FINAL EVALUATION OF THE SOCIAL PROTECTION FOR COMMUNITY RESILIENCE IN YEMEN PROJECT

International Evaluator/Team Lead: Carolina Àvalos caro.avalosb@yahoo.com

National Evaluators:
Mohamed Al-Mekhlafy mhatemalm@gmail.com
&
Ahlam Baqtian ahlam.baqtian@gmail.com
## Final Evaluation

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<td>Project Title</td>
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<td>Project Number</td>
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<td>Implementing Partner</td>
<td>UNDP Yemen</td>
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### Project-key Information

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<td>USD 28,032,500</td>
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<td>Country/Governorates/Districts</td>
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Carolina Ávalos (International Evaluator/Team Leader)
Mohamed Al-Mekhlafy (National Evaluator)
Ahlam Baqtian (National Evaluator)

Disclaimer
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**Abbreviations and Acronyms**

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CFW</td>
<td>Cash for Work</td>
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<td>COVID-19</td>
<td>Novel Coronavirus Disease</td>
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<td>DAC</td>
<td>Development Assistance Committee</td>
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<td>DMT</td>
<td>District Management Team</td>
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<td>ERG</td>
<td>Evaluation Reference Group</td>
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<td>EU</td>
<td>European Union</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GEWE</td>
<td>Gender Equality and Women Empowerment</td>
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<td>HR&amp;GE</td>
<td>Human Rights and Gender Equality</td>
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<td>IDP</td>
<td>Internally Displaced Persons</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoPH</td>
<td>Ministry of Public Health</td>
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<td>NAMCHA</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>SFD</td>
<td>Social Fund for Development</td>
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<td>SPCRP</td>
<td>Social Protection for Community Resilience in Yemen Project</td>
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<td>TPM</td>
<td>Third Party Monitoring</td>
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<tr>
<td>UDHR</td>
<td>Universal Declaration of Human Rights</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<td>VCC</td>
<td>Village Cooperative Councils</td>
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Executive Summary

The humanitarian crisis in Yemen has reached unprecedented levels of urgency, as three-quarters of the population need some form of basic assistance to survive - 10 million people are at risk of famine and two million children need treatment for acute malnutrition. The COVID-19 pandemic has contributed to exacerbating the prevailing humanitarian crises. This situation not only overwhelms the already fragile national health system and other social basic services, but also contributes to the growing need for humanitarian assistance. In particular, the most vulnerable and marginalized populations such as women, children and young people and the elderly and disabled, IDPs and returnees, among others, are most affected.

It is within this context that the Social Protection for Community Resilience in Yemen Project (SPCRP) (July 2017- March 2021) was implemented. This report constitutes its final evaluation, focusing on the contribution of the project to strengthen the resilience capacity of selected poor and vulnerable communities and households, as well as to serve as an important learning and accountability tool. It also seeks to provide the European Union, UNDP, development partners and national stakeholders with an unbiased assessment of the results achieved by the project, including gender equality and the empowerment of women.

This final evaluation has been carried out in accordance with the UNDP and the Development Assistance Committee (DAC) / Organisation for Economic Co-operation and Development (OECD) evaluation guidelines and policies and the ethical standards of the United Nations Evaluation Group (UNEG). It is important to highlight that due to contextual security issues in the regions, a limited sample size was considered. However, the sampling frame addressed the diversity of actors related to the project ensuring the inclusion of women, youth and IDP, with a total sample of 38 key interviews, 13 focus group discussions (FGD) and 165 participants at the national level and both Northern and Southern regions.

The main findings, lessons learned, and recommendations are summarized below:

Main Findings

Relevance

1. The SPCRP project is strategically aligned with national and donor’s development priorities.
2. The project has contributed to resilience-building and establishing a bridge for future recovery.
3. The project has contributed to the advance of different SDGs: SDG 1, 3, 5, 10 and 16.
4. The project results framework was consistent with the theory of change and appropriate to the changing context/conflict context in Yemen.
5. The project interventions targeted working age population, and focussed on women, youth and IDP/returnees, complying with its overall minimum set targets.
6. The community-based approach is the common thread of the project’s interventions, ensuring an inclusive participation of key stakeholders and project’s ownership and sustainability.
7. The four results areas defined in the project are responsive to local needs and incorporate innovative approaches to service delivery.
8. SFD’s 20+year accumulated experience has been essential in ensuring a successful implementation in a timely manner.

