other factors of exclusion.	Does your programming include specific strategies to reach and measure vulnerable people such as ethnic/religious minorities, people with disabilities etc.? If so, what are they?																	
A332			UNFPA Yemen results reporting shows reaching hardest-to-reach / most marginalized populations.	How do you measure and report on these aspects? Do they capture a complete picture of what is being done (or is needed?)																	
A341	A3.4	UNFPA programming and that of supported stakeholders is evidence-based and using up-to-date population dynamics data to inform responses in a timely manner.	Presence of outcome/impact measurement mechanisms & up-to date, disaggregated population dynamics data at country level.	What monitoring and evaluation systems do you use for your programming? Do you have access to up-to-date population data? If so, from where?																	
A342			Evidence that that population dynamics data is used to design and course correct programming in a timely fashion.	If you have access to up-to-date population data, do you use it in programme design or programme changes?																	
	EQ4 (Effectiveness)	To what extent have UNFPA interventions within the framework of the RRM contributed to the improved survival and safety of vulnerable displaced families?																			
A411	A4.1	UNFPA Yemen RRM interventions are targeted on those in immediate need for assistance	Evidence of targeting of RRM assistance by UNFPA using up-to-date and accurate data.	FOR THE RAPID RESPONSE MECHANISM, what data have you utilized to target the assistance? Is it/has it been accurate and up-to-date? If not, why not?																	
A412			RRM assistance targeting is coordinated with and complementary to other RRM actors.	FOR THE RAPID RESPONSE MECHANISM, how have you coordinated assistance with other actors? How effective has this been?																	
A413			Evidence of rapid assistance provision at beginning of a crisis or displacement event.	FOR THE RAPID RESPONSE MECHANISM, how quickly has the RRM typically been deployed - now and in since it started? Is this satisfactory?																	
A414			Evidence of humanitarian principles being applied in selection of partners, locations and populations benefitting from the RRM	Have humanitarian principles of impartiality, neutrality, independence and humanity																	

				been a feature of the RRM? How so?								
A421	A4.2	The UNFPA Yemen RRM assistance package meets the needs/gaps in needs of displaced families	Satisfaction levels of assisted populations (women, men, boys, girls, and marginalized/vulnerable groups) with UNFPA RRM support.	FOR THE RAPID RESPONSE MECHANISM: How satisfied are you with the assistance delivered/received via the RRM? Is it (and has it always been) sufficient to meet IMMEDIATE needs? If not, why not?		x		x				x
A422			Evidence of increased safety and improved welfare among RRM recipients	FOR THE RAPID RESPONSE MECHANISM: Is the RRM assistance resulting in any improvements to people's safety and welfare? Has it always done so? If so, how so (please give examples)? If not, why now?		x		x				x
Coverage					x	x	x	x	x	x	x	x
	EQ5 (Coverage)	To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents, and youth) reside?			x	x	x	x	x	x	x	x
A511	A5.1	UNFPA Yemen programming systematically focuses on geographical areas in which women, girls and youth are most in need, as well as at risk from humanitarian crises.	Quantity and quality of RHR/GBV/RRM services supported by UNFPA vs. estimated populations in need (particularly women, adolescent girls, and youth).	Has UNFPA historically managed to provide adequate services (in the relevant programme area) in comparison to the population in need? If not, why not? What are the biggest constraints?		x	x	x	x	x		
A512			UNFPA and/or partner responses include clear strategy for reaching hardest-to-reach areas and people.	Does your programming include specific strategies to reach people in remote areas? If so, how do you reach them?		x	x	x				
A513			UNFPA Yemen results reporting showing reaching hardest-to-reach areas and people.	How successful have you been in reaching remote areas and people? What are the constraints?		x	x					
A521	A5.2	UNFPA Yemen efforts to reach all affected people have been guided by humanitarian principles of humanity, impartiality, neutrality & independence.	Level of knowledge and understanding of humanitarian principles among UNFPA staff and partners.	Are you familiar with the UN humanitarian principles? How would you characterize your level of understanding (not aware/vaguely aware but can't list/can list some/can list all/can			x	x			x	

				list and provide detail on their mainstreaming)								
A522			UNFPA and/or partners have internal mechanisms to assess and report against humanitarian principles and adjust programming to bring in line with same.	Do you measure and/or report against humanitarian principles? If so, how?		x						
A523			Evidence that humanitarian principles have guided UNFPA decisions on where to implement activities, with which partners and with which populations.	Have humanitarian principles of impartiality, neutrality, independence and humanity influenced where you have undertaken programming? What have been the challenges?		x	x		x			
Coherence					x	x	x	x	x	x	x	x
	EQ6 (Coherence)	To what extent have UNFPA Yemen interventions in the field of RHR and GBV been mutually reinforcing, helping to achieve comprehensive outcomes for the most vulnerable and marginalized groups?				x	x	x	x	x	x	x
A611	A6.1	UNFPA Yemen has a stated policy of integrating RHR and GBV components.	Evidence of a policy/strategy of mutual reinforcement between programming elements in UNFPA Yemen strategies and plans.	To what extent have UNFPA strategies in Yemen sought to reinforce each other, e.g. emphasized integrated programme elements in the same communities?		x	x					
A612			Evidence that needs assessments utilized by UNFPA Yemen integrate RHR and GBV dimensions equally (including RRM needs assessments).	Do you think that needs assessments that you use (including for RRM) integrate RHR and gender components equitably?		x	x		x			
A613			Evidence of advocacy efforts to mainstream RHR and GBV across joint work/coordination forums with other actors.	To what extent has UNFPA worked to mainstream RHR and/or GBV/gender work across different coordination forums? Give examples.		x	x	x	x	x		
A621	A6.2	RHR and GBV components are targeted at the same populations in the same locations (in accordance with relative needs)	GBV and RHR programming is conducted in the same locations and with the same (or similar) populations (including especially vulnerable groups).	Has UNFPA supported conducting GBV/gender and RHR programming in the same areas and for the same communities? If so, how successfully?		x	x	x				x
A622			Proportion of rights-holders at community level benefitting from interventions across multiple	Roughly, what proportion of people who UNFPA and partners work with receive different types of assistance (e.g. RHR assistance,		x	x	x				x

