

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

TABLE OF CONTENTS

EXECUTIVE SUMMARY	
CHAPTER 1. INTRODUCTION	1
CHAPTER 2. PURPOSE, OBJECTIVES AND SCOPE	2
2.1. Purpose of the Final Evaluation	2
2.2. Objectives of the Evaluation	2
2.3. SCOPE OF THE EVALUATION	2
CHAPTER 3. METHODOLOGY	3
3.1. Data Collection	3
3.2. Data Analysis	3
3.3. Limitations	3
CHAPTER 4. COUNTRY CONTEXT AND PROJECT DESCRIPTION	4
4.1. Country context	4
4.2. Project Description	6
CHAPTER 5. FINDINGS	7
5.1. Relevance and Appropriateness	7
5.3. Efficiency	13
5.4. Impact....	15
5.5. Sustainability	19
5.6. Coordination and Partnership	20
5.7. “Do No Harm” and “Leave No One Behind”	21
CHAPTER 6: CHALLENGES	21
CHAPTER 7: ACHIEVEMENTS AND LESSONS LEARNED	23
CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS	26
SHORT STORIES FROM THE WGSS (ALL NAMES HAVE BEEN CHANGED)	28
ANNEXES	29
ANNEX 1. DOCUMENTS REVIEWED	30
ANNEX 2. SEMI-STRUCTURED INTERVIEW GUIDE	30
ANNEX 3. EVALUATION MATRIX	31
ANNEX 4. LIST OF PEOPLE INTERVIEWED	

List of Tables

Table 1. MSOF Theory of Change (Draft)	7
Table 2. Achievements by Phases 1, 2 & 3	Error! Bookmark not defined.
Table 3. Funding Details	14
Table 4. Key Results Achieved	Error! Bookmark not defined.
Table 5. MSOF Results Framework	Error! Bookmark not defined.

Title of the Project	My Safety Our Future (MSOF): The Protection of Women and Girls from Gender-Based Violence (GBV) in Yemen	
Department	UNFPA Gender Based Violence	
Project Outputs	<ol style="list-style-type: none"> 1. Comprehensive, specialised GBV services and support structure are available and functioning 2. GBV survivors and at-risk women and girls have improved capacity and safe access to resources, support services and livelihood opportunities 3. Awareness-raising and community mobilisation identify key risks and identify negative norms, attitude and practices that perpetuate the social acceptance of GBV 4. Strengthened accountability of Yemen's humanitarian actors to better respond to GBV in Yemen. 	
Programme date	Start	Planned end
	July 2017	June 2023
Programme Budget	USD 31,776,000	
Funding Source		
Implementing Partners	YWU, DEEM, AL ZAHRA and CARE	

Assessment Information		
Type	Final Evaluation	
Period under Assessment	Start	End
	2017	2023
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Evaluation dates	Start	Completion
	June 2023	September 2023

ACRONYMS

CO - Country Office

CARE - CARE International

CEDAW- Convention on the Elimination of All Forms of Discrimination Against Women

CMR- Clinical Management of Rape

CPD - Country Programme Document

DAC - Development Assistance Committee

DEEM - Deem for Development Organization

DFA - De Facto Authority

ERG - Evaluation Reference Group

FAO – Food and Agriculture Organisation

FGD - Focus Group Discussion

GBV - Gender-based violence

HCRF - Handicapped Care and Rehabilitation Fund

HDI- Humanitarian Development Index

HNO- Humanitarian Needs Overview

HRP - Humanitarian Response Plan

IAHE – Inter-Agency Humanitarian Evaluation

ICCM- Inter Cluster Coordination Mechanism

IASC - Inter Agency Standing Committee

IOM - International Organization for Migration (IOM)

IPs - Implementing Partners

IRG - Internationally Recognized Government

MHPSS- Mental Health & Psychosocial Support

MoH- Ministry of Health

MoSAL- Ministry of Social Affairs and Labour

MPCA – Multi-Purpose Cash Assistance

MSOF - My Safety Our Future

MTE - Mid-Term Evaluation

NGO - Non-Governmental Organisation

OECD - Organisation for Economic Cooperation and Development

PSEA - Prevention of Sexual Exploitation and Abuse

RRM- Rapid Response Mechanism

SDC - Swiss Development Cooperation

SIDA - Swedish International Development Agency

SDGs - Sustainable Development Goals

UN - United Nations

UNCCA- United Nations (UN) Common Country Analysis

UNDP - United Nation Development Programme

UNEG - United Nations Evaluation Group

UNHCR - United Nation High Commissioner for Refugees

UNICEF - United Nations Children's Fund

UNFPA - United Nations Population Fund

UNOCHA - United Nations Office for Coordination of Humanitarian Affairs

UNSCDF - United Nations Sustainable Development Cooperation Framework

YWU - Yemen Women's Union

ZDF - AlZahra'a Development Foundation

EXECUTIVE SUMMARY

Gender inequalities are often exacerbated in conflict situations, making women and girls more vulnerable to gender-based violence, abuse and exploitation. Yemen is no exception. The country is currently facing one of the worst humanitarian crises in the world characterised by significant protection threats. The ongoing crisis has had a unique and disproportionate impact on women and girls. The current conflict that has been ongoing for nearly a decade has exacerbated existing gender inequalities, affected access to economic activities and basic services, and reportedly contributed to an increase in incidents of GBV.

Common consensus is that GBV risks have been aggravated by instability, the collapsing legal system, the lack of protection systems, sociocultural norms, and the use of GBV by warring parties to consolidate and maintain control. This is not unique to Yemen; the link between increased risk of GBV and conflict is well documented.

GBV in Yemen is all encompassing and it is not new. Yemeni systems, both legal and sociocultural, are built on deep-rooted gender inequalities, as evidenced by the Mahram requirement. This, coupled with the conflict, means all women and girls in Yemen are at risk of GBV. All elements of GBV are present in Yemen: physical, verbal, psychological, sexual, and socioeconomic. This takes many forms, ranging from homicide and so-called “honour” killings to rape and forced marriage (including child marriage), from denial of inheritance rights to restrictions on movement to reduced access to education based on gender.

In response to the aforementioned challenges and issues pertaining to gender-based violence and to effectively address and prevent the causes and drivers, mitigate risks and respond to the consequences of GBV incidents, United Nations Population Fund (UNFPA, hereinafter) with funding support from the Government of Netherland, Sweden and Switzerland implemented the third phase of My Safety Our Future Project (MSOF herein after). The project is one the best examples of UNFPA’s efforts in addressing gender-based violence in Yemen. The third phase of the project which was implemented from July 2021 to June 2023, provided specialised GBV and tailored multi-sectoral services to survivors of gender-based violence as well as vulnerable women and girls in 15 governorates, covering 85 districts, both in the IRG areas as well as de-facto controlled areas.

This report provides an external summative evaluation of the MSOF project, from its first phase to the final (third) phase. The evaluation assesses the project’s overall effectiveness in achieving its objectives, as well as efficiency and sustainability. The evaluation also identifies key lessons learned with plausible recommendations for future projects.

Methodological Overview

The evaluation of the MSOF project was undertaken in four phases: (a) Inception, (b) data collection and analysis, (c) drafting and stakeholders feedback, and (d) incorporation of comments and finalisation of the report.

The evaluation adopted mixed method approaches, employing both qualitative and quantitative tools for data collection and analysis. This included a review of secondary literature and documents; unstructured individual and group interviews with key informants, including funders, UNFPA senior management, MSOF project staff, implementing partners, members of the Evaluation Reference Group and beneficiaries of the project. A list of documents reviewed is in Annex 1.

Overall, a total of 32 Key Informant Interviews (KII) and four Focus Group Discussions (FGDs) were conducted as shown in Annex two. The project's performance was assessed using a rating scale that measured the progress made towards the planned indicator targets.

Key Findings

1. The MSOF project was designed to protect women and girls from gender based violence and to address and respond to critical and multi-sectoral needs of survivors in line with the humanitarian guiding principles of Humanity, Impartiality, Neutrality and Independence, GBV guiding principles and the application of survivor-centred approaches in the delivery of services.
2. The project is aligned with the second objective of the Yemen Humanitarian Response Plan (2023), which is to improve the resilience of crisis-affected vulnerable people of all ages, women, girls, men and boys, through increased, safe, dignified and adequate access to multi-sectoral response and durable solutions¹.
3. The project also contributes to outcome four of the United Nations Sustainable Development Cooperation Framework (UNSCDF), which is to improve the quality, access and use of needs-based, equitable, inclusive social protection and social services. The UNSDCF guides the UN system in planning and implementing UN development activities at the country level.
4. The design and focus of the project is also observed to be in line with the following Sustainable Development Goals (SDGs);
 - SDG 1: No poverty: as the project aims to provide economic opportunities for women and girls to aid in their improved resilience and recovery efforts;
 - SDG 5: Gender Equality: as the project aimed to address some of the deep rooted causes of GBV and promote gender equality;²

¹ Humanitarian Response Plan for Yemen (2023)

² Yemen has consistently ranked last or second-to-last in the World Economic Forum's Global Gender Gap Index. In 2017, Yemen was listed as the worst place in the world to be a woman

- SDG 8: Decent work and economic growth³: as the project aimed to provide women and girls with essential skills and tools to improve their chances to employability, and self-reliance.
 - SDG 10: Reduced inequalities: as the project provided sufficient spaces where women and girls have safe and dignified access to integrated services.⁴
 - The project also relates well with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which Yemen acceded to in 1984⁵
5. Results showed that the MSOF project provided GBV survivors and at-risk women and girls with lifesaving support services such as medical, legal, psychosocial support and cash assistance, as well as improved their access to women and girls safe spaces and shelters.
 6. The project effectively involved strong community-based implementing partners and women-led organisation in the implementation of strategic behavioural change interventions aiming to transform social norms, the provision of psycho-social support, literacy and lifeskills education, awareness raising through women2 women networks, community committees, community- led campaigns, community dialogues and interactive mobile theatre plays.
 7. Through this project, UNFPA was able to;
 - a. Pilot the first ever women and girls safe space in IDP settlement;
 - b. develop guidelines for safe spaces;
 - c. create a training manual and materials for life skills training and;
 - d. Guidelines for economic empowerment guidelines, to help women and girls become more self-sufficient through tailored, need- based and sustainable interventions
 8. To minimise costs and increase efficiency, the project followed a well-structured system that involved careful bid analysis, the involvement of both external and internal technical experts, and a sound procurement system. This ensured that the project was able to deliver high-quality services at the best possible prices.
The project also maintained and updated a database of all licensed vendors in Yemen to ensure a transparent bidding process. Additionally, the database allows the project to identify qualified vendors and to ensure that all bids are considered fairly and in a transparent manner.

³ The World Bank's Yemen Country Economic Memorandum, released in May 2023, estimates that 71-78% of Yemenis are living below the poverty line, with women being the most vulnerable. This represents a significant increase from the pre-war poverty rate of 49%. Additionally, according to World Bank, Yemen is the poorest country in MENA

⁴ United Nations: sdgs.un.org

⁵ Yemen Gender justice & The Law (December 2019)

9. 87% of the project beneficiaries reported that the skills and experience they learned have had a positive impact on their lives.⁶
10. The project achieved mixed results in terms of sustainability. Some of the interventions, such as capacity development (e.g. training and retraining of GBV workers), provision and maintenance of safe spaces and shelters including payment of instructors, and livelihood interventions, could be difficult to sustain, if funding is discontinued.
11. Majority of the activities and results under output 4 were achieved in partnership with the GBV Area of Responsibility and other clusters. UNFPA is chairing the GBV AoR at the national as well as a sub-national level. The AoR at the national level consists of 70 members, including 60 national and local partners, 6 INGOs, 6 UN Agencies and line ministries.
The GBV AoR leveraged its coordination lead role to facilitate and promote collaboration, coordination and partnership among the different stakeholders involved in the implementation of Output 4 of the MSOF project. The GBV AoR's partnership with the Ministry of Human Rights (MOHR) and National Women Committee (NWC) helped raise the GBV related issues on the national agenda as well as challenges that are being faced by women and girls pertaining to their basic rights, access to services, etc.
12. The project also partnered with several organisations, UN agencies and members of key coordination forums' members including Protection Cluster, The United Nations Rapid Response Mechanism (UN RRM) led by UNFPA, OCHA, Cash Consortium of Yemen (CCY), etc.

Conclusions

In its fourth phase, the MSOF project should seize the opportunity of the current peace in Yemen to gradually start introducing prevention and response of GBV as a development strategy, and start targeting government authority. This will require system and capacity building of national systems and structures. This is also in line with UNFPA global strategic direction for countries in crises, as well as those transitioning from humanitarian to development⁷. The project has the potential to be positioned at the nexus of humanitarian, peace and development efforts, aiming to deliver response services and promote sustained and continued change and awareness in the context of development programming priorities.

⁶ GBV TPMO Report – March 2023

⁷ UNFPA strategic plan 2022 - 2025

Recommendations

1. As UN organisations are increasingly collaborating and implementing joint programmes and delivering “as one UN”, the project may consider aligning with other UN agencies with similar mandates such as UN Women, UNICEF, UNHCR, ILO, UNDP, WHO, FAO for a stronger and more effective sustainable integrated programme, and resilience outcomes.
2. Economic empowerment and livelihood activities are in very high demand in Yemen, it is not only to achieve a GBV free society, but also, to address the poverty and vulnerability among women
3. Furthermore, gender-based violence is a major barrier to achieving gender equality. To create a gender-equal society, the prevention and response to GBV must be prioritised. It is recommended that training for public servants, CSOs and professionals on essential knowledge and skills related to GBV/WP, gender responsive budgeting and corporate social accountability is institutionalised.

CHAPTER 1. INTRODUCTION

UNFPA Yemen started the implementation of the *My Safety, Our Future* project in June 2017 and completed its third phase in June 2023. The project is funded by the Government of Sweden, the Netherlands and Switzerland. The project aimed to empower women and girls to gain power over their lives, reach their full potential and live free from violence and inequality. The (MSOF) project had four (4) outputs:

1. Comprehensive, specialised GBV services and support structure are available and functioning
2. GBV survivors and at risk women and girls have improved capacity and safe access to resources, support services and livelihood opportunities
3. Awareness-raising and community mobilisation identify key risks and identify negative norms, attitude and practices that perpetuate the social acceptance of GBV
4. Strengthened accountability of Yemen's humanitarian actors to better respond to GBV in Yemen.