Coherence

1. Substantive effort has been made in addressing synergies and linkages between other interventions and within its institution. SFD has also established links at the local level that have contributed to its effective coordination and implementation.

Effectiveness
1. The project presented great effectiveness in its implementation, achieving most of the established goals. This is partly explained by the identification of risks and effective management of them in a timely manner, from a conflict-sensitive approach.
2. The main challenges that were faced are related to security and safety issues, particularly in the Northern region. There are others linked to project design, as detailed in this report.
3. SPCR interventions improved health facilities and access to health services, addressing also most of the health needs of the population. Direct beneficiaries of both the health facilities infrastructure, and Cash for work interventions have seen their livelihoods improved.
4. The effectiveness of the different interventions was highlighted, both in the Northern and Southern regions, as well as the positive effects that the projects had on the communities.

**Efficiency**

5. The project management structure was largely efficient in generating the expected results within the timeframe, despite the challenges faced by the project related to logistics and personnel security issues due to the conflict situation and its escalation in some areas of intervention.
6. In this context, timely decisions were made on several occasions to repackage activities and reallocate resources.
7. On average, the project had a good budgetary performance and was cost effective.

**Impact**

8. There are some initial indications of positive impact, although it is not possible to assert that they are due to this specific intervention alone.
9. The different interventions have responded to local needs and benefited both the target and neighbouring communities. The inclusive and participatory approach in the different interventions has contributed to the empowerment of women, youth and IDPs.
10. The compliance of the minimum participation percentages of women was observed in most of the interventions. However, some limitations and gaps observed and analysed in this report point to the need for a comprehensive gender analysis in early stage of future project that could help identify the main drivers that could allow accelerating progress in GEWE, in a conflict and changing context and recovery.

**Sustainability**

1. The project not only has a well-defined general exit strategy, but a human rights perspective and a community-based approach as well. Both are critical aspects for the sustainability of interventions and social cohesion.
2. There are some indications that point to the achievement of sustainability for each component, with some exceptions. As for example, Targeting health facilities that have been operational at minimum staff is important, but not enough to ensure sustainability due to the multiple risks faced by the health system in the ongoing crisis, particularly those related to security and safety issues and to operational issues (stable staff salaries and medical supplies) as well as maintenance costs.
3. The participation and role of women in the project cycle and decision-making at the community level has contributed to greater participation in community problems and to highlight the importance of project sustainability (thus contributing to the efforts contemplated for the maintenance of projects by communities).

**EU value added**

4. The added value of the EU in supporting a project like SPCR, with a view to a future recovery through laying the foundations of social protection, becomes one of the initial steps of a greater effort among development partners and different sectors and levels of government and communities.
5. The added value of the EU, which, in addition to mobilizing resources that respond to the humanitarian and development crisis, helping to strengthen resilience and maintain the social
fabric within the hardest hit communities, seeks to leverage and strengthen the efforts made by the different international and national development partners, by generating greater synergies between them. As shown with this project.

**Gender Equality and Women Empowerment**

6. The SPCRP has contributed to SDG 5 (gender equality and women empowerment) and met minimum criteria according to Gender Marker 2.
7. The project has adequately considered percentages for women, youth and IDPs as specific targets and has promoted their engagement in the project’s different interventions and in the community development activities.
8. The responses of the SPCRP beneficiaries in the Northern and Southern regions have indicated that human rights and gender equality and women empowerment, have been addressed to a great extent.

**Other cross-cutting issues**

9. The project has responded to its guiding principles, which defines the communities and participants as its main constituencies, and in particular with a focus on the communities and groups most affected by the conflict - women, youth and IDPs
10. The project had an overall social and environmental compliance.