			programming elements (RHR and GBV/RRM).	gender/gbv assistance, youth assistance, RRM assistance etc.)? (e.g. none/less than half/more than half/most/all).								
A623			Satisfaction levels of rights-holders (including vulnerable groups) at community level with access to/availability of multiple service types supported by UNFPA.	Are you satisfied with this situation in your community? Do you feel UNFPA or its partners should be doing something different? What about in previous years?		x						x
	EQ7 (Coherence)	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)?			x	x	x	x	x	x	x	x
A711	A7.1	UNFPA Yemen plans, strategies and systems are aligned and integrated with those of the wider interagency response community.	UNFPA Yemen strategies and plans reference and include relevant elements of high-level interagency strategy docs (UNDAF, UNSDCF).	n/a (desk review only)		x						
A712			UNFPA Yemen strategies and plans reference and include/are harmonized with relevant elements of interagency planning and implementation (e.g. HNO, HRP, clusters/WGs).	To what extent have UNFPA Yemen's plans and strategies been harmonized or aligned with the interagency implementation plans and strategies (i.e. the HNO/HRP, cluster/WG strategies etc. - NOT high-level UNSDCF etc.)?		x	x	x	x			
A713			Evidence of practical integration of UNFPA Yemen programming with other actors (e.g. joint activities, complementary service support, same populations served).	Are the UNFPA activities on the ground being aligned or integrated well with those of other actors (e.g. joint work, complementary services, same populations served)?		x	x	x	x	x		
A721	A7.2	UNFPA Yemen has successfully promoted RHR and GBV as critical life-saving interventions across all sectors of development and humanitarian action in Yemen.	Evidence of RHR/GBV being considered critical life-saving interventions at HCT level, in the HNO/HRP and among clusters/working groups.	Do you feel that RH and Gender/GBV activities have been considered as "life-saving" activities among interagency bodies such as the HCT, Clusters/WG and in the HRP?		x	x	x	x	x		
A722			Appropriate allocation of resources to RHR and GBV programming in overall responses.	Has UNFPA Yemen, now and in the past, allocated sufficient resources to RHR and/or Gender/GBV across its programming?		x	x				x	

A821	A8.2	Immediate humanitarian response by UNFPA via the RRM is adequately resourced and delivered in a timely fashion	Proportion of estimated RRM needs met by UNFPA.	Specifically related to UNFPA's role in the RRM, has it been adequately resourced since it started (i.e. to adequately meet the needs of the displaced population in line with UNFPA's capacity to manage it)?									
A822			Satisfaction levels among RRM stakeholders (including UNFPA) with timeliness of resourcing.	Has funding for the RRM always/ever come through in time?									
A823			Satisfaction levels among RRM stakeholders (including UNFPA) with commodity procurement and last mile distribution/logistics	Have UNFPA's RRM procurement processes (kits and other commodities) matched the needs - in terms of quantity needed, timeliness of delivery, and quality of commodities?									
A831	A8.3	UNFPA Yemen has ensured appropriate staffing levels and types in a timely manner for all responses.	Number and type of key staff positions.	n/a (desk review only)									
A832			Proportion of annual work year key positions are vacant.	n/a (desk review only)									
A833			Proportion of positions that are filled via permanent vs. temporary mechanisms.	n/a (desk review only)									
A834			Duration/turnover of incumbents in staff positions.	How well has UNFPA managed its people and positions? Has it had the right people in the right positions to manage programming and humanitarian responses?									
A841	A8.4	UNFPA has the right procedures and systems in place which are understood and appropriately utilized in a timely manner	UNFPA development and management of commodity management systems.	n/a (desk review only)									
A842			Satisfaction levels of UNFPA, partners and community members with commodity management.	How effective has UNFPA's overall (non RRM) procurement processes (kits and other commodities) matched the needs - in terms of quantity needed, timeliness of delivery, and quality of commodities?									
A844			Frequency of use of FTP.	How often has UNFPA used Fast-Track Procedures for procurement of commodities?									

A845		Satisfaction levels among UNFPA staff with FTP.	Have the FTPs been effective? What have been the challenges/constraints?			x							
Connectedness				x	x	x	x	x	x	x	x	x	
EQ9 (Connectedness)	To what extent did UNFPA humanitarian interventions take into account longer-term interrelated issues?			x	x	x	x	x	x	x	x	x	
A911	A9.1	UNFPA programming demonstrably builds resilience (including environmental resilience) through a combination of humanitarian, development and peace-building programming	Evidence of positive outcomes on crisis preparedness (both human-induced and natural/environmental) among national stakeholders from UNFPA-supported programming.	Do you feel that UNFPA has contributed since the start of the current crisis to improving the capacity of national partners to be prepared for and respond to fresh crises - either man-made or natural/environmental (including climate change-related)?		x	x	x				x	
A912			Clear articulation of a strategy to address longer-term development and peace objectives (e.g. the H-D-P nexus, or a continuum approach) in UNFPA Yemen strategies, plans and programme documents	Since the Yemen crisis started, has UNFPA developed or followed any strategy to address longer-term development and peace objectives (e.g. the H-D-P nexus, or a continuum approach)?		x	x						
A913			Evidence of addressing both humanitarian and development objectives in UNFPA programmes.	To what extent do you feel that UNFPA in Yemen has tried to address both humanitarian and development objectives in programming since the crisis started?		x	x	x					x
A914			Evidence of UNFPA-supported interventions contributing to reducing the risks from climate-related loss/change of livelihoods?	To what extent do you feel that UNFPA in Yemen has tried to address climate change mitigation in programming since the crisis started (e.g. effects on livelihoods)?		x	x	x					x
A921	A9.2	UNFPA Yemen engages in effective national partnerships to maximize comparative strengths of different agencies/actors, promote humanitarian principles and long-term development and peace.	Evidence of timely and appropriate engagement with and support to national partners (government and civil society) across North and South Yemen.	Since the Yemen crisis started, what has UNFPA done to support local national partners (both government and civil society) across the country?		x	x	x		x		x	
A922			UNFPA/partner satisfaction levels with partnerships.	Has this been adequate? What could be done better?				x					x