As the MSOF project gets to the end of its third phase, UNFPA commissioned an independent final evaluation of the project. The final evaluation was undertaken by a team of independent evaluators, composed of an international and a national consultant. This report presents the findings and conclusions of the evaluation, which was conducted from June 22 to September 30, 2023.

The report is presented in seven chapters as outlined below:

- Chapter 1 introduces the report and provides rationale for the evaluation
- Chapter 2 describes the scope, purpose and objectives of the evaluation
- Chapter 3 outlines the evaluation methodology
- Chapter 4 presents the project's background, including the country context and description of the MSOF project.
- Chapter 5 presents the evaluators' findings, structured around the evaluation criteria relevance, effectiveness, efficiency, sustainability and impact, as well as UN guiding principles of leave no one behind and coordination.
- Chapter 6 identifies challenges and the emerging lessons based on analysis of the findings
- Chapter 7 summarises the achievements and progress made by the MSOF project.
- Chapter 8 concludes the report with a discussion of evaluators' conclusions and recommendations.

CHAPTER 2. PURPOSE, OBJECTIVES AND SCOPE

This section contains a description of the purpose, objectives and scope of the evaluation as provided in the terms of reference (TORs), and as agreed during the inception phase.

2.1. PURPOSE OF THE FINAL EVALUATION

The overall purpose of the MSOF final evaluation is to provide an external summative evaluation of the *My Safety Our Future (MSOF)* project. The evaluation intends to assess the impact, relevance and sustainability. It also evaluates the progress of the project towards stated outputs.

2.2. OBJECTIVES OF THE EVALUATION

Based on subsequent documents review during the inception phase, the objectives of the evaluation are as follows:

- Assess the relevance of the MSOF project in view of the country context;
- Assess the efficiency and effectiveness of the implementation strategy;
- Assess the appropriateness of the strategy and internal structure and capacity to deliver the MSOF; and
- Assess the progress achieved, and recommend any actions needed to improve performance and/or accelerate progress in phase IV;
- Generate relevant lessons and make recommendations on how to support the existing protective systems and structures in ensuring a life free from violence and inequality for women and girls.

2.3. SCOPE OF THE EVALUATION

The final evaluation of the MSOF covers three phases from the period from June 2017 to June 2023. The evaluation is based on the OECD/DAC evaluation guidelines including *Relevance, Efficiency, Effectiveness, Impact and Sustainability*.

As a summative and informative evaluation, the assessment measured progress towards outputs and the likelihood that the outputs will contribute to expected outcomes. In this regard, the evaluation attempted to unpack the following:

- a) Explore the factors that have contributed to achieving or not achieving results;
- b) UNFPA's partnerships, coherence and effectiveness in GBV programming, and its comparative advantage within the wider development community.

- c) Effect of coordination among partners and the project's coherence with other programmes
- d) The evaluation also assessed service coverage as to whether or not the project reached the intended beneficiaries, disability and inclusion issues. Specifically, the evaluation looked at the project's adoption of the 'Do No Harm Principle', meaning whether or not the project took steps to avoid causing harm to its beneficiaries, etc.

CHAPTER 3. METHODOLOGY

The evaluation was undertaken in four phases: (a) Inception phase – to agree expectations and approach and plan between the evaluators and the evaluation managers; (b) data collection – to collect evidence from multiple sources; (c) analysis and drafting – to analyse the data and draw relevant findings, lessons and conclusions; and (d) reporting – to finalise and submit the evaluation report.

The evaluation team used a Non - Probability sampling method - Convenience sampling in choosing who to interview and which sites to visit. The evaluators also used other methods, such as document reviews, telephone and zoom discussions to reach key stakeholders.

The national consultant also supported in filling the gap by carrying out more interviews and consultations than planned. The evaluators used a variety of methods to establish the extent of progress towards expected results, including, specifically, triangulation of data from different sources including gathering the perspectives of implementing partners and beneficiaries, review of official documents and reports, as well as individual and focus group interviews with a range of stakeholders.

The evaluation team observed that performance monitoring was being undertaken as evidenced by the existence of the Results Oriented M & E reports available. In addition, there was evidence that the project is evaluated periodically including (a) Mid-Term Evaluation of the MSOF in March 2021 among other reports. There is therefore sufficient data that can be verified during the in-country mission and data collection in Yemen. The key questions asked on the evaluation: What are the impacts generated by the MSOF project? What progress was made towards the achievements of the outputs?

3.1. DATA COLLECTION

This evaluation used a mixed-method approach for the data collection. Neuman (2014)⁸ argued that mixed-methods research produces more comprehensive and insightful results than either qualitative or quantitative research alone. The mixed method approach allowed for the collection of comprehensive information on issues of GBV in Yemen and provided the needed flexibility to adapt to the challenges of data collection in this peculiar context.

The methodology also include the triangulation of data from different sources to assess both project targets to date and overall performance of the project, including review of secondary literature and official documents, unstructured individual and group interviews of key informants, including funders, UNFPA senior management, MSOF project staff, MSOF implementing partners, members of the Evaluation Reference Group (ERG) and beneficiaries of project. The list of documents reviewed is in Annex 1. Overall, a total of 32 key informant interviews were conducted with four focus group discussions conducted as shown in Annex 2.

The data collected during evaluation demonstrated how the project performed in relation to project goals, strategic targets and other performance expectations. The study ensured an inclusive approach to selection of stakeholders, including the involvement of project beneficiaries.

3.2. DATA ANALYSIS

In a fragile context, it is important to be flexible and adaptable when scoring programme performance. This is because the context and situation can change quickly and unexpectedly.⁹ The project performance was rated based on the progress made towards the planned indicators' targets using a rating scale whereby *(i)* if progress was at least 50%, it was rated as **on track** even though this would be considered “ off track” in a more stable setting. ; *(ii)* if progress is between 30 - 49%, it was rated as **progressing with challenges**; and *(iii)* if progress was below 30% of the planned target, it was rated as **off track**. The assessment focussed on progress achieved towards output indicators. Besides, phase four of the project is anticipated.

3.3. LIMITATIONS

⁸ W. Lawrence Neuman: Social Research Methods - Qualitative and Quantitative Approaches (seventh edition)

⁹ Evaluation of the performance of SDC instruments in fragile and conflict-affected contexts. Academia.edu & (2021), Strategic partnership for the recovery and development of education in Somalia: Fatimah B. Ahmed

As a result of the delay in the issuance of visa, the international consultant could not visit Yemen for face to face data collection. A national consultant was hired to conduct focus group discussions with beneficiaries and GBV workers under this project.

The final evaluation of the project is limited to Phases 1, 2 and 3 of the project, starting from its inception in July 2017 to September 2023.

CHAPTER 4. COUNTRY CONTEXT AND PROJECT DESCRIPTION

4.1. COUNTRY CONTEXT

Yemen is one of the poorest countries in the Middle East and North Africa region, even before the war broke out in 2015. The country has been in severe [SEP] conflict ever since , and is generally considered to be one of the world's largest humanitarian crises. The conflict has caused widespread economic collapse, and severely disrupted public services, making it impossible for the government to provide basic and essential services to the affected population.

The humanitarian consequences of the ongoing ongoing conflict have been devastating. Millions of people have been displaced from their homes, and over 20 million people are in need of humanitarian assistance. The food security situation is particularly dire, with over 17 million people facing acute food insecurity. The ongoing conflict has had a devastating impact on healthcare, education, and other essential services. According to 2023 Humanitarian Needs Overview (HNO), an estimated 21.6 million people will need life-saving humanitarian assistance and protection services, a slight decrease from the 23.4 million people in need in 2022. The main factors behind these figures are food insecurity, malnutrition, health including reproductive health, water and sanitation, and protection needs including GBV.

The ongoing war, economic hardships, breakdown of community support structures and lack of services will continue to take a huge toll on women and children. Women and girls will continue to face a disproportionate impact of the crisis, including compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion. Further restrictions on their rights, including the widespread imposition of mahram (male guardian) requirements in areas controlled by Ansar Allah (AA, also known as the Houthi de facto authorities) over the course of 2023 could serve to worsen existing structural gender inequalities.

Four out of five of the country's population struggles to access food, safe drinking water and adequate health services.¹⁰ Of the 4.5 million displaced people, an estimated 80% are women and children, whereas, approximately 26% of displaced households are headed by women. Besides their limited access to essential services, women and girls are particularly vulnerable to gender-based violence and child marriage. Nearly two thirds of girls in Yemen are married before the age of 18. Yet, services to support survivors of GBV are extremely limited or completely absent. Women and girls with disabilities face even greater challenges.

Yemen has the highest maternal mortality rates in the Middle East. One woman dies in childbirth every two hours in Yemen, mostly from causes that are entirely preventable such as complications during pregnancy, childbirth and postpartum. Rising food insecurity in Yemen is projected to cause acute malnutrition in 5.5 million women of reproductive age and over 1.5 million pregnant and breastfeeding women in 2023. These women are at increased risk of giving birth to newborns with severe stunted growth, and nursing malnourished infants. The Inter Agency Humanitarian Evaluation (IAHE) report found that the humanitarian response in Yemen has not adequately addressed the protection needs of vulnerable people, including women and girls.¹¹

An estimated 7.1 million women and girls will require services to prevent and address gender-based violence in 2023.¹² UNFPA provides critical protection services for women and girls, with an emphasis on prevention and response to different forms of gender-based violence including harmful traditional practices.¹³

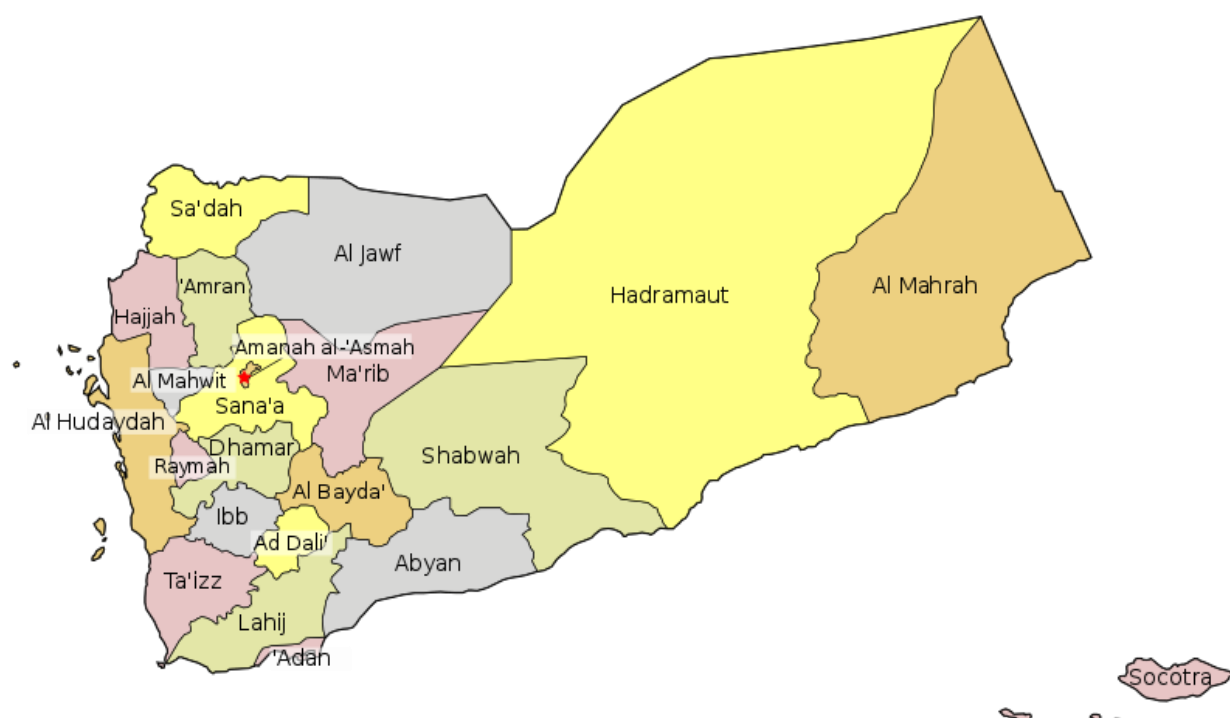
¹⁰ Ibid

¹¹ Humanitarian Response Plan (2023)

¹² Yemen Humanitarian Response Plan (2023)

¹³ Violence plagues women and girls amid Yemen's relentless conflict 28 February 2023

FIGURE 1. MAP OF YEMEN SHOWING THE 21 GOVERNORATES



14

4.2. PROJECT DESCRIPTION

Across Yemen, protection needs remain extremely high as a result of the grim humanitarian situation. It is important to note that 52% of the 3 million displaced people are women and girls, making them the most vulnerable to gender-based violence, exploitation, and deprivation of basic life essentials. The latest trend analysis of gender-based violence indicates an increasing numbers of women and girls resorting to negative coping mechanisms, especially child marriage and child labour. Partners providing GBV services reported an increase in street begging, school drop-out, early and forced marriage, which further strain the ability of families and communities to protect the most vulnerable especially children, adolescent girls and boys. Growing food insecurity and economic downturn are some of the key drivers of heightened protection risks.

¹⁴ en. Wikipedia.org Image: Yemen governorates numbered english.png,

The GBV service providers have seen an increased demand for GBV services in 2023, as per the analysis reflected from the GBV AoR dashboard. Discriminatory societal attitudes towards women's movement and economic and social engagement remain entrenched. Yemen has ranked last in the World Economic Forum's Global Gender Gap index¹⁵ for several consecutive years. In 2022, it ranked 155 out of 156 countries, making it the country with the largest gender gap in the world. This means that women and girls face significant barriers to economic participation, education, health and political empowerment.