**Key lessons learnt**

1. Comprehensive projects such as the SPCRP, contribute to smooth consumption and improve livelihoods of the most vulnerable people. In the medium and longer term, it helps to improve access to essential social services and guarantees the fundamental rights of most vulnerable population.
2. Coordination at different decision-making levels is critical for an effective implementation.
3. The involvement of the main implementers (and key stakeholders) at initial stages (design phase) of the project, is essential for its success.
4. A more comprehensive approach to HR&GE and intersectional and life cycle approaches should be part of future projects for greater effectiveness.
5. The use of different targeting methods has been a success, but it is important to go beyond towards an integrated information system that contributes to laying the foundations for medium- and longer-term social protection interventions.
6. Cash for work. RA1: It is important to highlight innovative practices in the use of mobile banking and electronic payments, but the lack of personal identity cards and cultural issues hinder the success of this intervention.
7. Health Facilities. RA2: The need for a more comprehensive approach is identified in order to generate the expected multiplier effects on human development on this type of interventions and a more effective coordination.
8. Psychosocial support. RA3: The importance of adapting this component to the conflict context and incorporating aspects for its sustainability is highlighted, as well as the need to strengthen the technical capacity and necessary resources in order to expand its coverage and effective service delivery.
9. The capacity building component (RA4) is essential in all development projects as it contributes to improve project-cycle management and service delivery, but also ownership and sustainability of the projects.
10. The community-based approach that led to inclusive participation throughout the project was appropriate, and contributed to an intervention that was more coherent and responsive to specific local needs interventions.
11. Ensuring the inclusion of women, youth, and IDPs and marginalized groups in all phases of the project contributed to a greater commitment to the community needs and to project sustainability.
12. Focusing interventions on specific groups such as women contributes not only to their advancement and empowerment but also to the achievement of community development goals.
13. Some other lessons learnt related to GEWE: i) ensure a more comprehensive approach to human rights and gender equality, and intersectional and life cycle approaches (based on lessons learnt and on an initial gender analysis); ii) strengthen the project management team with a gender specialist; ii) establish gender marked indicators and resources; iii) consider interventions that empower women and girls and provide them with the tools and capacities to improve their livelihoods in the medium and long term.

**Main recommendations:**

1. It is recommended to move towards the conceptualization of social protection (as an integrated system) in Yemen, based on a broad and inclusive social dialogue that takes into account the conflict context and a period of transition and recovery.

2. It is fundamental, as a part of this dialogue, to elaborate an assessment on targeting performance, and to identify the appropriate tools needed to target the vulnerable communities and populations that are the subject of more comprehensive social protection interventions.

3. It is recommended to strengthen the technical capacities of the national implementing institutions through the development of an updated system of supplies/input costs for the construction/rehabilitation of basic social infrastructure.

4. The situation of the health system has deteriorated significantly during the crisis, and all efforts aimed at ensuring basic health access (including mental health) to the most affected and needy populations require coordinated work within a comprehensive vision.

5. A more in-depth and inclusive initial assessment is needed in order addresses not only the economic, social and political context, but also the institutional one.

6. "Future project design should seek to achieve wage parity and the specific accommodation of women's needs"*, as established in the Lessons learned report (produced in November 2020).

7. It is important to identify the capacity needs (and risks) at the institutional level related not only to the management and operation of the project, but also to the technical capacity, in terms of specialized human resources, operating rules and policy tools.

8. Ensure the elaboration and approval of a specific operational manual for the project that clearly defines the roles played by each of the implementing or associated institutions.

9. The importance for rigorous impact evaluation in future interventions that can provide evidence for the conceptualization of social protection in Yemen, has to be underlined. As well, the need to consider a baseline data (baseline survey) for monitoring and impact evaluation.

10. Ultimately, the way forward for engagement in recovery and development interventions in the medium term will depend on the security and conflict situation in Yemen.

11. The alignment with the SDGs in a conflict-setting, and the effective coordination with the cluster system will help future interventions considering a multidimensional approach to vulnerability (identifying synergies between SDGs) and improving the resilience of people and communities at greater risk (based on the principle Leave no one behind). Contributing in this way to achieving national and SDG objectives, the strengthening of local institutions, maintaining livelihoods and restoring public infrastructure, resilience building, and consequently, improving social cohesion.

12. Specific GEWE recommendations can be highlighted. It is recommended that future projects have a comprehensive gender analysis in the early stages (as a minimum requirement for Gender Marker 2 projects) to ensure the relevance of the project from a gender perspective, and that its findings be considered for the project design (activities and resources required) and the adoption of the "do no harm" approach in its interventions.