A923		Evidence of increased capacity and sustainability among national partners.	Has UNFPA support to partners led to improved capacity or sustainability of partners in their work? If so, how do you know? If not, why not?		x	x	x			x	
A924		Results through partnerships that UNFPA could not have achieved / expect to achieve on its own.	What have been the main benefits of UNFPA's partnerships since the start of the crisis? What would have happened if the partnership did not exist?		x	x	x			x	

Appendix 6: Additional Analyses

Appendix 6a: UN Programme Criticality Assessments 2015-2017

UNFPA Output	July 2015	UNFPA Output	Oct 2016	Oct 2017
Conduct and manage IASC coordination in RH and GBV at national/subnational level including high-level consultations with national partners and participation in assessments	PC2	Life saving health care services including emergency medical services; reproductive health, surveillance, early warning and response; maternal and neonatal care; essential package (MULTI AGENCY OUTPUT: WHO, UNFPA, IOM)	not present	PC1
Coordinate and manage delivery and distribution of lifesaving RH and SGBV equipment and supplies (RH kits and commodities, EmONC equipment and medicines, hygiene kits) including high-level consultations with national partners	PC1	Health systems to provide emergency obstetric and neonatal care and other integrated reproductive health services are strengthened during the current humanitarian crisis through undertaking needs assessments, setting up minimum initial service package (MISP), including the procurement / distribution of emergency RH kits and emergency obstetric care medicines and equipment to health facilities and mobile clinics/ teams, re-establishing of RH IMS, increasing of service providers' capacity, RH coordination (RH inter-agency Working Group (RH IAWG) under health cluster)	PC1	PC2
Manage and oversee programme delivery including conduct programme reviews with partners, on-site spot checks, monitoring and capacity-building	PC2	Mechanisms that prevent violence against women and provide protection services to survivors of gender-based violence focusing on women and young girls are strengthen during the current humanitarian crisis through undertaking needs assessments, setting up Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, including GBV coordination (GBV SC under protection cluster), procurement and distribution of post rape treatment RH and dignity kits, establishment of referral pathways and GBV IMS, increasing capacity of service providers and increasing community awareness on GBV prevention and response	PC2	PC2
Establish GBV IMS hub and strengthen data flow	PC3	Comprehensive sexual and reproductive health integrated into health system reconstruction through undertaking needs assessments, providing technical support in the development of national RH strategy, re-establishing of reproductive health supply chain management, including procurement/ distribution of commodities/ equipment and increasing of health managers and service providers' capacity, including promotion of midwifery programme .	PC2	PC2

Support operation of mobile RH clinics including referral in conflict-affected areas	PC3	GBV prevention and response, including child marriage expanded and improved through undertaking assessments & data analysis, including the expanding GBV IMS out of humanitarian settings, evidence-based advocacy and capacity building of media, procuring and providing commodities for GBV services and increasing service providers' capacity and communities' awareness	PC2	PC2
Support operation of GBV services incl. mobile services and referral to psychosocial treatment and legal aid	PC3	Strengthening the enabling environment to provide life-saving humanitarian support to affected women, men, girls and boys by generating evidence-based population, RH and GBV data, communicating with communities and engaging of young people.	not present	PC3
Capacity development of national NGOs /CBOs /CBPN/women centres/ local and government bodies/ local council on IASC GBV Guidelines (international expertise)	PC2			
Training of health workers in Minimum Initial Services Package (MISP) in emergencies ensuring participation of both male and female health workers	PC2			
Establish logistic management Information System for RH (supply chain management) - international expertise for the filling the existed gaps in its operations.	PC2			

Appendix 6b: UNFPA Yemen Strategy Analysis

CPD 2015				Country Programme Extension 2016	Country Programme Extension 2017	Country Programme Extension 2018-2019	Country Programme Extension 2020-21	Country Programme Extension 2022	
	UNDAF Outcome	CPD Outcome	Output	Activities	Sub-Outputs (Indicators?)	Sub-Outputs (Indicators?)	Sub-Outputs (Indicators?)	Sub-Outputs (Indicators?)	
Reproductive health and rights component	Vulnerable groups and deprived districts, including those in humanitarian emergency situations, have improved access to high-quality, basic social services	Access to and the utilization of high-quality maternal health and family planning services is improved	Access to MH & FP services is increased, with a focus on underserved areas and humanitarian emergencies in targeted areas	Capacity-building of midwives to deliver high-quality maternal health & FP services	Family Planning services provided in the targeted governorates				
				Support establishment of national midwifery program	National Midwifery Programme functional.				
				Develop & strengthening RH commodity security management, including for humanitarian response	RHCS system fully established and functional.				
				Build capacity to treat obstetric fistula	Obstetric Fistula services provided and serving the two catchment areas of the country.	Build capacity to treat obstetric fistula	Build capacity to treat obstetric fistula	Build capacity to treat obstetric fistula	Build capacity to treat obstetric fistula
				Develop the capacity of local NGO to manage mobile clinics/teams and deploy in humanitarian settings					
					Women in the target areas provided with EmONC services.	Women in the target areas provided with EmONC services.	Women in the target areas provided with EmONC services.	CEmONC facilities providing C/S (comprehensive services?)	
				Support institutions, including NGOs, in provision of community-based services in humanitarian setting	MISP services in emergency humanitarian settings provided.				
					Tailored services for young women and men (with particular focus on young married women).				
					Establishment of a network of functional health counselling and service centres for youth	Public health staff and officials from targeted governorates are trained to prepare for and respond to emergencies	Public health staff and officials from targeted governorates are trained to prepare for and respond to emergencies	Public health staff and officials from targeted governorates are trained to prepare for and respond to emergencies	Public health staff and officials from targeted governorates are trained to prepare for and respond to emergencies
				Increased demand for FP	BCC interventions through formal	<i>Due to a number of factors related to the broader</i>			