Over the course of 2023, the de-facto authorities in the north have increasingly imposed the mahram (male guardian) requirement, whereby women must be accompanied by a male family member to travel. This has also been applied to female national aid workers, which in turn has increasingly restricted the ability of the humanitarian community to ensure the delivery of accountable, efficient and principled life-saving assistance, particularly to women and girls. These restrictions also serve to worsen existing structural inequalities that hinder women's and girls' access to basic services. This further perpetuates existing gender inequalities between women and men, boys and girls. Access to basic rights and freedoms are even more challenging for women and girls living with disabilities, particularly those in rural or remote areas, as well as women and girls who lack access to legal documentation due to discriminatory laws and procedures. This lack of legal documentation often trickles down to affect their children, particularly those from minority groups and female-headed households, exacerbating the situation and undermining the rights of future generations.

The evaluators found that the MSOF project's theory of change model has been reconstructed to be more explicit and illustrative. Table 1 shows the new theory of change, which is a comprehensive approach to addressing multi-sectoral needs of women and girls as outlined in the four outputs.¹⁶

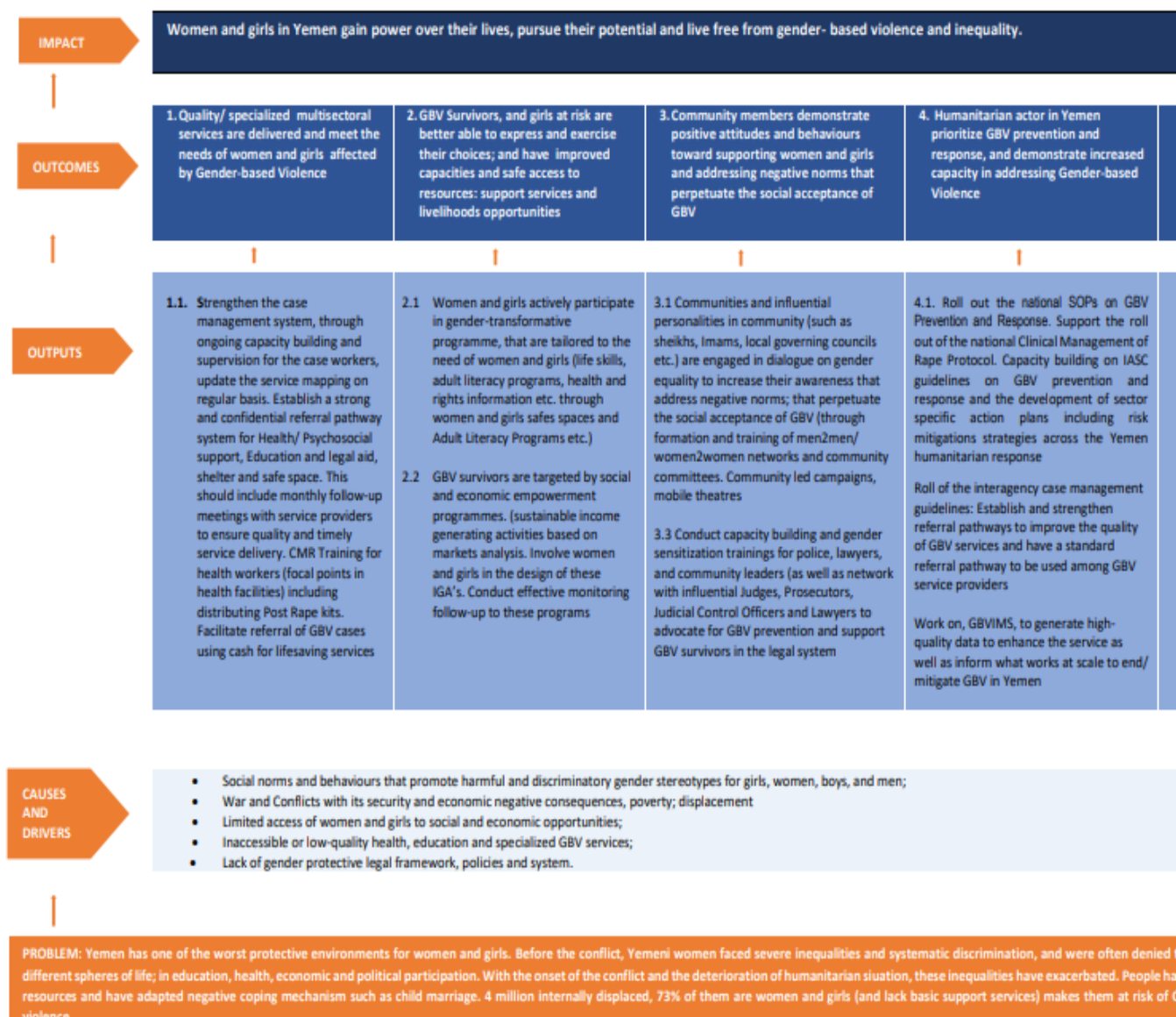
The MSOF project implementation was spread across 15 governorates in Yemen. The evaluators also noted that UNFPA has a country office (CO) in Sana'a, with five hubs, i.e., Sana'a hub, Ibb hub, Sa'adah hub, Hodeida hub and Aden hub). UNFPA implements its programmes in partnership with the Non-Governmental Organisations (NGOs) and civil society organisations (CSOs) that have a strong presence at the grassroots level and can access women and girls more easily than the INGOs. Some of these organisations include, the Yemen Women Union, DEEM for Development Organisation, Al- Zahra'a Foundation and CARE international.

The theory of change is a simple logic model that clearly shows the relationship between the causes, inputs (resources), outputs, outcomes and impact as shown below:

¹⁵ World Economic Forum (WEF) global gender gap (2021)

¹⁶ UNFPA Yemen MSOF Project MTE Final Report 2021

My Safety, Our Future Project Theory of Change (Rough Draft)



CHAPTER 5. FINDINGS

This chapter contains the evaluators' findings from multiple data sources, including review of relevant documents, key informant interviews and focus group discussions.

5.1. RELEVANCE AND APPROPRIATENESS

The relevance of a project focuses on the appropriateness of the project's outputs and outcomes in achieving national goals.

Findings:

All beneficiaries interviewed said the project was timely, appropriate and very relevant as it came at a time when they had almost lost hope and were facing stigma from the communities, friends and even from their respective families. MSOF through its implementing partners provided immediate interventions that ensured survivors' physical safety, addressed health concerns, psychosocial needs, and enhanced their access to justice, in line with the survivor-centred approach.

The MSOF project addresses critical needs and is aligned with the humanitarian guiding principles on gender-based violence.¹⁷ Respondents reported that the MSOF project came at a time of economic hardship, which was further aggravated by the absence or lack of vital social services. Yemen faces a number of critical humanitarian challenges and was ranked 183 out of 191 on the United Nations Development Programme's 2021/2022 Human Development Index (HDI)¹⁸.

Furthermore, the project is also aligned with the second objective of the Yemen Humanitarian Response Plan (2023) which is to "improve the resilience of crisis-affected vulnerable people of all ages, women, girls, men and boys, by increasing their safe, dignified and adequate access to multi-sectoral response and durable solutions"¹⁹

The worsening economic situation in Yemen has led to an increase of gender-based violence, with women being the primary victims. The causal link between economic hardship and GBV

¹⁷ The inter-agency minimum standards for Gender-Based Violence in Emergencies Programming (www.unfpa.org)

¹⁸ Euro-Med Human Rights Monitor (16 October 2022)

¹⁹ The inter-agency minimum standards for Gender-Based Violence in Emergencies Programming (www.unfpa.org)

is well researched and established. Yemen is no exception. In the case of Yemen, this is further compounded as women and girls have fewer educational and economic opportunities. As a result, more women are visiting centres to seek legal support and economic empowerment services. These services help women to become financially independent, self-reliant and support their families. They seek empowerment opportunities to become responsible individuals that are able to generate income and support their families.

According to the United Nations Common Country Analysis (UNCCA 2021) on the impacts of the on-going crisis on the people of Yemen, four main pillars have been identified:

1. Increase food security, improving livelihood options, and job creation
2. Preserve inclusive, effective and efficient national and local development systems strengthening
3. Drive inclusive economic structural transformation
4. Build social services, social protection and inclusion for all.

The MSOF project is aligned with two of the above pillars, i.e, pillar 1 & 3, and it is laying the foundation for the other two which are pillar 2 and 4. The MSOF project provided vulnerable women and girls with training for livelihood opportunities and income generating activities. Based on the training needs assessment, the women have a variety of options to choose from.

Furthermore, the design and focus of the project is observed to be in line with the following Sustainable Development Goals (SDGs):

- Goal number 1 – Reducing poverty. With Economic empowerment and livelihood opportunities given to GBV survivors and vulnerable women and girls, poverty is expected to be reduced in the communities
- Goal number 5 – Achieving gender equality and empowerment of women and girls. Reducing GBV and empowering women and girls, also reduces the inequality gap
- Goal number 8 – Decent work and economic growth. Empowered women and girls are able to contribute to the growth of the society in which they belong, and to the growth of the country in general.
- Goals number 10 – Reduced inequalities. The MSOF project also reduces inequality by tackling the factors that drive GBV.

The project is also consistent with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which Yemen acceded to in 1984. Yemen was also one of the first Arab countries to implement the Beijing Platform for Action. Yemen ratified the Convention on the Rights of the Child in 1991 and was one of the first countries in the

world to commit to improving children's rights,²⁰ where the convention refers to non-discrimination between children which the MSOF aims to support.

GBV affects women and girls in many forms including physical, sexual and psychological violence, with a long-lasting negative impact on the physical, mental and social well-being of the victim. The GBV interventions introduced by the MSOF project have been able to target individuals, families and communities at various levels through different approaches, including individual casework, group work, and community work. The interventions include:

- a. **Women and Girls Safe Space:** This involves the creation of a safe and supportive space for women and girls to access information, resources, and support related to GBV. 65% of beneficiaries interviewed during third-party monitoring²¹ indicated that they have benefited greatly from the centres' activities, while 87% said that they have gained skills and experience that would allow them to improve their living situation.
- b. **Provision of Multi-Sectoral Services:** A holistic and coordinated response for women and girls survivors of GBV is provided through the provision of multi-sectoral response like medical, psycho-social, legal, cash and economic empowerment support as well as enhancing the referral pathways using health and safe shelter facilities. This is done through a well-structured case management system in women and girls safe spaces and shelters. GBV case workers located at the district and governorate level also provide case management support to survivors.

UNFPA through its implementing partners provide immediate interventions that address survivors' needs regarding their physical safety, health concerns, psychosocial problems, and access to justice, in line with the survivor-centred approach.

At the beginning of the project, due to its relevance, the MSOF project was able to reach the interim Government and the De-facto Authority (DFA). Meetings and discussions were held with the government, community leaders and the religious leaders. However, under the DFA controlled areas in northern Yemen, the implementing partners encountered challenges to carry out open dialogue with the leaders like they did in the south.

²⁰ Report on the status of Women in Yemen 2022

²¹ GBVP TPMO Report – March 2023

Figure 2: UNFPA Bullseye²²



5.2. EFFECTIVENESS

The effectiveness of a project is the extent to which objectives of the intervention have been achieved, the extent to which the project contributed to the attainment of its objectives.

Findings:

Results show that the MSOF project has been effective in achieving almost all its objectives. MSOF project provided GBV survivors and at-risk women and girls with support services including safe spaces, shelter and livelihood opportunities. Over 70,000 GBV survivors were provided with specialised services including: Vocational and Life Skill Training, Legal services and Medical services and Cash Assistance.

²² UNFPA Strategic Plan 2018-2021

The project has also supported the engagement of strong community-based implementing partners such as Yemen Women Union (YWU), Al Zahra and Deem, to carry out strategic behaviour change interventions. These interventions include life skill education, awareness raising, community sensitisation and advocacy for women's rights and gender mainstreaming. These partners worked in 15 of the 21 governorates in Yemen including some conservative and hard to reach communities such as Saada, Ibyan and Al- Baydah. These partners have gained the confidence and support of the communities where they work.

According to Al-Zahra, it was initially difficult to open a safe space in Sa'ada because they were not accepted by the authorities and the communities. However, through hard work, persistent advocacy, dialogue and sensitisation with trainings and empowerment, they were accepted and the safe space was established from 2021 to 2022. Presently, there is a growing demand for safe spaces in the community.

The MSOF project also provided important trainings and built capacities of partners in case management and referrals. Effective case management system was established in order to ensure the provision of services to women with complete confidentiality, care, safety and dignity. The MSOF project service providers were trained in case management by a professional case management consultant/trainer. The consultant also prepared the case management guidelines to assist in case management and serve as guide for case managers at different levels. According to some of the IPs, they are now trying to make referrals for women to some other organisations that provide support in economic empowerment.

In Yemen, GBV survivors are faced with stigma and discrimination from their communities. In some cases, they are even blamed for the violence they have experienced. The WGSS has acted as an empowerment tool for women and girls and has contributed to gaining the trust of the targeted communities. Women, especially IDP women, have had the opportunity to receive services, attend different activities that would otherwise not be available to them in their areas. This has helped in removing some of the social stigma where many women and girls were not allowed to attend awareness or life skills or education or any other empowerment activities. However, when they come to the safe space, through holistic support, they are able to overcome the stigma because they are seen as being empowered and taking control of their lives. The provision of cash assistance to survivors is viewed as a dignity saving intervention as it supports survivors in getting assistance without reverting to any other individual. It also contributes towards preserving the privacy of survivors.

The ongoing conflict has changed gender roles. Women and girls who lost their husbands, fathers and brothers became the breadwinners of many families. Economic empowerment interventions under the MSOF provided women with independence and the ability to live in dignity. The International Labour Organisation (ILO) Economic Empowerment Standards are used in the safe spaces. An integrated package of services is provided for the women including

individual psychological support, awareness, referrals, tracking the impact of previous cases that benefited from the economic empowerment programme component from 2019.

The different communication interventions used in the project have also proved to be very effective. Advocacy, community dialogue which started with Men to Men networks²³, human interest stories as well as the “Yes She Can” slogan have been very inspiring to survivors who are resilient in their pursuit of dignity and a life of normalcy and sense of achievement. They have noted that only poor and vulnerable women are stigmatised, but once they become self-sufficient, their self-respect, self-esteem restores, and people begin to respect them too. This was attested to by beneficiaries who have now gained control of their lives and are able to fend for themselves and their families.