13. It is recommended to carry out this comprehensive analysis that it is based on an inclusive dialogue and consultation process and with the collaboration of key partners and gender experts such as the academia (gender-academics and human rights), women-led organizations, development partners (UN agencies, World Bank, others) and national institutions or agencies such as SFD, among others.
I. Introduction

The UNDP in Yemen commissioned the Final Evaluation of the Social Protection for Community Resilience in Yemen Project (SPCRP) for a 30-day period (within a 2-month time frame). This final evaluation was conducted by an independent three-member evaluation team, one international and two national consultants, responsible for the data collection in each region (Northern and Southern region). In order to carry out the evaluation, we have had the support of UNDP and SFD, who have provided all the information related to the project as well as the necessary logistical support. Thus, we do thank all those involved in the completion of this evaluation, including local authorities and community leaders for their valuable support, as well as to all those that participated voluntarily in the interviews, and focus groups discussions.

This draft report contains the main results of the final evaluation of the SPCRP project and has been organized in the following six main chapters (including an executive summary and annexes): executive summary, introduction (I); background and context of the evaluation (II); Evaluation purpose, objectives, scope and management (III); evaluation approach and methodology (IV); Evaluation findings (V); Evaluation conclusions, lessons learnt and recommendations (VI).

II. Background and context of the Evaluation.

2.1 Country context

The humanitarian crisis in Yemen has reached unprecedented levels of (urgency) need with three-quarters of the population requiring some form of basic assistance to survive. The conflict (since 2015) has destroyed regular livelihoods of many Yemeni people and their ability to purchase adequate food required for family members. It has also caused major disruptions in the food supply chain and increases in the price of imported foods, which Yemen is heavily dependent on, resulting in substantial increases in food prices. Almost two-thirds of the population (over 20 million people) are food insecure (double the number in 2014), 10 million people are at risk of famine, and two million children require treatment for acute malnutrition. Moreover, most of the population also lacks access to basic services such as education, health services, water and sanitation.1

The spread of Coronavirus (COVID-19) (and other external shocks related to disasters and climate change) has contributed to the deepening of poverty and inequality and exacerbate the prevailing humanitarian crises. This situation not only overwhelmed (or collapsed) the already fragile health system and other national social services but has contributed to the increasing need of humanitarian assistance.2

Another group of the population that is particularly vulnerable in a conflict setting and with the widely spread of COVID-19 are women. The pandemic not only has added health and social stressors to their livelihoods, they also are at a greater risk of gender-based violence.3 The country faces important challenges of inclusive and equitable human development. As shown in graph 1 the gaps between human development index differentiated by males and females had widen significantly in the last decade.


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2 According to the UNDP country facts and the World Bank country overview, Yemen’s case fatality rate is projected to be between 25% - 40%, four to six times higher than the global average; and only 50 percent of health facilities are functioning, and those that are lack basic equipment and supplies, respectively.

In this difficult context of great uncertainty due to the course of the pandemic and the national security concerns, the economic growth expectations are lower, imposing greater development challenges (World Bank, 2021). Thus, the efforts of humanitarian assistance, restoring livelihoods and building resilience should go along with the strengthening of the economic, social and institutional fabric for a long-term development and towards the achievement of the SDG-2030 Agenda.

**Other key country data related to the ongoing conflict:**
- Over 80% of the total population with need of support (shelter, WASH, nutrition, food, etc.) (Humanitarian Response Plan, 2017)
- According to UNICEF (2020) this crisis has left 12.4 million children in need humanitarian assistance and around 358 thousand children severely malnourished.
- Specific groups of population faces extreme risks and signs of increasing discrimination, stigmatization and marginalization, with estimates of around 422 thousand migrants, asylum seekers and refugees. This critical situation affects the Muhamasheen as well, an underclass that has historically faces discrimination.
- Women face multiple and intersecting forms of discrimination in the different human development dimensions, reflected in the (historically) low performance of the country’s Gender Inequality Index (with a value of .795 in 2019 according to the Human Development Report, 2020). Gender-based violence (GBV), including child marriage and female genital mutilation are prevalent.
- 11.3% of total population have experienced the shock of displacement in last 23 months, and currently 1.9 million are internal displaced IDPs in 21 governorates, and around 1 million returnees (to their places of origin or resettled) (Task Force on Population Movement TFPM) 13th Report, March 2017.

Note: Gender Inequality Index (GII) A composite measure reflecting inequality in achievement between women and men in three dimensions: reproductive health, empowerment and the labour market. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. The value ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions.