			and other RH services	education and peer education	<i>political and security situation, to institutional weaknesses and capacity constraints among UNFPA partners, planned activities in different parts of the UNFPA programme have not progressed as anticipated when conceptualized in 2011. There was therefore a need to revisit planned programme activities with a view to adjusting for more realistic implementation and in some cases cancel where limited or no progress has been made as no longer being feasible</i>				
				Awareness-raising in communities					
				Awareness-raising through public and social media					
				Awareness campaigns through mobile cinema, theatre and community communicators					
				Initiatives targeted at young married women					
						Service delivery points provide at least three modern contraceptive methods	Service delivery points provide at least three modern contraceptive methods	Service delivery points provide at least three modern contraceptive methods	Service delivery points provide at least three modern contraceptive methods
			Youth-friendly reproductive health services and life-skills education are enhanced	Support institutions/NGOs to incorporate youth-friendly services into existing RH systems, including at community level		Youth have increased awareness of existing reproductive health services in programme areas	Youth have increased awareness of existing reproductive health services in programme areas	Youth have increased awareness of existing reproductive health services in programme areas	Youth have increased awareness of existing reproductive health services in programme areas
				Build capacity of health-care providers to provide youth-friendly services					
				Support youth peer education network to equip young people with life skills, incl. in humanitarian settings, & increase demand for youth-friendly services	Peer education/counselling and life skills strategies scaled up	Young people in selected areas have increased knowledge and awareness of reproductive health and reproductive rights	Young people in selected areas have increased knowledge and awareness of reproductive health and reproductive rights	Young people in selected areas have increased knowledge and awareness of reproductive health and reproductive rights	
					The demand of communities for RH services monitored				
								Women receive a range of RH services annually with UNFPA support	Women receive a range of RH services annually with UNFPA support

									UNFPA supported health facilities provide the full range of BEmONC signal functions		
Population and development component	National capacity for evidence-based planning, implementation and monitoring of development programmes is strengthened at all levels	The utilization of reliable data on population and development for decision-making and planning at national and local levels is increased	Improved capacity to produce reliable, disaggregated socio-economic & demographic data at central & local levels	Support relevant ministries to disseminate data	Support implementation of PAPPAM/DHS, Census, Rapid Assessments, and dissemination of results.	Results of the Yemen DHS are published and disseminated	Results of the Yemen DHS are published and disseminated	Results of the Yemen DHS are published and disseminated	Analytical and statistical reports produced		
				Support the central statistical organization in implementing the population and housing census							
				Establish a national, user-friendly, web-based database	Support national ICPD review process.						
				Build capacity at the governorate level to access and analyse data	Support government (MoPHP and WNC) to generate and analyse data to monitor their work						
				Strengthen capacity to collect data in humanitarian settings	See last sub-output below						
			Improved capacity of government orgs and CSOs to utilize data in addressing and planning processes at all levels	Undertake policy-oriented research on population, poverty, reproductive health and women's empowerment							
				Build technical capacity to integrate population, RH & gender issues into sectoral plans, including HRPs	Government departments integrate population, RH, youth, and gender issues in their annual plans and monitor their implementation	Local development action plans use population disaggregated data to address population growth	Local development action plans use population disaggregated data to address population growth	Local development action plans use population disaggregated data to address population growth			
				Develop partnerships with regional research and training institutions to provide technical assistance							
				Support existing coordination mechanisms in the population and development sector	Coordination amongst government institutions on population issues improved						
				Strengthen capacity to utilize data for M&E		Trained planners from government and NGOs utilize data at governorate level	Trained planners from government and NGOs utilize data at governorate level	Trained planners from government and NGOs utilize data at governorate level			

									Decision makers advocated on integrating ICPD-SDGs into the plans
Gender equality component	Women's rights to make decisions regarding protection and social and political life, and to combat all forms of violence, are fulfilled	The ability of women and men to exercise their reproductive rights, including in emergency settings, is improved	Community knowledge and awareness to empower men, women, boys and girls to exercise reproductive rights, especially to prevent early marriage, FGM/C and GBV, are improved	Strengthen collaboration among parliamentarians, the Shura Council and communities		Parliamentarians, religious leaders and influential community members and media trained to advocate for RR	Parliamentarians, religious leaders and influential community members and media trained to advocate for RR	Parliamentarians, religious leaders and influential community members and media trained to advocate for RR	Religious leaders and influential community members and media trained to advocate for Reproductive Rights
				Build capacity of govt & NGOs, religious leaders and communities in SRHR		Increase activities to support non-governmental organizations in their efforts to continue providing services.			
				Raise awareness via public and social media, including increased men/women/youth engagement in decision-making					
				Address cultural barriers and misconceptions preventing w&g from exercising their reproductive rights	Young women, including disabled women, empowered to practice their RR				
				Reports on CEDAW and other international agreements related to RR published					
				Build awareness of men and boys with regard to gender equality and reproductive rights					
				Support participation of women/youth in the national political transition					
				Support better partnership of Yemen (women and youth) civil society organizations with decision makers at the governorate level, in particular Ministry of Local Affairs, on issues related to reproductive health, gender-based violence, gender and youth					
				Support the reduction of FGM/C and early marriage					

				Advocate for review and enforcement of laws that prevent GBV	Legislations and laws related to RR respect gender equality	Review discriminative legislations and laws to support reproductive rights	Review discriminative legislations and laws to support reproductive rights	Review discriminative legislations and laws to support reproductive rights	Review discriminative legislations and laws to support reproductive rights	
				Advocate for simplification of procedures on GBV in health facilities, police stations and in the courts						
			Responses to gender-based violence are expanded and improved	Build capacity of relevant government and NGO institutions to address GBV	Improved capacities of GBV services delivery in humanitarian settings	Increase activities to support non-governmental organizations in their efforts to continue providing services.				
					Improved capacities for GBV coordination & assessments in humanitarian settings	Coordination mechanism strengthened and functional	Coordination mechanism strengthened and functional	Coordination mechanism strengthened and functional	Coordination mechanism strengthened and functional	
					Ensure GBV services are available for women and girls affected by crisis in selected areas		GBV cases receive response services	GBV cases receive response services	GBV cases receive response services	GBV cases receive response services
						Improved capacities for data collection in humanitarian settings				