²³ The Men2Men networks were abolished due to political challenges, however, men community committees remained active for community mobilisation efforts



The fact that the implementing partners were able to gain support, trust and confidence of conservative communities is another attestation to the project success. For example, community dialogues could now be held in most of the governorates with exception to Saada,

Ibayan and Al- Baydah where it is impossible to hold open community dialogues, largely because of fear and threat from the authorities, especially in the north.

A society that still practises harmful traditional customs, the access to information and knowledge about their human rights remains a challenge. For example, women's rights to inheritance, access and ownership of the resources which are guaranteed by the Sharia law as well, are not respected. It was noted that women who had lost their spouses and parents did not know anything about their legitimate rights, which makes them victims of inheritance deprivation. Article 3 of the 1994 constitution of Yemen officially sanctioned gender discrimination, while Article 40 declares that "citizens are all equal in rights and duties."²⁴ Prevailing cultural attitudes, patriarchal structures and Islamic fundamentalism accord women low status in the family and community and limit their participation in society. The awareness-raising campaigns in mosques have been very effective about women's rights, prevention of violence against women, women's rights to inheritance and resources, etc.

The implementing partners also established and supported temporary safe spaces in 15 governorates. The safe spaces increased women and girls access to different services offered in-house at the centres, as well as outside to other partners. The referrals and follow-ups on the GBV cases with other organisations on the GBV AoR established referral mechanism remained a standard practice in line with the GBV guiding principles and survivor-centred approaches.

Table 2: Achievements by phases

Indicator	Phase 1	Phase 2	Phase 3
Fund Available	USD 7,061,325	USD 10,961,853	USD 10,969,306
Number GBV survivors receiving specialised services	46,020	76,082	70,416
Number of beneficiaries receiving medical services	6773	8,814	6,199
Number of beneficiaries receiving legal services	10856	11,851	11,325

²⁴ Women's Rights in the Middle East and North Africa 2010 - Yemen

Number of beneficiaries in safe shelters	227	555	790 (Accessed safe shelters)
Number of beneficiaries receiving vocational and life-skills training	6193	14,891	18,132
Number of beneficiaries receiving economic empowerment	1,077	4,185	2,950
Number of beneficiaries reached by awareness sessions	162,401	383,798	357,533
Beneficiaries reporting ease of access to services	86%	87.5%	86%
Beneficiaries satisfied with services	86%	87%	0
Number of safe spaces supported by project	9	16	16
Number of shelter supported by project	3	6	6
Number of districts covered by multi-sectoral services	51	74	81
Providers trained in CMR	286	396	56
Referral pathways	Yes	Yes	
Other clusters engaged in the IASC guideline implementation	6	7	7

5.3. EFFICIENCY

Efficiency is the extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results

The efficiency criterion is a concept that can go beyond costs, for example to include issues like capacity utilisation, disbursement rate and the timeliness of implementation of a programme. Efficiency also answers questions relating to total resources utilised, the relationship between output and cost and the contributions to project's outcome. As a matter of fact, several activities were carried out under Outputs 1, 2 and 3, without recourse to project funds. These activities include: -

- a. Development of GBV referral system for each targeted governorate
- b. Screening assessment of GBV Survivors and at risk women and girls on their distinct needs and capacities
- c. Vulnerability and security risk assessment

The value for money approach adopted by the MSOF project is fully aligned with UNFPA policies and guidelines and refers to the principles of economy, efficiency and effectiveness including cost effectiveness. Project efficiency therefore considers the operational factors in terms of timing and process/procedure of project activity implementation that might lead to increase or decrease in costs and or productivity.

Project Efficiency may be measured as the percentage of resources allocated to administration, Time or process, to the overall budget in the programme. For example:

$$\text{Efficiency} = \frac{\text{Amount spent on administration}}{\text{Total programme cost}} \times 100$$

The above formula can also be applied to interventions and activities for comparison. Furthermore, it has been argued by several experts that the administrative cost should be between 7% and 11% and should not be more than 20% of the overall project cost.

However, this evaluation does not have the mandate to carry out a cost-benefit analysis or value for money analysis of the MSOF project.

Cost Efficiency – When we look at the above formula, we may conclude that certain projects are more cost effective than the others because it may be cost efficient to give life- skill training to 50 women than to give livelihood support or income generating activities to the same number of women. It may therefore be right to say that advocacy and community participation components are more cost-effective than economic empowerment and livelihood components, which require more funding for start-up kits, mobilisation as well as for training and skills development.

Time Efficiency – The delay in the transfer of funds especially from UNFPA to the implementing partners is likely to affect the project’s efficiency. Some of the IPs reported that they sometimes had to wait for one whole month before funds would be transferred to them by UNFPA. This caused, at times, significant delay in implementing their work plan. According to them (IPs), they do not delay in implementing their planned activities, but rather, the delay is usually in receiving funds from UNFPA. This delay can make it difficult for the implementing partners to pay their suppliers on time, which can sometimes affect the quality of their work.

Reductions in salaries – The IPs also complained that their salaries were reduced due to taxes and health insurance deductions. This is considered a risk because they believe they may lose their skilled staff to other organisations that offer better pay. However, to minimise cost and increase efficiency, the project followed a well-structured system to:

- Deliver high quality products and services with the best possible prices through careful bid analysis and involvement of both external and internal technical experts and procurement systems.
- Maintain and update a database of all licensed vendors in Yemen
- Ensure a transparent bidding process
- Monitoring of efficiency by looking at the relationship between inputs and outputs, by delivery cost as a proportion of total cost

The resources spent on the project have contributed to the achievements of the project outputs. However, it is important to note that the project is likely to increase transaction costs initially (at the beginning of a project, when putting together human and material resources for implementation), but as processes are put in place and as organisations progressively learn lessons, transaction costs are more likely to be reduced. This is one of the key principles of the Paris Declaration on Aid Effectiveness.

Table 1: Funding Details

Indicators	Phase 1	Phase 11	Phase 111
Period	2017 – 2019	2019 – 2021	July 2021 – June 2023
Funding Available	USD 7,061,325	USD 10,961,853	USD 10,969,306

In order to ensure improved efficiency, effective monitoring and accountability of the humanitarian actors in GBV prevention, risk mitigation and coordinated response as outlined

in output 4, UNFPA and its IPs took advantage of the GBV Area of Responsibility, which UNFPA leads at the national and sub-national levels. The hubs coordinators at the field level provided regular technical support, monitoring and tracked project progress to the implementing partners.

The MSOF project has a Project Management Team (PMT) who met frequently to discuss the progress of the project and an Evaluation Reference Group that was set up to manage the on-going evaluation.

5.4. IMPACT

This is the positive and negative results generated by the project.

Findings:

The MSOF project has provided comprehensive multi-sectoral services in 15 governorates across Yemen. This include: Hajjah, Saa'da, Al Hudaydah, Aden, Abyan, Dhamar, Ibb, Amran and Sana'a, Amanat Al Asimah, Ad Dale'e, Al Mahwit, Lahj, Shabwa, Ibyan and Tai'z. The centres were found to be staffed by trained professionals who provided survivors with comprehensive support and care, including counselling, medical treatment, legal assistance, and emergency cash transfers to cover basic needs.

One of the positive impacts of the project is that women who were suffering from psychological conditions, some of which were severe, received psychological and clinical treatments, and are now able to lead normal lives. It is important to mention that the costs of psychological treatment outside the IPs are high, and many women would not have been able to afford it.

When beneficiaries of the MSOF interventions were asked to mention the most important gains or benefits they have received or acquired through attending the activities, 87% of the project beneficiaries said that they have gained skills and experience which would allow them to improve their living situations as well as their families.²⁵

However, due to funding constraints, the amount of funds given to the IPs was reduced and this negatively affected the safe spaces and economic empowerment that only a few grants could be provided to beneficiaries. For example, the YWU now provides grants to 12 beneficiaries per quarter as against 30 per quarter, which was previously the case. Though, experiences showed that providing protection services without economic empowerment is more like a burden on the women, because they need to break the cycle of violence and become independent, self-confident, and able to earn an income.

²⁵ GBVP TPMO Report – March 2023

According to one of the MSOF project implementing partners, UNFPA used to be flexible and responsive to them when the project started in 2017. However from 2019 onward, UNFPA did not adjust the budget, despite deterioration of the economy, high prices and security issues in Yemen. Despite this, UNFPA continued to expect the implementing partners to implement high-quality activities. Furthermore, at the end of 2020, salaries decreased and this put them in a very difficult situation with their employees. The IPs feared that they would lose their staff to other organisations, especially after investing in their growth and development. The situation worsened with late payments which caused significant problems with suppliers.

Fatima's husband is paralysed. She has 5 children, the oldest was a fighter who died at the frontline. As a result of her oldest son's death, she went through deep depression for about a year. She has another mentally ill son and the others are at school. She became the breadwinner of the family as her husband could not work. She decided to come to the safe space after advice from a friend who knew the services provided to the women in need. She is now enrolled in the sewing bags training class. She received psychological support and life skills sessions. She feels better than before as she mentioned that being with other women gives her courage and confidence. She starts sewing bags and selling them to women using her network and relatives.

Fatima's story is a reminder that with the right support, people can overcome their challenges and build a better life for themselves and their families.

TABLE 1V. KEY RESULTS ACHIEVED

Impact: Women and girls gain power over their lives, pursue their potential and live a life free from violence and inequality.
Outcome: GBV survivors and at-risk women and girls increased their knowledge, improve their livelihood opportunities, and utilise GBV prevention, mitigation and response services that reduce their vulnerabilities to GBV
<p><u>Output 1: Comprehensive, specialised GBV services and support structures are available and functioning</u></p> <p><u>Results Achieved:</u></p> <ul style="list-style-type: none"> • Through MSOF, UNFPA established the GBV case management system and supported training of all case workers in 13 governorates on the inter-agency case management guidelines. UNFPA customised the case management tools to best suit the Yemeni context. UNFPA implementing partners were able to activate the

coding system, consent forms, assessment forms, as well as client survey forms. UNFPA also regularly updated interagency GBV service mapping with available services at both the governorate and the district level. Additionally, UNFPA created a functional referral pathway for GBV survivors. This ensured that GBV survivors were able to know how to access these services that they needed.

- The case management also helped facilitate referral of GBV cases using cash for life-saving services as well as monthly GBV case management meetings with service providers in targeted governorates to enhance service delivery and address the gaps.
- 15,887 GBV survivors, including 64,508 women and 5,135 girls, were provided with case management services in 15 targeted governorates. The services included psychosocial support, medical care, legal assistance and cash assistance. The services also specifically supported 889 disabled women and girls and 9,293 female-headed households.²⁶
- UNFPA established 16 women and Girls Safe Spaces in 15 targeted governorates. These safe spaces have become empowerment tools for the targeted communities, helping women and girls to socialise and re-build social networks, access multi-sectoral services, participate in recreational activities, and receive life skills and vocational training opportunities.

The safe spaces also served as an information and awareness-raising point for women and girls on issues related to women's rights, legal matters, health, and available services. Through the MSOF project, UNFPA piloted its first two women and girls safe spaces in Sana'a and Al-Hudaydah in 2018. Later from other funding sources, it expanded to 54 women and girls safe spaces. The guidelines for WGSS were also developed under the MSOF project.

- UNFPA established six shelters in Aden, Sana'a Amran, Hodeida, Taiz and Ibb governorates. These shelters provide short-term, emergency safe housing for the GBV survivors. Survivors receive the necessary psychological, medical and legal support as well as life skills and vocational training. They also have access to food and basic life essentials. UNFPA has established eight shelters nationwide, and the guidelines for shelter have been developed under MSOF project.

²⁶ MSOF Annual Narrative Report (July 2021 – December 2022)

- UNFPA activated complaint and feedback mechanism to provide an independent and effective channels for GBV survivors especially child marriage survivors to voice their concerns. This mechanism also serves as a communication channel for women and girls to voice their suggestions and provide feedback on UNFPA program interventions, contributing to improving the quality of implemented activities. Leaflets about the complaint and feedback mechanism have been produced and disseminated under MSOF project.
- UNFPA established a toll-free national hotline to provide immediate legal and psychological support to GBV survivors on one-on-one settings with strict confidentiality. Through the hotline, 1,566 beneficiaries received psychological and legal support or were referred to other support services. Two hotlines are currently fully operational under YWU and DEEM. UNFPA created an additional helpline through WhatsApp application that provides legal and psychosocial assistance.
- Trained all GBV workers on Prevention of Sexual exploitation and Abuse (PSEA) to protect them from sexual exploitation, and to ensure adequate response is given when needed. UNFPA circulated its UNFPA complaint hotline to all UNFPA facilities including, WGSS, MHPSS, shelters, including literacy classes to provide an easy channel to report abuse or complaints.
- A series of capacity building trainings were implemented with a special focus on strengthening the national capacity of the GBV responders. A total of 486 frontline staff from local partners of the GBV AOR benefited from the trainings on GBV mainstreaming, GBV Minimum standards, life skills, GBV case management. The contextualised training improved the participants' knowledge, skills and its application at the field level as frontline GBV practitioners.
- UNFPA introduced safety audit tools to implementing partners who carried safety audits in IDP settlements. These audits involved planning, data collection, on-site assessments, evaluation, gap analysis, recommendations and reporting. The aim was to assess existing safety measures, identify risks and exposure to GBV and develop action plans to improve GBV prevention and response. Collaboration with local authorities and organisations was crucial for the success of these audits. UNFPA is holding ongoing discussions and possible collaborations with different stakeholders, including the GBV AOR, Protection Cluster, ICCM, and the Humanitarian Country Team (HCT) to address the gaps in the targeted governorates and improve service delivery as well as survivors' access to services.
- UNFPA IPs held service providers meetings on a monthly and quarterly basis with service providers in 13 governorates. The meetings aimed to foster greater

coordination with new service providers, bringing all relevant stakeholders together, and streamline their efforts towards enhancing referrals for GBV survivors to access services. By addressing gaps and finding ways to overcome them through open dialogue and discussion, UNFPA IPs aimed to align the various service providers and ensure a unified approach that meets the needs of the target beneficiaries, women and girls who are survivors of GBV.