4 According to this report in the analysis of the MENA region it is pointed out that productivity may “…be weaker than previously expected due to the detrimental impacts of education disruption and lengthy periods of unemployment on human capital.” (World Bank, 2021)
2.2 SPCRP Project main features

2.2.1 Project’s strategy, main objectives and expected results

To respond to the effects of the conflict, a three-year European Union (EU) funded Social Protection for Community Resilience in Yemen (SPCRP) project was launched in September 2017. Specifically, this project responded to the “…calling for scaled-up support to address the immediate needs of Yemenis –leveraging and enhancing endogenous support mechanisms for social protection to populations at risk that can complement a largely insufficient humanitarian response and at the same time for the need to maintain the existing capacities and mechanisms at local and national level to maintain the foundation for future reconstruction and recovery”.

The project aimed to:

- Strengthen the resilience capacity of poor and vulnerable communities and households through improved access to public services and social safety nets, with particular attention to the inclusion of women, youth, marginalized people and minority groups.
- Mitigate the impact of the current crisis on local households and communities and assist their recovery from the bottom-up using local systems, strengthening capacities and institutions to progressively resume and scale up service delivery, especially focusing on health services.

The project focused on achieving the following specific results in:

1. Increasing short-term income earning opportunities through labour intensive cash for work, and asset upgrade and replacement for enhanced livelihoods and economic self-reliance of vulnerable Yemenis.
2. Improving access to health care services (including psychosocial support) and related infrastructure through community-based projects and provision of renewable energy (solar equipment).
3. Restoring service delivery by strengthening the capacities of local authorities for planning, coordination and monitoring.

The project envisioned the implementation of small, fast-disbursing interventions that serve as a rapid response, providing households and communities affected by the conflict with income support (as wages) to purchase basic necessities. These short-term interventions were to deliver benefits to the wider community as well, by creating community assets, small infrastructure, and improved access to basic service delivery, as well as restoring livelihoods. The project was set to adopt a community-based approach, which would bring communities together around common humanitarian and development initiatives and hence promoting social cohesion and the protection of human capital.

2.2.2 Project’s approach

The SPCRP project’s approach was aligned, in its broader efforts, to respond to the conflict, with interventions that could contribute to the current humanitarian response, ensuring that these responses could also contribute to sustainable recovery and long-term resilience building.

- Humanitarian-Development Platform (HDP) in Yemen: co-led by UN and World Bank and currently leading the coordination of the Early Recovery cluster focusing on Emergency Employment and Community Infrastructure.

• Yemen Resilience Programme (YRP) framework: developed by UNDP to respond to the conflict aiming to build resilience from the bottom-up using local systems, capacities and institutions to progressively restore i) livelihoods and ii) basic services; and iii) contribute to peacebuilding.

Specifically, the YRP provides the overall programmatic framework for UNDP interventions to support Yemeni communities affected by the crisis. In this sense, SPCRP project interventions would contribute to components related to livelihoods and service delivery restoration, and to UNDP Strategic Plan- Outcome 6: Achieving early recovery and rapid return to sustainable development pathways in post-conflict situations.

1.2.3 Guiding Principles as established in the Project document.

• Beneficiary communities and families- the most important constituency of the project. The project takes into consideration key national partners, political and conflict sensitivities, demographic shifts due to population movements (IDPs and returnees), psychological trauma, and the conflict affected communities some more than others, and other new set of dynamics related to security concerns, fraying social fabric, uneven impact of the conflict. The project also targets specific group populations as main beneficiaries: women (at least 30%), youth (at least 35%), and IDPs/returnees (at least 20%).

• Resilience-building of national institutions and in communities and national ownership. The project considers the community-based approaches and community contracting methodologies and will work with key national and local institutions (SFD and deconcentrated ministries) and non-state partners (CBO’s, NGOs, private sector, civic engagement of the youth) and other local authorities and instances (DMT) for an effective way for bottom-up capacity building and towards future decentralization efforts, community engagement and empowering and fostering social cohesion.

• Conflict-sensitivity and social cohesion. Mainstreaming and transparent allocation of funds based on well-defined criteria for targeting at district and governorate level, and in the selection and inclusion of beneficiaries based on transparent eligibility criteria and consultations with the communities and leaders. It considers a contextual analysis to ensure that the interventions do not cause or escalate conflicts in target areas (monitoring and planning to identify possible conflict and risks).

• Youth. The project will contribute to engage youth in playing a key role in resilience-building in their own communities through income generating and participation opportunities.