Appendix 6c: Additional Information

1) UNFPA Yemen Feedback Channels

- Regular meetings with supported facility staff and beneficiaries during monitoring and evaluation visits by IPs.
- Direct feedback collection during household visits by IP staff.
- UNFPA staff direct or indirect contact with beneficiaries (indirectly via IPs who can facilitate story boards or videos).
- Data/information collected as part of registration processes for the RRM.
- A formal UNFPA complaints mechanism (which feeds into the OCHA-mandated interagency complaints and feedback mechanism) rolled out by IPs which includes suggestion/complaints boxes in facilities, telephone/text (WhatsApp) numbers.
- Use of third-party monitoring services to conduct checks at field level to validate delivery of services and/or commodities (i.e. post-distribution monitoring) and receive feedback on any issues.
- Via cluster/working group meetings, which serve as a platform for IPs and other stakeholders to share updates and feedback. As well as thematic/sectoral groups, there is a specific Community Engagement and AAP/RCCE working group (CEWG) of which UNFPA is one of 25 members.
- Use of the findings of periodic or ad-hoc surveys by UNFPA or other agencies to assess rights-holder perceptions and needs, for example annual public perceptions surveys (carried out by UNICEF under the auspices of the CEWG).

2) UNFPA/Global Humanitarian Response Architecture Milestones

The following list of plans, strategies and initiatives are

- The UNFPA Strategic Plan, 2008-2013.
- The 2012 UNFPA Second Generation Humanitarian Response Strategy.
- The UNFPA Strategic Plan 2014-2017, which focused UNFPA priority on reproductive health and rights.
- The UNFPA Strategic Plan 2018-2021, which linked the UNFPA strategy to the goals and indicators of the 2030 Agenda for Sustainable Development and strengthened reference to humanitarian action. This plan also introduced the three UNFPA transformative results.
- The UNFPA strategic plan 2022-2025 which reiterated the transformative results and six related accelerators. It also focused attention on key “megatrends” including climate change and expansion of humanitarian response.
- The IASC Transformative Agenda in 2011, which focused on the three pillars of better leadership, improved accountability to all stakeholders and improved coordination.
- The World Humanitarian Summit (WHS) in 2016, from which stemmed The Grand Bargain and The New Way of Working (NWoW).
- United Nations Security Council Resolution (UNSCR) 2250, the first resolution entirely dedicated to recognizing the importance of engaging young women and men in shaping and sustaining peace.

3) Key RH activities supported by UNFPA 2015-2024

Improving access to maternal health & family planning services:

- Conducting training courses to equip healthcare personnel with essential skills.
- Strengthening government capacity for managing obstetric fistulas.
- Training community midwives to provide a comprehensive range of reproductive health services.
- Providing training to RH service providers, doctors, and midwives on essential service packages.
- Procuring emergency obstetric and newborn care equipment for healthcare facilities.
- Equipping numerous facilities with essential obstetric and newborn care services.
- Establishing RH interagency working groups at various administrative levels.
- Implementing essential service packages in multiple regions.
- Facilitating transportation for complicated cases, aiding women in need.
- Supporting mobile health teams to reach vulnerable populations.
- Collaborating with government entities to improve reproductive health services.

Generating increased demand for FP and other RH services

- Training healthcare personnel on reproductive health kits and best practices in RH.
- Assessing and improving the supply chain management system.
- Supporting the functioning maternity healthcare facilities to enhance service quality.
- Supplying health facilities with reproductive health commodities and offering voucher services to support facilities.
- Delivering specialized mental health services.
- Increasing awareness of family planning through information, education and communication.
- Training service providers in family planning methods.
- Distributing educational materials on COVID-19 impact on women.
- Providing Personal Protective Equipment (PPE) to health facilities.

Enhancing youth-friendly RH services and life-skills education

- Support to members of the Y-PEER youth network to raise awareness on RH issues and services.
- Production of Youth Health Situation Analyses to understand and address the specific needs of young people.
- Developing strategies for the youth sector, including supporting the establishment of safe spaces/youth centres.
- Collaborating with the Ministry of Health to support youth RH activities and other youth services.

4) Key GBV/Women's Empowerment activities supported by UNFPA 2015-2024

Data has been drawn from UNFPA annual reporting 2015-2023

Awareness-raising on reproductive rights, especially to prevent CEFM, FGM/C and GBV:

- Supporting provision of GBV services and partner mapping across multiple governorates.
- Provision of training on clinical management of rape, MISP, GBV case management, GBV IASC Guidelines for integration, and psychological support to health providers and stakeholders.
- Strengthening the capacity of women's rights organizations and civil societies in GBV prevention and response.
- Supporting community awareness and sensitization campaigns on GBV prevention across multiple governorates.
- Engaging religious and tribal leaders to address negative norms perpetuating GBV and harmful practices.
- Supporting youth-focused awareness-raising activities, including online platforms, street graffiti, and content production.
- Establishing community committees and networks for GBV/harmful practices prevention and response, conducting awareness campaigns and community dialogues.
- Production of thematic GBV trend analyses to inform wider humanitarian responses.
- Supporting the development of a national GBV action plan with responsible ministries.
- Supporting prevention of child marriages and reintegrating adolescent girls into formal education systems.

Improving and expanding responses to GBV

- Procurement and distribution of dignity kits and reproductive health kits to vulnerable women and girls and GBV survivors, including post-rape treatment kits and equipping service delivery points across multiple governorates with necessary supplies.
- Establishing safe shelters for GBV survivors and expanding their network, providing essential services to survivors.
- Supporting the training of lawyers and legal services for GBV survivors, along with establishing a national GBV hotline service.
- Supporting the establishment and maintenance of women and girls' safe spaces, community committees, and men2men networks to provide support and raise awareness.
- Strengthening coordination mechanisms, including the GBV sub-cluster, and developed referral pathways for enhanced service delivery.
- Providing resources for counselling, psychological support, access to basic mental health care, and livelihood opportunities to survivors and vulnerable groups.
- Supporting the development of national standard operating procedures for GBV and rolled out GBV standards in emergencies.
- Enhancing livelihood opportunities for women and girls through cash support, economic empowerment, and vocational training programs.