- A disability assessment was carried out early 2023, that aimed to find the types of support provided to women and girls with disabilities in WGSS and shelters, the successes, best practices, lessons learned, challenges, and recommendations for future steps that IPs need to take into account when planning and implementing GBV activities.
- A session was organised with 15 GBV specialist/ workers to review the findings and to find means to enhance service for women and girls with disability. As a result of this session, UNFPA implementing partners signed agreements with the Handicapped Care and Rehabilitation Fund (HCRF). The agreements helped strengthen the referral pathways for service provision for women and girls with disabilities, integrating marginalised women and girls with disabilities into the program, providing legal support through a volunteer legal advisor, advocating for their inclusion in services, and advocating for more support programmes for GBV survivors with disabilities.

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

Results Achieved:

- Under the MSOF, UNFPA developed life skills training material that aims to provide women with the opportunity to voice what's important to them, explore their strengths and opportunities, and develop their leadership skills. The lifeskills training, additionally, had a positive impact on the lives of women and girls. The life skills improved their resilience and helped in their recovery to lead normal lives
- Developed economic empowerment guidelines that enabled partners to implement activities in a standardised and efficient manner, through setting up criteria for economic empowerment beneficiaries, appropriate registration forms, market analysis /needs assessment tools for more sustainable interventions. The guidelines were developed through participatory planning with women and girls and the local communities in line with do no harm principles and cultural

appropriateness. The preparatory work was carried out with support of six GBV IPs, through extensive field visits and FGDs with women and girls in safe spaces.

- The MSOF project supported a number of women and girls with life skills and vocational training in Women's and Girls' Safe Spaces (WGSS) and shelters for a period of six months. Some of the survivors were provided with economic empowerment grants to start their own projects. The grants are helping survivors to rebuild their lives and become more economically independent.
- A series of consultations sessions were carried out with 39 GBV workers on a market analysis tool that was developed under this project. The aim of these sessions was to review the market analysis tool that is currently being used by UNFPA's implementing partners in WGSS.

Output 3: Increased awareness-raising and community mobilisation initiatives to address and reduce negative norms, attitudes and practices that perpetuate the social acceptance of GBV:

Results Achieved:

- Developed guidelines for the formation of the community committees and men2men networks. It included the roles and responsibilities of each member, sample action plan for GBV advocacy and prevention, monitoring and evaluation tools for follow-up. All community committee members were trained on these guidelines. The community committees and men2 networks helped communities to identify and report GBV cases, educate and sensitise community members about women and girls' rights, challenge harmful traditional norms and practices, and tackle stigma to service seeking behaviour among GBV survivors.
- Established Community Committees at the governorate level and men-to-men networks at the district level for GBV prevention/advocacy/response. The community committees' members included influential personalities like sheikhs, local governing councils, educators, health workers, youth activists and IDP groups etc. All community committees and men2men networks were given a series of GBV sensitization trainings under phase I.
- Developed GBV sensitization training material, to raise awareness among the target communities through the established committees and networks on different types of GBV and its impact on the community, presenting cases and scenarios from real life.
- Implemented a series of community dialogues on topics such as girls' education, child marriage and most prevalent forms of GBV in their villages/districts, encouraged influential leaders to share their views as well as their ideas as to how

these could be addressed, and find means for prevention and support through a formal referral mechanisms

- Organised a series of awareness raising campaigns through community committees, men2men and women2 women networks on topics such as child marriage, FGM, domestic violence, girls' education, denial of inheritance, etc.. The campaigns highlighted the consequences of these harmful traditional practices and its consequences on individuals and the entire community and importance of girl's education and awareness about their basic human rights.

- MSOF partners adopted innovative strategies to engage communities. For example, the partners held interactive mobile theatre plays in 48 districts to raise awareness on key GBV issues in targeted communities, especially, on child and forced marriage, domestic violence as well as other harmful traditional practices that are widely prevalent in Yemen.

Additionally;

- With the help and support of the community committees and in coordination with the Ministry of Education, UNFPA supported literacy programmes have helped 286 adolescent girls to have been reintegrated into formal education.
- 77 marriage cases have been stopped in remote districts/ villages in Yemen through awareness and field visits to the girls' families.
- 33 advocacy documents have been generated from tribal leaders (tribal documents) that were signed by local governing councils /authorities, sheikhs and religious leaders etc., in different governorates that advocate to support women's and girls' rights, pledged to enrol girls in education. The advocacy documents also prohibits child marriage below the age of 18 in their respective areas
- Created a network of 68 mosque preachers who advocate to support child marriage issues and include awareness about child marriage negative consequences in Friday sermons. (Khutbat Al-Juma'ah)
- Built the trust and cooperation with 20 influential judges and 80 law enforcers in Yemen who advocate for child marriage issues within their work environment and cooperate in providing services/ legal aid for GBV survivors, especially child marriage survivors.
- The committees helped establish an effective referral mechanism that ensured survivors are referred to the appropriate service providers for support. Implemented a series of capacity building trainings for police, lawyers, judges and community leaders on human rights, gender and GBV.

- UNFPA through its implementing partners has established a network of 150 lawyers nationwide who helped provide legal support to survivors of GBV.
 - UNFPA has created strong networks with police stations and the Ministry of Interior in the north and south of Yemen, which are currently facilitating support to GBV survivors.
 - Created a matrix with legal amendments in place of the existing laws that denies women their rights. The goal is to get accepted and enforce the legal system to promote the protection of women and ensure women's rights in all spheres of life
 - UNFPA implementing partners conducted a series of awareness-raising sessions in a variety of settings, including WGSS, shelters, MHPSS centres, schools and social gatherings. A total of 67,273 beneficiaries (3,085 men, 49,084 women, 13,438 girls and 1,666 boys) were reached with awareness-raising activities, mainly on the risk of child marriage and its negative impact on the community, the importance of education for girls and health awareness, such as personal hygiene and pandemics. UNFPA implemented six community dialogues with 127 influential leaders, public figures, religious leaders and local authorities in six different governorates: Dhamar, Lahj, Mahweet, Abyan, Hodeidah, and Taiz.
- Under the project, nine Women2Women networks comprising 36 members were established. These networks of 36 women have conducted 19 orientation meetings/ awareness raising sessions in their respective districts. Nine awareness raising sessions at the governorate level were held, using different platforms, such as schools, mosques, wedding halls, social gatherings, Thursday tea parties, etc. Awareness raising activities also included activities and key messages on health including reproductive health, MHPSS and personal hygiene.
 - The Women2Women Networks implemented various activities including conducting 18 life skill training sessions reaching over 1,974 women and girls. These activities aimed to empower, educate, and provide practical skills to enhance the well-being of women and girls in targeted governorates.
 - Activities implemented by women2 women networks helped provide a safe space for guidance, inspiration, and experience sharing among women and girls from diverse backgrounds through regular meetings, social events, online platforms, and mentorship opportunities, creating a network of support groups among women and girls especially IDP women who are cut off from different support services. They

were able to network with other women from different backgrounds and were able to learn about the services and services providers available in their districts

- The women2 women networks continue to operate, and evidence collected suggests that they have had a positive impact on the behaviour of women. For example, women and girls who participate in the networks report feeling more confident, pursuing education more proactively, believing in their abilities, and making more informed decisions. This reflects these networks' success in inspiring women. This reflects these networks' success in inspiring women to take practical steps towards transforming their lives.

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

Results Achieved:

- Supported the development of the GBV Standard Operating Procedures (SOPs) to improve the coordination between partners and the quality of prevention and response interventions to GBV survivors. The SOPs have been endorsed in the south and work in progress with the Ministry of Social Affairs and Labour (MoSAL) to support the review and endorsement of the GBV SOP in the north.
- Supported the establishment of the sub-national GBV coordination mechanisms in Aden, Hudaydah, Sa'ada, Ibb and Sa'ada in 2019 to ensure that the GBV coordination structure functions effectively at the hubs level and deliver improved GBV services to survivors.
- Conducted a series of interagency Inter-Agency Referral Pathway workshops in Sana'a, Aden, Abyan Al-Dhalea and Sana'a to establish a safe referral system that would help survivors' access to quality and adequate health, psychosocial, safety, legal and socio-economic integration services.
- Implemented a series of capacity building training sessions to local partners from the GBV sub cluster members. These include the rolling out of the GBV IASC guidelines, GBV coordination, case management, psychosocial services for survivors, etc.
- Provided a series of Clinical Management of Rape (CMR) trainings to health workers, RH specialist and midwives from Aden, Sana'a, Hodeida and Ibb hubs. These trainings created a pool of 24 national- level CMR trainers of trainers, and improve the clinical care that survivors of sexual assault receive.

- With support from the UNFPA RH team, the project supported the development of the National Clinical Management of Rape Protocol that was endorsed by the Ministry of Health. Discussions are ongoing with the UNFPA RH team and Ministry of Health regarding the roll out of the CMR protocol.
- The GBVIMS System was developed and enhanced on a regular basis to ensure accuracy of data. Dashboards are produced on a monthly basis and the IMS system is in place. All GBV members have been trained on the GBV IMS system and improvements/ enhancement of the system done on a regular basis. The GBVIMS has helped in safe data collection, storage and analysis on the trends and patterns of different forms GBV reported by the data gathering organisations.
- Output 4 of the MSOF was carried out in partnership with the GBV Area of Responsibility. UNFPA leads the AoR at the national as well as sub-national level. The AoR has working groups operating in 5 hubs: Ibb, Sa'ada, Al Hudaydah, Aden and Sana'a with a roving coordinator and co-coordinator based in Sana'a. Aden hub has two sub-Hubs in Marib and Mukla.

The AoR interventions include building the capacity of actors to effectively address GBV/WP, identifying and mobilisation interventions that address risks and vulnerabilities to GBV/WP, advocating for GBV/WP risk-reduction in the context of all humanitarian actions, filling service-level gaps to ensure a comprehensive response including establishing referral systems for survivors at the national and hub levels and ensure monitoring and reporting on activities²⁷.

Example of a holistic GBV Essential Services Package

	Health	Justice and Policing	Social Services
	1. Identification of GBV survivors 2. Care of injuries and urgent medical treatment	1. Prevention 2. Initial Contact 3. Assessment /Investigation	1. Survivor information 2. Survivor Counselling 3. Helplines 4. Safe Accommodations 5. Women-centred support

²⁷ GBV/AoR Annual report 2022

	3. Sexual assault examination and care	4. Pre-Trial/Trial Processes	6. Education and community outreach
	4. Mental health assessment and care	5. Perpetrator Accountability and Reparation	7. Legal and rights information, advice and representation
	5. Documentation	6. Safety and Protection	8. Material and financial aid, including economic empowerment
		7. Assistance and Support	

5.5. SUSTAINABILITY

Sustainability is the Probability that the benefits of the intervention will continue in the long term. The extent to which decision-making bodies have undertaken necessary courses of actions and decisions to continue and retain ensure sustainability of the effects of the project. Sustainability deals with questions such as the likelihood of the sustenance of the achievements after the withdrawal of external support, the extent to which counterparts are able to continue erstwhile with supported activities, and the extent to which the project has built human and institutional capacities, the continued commitment of stakeholders, including government and civil society to the project in terms of sustaining the momentum that has been generated.

Findings:

The project has obtained mixed results in the sustainability area. It may be difficult to sustain interventions that require funds such as capacity development, provision and maintenance of safe spaces and shelters including payment of instructors, and livelihood interventions, especially when there is no exit (sustainability) strategy in place.

Yemen is one of the poorest countries in the Middle East and North Africa, and is currently facing a severe financial crisis. The country is said to be finding it difficult to pay public sector salaries. Oil revenue plummeted by 75% as a result of the continuation of the war, which drove back investors and made companies to wind up.²⁸ In 2022, the UN had appealed for \$4.3 billion dollars for Yemen but it only received \$2.2 billion dollars.²⁹ More than 21 million Yemenis (approximately 2/3 of the population) need help and protection, according to the UN office of the Coordination of Humanitarian Affairs (OCHA).³⁰ Among those in need, more

²⁸ www.mei.edu - Middle East Institute

²⁹ www.pbs.org

³⁰ *ibid*

than 17 million are considered particularly vulnerable. According to the UNDP National Human Development Report, Yemen is categorised within the least developed countries and considered the lowest in the level of human development³¹

Two economic empowerment assessments were carried out in WGSS to evaluate the sustainability of the project's economic empowerment interventions and the usefulness of grants. First one was for the period covering 2018- 2019 and the second for the year 2021- 2022. The latest assessment showed that 88.02% of the total projects were ongoing, indicating that they met sustainability standards such as product quality, market needs, customer presence, and market demand. The remaining 10.15% of the projects were stumbling, due to multiple reasons such as poor marketing and project management skills, cost calculation, lack of beneficiary skills, credit sales, and poor repayment. The assessment also provided best practices, lessons learned, and recommendations for future implementation of economic empowerment interventions.

Despite several trainings in GBV case management and referrals, there are still significant gaps for full alignment with the country ministries and other service providers for an integrated programme approach as a best chance of sustainability (Please see conclusion). MSOF should integrate different sectors including Health, Social Services, Justice and Policing for an all-encompassing essential services package which would be more effective and sustainable. In view of the above, it is recommended that the MSOF continues to implement a humanitarian project in Yemen, while gradually introducing development interventions as a nexus.

Since this evaluation could not access the original project agreement to know what each of the implementing partners was bringing to the table, thus, it cannot definitively list all their contributions to the project. (Please see recommendation 7). However, the YWU is said to have offices in 15 governorates, which are being used as project offices without recourse to project funds. All the IPs are national organisations and can therefore work freely anywhere in Yemen. The IPs have carried out and continue to carry out several advocacy and community

³¹: hdr.undp.org: National Human Development Report: Yemen

dialogues and sensitisation as their contributions to the project, but with the increase in GBV cases, they have limited resources to continue implementing such a huge project.

Amina, a married mother of three with a ninth-month pregnancy, is mentally ill, while her husband doesn't work. She began to be treated at Al-Shifa Center for Mental Illnesses and was transferred to Deem Center, where she was given free medication and emergency cash assistance. After she underwent psychological treatment, she was provided with economic empowerment, trained her to sew, gave her a machine and sewing supplies, and cut her a personal card. She was also taught life skills and how to run a shop. Now she sews and sells her products in the village and started helping her family financially. She feels emotionally



stable, and financially empowered.

Amina's story is a testament to the power of hope and resilience. With the help of timely support, Amina overcame many challenges, and is now able to build a better life for herself and her family.