• Gender-sensitivity. Gender equality will be supported as one of the core interventions and mainstreaming in all stages of project design and implementation.

• Coordination and coherence. Considers coordination with relevant partners and agencies (i.e., UNICEF, WHO, WFP, ILO, and FAO) in order to ensure that prioritization of planned interventions are done in a coherent, comprehensive and complementary manners, avoiding duplications.

• Environmental and social safeguards. UNDP applies the Social and Environmental Screening Procedure (SESP) to ensure social and environmental impacts are properly identified and managed

2.2.4 Project’s targeting approach and methods

The project´s targeting approach responded to the different components or results areas of the intervention, and to the specific population needs in a humanitarian and conflict-context. In this sense, its main targeting tool used for geographical targeting, at the governorate and district level is the Distress Index (DI). The DI is used (by SFD and other development partners) to target vulnerable groups and poor communities, particularly those located in remote rural area and conflicted areas.

The Distress Index, data collected (2015 to the present) mainly by humanitarian organizations operating in Yemen, comprises different set of indicators: food security, displacement and vulnerability indicators at the governorate and district levels.
The direct beneficiaries of the project were established as vulnerable households and specific groups of population—women, youth, internally displaced persons/returnees—that lives in 12 governorates from the southern and norther regions. As shown in the table below, it also considered additional beneficiaries that have access to the community assets and new/rehabilitated health facilities (including psychosocial assistance), as well as the strengthening and capacity building of the SFD and other local institutions to expand the outreach for social service delivery.

The Project’s overall established targets: minimum of 42,000 direct beneficiaries of Cash-for-work and infrastructure rehabilitation work with at least 30% women, 20% internally displaced persons (IDP)/returnees, and 35% youth, and a total of at least 150,000 people benefitting from access to community assets, including health facilities.

Additionally, the project highlighted the need to coordinate and complement the targeting approach with those of the malnutrition/health interventions, and other Cash for work related programs, such as: i) WHO- UNICEF (Support to Health sector); ii) WB-funded ECRP (Cash for work, and Malnutrition support); and ERRY Joint Programme (Cash for Work Component and Support to Local Authorities)

Table 1. Composite targeting criteria by SPCRP component: method and categorical targeting,

<table>
<thead>
<tr>
<th>SPCRP Results area (components)</th>
<th>Targeting methods</th>
<th>Categorical targeting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash for Work</strong></td>
<td>Distress Index at governorate and district level</td>
<td>Geographical scope of the intervention</td>
</tr>
<tr>
<td></td>
<td>8 governorates: Taizz, Saa’da, Hodeida, Hajja, Aden, Abyan, Lahej and Shabwa</td>
<td>Population groups</td>
</tr>
<tr>
<td></td>
<td>-Women at least 30% (including young and women head-of-households), -Youth 16-35 years at least 35% (including women), IDP and returnees</td>
<td></td>
</tr>
<tr>
<td><strong>Psychosocial Needs Identification</strong></td>
<td>Distress Index at governorate and district level, with communities with highest IDPs prioritized</td>
<td>8 governorates: Taizz, Saa’da, Hodeida, Hajja, Aden, Abyan, Lahej and Shabwa</td>
</tr>
<tr>
<td></td>
<td>Women, youth, IDP and returnees</td>
<td></td>
</tr>
<tr>
<td><strong>Health infrastructure rehabilitation</strong></td>
<td>WHO Vulnerability index + Gap in health infrastructure rehabilitation + minimum staffing and equipment available)</td>
<td>All 13 governorates: Taizz, Saa’da, Hodeida, Hajja, Aden, Abyan, Lahej, Shabwa, Al Jawf, Mareb, Ibb, Al-Dhalla, Dhamar</td>
</tr>
<tr>
<td></td>
<td>-Health facilities and community</td>
<td></td>
</tr>
<tr>
<td><strong>Support to local authorities</strong></td>
<td>Priority districts under health infrastructure rehabilitation + assessment of minimum capacities of technical staff of district management team</td>
<td>4 governorates: Saa’da, Hodeida, Abyan, Lahej</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1/Who vulnerability Index composite vulnerability index developed by WHO intended to identify the priority districts for the targeting for the overall health sector support.

Institutional arrangements and funds.