5) Key Population Data activities supported by UNFPA 2015-2024

The following list, drawn from UNFPA reporting, summarizes the key activities undertaken in support of the Yemen Central Statistics Organization and NGO partner the National Population Council.

Data collection, analysis and publication of reports:

- Conducting population projections disaggregated by age and sex.
- Production of national and annual statistical reports on population dynamics and SDGs.
- Development of a GIS system for population data visualization and analysis.
- Supporting CSO capacity building in data collection and analysis.
- Conducting/supporting and disseminating studies on various population dynamics topics such as impact of high fertility and socio-economic effects.
- Supporting Civil Registration Authority capacity on civil registry mechanisms, procedures and on publication of data outputs and statistical reports.

Support to policy development for use of data:

- Supporting development and implementation of National Population Policy and action plan.
- Production of advocacy tools such as the Demographic Dividend Profile and report on women and men in Yemen.
- Organization of workshops and trainings on population policy and SDG implementation progress.
- Supporting the participation of Yemen in regional and international population events.

Capacity building of national and local actors in use of data:

- Training of government officials and NGO staff across North and South on data collection, analysis, strategic planning, and vital registration systems.
- Supporting CSO and National Population Council (NPC) functionality with equipment and resources.
- Provision of training on population issues for media professionals and civil society.

Collaboration and communication:

- Collaboration with CSO, NPC, and other stakeholders on population programs.
- Organization of celebrations for World Population Day and National Statistical Day.
- Maintaining and disseminating population data through websites and reports.
- Conducting media campaigns related to population issues.

Appendix 7: Strength of Evidence

Data validation was a continuous and iterative process throughout the different evaluation phases. Data was checked for validity and robustness of findings at each stage of the evaluation, assessing whether certain specific findings (related to the evaluation questions) should be explored further. Several strategies were used to ensure the validity of the information and data collected, including but not limited to:

- Systematic triangulation of data sources and data collection methods and tools.
- Regular exchange with the UNFPA evaluation manager and programme staff at the Yemen CO.
- Internal evaluation team meetings to corroborate data and information to analyse assumptions, formulate emerging findings, and define preliminary conclusions.
- Discussion of the emerging findings during a debriefing meeting with the UNFPA team.
- Draft findings and conclusions were validated when the evaluators presented the draft evaluation report to the Evaluation Reference Group.

The strength of the evidence supporting each finding was assessed based on the level of triangulation and the quality of the sources used. The table, below, presents our approach to ranking the strength of evidence. Where views of different groups diverged on a particular topic, the analysis endeavors to make this explicit.

Strong evidence	Evidence comprises of multiple data sources of high quality (good triangulation)							
Moderate evidence	Evidence comprises of multiple data sources of lesser and decent quality (good triangulation).							
Weak evidence	Evidence comprises of limited evidence, a single source or unreliable evidence.							
	Eval. Matrix Assumption	Primary data gathered per plan	% of total Respondents	% of Stakeholder Orgs	Rights-holder Triangulation	Secondary Data Triangulation	Weighting #/type of sources (1-3) ³	Overall Strength of Evidence
Finding 1. UNFPA Yemen has based its programming since 2015 on well-grounded, iterative and triangulated needs assessments from a variety of sources, although primarily broad-based with those specific to UNFPA mandate area of GBV more anecdotal in nature.	1	95%	59%	88%	n/a	40%	133%	69%
Finding 2. In the absence of an updated high-level programme strategy, programming decisions have tended towards more immediate needs and opportunities.	1	95%	59%	88%	n/a	40%	133%	69%
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.	2	87%	40%	50%	n/a	70%	133%	63%
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.	2	87%	40%	50%	100%	50%	167%	82%
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.	5	21%	8%	4%	n/a	100%	267%	67%

³ The weighting is calculated based on the proportion of information source types (e.g. internal interview, external interview, rights-holder FGD, desk review etc.) **planned** for each assumption in the evaluation matrix (see appendix 5) vs. those actually **reached**. All assumptions surpassed their targets, although to varying extents.

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.	3	76%	24%	23%	n/a	100%	133%	59%
Finding 7. Where available and relevant, UNFPA has aligned its programming with available high-level interagency strategies, notably the UNDAF and UNSCDF.	4	18%	3%	4%	n/a	100%	267%	65%
Finding 8. At more programmatic implementation levels, UNFPA has consistently and effectively participated in annual interagency humanitarian response planning processes.	4	18%	3%	4%	n/a	100%	200%	54%
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 amongst staff and partners.	6	46%	26%	38%	n/a	100%	133%	57%
Finding 10. UNFPA has been, and remains, one of the few providers of support to providers of RH and GBV services amid the widespread deterioration or lack of service quality, quantity and availability in Yemen.	7	83%	57%	65%	100%	60%	167%	89%
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.	7	83%	57%	65%	100%	0%	133%	73%
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.	7	83%	57%	65%	100%	10%	167%	80%
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..	8	50%	25%	23%	100%	30%	167%	66%
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.	8	50%	25%	23%	100%	0%	133%	55%
Finding 15. UNFPA Yemen programming acknowledges the needs of vulnerable or marginalized groups, but it is limited by both the scale of need across the majority of the population and inherent quality challenges in ensuring it is fit for purpose.	9	94%	28%	38%	n/a	70%	133%	61%
Finding 16. UNFPA Yemen support to population data systems and structures in Yemen contributes to sustaining functionality, with emerging opportunities to generate or utilize population data for substantive programming efforts.	10	77%	32%	38%	n/a	10%	200%	59%