5.6. COORDINATION AND PARTNERSHIP

Effect of Coordination or Lack of Coordination on the project

Findings:

UNFPA's Comparative Advantage: UNFPA is the leading UN organisation in implementing gender-based violence programmes in Yemen. UNFPA is the chair of the GBV Area of

Responsibility with a total of 70 members at the national level including 60 national and local partners, six INGOs, and six UN Agencies, including WFP, UN women, WHO, UNHCR, UNICEF and UNDP. The membership also include line ministries. The GBV AoR played a pivotal role in supporting implementation of output 4 of the MSOF project.

MSOF coordination with other agencies and partners: The MSOF project also coordinated with several organisations in order to achieve its objectives. It also effectively worked with partners and members from several coordination forums such as Protection Cluster, Health Cluster, Child Protection, the United Nations Rapid Response Mechanism (RRM) led by UNFPA, and Reproductive Health Working Group. The MSOF implementing partners being women-led national organisations have gained the confidence and support of the communities where they work, especially, Yemen Women's Union, which has operational presence in all governorates.

5.7. “DO NO HARM” AND “LEAVE NO ONE BEHIND”

The project has targeted vulnerable groups including women and girls survivors of GBV, female heads of household, whether IDPs or Host communities.

Findings:

Attempts have been made to target the most vulnerable in Yemen, including female-headed households, Internally Displaced Persons (IDPs) and host communities. Interviews revealed that MSOF project services are inclusive and open to all.

It was also confirmed that women and girls living with disability are now accessing many of the services including the WGSS as recommended by the MTE conducted in 2021. Furthermore, a disability assessment was carried out early in 2023 to assess the types of support provided to women and girls with disabilities in WGSS, challenges they encountered, successes, best practices and lessons learned, and make recommendations for future steps that IPs need to take into account when planning and implementing GBV activities. This was followed with a review organised with 15 GBV specialist/ workers to find means to further improve services for women and girls with disability. This resulted in the signing of agreements with the Handicapped Care and Rehabilitation Fund (HCRF). The agreements helped strengthen the referral pathways for service provision for women and girls with disabilities, provided legal support through a volunteer legal advisor, and advocated for their inclusion in services and advocated for more supportive and disability inclusive programmes for GBV survivors with disabilities.

CHAPTER 6: CHALLENGES

1. Increase in women and girls seeking support: It is clear that Yemen is a challenging context for humanitarian service delivery in general and for GBV and broader protection services in particular. Due to the deterioration of the economic situation in Yemen, gender-based violence has increased, with women and girls as the primary victims. There is an increase in physical violence, whether by the partner or the family. More women are now visiting the IPs to request for legal support and economic empowerment services so that they can become financially independent and feed themselves and their families, and thus reduce the risk of violence against them.

2. Limited Resources: One major challenge of the MSOF project is the limited resources available for implementation. As more women and girls become aware of the MSOF project, there has been a tremendous increase in the number of beneficiaries between Phase 1 and Phase 3. However, the reduction in funds to the IPs negatively affected safe spaces and economic empowerment. They are now only able to provide grants to less than half of beneficiaries per quarter, unlike what it used to be some years ago. In the Yemen context, experience shows that providing protection services without economic empowerment does not work for the women, because they need to break the cycle of violence and become independent, self-confident, and able to earn an income.

3. Gaps in Business Start-up kits: Another major challenge in economic empowerment interventions is gaps in business start-up kits for women that successfully completed the skills training programme. The gap is due to funding constraints.

The MTE final report 2021 recommended that the shelters and safe spaces be made accessible to women and girls living with disability. This final evaluation report hereby confirms that a significant number of people with both physical and mental disabilities are now accessing the services, both shelters and safe spaces.

Survivors with disabilities, both physical and mental, received comprehensive support, including legal, medical, psychological counselling, mental health treatment, life skills training and referrals. However, a large number of survivors highlighted the need for continued efforts to ensure their well-being and access to resources.

However, some of the physically challenged women interviewed complained that their skills and abilities were not properly assessed before they were enrolled in vocational training programmes. For example, a woman with disability of the arms was enrolled in a dressmaking or tailoring programme, which required her to use her hands extensively to operate a sewing machine. This particular challenge was addressed this year (2023) with a disability assessment, which looked into the challenges faced by women and girls living with disability and made recommendations for improvement.

Other challenges and issues, encountered during the implementation of the MSOF project


The following issues still stand out as reported by the MTE³² ;

- **Shortage of mental health professionals:** The absence of psychiatrists in certain governorates such as Dhamar, Al-Bayda, Hajjah, and Amran can be a significant challenge for the team. This can lead to a shortage of mental health professionals, which can affect the quality of care provided to patients.
- **Budget constraints:** The GBV team faced challenges due to budget reductions, which may limit their ability to provide services in accordance with the plan and budget. This could lead to a shortage of resources, which can affect the quality of care provided to patients.
- **Referral issues:** The team may face challenges in referring patients to other healthcare providers or specialists due to poor coordination with service providers before and during referral of cases. Furthermore, referrals are done whether or not the clients are okay, under the pretext that appropriate services are not available.³³ Also, some clients do not like to be referred. This can impact the quality of care provided to patients who require specialised care beyond the team's capacity.
- **Limited access to healthcare:** In some regions, access to healthcare may be limited, making it difficult for survivors to receive timely and comprehensive medical care.
- **Difficulties in issuing criminal reports:** Criminal reports help GBV survivors as proof of abuse and violence in some governorates.

CHAPTER 7: ACHIEVEMENTS AND LESSONS LEARNED







The MSOF project is considered to be the key catalyst for the GBV programme in Yemen. Prior to its support in 2017, no safe spaces for women and girls existed in Yemen, nor were there any shelters available. In addition to the financial support it has provided to UNFPA to initially establish spaces and shelters and continue service delivery. The MSOF has also helped UNFPA in mobilising other donors by showcasing the feasibility, capacity and the impact of this approach in the Yemeni context. When there is a need to get the government's backing or commitment, continuous advocacy and dialogue is a veritable tool to achieve this.

TABLE V: MSOF RESULT FRAMEWORK




Output 1: Comprehensive, specialised GBV services and support structures are available and functioning.				
Indicators	Baseline	Target	Progress Achieved	Evaluation Assessment
● # of GBV survivors reached with specialised GBV services	32, 204	90,000	70,416	









³² UNFPA Yemen MSOF Project MTE Final Report March 2021

³³ Case Management consultancy report Q4 2022

● # of service providers trained on CMR, Psychosocial support		420	217	
● # of functioning GBV referral networks		330	12	
● % of very vulnerable beneficiaries reporting ease of access to GBV specialized	80%	90%	86%	
● % of GBV survivors satisfied with GBV services		80%	85%	
● # of local organisations, capable in providing quality support to survivors		15	16	
● # of health workers trained in ANC and PNC safe delivery and abortion care		120	187	

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

Indicators	Baseline	Target	Progress Achieved	Evaluation Assessment
● % of beneficiaries that states that empowerment activities improved their lives		75%	81%	
● % of beneficiaries' businesses that are still working after two years from set-up		80%	81%	
● # of women and adolescent girls reached with empowerment activities			2,950	
● # of functioning women 2 women networks in 4 governorates		4	12	

<ul style="list-style-type: none"> # of youths who participate in policy and decision-making bodies and perceive their participation as meaningful 		100	0	
Output 3: awareness raising – Community mobilisation identify key risks and address negative norms, attitudes and practices that perpetuate the social acceptance of GBV				
Indicators	Baseline	Target	Progress Achieved	Evaluation Assessment
<ul style="list-style-type: none"> # of functioning community and Child protection committees 		40	36	
<ul style="list-style-type: none"> # of target community leaders including religious leaders who are aware of their role in GBV prevention 		600	432	
<ul style="list-style-type: none"> % of target community leaders in targeted districts who are aware of their role in GBV prevention 		50	53	
<ul style="list-style-type: none"> % of surveyed men in targeted districts likely to intervene to stop GBV post interventions 		50	49	
<ul style="list-style-type: none"> % of target community leaders in targeted districts who are in favour of not marrying off girls before they are 18 years of age 		60	59	
<ul style="list-style-type: none"> % of women (20-24yr) who were married or in union before ages 15 and 18 		6%	6%	
<ul style="list-style-type: none"> % of girls and women (15-49yr) who have undergone FGM/C 		5%	4%	
Output 4: Strengthen accountability of Yemen's humanitarian architecture on prioritizing				

GBV prevention and response, adopting risk mitigation strategies in their response plans, and increase the core capacity of humanitarian actors in addressing GBV				
Indicators	Baseline	Target	Progress Achieved	Evaluation Assessment
● # functioning GBV Sub national coordination structure		7	6	■
● # of humanitarian sectors that have mainstreamed GBV considerations in their plans		8	7	■
● # of sector actors that have developed GBV risk mitigation strategies: Target		8	7	■
● # of training on GBV prevention and response conducted		12	7	■
● Government adopts GBV SOPs ^[SEP] Functioning GBVIMS		Yes	Yet to be Endorsed by Government	■

NB: Based on indicators used on the MTE report 2021³⁴

On track > 45% of target = ■

Challenged, >25 - 44% = ■

Off-track, < 25% = ■

In the case of qualitative indicators, the rating is based on the evaluators' assessment in light of available evidence as expressed by the majority of key informants.

A clear and critical component of the project design which has contributed to the success of output 4 has been the funding of GBV sub-cluster coordination responsibilities at both national and sub-national levels. The GBV WP AoR is reinforcing GBV prevention, mitigation and coordinated GBV response interventions across the country.

³⁴ UNFPA Yemen MSOF Project MTE final report March 2021

CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS

The evaluation has observed and subsequently concluded that the MSOF project has been successful in achieving most of its goals over the past six years (2017 – 2023) as indicated in the Results Framework. The project has been relevant and effective in helping women and girls in Yemen to gain power over their lives, pursue their potential and live free from gender-based violence and inequality. In the midst of conflict, political instability, social insecurity, inequality, stigma and harmful practices, to successfully implement a country-wide project on gender-based violence covering 15 out of the 21 provinces of Yemen is seen as an achievement in itself. The project has been able to make a meaningful impact to eliminate gender-based violence, address its drivers and root causes, and enable and empower survivors and vulnerable women and girls to lead normal lives through context specific structured interventions. It provided life skills, functional literacy, health and rights information, that are tailored to the needs of women. Target beneficiaries have reported that these interventions have helped empower them, enabled them lead normal lives, and provide for their families.

However, there are three indicators that need to be worked on:

- a. Functioning GBV referral networks
- b. Health workers trained in ANC and PNC safe delivery and abortion care
- c. Youths who participate in decision-making bodies and perceive their participation as meaningful

Reasons for low achievements of these indicators include the following:

1. Reduction in funding, which led to some trainings that were otherwise conducted physically would be conducted virtually. Unfortunately, there were poor internet networks in some governorates while some had no access to the internet at all.
2. Poor coordination with other service providers, some case management officials do not know how to link financial assistance or other resources to the severe acts of abuse and violence against women.
3. Lack of service providers or facilities in some areas. For example, some remote communities lack health facilities³⁵
4. Some clients do not like to be referred

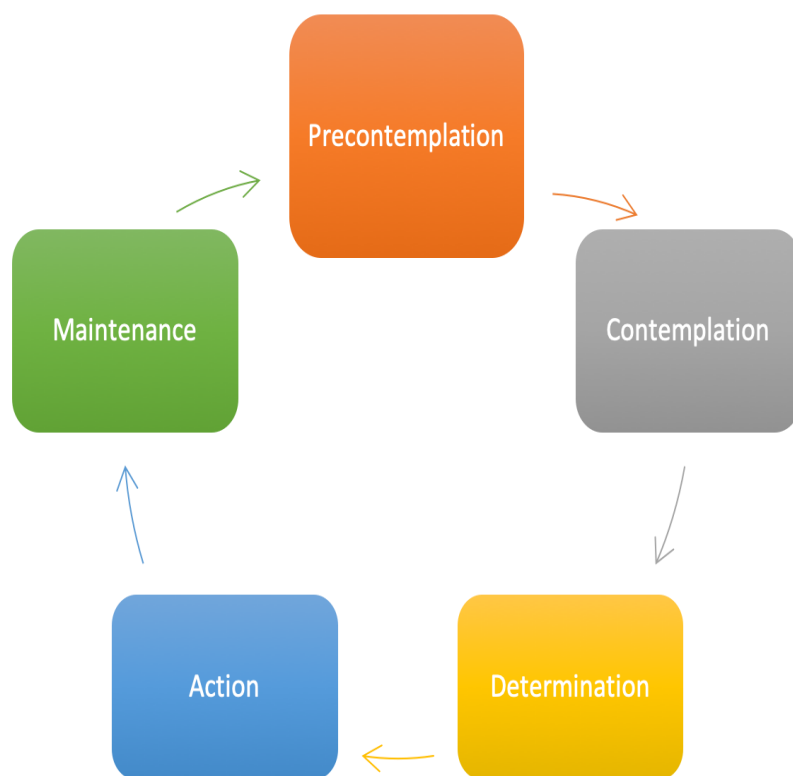
In conclusion, the MSOF has indeed positively impacted significant women and girls as a protection and gradually a development project. The project has also provided great assistance and support to the beneficiaries as many of them expressed their satisfaction and noted gaining great benefits either economically or psychologically as well as an improved sense of protection. Yet there are lots more vulnerable women and girls to be reached. The overall impact of the project may not be very feasible for now because behaviour change communication (BCC) takes a long time. BCC helps to trigger and stimulate people to adopt

³⁵ Case Management consultancy report Q4 2022

positive behavioural approaches. Perhaps additional time may be needed to yield a lasting result. This evaluation therefore emphasises the need to continue with the holistic package of interventions.