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.	11	64%	28%	42%	n/a	20%	200%	59%
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.	11,12	86%	31%	50%	100%	20%	167%	75%
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 RH and GBV needs impossible to meet given the lack of government resources in these areas.	13	119%	52%	73%	100%	60%	167%	95%
Finding 20. Despite a difficult context, UNFPA has put in place measures and safeguards to address the considerable challenges to adherence to humanitarian principles.	14	58%	28%	50%	n/a	10%	200%	58%
Finding 21. UNFPA Yemen and the wider response community have an increasingly robust policy of integration of RH and GBV across strategies, services and assessments.	15	57%	34%	58%	n/a	80%	133%	60%
Finding 22. Integration and mutual reinforcement of programming sectors has proven challenging to operationalize effectively.	16	48%	35%	54%	100%	30%	167%	72%
Finding 23. UNFPA Yemen is a key member of the interagency 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.	17	62%	39%	54%	n/a	30%	200%	64%
Finding 24. There has been some success, though limited, in the recognition of RH and GBV as life-saving and key facets of the wider humanitarian response in Yemen, despite UNFPA Yemen efforts to promote this recognition.	18	64%	36%	58%	n/a	50%	133%	57%
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.	19	97%	43%	81%	n/a	10%	133%	61%
Finding 26. UNFPA Yemen overcame a lack of experience in humanitarian programming at the outset of the crisis in Yemen to	20	96%	41%	58%	100%	50%	167%	85%

successfully scale up programming and mobilize resources from a wide variety of sources.								
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.	20	54%	41%	58%	100%	0%	133%	64%
Finding 28. While the RRM has historically been well-funded, available resources are declining and are unlikely to be commensurate with future needs.	21	51%	20%	54%	100%	20%	167%	69%
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.	22	84%	47%	81%	n/a	20%	133%	61%
Finding 30. UNFPA Yemen has successfully leveraged procurement systems, policies and procedures to ensure consistent provision of commodities through to end-users , although disruptions in quality, security and distributions from various sources have been experienced since 2020.	23	43%	29%	42%	100%	10%	167%	65%
Finding 31. UNFPA Yemen data and management systems, while extensive, suffer from inconsistencies and incompleteness that present challenges to results tracking and reporting.	23	43%	29%	42%	100%	0%	133%	58%
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.	24	82%	49%	73%	100%	20%	167%	82%
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 & failing state.	25	110%	58%	81%	n/a	20%	133%	67%
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/financial management and reporting, rather than a targeted effort to 'build back better'.	25	110%	58%	81%	n/a	10%	133%	65%

Appendix 8: List of Evaluation Key Informants

Name	Job Title	Agency	Agency Type
	Country Director	Relief International	iNGO
	Humanitarian Coordinator	UNFPA	UN
	Head of Mission in Yemen (used to work for UNFPA), RH prog officer, health	QRCS	iNGO
	CEO	BFD	national NGO
	Humanitarian Specialist	UNFPA	UN
	Country Director	UNFPA	UN
	Humanitarian Specialist	UNFPA	UN
	Thematic Expert Health	Government of Netherlands	Donor
	MHPSS Specialist	UNFPA	UN
	Humanitarian Specialist, GBV	UNFPA	UN
	RH Specialist (Member of the RH WG)	UNICEF	UN
	Former International Operations Manager (2015-2017)	UNFPA	UN
	PD team members	UNFPA	UN
	Country Representative	UNFPA	UN
	Country Director (former)	NRC	iNGO
	Executive Director	DEEM	national NGO
	DepRep 2015-2017	UNFPA	UN
	GBV Program Coordinator	UNFPA	UN
	Health Cluster Coordinator/RH WG member	WHO	UN
	Technical Officer	ECHO	Donor
	Women Protection AOR Coordinator	UNFPA	UN
	DepRep 2021-2022	UNFPA	UN
	Emergency Response Specialist (previously GBV Subcluster Coordinator from 2015-2020?)	UNFPA	UN
	GBV coordinator	UNFPA	UN
	Deputy Representative	UNFPA	UN
	Humanitarian Programme Coordinator	CARE Yemen	iNGO
	Head of Office – Aden, also humanitarian specialist	UNFPA	UN
	Emergency Specialist	UNICEF	UN
	M&E Officer	UNFPA	UN
	Communication Specialist	UNFPA	UN
	CBI Programme Manager	IOM	UN
	Acting Program Coordinator Yemen Field Team	USAID/BHA	Donor
	Coordinator	Central Statistics Office	Government
	Coordinator	Central Statistics Office	Government
	Coordinator and consultant	MOLSA	Government
	Deputy Representative (2018-20), Representative (2021-22)	UNFPA	UN
	M&E Specialist, Humanitarian Specialist	UNFPA	UN
	Head Nutrition and School Feeding	WFP	UN
	RH Programme	UNFPA	UN
	RH Coordinator	UNFPA	UN
	Deputy Head of Office/Deputy Representative	OCHA	UN

	Pooled Fund Team	OCHA	UN
	Former Head of Programmes	WFP	UN
	Various	UNFPA	UN
	Youth Analyst	UNFPA	UN
	Executive Director; Deputy of Executive Director; Relationships Officer/FGM & Youth FP; GBV safe space coordinator	Human Access	national NGO
	Social Worker/ Female Psychological Worker/ Female Outreach Worker/ Female Lawyer/ Male	Human Access	national NGO
	Youth and P&D Programme Associate	UNFPA	UN
	RRM Senior Officer	FMF	national NGO
	Executive Director; RRM supervisor	YARD	national NGO
	RRM beneficiaries	n/a	Rights-holders
	RRM beneficiaries	n/a (YARD)	Rights-holders
	n/a	MoPHP	Government
	Case managers	YWU	national NGO
	WGSS Manager; Training and Empowerment Officer; M&E and Awareness Raising Officer; MH Specialist	YWU	national NGO
	Health Beneficiaries	Human Access	national NGO
	Health Beneficiaries	Human Access	national NGO
	Director (F)	All Girls Foundation	national NGO
	RH coordinator	Human Access	national NGO
	RH coordinator	UNFPA	UN
	WGSS Beneficiaries	Human Access	national NGO
	GBV beneficiaries	YWU	national NGO
	WGSS Beneficiaries	YWU	national NGO
	Directors	FMF	national NGO
	RH Analyst	UNFPA	UN
	RH beneficiaries	FMF	national NGO
	Former Shelter survivors	YWU	national NGO
	Director	DEEM	national NGO
	RH Coordinator	YFCA	national NGO
	Midwives	n/a	Service Provider
	Community Members	n/a	Rights-holders
	HC Director	Human Access	Service Provider
	Community leaders	Human Access	Service Provider
	RH-coordinator	QRCS	iNGO
	community members	n/a	Rights-holders
	Project Manager	BFD	national NGO
	community members	n/a	Rights-holders
	community members	n/a	Rights-holders
	community members	Human Access	Rights-holders
	community members	Human Access	Rights-holders
	Midwives & Nurses	Human Access	Service Provider
	psychological worker, social worker, and one receptionist/secretary	YWU	Service Provider
	MHPSS Staff: 3 Female psychiatrics, 1 female general physician 1 female case manager and social worker	PCF	Service Provider

	2 male psychologists, very old 1 male pharmacist 1 female project manager		
	GBV Analyst	UNFPA	UN
	GBV Coordinator, Case manager	YWU	national NGO
	Mona: program supervisor/ legal officer/administration/ communication. /female Mariam: space manager/ Female Huda: case management supervisor governate level/ female Hanan: psychologist/ female Rakaia: receptionist / female	YWU	national NGO
	community members	YWU	Rights-holders
	community members	DEEM	Rights-holders
	community members	n/a	Rights-holders
	Protection Program Coordinator/ Male The space manager / Female Training and empowerment/ Female Receptionist volunteer/ Female Awareness raising volunteer/ Female Psychologist/ Female Documentation volunteer/ Female	DEEM	national NGO
	Space manager/ Female Space coordinator/ Female M&E/ Female Psychological support/ Female Livelihood training and empowerment/ Female	YWU	national NGO
	Protection program manager RH coordinator	YFCA	national NGO

Appendix 9: Bibliography

Key documents and datasets cited in the evaluation report are presented below. The evaluation team also reviewed a considerably wider body of internal and external, published and unpublished reports, communications, strategies, plans, datasets/databases, guidance, policies, dashboards etc. which are not included here for brevity.

- A Gendered Crisis: Understanding the Experiences of Yemen's War, Sana'a Centre for Strategic Studies, 2019
- Communication and Community Engagement in Humanitarian Response, Humanitarian Practice Network Magazine Issue 74, February 2019
- Communication and Community Engagement in Humanitarian Response, Humanitarian Practice Network Magazine Issue 74, February 2019.
- Country Programme Action Plan 2012 – 2015 Between UNFPA and the Government of Yemen, UNFPA, 2011.
- Country Programme Document for Yemen (2007-2011), UNFPA 2016
- Country Programme Document for Yemen (2012-2015), UNFPA 2011
- Country Programme Document for Yemen (2023-2024), UNFPA 2022
- End line evaluation of the H4+ Joint Programme 2011-2016, UNFPA, 2017
- Evaluation of the UNFPA-UNICEF Global Programme to End Child Marriage, UNICEF, 2023.
- Extensions of country programmes, UNFPA 2016, 2017, 2018-19, 2020-2021
- Guidelines on Data Issues in Humanitarian Crisis Situations, UNFPA, 2010
- Health Cluster PiN & Severity Guidance, Health Cluster, September 2021
- Impact Assessment of UNFPA's Multi-Country Response to Humanitarian Crises, UNFPA, 2023
- Inter-Agency Humanitarian Evaluation of the Yemen Crisis, IASC, 2022
- Interagency Minimum Standards for GBV in Emergencies, GBV AoR, 2019.
- Linking the Rapid Response Mechanism to the Provision of Cash Assistance and Women's Protection: Yemen Case Study, UNFPA 2021
- 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
- Participation of Girls and Women with Disabilities in Economic Empowerment Interventions, (Internal) UNFPA, 2023
- Programme Contingency Plan (Internal), UNFPA Yemen, November 2014.
- REACH CCCM Dashboard
- SIS (internal) Annual Reports - Republic of Yemen, UNFPA 2015-2023.
- Springboard Program and Cash Interventions for Gender Based Violence Women Survivors in Hajja and Hodeida Governorates, Yemen Impact Assessment Report, Sarah Ahmed, 2017
- Sustainable Development Report 2023, Sachs et al, 2023
- The Sphere Handbook, SPHERE, 2018
- UN Rapid Response Mechanism Final Post-Distribution Monitoring Report, Moore Yemen/UNFPA, 2022
- Understanding the Cycle of Gender-Based Violence in Yemen, ACAPS Analysis Hub, 2023
- UNDP, Impact of War on Development, 2019.
- UNDP, Measuring Multidimensional Poverty in Yemen, December 2023
- UNFPA Annual Humanitarian Response Hub, unpublished Yemen country note, 2022.
- UNFPA Humanitarian Response in Yemen, UNFPA 2022
- UNFPA Response in Yemen Monthly Situation Reports 2016-2023
- UNFPA RH/GBV Response Proposal 16-UF-FPA-035, 2016.
- UNFPA Strategic Plan 2014-2017
- UNFPA Strategic Plan 2018-2021

- UNFPA Submission Form for Country Programme Extensions (Internal), UNFPA
- UNFPA Yemen Execution Workplan for 2016 (internal document).
- UNFPA Yemen Office Organogram 2023 (internal document).
- UNFPA's Commitments to Scaling up Cash & Voucher Assistance, UNFPA, 2016.
- UNHCR, Yemen Crisis Explained, <https://www.unrefugees.org/news/yemen-crisis-explained/>, updated March 2023
- United Nations Common Country Assessment; Republic of Yemen, United Nations Country Team, 2011
- United Nations Development Assistance Framework for Yemen 2012-2015, United Nations, 2011
- United Nations Sustainable Development and Cooperation Framework for Yemen 2022-2024, United Nations, 2021
- Yemen Common Country Analysis, United Nations, November 2021
- Yemen Community Perceptions Survey, UNICEF, March 2024.
- Yemen Humanitarian Needs Overviews 2014-2024
- Yemen Humanitarian Response Plans 2014-2024
- Yemen: setting up a common service in a high-risk environment, Humanitarian Practice Network, February 2019
- Yemen: The World's Largest Humanitarian Crisis, UNFPA, 2021