Below are the five (5) different stages of Behaviour Change as agreed by Social Scientists: -

THE FIVE STAGES OF BEHAVIOUR CHANGE



People who have successfully made positive change in their lives go through the above five specific stages namely³⁶: -

1. Precontemplation
2. Contemplation

³⁶ Cecelia Health: The five stages of successful Behaviour Changes, The University of Rhode Island (URI)

3. Determination
4. Action
5. Maintenance

Recommendations

1. Systematize coordination with public services: Despite the endorsement of the GBV SOP especially in the South, and different capacity buildings in GBV case management and referrals, there is a need to strengthen networking and awareness raising with the public institutions. There is a need to network and coordinate interventions and activities. Coordinated systems have a greater impact in responding to violence, as well as greater efficiencies, than agencies working in isolation. Utilising the Essential Service Package guidelines can improve coordination and reduce duplication and increase service coverage. The development of the GBV/WP Essential Services Package will have a two-pronged approach. Firstly, the Essential Services Package should be rolled out at national level. Secondly, tailored systems should be developed for piloting, application and monitoring within targeted hotspots within the relevant governorates.

2. Involvement of Women Led Organizations and Civil Society Organizations: It is essential to involve more women-led organisations in decision-making processes to ensure that the voices of those who best understand their own lived experiences and needs are heard. Additionally, these organisations can hold governments accountable to the people they are meant to serve. A mapping exercise can be carried out to identify local women - led organisations with strong presence at the grassroots levels. These local women groups can play a big role in advocacy with governments and faith based organisations.

3. Prioritise GBV Lifesaving Response: In Yemen, where there is a lack of a protective system for women and girls, it is imperative to prioritise GBV response services including provision of GBV lifesaving services for women and girls to reduce their vulnerability to GBV and its consequences. However, most of these services have either been stopped or been greatly reduced, while the WGSS have been closed across the country since 2022, due to shortage of funds.

4. Economic Empowerment Programmes: Invest in sustainable economic empowerment programmes for women and adolescents to help them achieve financial independence and control over their income and lives. While economic empowerment and livelihood activities are not an end in themselves, but rather a means to achieving GBV free society, economic empowerment and livelihood activities are in very high demand as a result of the poverty level and vulnerability of Yemen women. Thus considering partnership with both UN and Non- UN agencies is key to meaningfully empowering women economically, but also, socially and politically. This will aid in survivors' resilience and recovery efforts. This is because

economic empowerment/income generating activities consume a lot of resources (human and material resources).

5. Education and life skill Development Programmes: Create more opportunities for women and adolescent girls to access informal education and life skill development programmes. These programmes can provide women and girls with the knowledge and skills they need to improve their lives and achieve to their fullest potential. Expanding access to informal education and life skills development programmes for women and girls is a critical step in promoting gender equality and empowering women and girls to reach their full potential.

6. Community Engagement: In the context of Yemen, where GBV is widespread, and some of the forms are culturally normal and acceptable, community engagement is essential for the prevention and response to GBV. Establishing mechanisms for community engagement through dialogue and outreach on GBV prevention and response through the involvement of community committees with influential and religious leaders is key, in particular, re-vitalising men to men networks, where possible.

7. Well-structured project design: There should be a clear and well-structured project design and implementation framework which will include duration, resources, grant recipients and partners and what the contribution of each partner will be at the outset for successful project implementation and sustainability. Clear report from all IPS on the happenings in each governorate should be submitted at least biannually to forestall underreporting. KII with some IPs revealed that they usually experience delays from their GBV workers who are working in difficult terrains and UNFPA itself delays in responding or giving feedback to them.

8. Scaling up and collaboration with other partners: According to UNFPA Humanitarian Response in Yemen (2023) an estimated 7.1 million women and girls will require services to prevent and address gender-based violence in 2023, while a staggering 21.6 million people require some form of humanitarian assistance in 2023. The MSOF project is presently providing specialised services for less than 100,000 women, a far cry from what is needed. The possibility of scaling up by increasing the number of women and girls to be supported with specialised GBV services and also collaborating with other partners with needed skills, should be looked into.

9. Introduce prevention of GBV as a development strategy: The MSOF project in its phase 1V should seize the opportunity of the present peace being experienced in Yemen for about one year now to gradually introduce prevention of GBV as a development strategy, gradually targeting government authority. This is aligned with UNFPA strategic direction. It will also be positioned at the nexus of humanitarian, peace and development action, working to both deliver services and seek sustained and continued change and awareness.

10. Legal aid: Legal aid helps women obtain their legal rights and ensure they are treated fairly, which can have a transformative impact on survivors' lives. It can enable them to continue with their daily lives and pursue opportunities such as education and training. Also,

GBV can continue over a long period of time, even if a woman has already experienced it. This highlights the need and importance for ongoing support and resources for survivors, as well as prevention efforts to address the root causes of GBV.

11. Consider Joint UN programmes: As UN organisations are introducing joint programmes and “delivering as one”, the project may consider aligning with other UN agencies with similar mandates such as UN Women, UNICEF, UNDP, ILO, UNHCR or FAO’s livelihood project, for a stronger and more effective programme. For example, the UNDP is presently working with the judiciary and the police. The fourth phase of the project could potentially leverage this collaboration, in particular, in terms of survivors’ access to justice, and legal aid without discrimination and challenge.

12. Strengthen Communications: Strengthen communication and improve feedback mechanism with hard to reach sites, and ensure frequent reporting such as quarterly and biannual reports to monitor progress. Staff salary reduction should always be a last option because of the negative effect it can have on the morale of the staff.

Figure 1V: SWOT ANALYSIS OF THE MSOF PROJECT



SHORT STORIES FROM THE WGSS (ALL NAMES HAVE BEEN CHANGED)

1. Sadia is a divorced woman whose husband is an expatriate in Saudi Arabia. She lived with her father in law, who is also her uncle. She has three children, but her husband does not want to be part of her or their children's lives. Sadia was abused by her father-in-law, and she and her children were expelled to live on the street. She rented a single room without a bathroom, and their lives were very difficult.

After hearing about the Yemen Women's Union from a friend, Sadia went to them for help. The union tried to solve the problem amicably, but the uncle and the husband were not responsive. She filed for divorce and was granted divorce. The court ruled the children's alimony should be 60,000 Yemeni Riyals per month, but neither her husband nor his father pay the alimony. The YWU supported her through psychological and social counselling, and they also gave her cash assistance which helped her while she followed up on the case in court. The YWU also enrolled her in some training courses at the safe space on managing projects and sewing bags. Now Sadia is capable of selling her own products in various stores as well as through her friends who are familiar with her work and provide for her family without any dependence upon perpetrators.

Sadia's story is a story of inspiration to many of the survivors in Yemen. It also highlights the importance of working together in partnership to make a real difference in people's lives such as Sadia.

2. Amina is a married woman with three daughters. She is also nine months pregnant and is mentally ill. Her husband does not work. Amina began to be treated at Al-Shifa Center for Mental illnesses and was transferred to Deem Center, where she was given free medication and emergency cash assistance. After she underwent psychological treatment, the centre also provided her economic empowerment training after assessing her needs. They trained her to sew, gave her a sewing machine and sewing supplies. She was also taught life skills and how to run a shop. Now Amina sews and sells her products in the village. She has started helping her family financially. She feels emotionally stable, and financially empowered.

Amina's story is an example of resilience and hope. Despite her many challenges, she has found a way to support herself and her family

3. Aisha is a woman living with disability. She also has psychological depression because of the violence and psychological abuse she was subjected to by her husband. She decided to file for divorce case and sought support from the safe space.

Aisha took two psychological support sessions, but they were not enough. She still suffers from depression, and is currently being treated for it with a psychiatrist.

DEEM helped Aisha find a lawyer for HER divorce case, but the case has been going on for over a year and a half and has not yet been decided. DEEM also provided Aisha with emergency cash assistance and food aid. She was also taught sewing in the safe space, after which they gave a machine and sewing supplies. She started sewing and selling. She has siblings who are also disabled like her and need her help. She now sews, though she is always tired and her legs and back hurt because of her disability. She wishes to learn graphics and design, and get a laptop.

Despite all of her challenges, Aisha is determined to learn graphics and design. She wishes to get a laptop so that she can pursue her dreams.

ANNEXES

ANNEX 1. DOCUMENTS REVIEWED

1. Annual Narrative Report July 2021 – December 2022
2. <https://reliefweb.int/report/Yemen> – access – snapshot April – June 2022 – 30 June
3. Inter - Agency Humanitarian Evaluation (IAHE) of the Yemen Crisis – 14, July 2022
4. MSOF July 2021 – December 2022 Report Final
5. My Safety Our Future Phase III 08052021 July 2021 – June 2023
6. UNFPA Humanitarian Response in Yemen 2018
7. UNFPA Humanitarian Response in Yemen – 2023
8. UNFPA Yemen MSOF Project MTE Final Report March 2021
9. UNOCHA Humanitarian Response Plan 2018

ANNEX 2. SEMI-STRUCTURED INTERVIEW GUIDE

This interview guide is not intended as a questionnaire. It is a guide which will serve as reference to ensure comprehensive coverage of the questions raised in the evaluation criteria. The questions will be adjusted and adapted to suit the respective interviewee/audience, and additional follow up questions will be pursued based on respondents' replies to the questions.

A. RELEVANCE

- 1) The project was developed in 2017; since then, have there been any changes in the underlying assumptions such as country context, global context, UN internal context? If so, what is the impact of these changes?
- 2) When you look at the project activities, do you think that they address the most critical needs in Yemen given UNFPA's institutional capacity and comparative advantage [there may be need to unpack **capacity** and **comparative advantage**]?
- 3) Do you think that the portfolio of activities reflect an integrated strategy of how UNFPA intends to bring about change?

B. EFFECTIVENESS

- 4) What are the key results achieved to date? Is UNFPA effectively monitoring and reporting progress at result level?
- 5) Do the interventions carried out on the MSOF have the desired/expected impacts? [Potential follow up questions: is UNFPA advocacy effective?]
- 6) What can be changed or enhanced on the project in order to be more effective?

C. EFFICIENCY

- 7) Has the MSOF project been implemented efficiently – value for money, timely completion, effective management arrangements? Please explain
- 8) What are the implications for direct implementation (DIM) and indirect implementation (Through CSOs) – In your opinion, how should UNFPA implement in Yemen?

D. SUSTAINABILITY

- 9) Is the project designed with deliberate exit strategy/sustainability plan?
- 10) What are the major risks to sustainability? What can UNFPA do to mitigate the risks?

ADDITIONAL QUESTIONS FOR FGD WITH BENEFICIARIES

1. How were they identified? Or how did they learn about the Shelter or Safe Space?
2. What types of learning/skills development did they carry out at the centres?
3. Were they given any start-off fund after the training? How much
4. How has the training and fund assisted them? Discuss
5. What challenges they face and how UNFPA can assist

ANNEX 3. EVALUATION MATRIX

The evaluation matrix presents a summary of the components that will be reviewed, including the indicators that should inform performance areas of each component, and the data collection tools that will be used to collect data associated with each component.

Evaluation Criterion 1: Relevance/appropriateness of the project – The extent to which Objectives of the project are consistent with the needs and interest of the people, the needs of the Region/Provinces and the Country as a whole.		
Evaluation questions	Indicators	Data sources and collection methods
1.To which extent did the project design address the substantive problem that the project was intended to address? How useful are the project outputs to the needs of the target beneficiaries?	<ul style="list-style-type: none"> ● Outputs and outcomes addressing priorities identified in National development plans ● Stakeholders in Yemen, supporting project ● No/% of Target groups/beneficiaries whose capacity were developed ● Types and No. of socio-economic/Interventions activities created and on-going 	<ul style="list-style-type: none"> ● KII, FGD and Documents Review (Annual, Quarterly, Monthly reports, Reports from Meetings & Workshops etc)
2.To what extent did the “Theory of Change” correspond to the changing environment?	<ul style="list-style-type: none"> ● No. of people/group who report positive results due to project interventions ● Project outputs and outcomes address priorities identified in regional and district development plans ● No. of stakeholders and beneficiaries – particularly women, widows and Girls expressing satisfaction or improved quality of life 	<ul style="list-style-type: none"> ● Documents review KII with Stakeholders & Target Groups
3.How did the project react to the changing environment?	<ul style="list-style-type: none"> ● Types of support continuously given by the project ● Situation analysis /Evaluations conducted prior to the design of the project as conducted prior to design of the project 	<ul style="list-style-type: none"> ● M & E plan, Past evaluations and other Reports ● KII with Stakeholders (UNFPA, IPs, Govt. & Donors)

	<ul style="list-style-type: none"> • M&E plan available and being implemented 	Document review
4. Is there enough government/ stakeholder commitment to enforce and implement the mechanisms, strategies, agreements, monitoring systems etc. prepared and agreed upon under the project?	<ul style="list-style-type: none"> • No of meetings including monitoring visits held during implementation with government/stakeholders • No of activities held by/with the government to implement new mechanisms and agreement 	<ul style="list-style-type: none"> • Minutes of meetings with Government officials and other stakeholders • KII with stakeholders
5. What is the value of intervention in relation to the national and international partners' policies and priorities (including SDG, Humanitarian response and UNFPA Corporate Strategic Plan; Humanitarian Response)?	<ul style="list-style-type: none"> • Interventions relevant to achieving the SDG, also mentioned in other plans as being of value 	<ul style="list-style-type: none"> • Interviews and Review of Documents including SDG, Yemen Humanitarian Response Plan, UNFPA Corporate Plan, etc.
Evaluation Criterion 2: Efficiency		
Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results		
Evaluation questions	Indicators	Data sources and collection methods
6. Are the project objectives consistent with substantive needs, and realistic in consideration of technical capacity, resources and time available?	<ul style="list-style-type: none"> • Financial and technical resources available and on time throughout duration of the project • Information flows easily and decision making channels flows without hindrance 	<ul style="list-style-type: none"> • Review of Financial reports & other technical reports • KII with stakeholders
7. To what extent is the project logic, concept and approach appropriate and relevant to achieving the objectives?	<ul style="list-style-type: none"> • Project Logic concept and approach addressing societal needs • % of planned activities carried out • % of planned budget actually spent on activities 	<ul style="list-style-type: none"> • Financial reports • Progress reports • M & E Report • KII
8. To what extent were adequate resources secured prior to project implementation?	<ul style="list-style-type: none"> • Secured fund prior to implementation 	<ul style="list-style-type: none"> • Financial report • Interview with UNFPA focal person

		<ul style="list-style-type: none"> Monitoring reports
9. Did the project use the resources in the most economical manner to achieve its objectives?	<ul style="list-style-type: none"> Proportion of project cost compared to operational cost Cost of similar project in other Countries 	<ul style="list-style-type: none"> Financial reports & Literature review
10. To what extent were project start-up activities completed on schedule?	<ul style="list-style-type: none"> No of activities completed on schedule Time taken to transfer support from UNDP to Target groups/stakeholders Appropriateness of disbursement method 	<ul style="list-style-type: none"> Project document, M & E report Progress reports & KII
11. How well is the project managed, and how could it be managed better?	<ul style="list-style-type: none"> Project Management group available and meeting frequently 	<ul style="list-style-type: none"> KII with UNFPA and Stakeholders Progress & Financial reports
12. Is there an appropriate mechanism for monitoring the progress of the project?	<ul style="list-style-type: none"> M & E personnel available on the project Monitoring system in place Frequency of the project being monitored 	<ul style="list-style-type: none"> KII with UNFPA & Stakeholders M & E reports
13. What is the project status with respect to target outputs in terms of quality and timeliness?	<ul style="list-style-type: none"> % of project plan implemented to date Quality of implementation Timeliness of implementation 	<ul style="list-style-type: none"> KII, Annual, Quarterly & Meetings reports
14. What is the potential that the project will successfully achieve the desired outcomes?	<ul style="list-style-type: none"> Evidence of completion of planned activities Acceptance & Support from the Government & Communities % of People reporting Change after implementation 	<ul style="list-style-type: none"> KII & FGD with Stakeholders Documents review

15.What are the potential challenges/risks that may prevent the project from producing the intended results?	<ul style="list-style-type: none"> Challenges & Risks as identified by stakeholders and target groups (If any) 	<ul style="list-style-type: none"> FGD, KII Reports
Evaluation Criterion 3: Effectiveness Extent to which objectives of the intervention have been achieved, the extent to which the project contributed to the attainment of development.		
Evaluation questions	Indicators	Data sources and collection methods
16.Are the project's objectives and outcomes clearly articulated, feasible and realistic?	<ul style="list-style-type: none"> % of Acceptance by Government, Other stakeholders & target groups Outputs aligned with desired outcomes and Objectives 	<ul style="list-style-type: none"> Project reports KII & FGD
17.Are the underlying assumptions on which the project intervention has been based valid?	<ul style="list-style-type: none"> Evidence of joint planning with stakeholders % of Support and contributions from other stakeholders % of similar activities on-going or carried out without project support 	<ul style="list-style-type: none"> Progress report, KII & FGD with stakeholders and target groups
18.To what extent did the project start-up activities adhere to the agreed approach and methodology?	<ul style="list-style-type: none"> Evidence of joint planning with National partners Time taken to implement project activities Evidence of deviation from initial plans 	<ul style="list-style-type: none"> Planning reports Joint meeting reports KII with Stakeholders
19.If there were delays in project start-up, what were the causes of delay, and what was the effectiveness of corrective measures undertaken? Do start-up problems persist?	<ul style="list-style-type: none"> Evidence of delays and causes of delay in project implementation Evidence of corrective measures taken Partners reporting delays % of complains at national and field levels reported 	<ul style="list-style-type: none"> KII with UNFPA and other Stakeholders Project Reports
20.To what extent has the project implemented activities as envisaged? To what extent	<ul style="list-style-type: none"> Stakeholders and Beneficiaries perception of the project 	<ul style="list-style-type: none"> KII with Stakeholders & Beneficiaries

have those activities contributed to achieving the project objectives?	<ul style="list-style-type: none"> ● Evidence of satisfaction by stakeholders involved in project design 	<ul style="list-style-type: none"> ● Document review
21.What factors have contributed to achieving/not achieving the intended results? What interventions or output areas are making more impacts and why?	<ul style="list-style-type: none"> ● Reports of stakeholders perception of the project ● Evidence of satisfactory or unsatisfactory performances from interviews and reports 	<ul style="list-style-type: none"> ● KII & FGD with stakeholders including UNFPA ● Reports (Meetings, M & E etc)
22.To what extent have the project implementation modalities been appropriate to achieve the overall objectives?	<ul style="list-style-type: none"> ● Evidence of Stakeholders Satisfaction about UNFPA's management and implementation of the project 	<ul style="list-style-type: none"> ● KII & FGD with Stakeholder & beneficiaries
23.To what extent has the project managed to implement activities across the target project locations?	<ul style="list-style-type: none"> ● % of activities carried out across target locations compared to planned activities 	<ul style="list-style-type: none"> ● Progress reports & M & E reports from 2017 to date ● KII with Stakeholders
24.To what extent do external factors, such as logistical or security constraints, have impact on project implementation?	<ul style="list-style-type: none"> ☐ Trend in Social & political arena ☐ Evidence of Social, Political or Logistic constraint affecting project 	<ul style="list-style-type: none"> ● M&E reports ● Interviews with UNFPA's focal persons ● KII with Stakeholders
Evaluation Criterion 4: Impact –		
Positive and Negative results generated by the Project		
Evaluation questions	Indicators	Data sources and collection methods
25.What is the wider perception of the project, its image, applicability and performance? Are project communications effective in positively promoting the project to a wider audience?	<ul style="list-style-type: none"> ● Evidence of effective communication to promote the project to a wider audience 	<ul style="list-style-type: none"> ● Document review, ● KII with Advocacy & Communication officer

26.What are the results (or preliminary results) of the intervention in terms of changes in the lives of beneficiaries against set indicators?	<ul style="list-style-type: none"> ● Proportion of groups & beneficiaries reporting improved socio-cultural, economic and religious relationship 	<ul style="list-style-type: none"> ● Progress reports ● FGD discussions and KII interviews with target groups & individual beneficiaries
Evaluation Criterion 5: Sustainability – Probability of the benefits of the intervention continuing in the long term. Extent to which the decision-making bodies have undertaken necessary decisions and course of actions to ensure sustainability of the effects of the project?		
Evaluation questions	Indicators	Data sources and collection methods
27.What are the Implementing Partner's resources, motivation and ability to continue project activities in the future?	<ul style="list-style-type: none"> ● Evidence of Governorate, Community & Institutional support to the project and continuous implementation of the project after its expiration ● Evidence of adequate capacity development and system strengthening provided ● % of project budget spent on training and capacity development ● Number of persons trained 	<ul style="list-style-type: none"> ● KII & FGD with stakeholders and target beneficiaries
28.Was there adequate all-party commitment to the project objectives and chosen approach?	<ul style="list-style-type: none"> ● Evidence of involvement of all parties to project design, meetings and activities 	<ul style="list-style-type: none"> ● Project development plans with signatures of stakeholders ● KII with stakeholders ● Progress reports
29.To what extent was there constructive cooperation among the project partners? What are the levels of satisfaction of government	<ul style="list-style-type: none"> ● Evidence of consistent Yearly, Quarterly and Monthly meetings with project partners, donors and government 	Progress report

counterparts, donors and beneficiaries?		
30.What has been the quality of execution of the implementing partner, and if applicable where are there specific areas for improvement?	<ul style="list-style-type: none"> ● Level of project execution by implementing partners, challenges and way forward 	KII with Stakeholders including IPs Reports
31.What is the likelihood that the project results will be sustainable in terms of systems, institutions, financing and anticipated impact?	<ul style="list-style-type: none"> ● % of system strengthening, institutional development and capacity development support available to the Government and other stakeholders ● Evidence of Financial, Human & Material support available 	KII with Stakeholders including Government & UNFPA
32.What is needed for the project intervention to be adapted/replicated further?	<ul style="list-style-type: none"> ● Analysis of the needs for the project to be adapted and replicated 	KII with Stakeholders including IPs
Evaluation Criterion 6: Coverage – Which area/group was reached by the project		
Evaluation questions	Indicators	Data sources and collection methods
33.To what extent could the project cover targeted areas?	<ul style="list-style-type: none"> ● Needs Assessment and situation analysis of targeted areas for type of support needed 	<ul style="list-style-type: none"> ● Report of meetings ● KII & FGD
34.To what extent did the project cover and reach its planned beneficiaries?	<ul style="list-style-type: none"> ● Evidence of stakeholders and/or beneficiaries reached, their location and the support received 	<ul style="list-style-type: none"> ● Project document ● Reports ● KII
35.Did the project implement its planned activities and achieve its indicators?	<ul style="list-style-type: none"> ● Evidence of complete implementation of planned activities and indicator achievement ● Monitoring and progress reports 	<ul style="list-style-type: none"> ● Documents review ● KII with UNDP & IPs
Evaluation Criterion 7: Coordination – Effect of Coordination or Lack of Coordination on the project		

Evaluation Questions	Indicators	Data sources and collection methods
36. How strengthened was the coordination between the stakeholders and the project (between the project and IPs)?	<ul style="list-style-type: none"> ● Evidence of communications between IPs ● Evidence of joint planning and joint implementation 	<ul style="list-style-type: none"> ● KII & FGD with IPs and others ● Reports of joint meetings & activities
37. What problems were experienced in relation to coordination for implementation of project activities?	<ul style="list-style-type: none"> ● Evidence or lack of it, of problems encountered at joint coordination meetings and joint activities 	<ul style="list-style-type: none"> ● Minutes of meetings, Reports and KII
38. Did coordination exist between the project and its beneficiaries?	<ul style="list-style-type: none"> ● Evidence of coordination or lack of coordination between project and beneficiaries 	<ul style="list-style-type: none"> ● Minutes of meetings, Reports ● KII with UNFPA & FGD with beneficiaries
Evaluation Criterion 8: Coherence – Evidence of coherence across policies guiding the different actors, e.g. developmental, humanitarian and security/peacebuilding?		
Evaluation questions	Indicators	Data sources and collection methods
39. To what extent was the project implemented in harmony with other humanitarian/GBV and Livelihood project	<ul style="list-style-type: none"> ☐ Evidence of involvement in interagency coordination meetings/ activities 	<ul style="list-style-type: none"> ● KII & FGD ● Project Document Design ● Progress reports ● Monitoring reports ● Project plans

ANNEX 4. LIST OF PEOPLE INTERVIEWED

UNFPA (MSOF) FINAL EVALUATION **YEMEN**

June 22 – September 30, 2023

KII Interviews & FGDs Conducted

S/N	Date	Name, Tel/Email		Governorate
1.	08/07/2023	Salwa Al-Azzani, GBV Programme Analyst, UNFPA Email; azzani@unfpa.org		Sana'a
2..	13/07/2023	Annie Vestjens MD, HPPF, PhD Thematic Expert Health / SRHR Embassy of the kingdom of the Netherlands to the Republic of Yemen Email: annie.vestjens@minbuza.nl		Sana'a
3.	25/07/2023	Kais Al-Abhar (Mr.) Programme Specialist UNFPA Sana'a, Yemen Tel: +967712224002 Email: al-abhar@unfpa.org		Sana'a
4.	30/07/2023	Ahmed Malah Humanitarian Coordinator UNFPA Email: malah@unfpa.org		Sana'a
5.	07/08/2023	Farid Gul Programme Coordinator/Thematic Lead of the GBV Unit UNFPA Sana'a Yemen Email: fgul@unfpa.org		Sana'a
6.	08/08/2023	Anna Guittet Sweden High Commission Email: anna.guittet@gov.se		Sana'a
7.	17/08/2023	Hicham Nahro Deputy Representative (UNFPA) Sana'a – Republic of Yemen Email: nahro@unfpa.org		Sana'a
8.	21/08/2023	Jackline Ratemo Care International Email: Jackline.Ratemo@care.org		Sana'a

9.	12-7-2023	Nejood Alradmi GBV Project Manager, YWU		Sana'a
10.	16-7-2023	Lamess Al-Arashi Legal Assistance Officer, YWU		Sana'a
11.	12-7-2023	Ghada Al-Arani Safe Space Coordinator, YWU		Sana'a
12.	12-7-2023	Najla Lesani Case Management and Shelter supervisor YWU		Sana'a
13.	14-8-2023	Mahar Al-Sabri GBV/RH/ RRM program manager Deem		Taiz
14.	12-8-2023	Iman Naji Al-Mahdi M&E safe space Al-Zhrah		Sadaa
15.	20-8-2023	1 FGD with 2 women (Reem, Khlood) safe space in Dimnat Khadir- managed by DEEM		Taiz
16.	20-8-2023	Interview with a PWD beneficiary (Asia) - safe space in Dimnat Khadir- managed by DEEM		Taiz
17.	21-8-2023	Field visit to Amanat Al-Asemah safe space managed by YWU 2 FGDs with 5 women		Sana'a
18.	14/08/2023	Mona Alhajj UNHCR alhajj@unhcr.org		Sana'a
19.	20/08/2023	Urmila Upadhyaya Relief International Urmila.upadhyaya@ri.org		Sana'a
20.	23/08/2023	Nadine Jaeggi SDC nadine.jaeggi@eca.admin.ch		Amman
21.	22/8/2023	1 FGD with 2 women in the shelter managed by Yemen Women Union Field visit to the shelter -Amant AlAsemah		Sana'a

22.	22/8/2023	Malak- beneficiary- safe space managed by YWU		Lahj
23.	22/8/2023	Asalah- beneficiary- safe space managed by YWU		Abyan
24.	23/8/2023	Shemaa- beneficiary- safe space managed by YWU		Al Mahweet
25.	23/8/2023	Somia - beneficiary- safe space managed by YWU		Hajah
26.	23/8/2023	Samah - beneficiary- safe space managed by YWU		Ibb
27.	24/8/2023	Zohor - beneficiary- safe space managed by YWU		Al- Baydah
28.	24/8/2023	Fadiyah - beneficiary- safe space managed by YWU		Al Hodidah
29.	26/08/2023	Ikram Al-roqaihi Ikram.alroqaihi@srasdgs.org		Sana'a
30.	31/08/2023	Marina Al-Gobani Programme Analyst UNFPA Yemen al-azzani@unfpa.org		Aden
31.	04/09/2023	Mr. Saif Naeem (WP/GBV AoR) Capacity Building Analyst snaeem@unfpa.org		Sana'a
32	04/09/2023	Ms. Fatima Sharafaldein WP/GBV AoR Coordinator Fatima.sharaf@yemenwu.org		Sana'a

ANNEX 5. REFERENCES

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Annex MSOF Output 4 Log frame Jan 2023 – June 2023

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My Safety Our Future Phase III, July 2021 – June 2023

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