Main development partner: UNDP

National implementing in partnership with the Social Fund for Development (SFD)

The main institutional arrangements and other features of the program as follow:

<table>
<thead>
<tr>
<th>Features</th>
<th>Initial</th>
<th>End of project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>36 months (1 July 2017- 30 June 2020) 1/ launched on September 2017</td>
<td>March 31st 2021</td>
</tr>
<tr>
<td>Budget</td>
<td>EU 25 million Euros</td>
<td>UNDP Trac USD 100,000</td>
</tr>
</tbody>
</table>
Notes: 1/Project Document signed 28 September 2017. 2/ Following delays in implementing project activities due to a constrained operating environment and outbreak of COVID-19 in 2020, UNDP requested a nine-month no-cost extension of the project to 31 March 2021.

2.3 Theory of change and Logical framework

Considering the main objectives and expected results of the project’s interventions (included in 4 results areas) as defined above, and which are closely linked to the resilience-strengthening and recovery efforts in a conflict-setting. Thus, the theory of change was based on the following assumption:

_Yemeni households and communities will be able to effectively cope with the impact of the current crisis, be strong drivers of the resilience-building and recovery efforts, and benefit from enhanced social contract, if social safety net support and mechanisms are strengthened for vulnerable households (including IDPs, returnees and conflict affected host communities), with increased opportunities for income and livelihoods and access to basic services._

Therefore, the project defined the impact on the theory of change, and its overall development impact, respectively as:

- Enhanced resilience of Vulnerable Yemenis, including women, youth, and IDPs of targeted governorates and communities.
- Building the foundation for early economic revitalization and for rapid return to sustainable development pathways.

The project highlighted other interconnected assumptions, principles and lessons learned from UNDP’s global approach to fragile and conflict-affected settings and its ongoing work in Yemen:

- _Early economic revitalization through support to labour-intensive cash for work and restoration of community asset restoration for basic services_ are key to effectively stabilise communities and keeping peace immediately after conflict, thus facilitating early recovery and steady return to sustainable development, including those areas with potential, on-going or recurring violence.
- _Community asset rehabilitation projects_, if approached comprehensively, can support affected citizens to come together to rebuild their communities, strengthen partnerships with local authorities, reflect their own priorities in broader recovery and development planning, and acquire new knowledge and skills that empowers them to expand their opportunities and choices.
- _Increasing the inclusiveness of local-level decision-making_, from identifying problems to implementing responses, contributes to addressing horizontal inequalities and build more credible institutions.
- _Restoring and strengthening resilience in families, communities, and institutions_ is urgent and as essential as political dialogue and humanitarian relief and establishes key building blocks for future recovery and reconstruction.
- _Just as emergency relief activities are crucial to saving lives by responding to the most urgent human needs, integrating an early recovery approach within humanitarian operations is crucial to the first efforts of a community to recover_ – and to support the humanitarian-development nexus by providing a pathway towards locally- or nationally-led development.

The overall development impact, the impact at level of the theory of change, its outcomes and outputs are detailed in Figure 1. It is important to emphasize the linkage of the outcomes to the main four results areas defined in the project logical framework, as shown in the table below. (Annex 1)
Table 2. SPCRP Outcomes, Results area and Outputs.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Results area</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1. Vulnerable Yemeni households and communities are able to better cope with the impact of the crisis and to recover</td>
<td>Result 1. Increased participation of vulnerable Yemenis in income generation activities and asset upgrade/ replacement (contributes to Outcome 1)</td>
<td>Outputs: 1, 2</td>
</tr>
<tr>
<td>Outcome 2. Improved access of vulnerable Yemenis to healthcare services (including psychological support).</td>
<td>Result 2. Basic healthcare facilities are functional through community-based projects and provision of equipment for alternative and renewable energy source (i.e., solar), improved water and medical waste management contributes to Outcome 2)</td>
<td>Output 3 and 4 (also contributes to Outcome 1 through cash-for-work modality)</td>
</tr>
<tr>
<td>Outcome 3. Sustained operations and strengthened capacities of key institutions (SFD and local authorities) for basic services’ delivery to vulnerable groups</td>
<td>Result 3. Psycho-social assistance is scaled up and linked to health care, skills development and income generation (contributes to Outcome 2 y 3)</td>
<td>Output 5</td>
</tr>
</tbody>
</table>

Result 4. Support to local authorities fosters basic services’ delivery including health care (contributes to Outcome 3)

Output 6, 7

Figure 1. SPCRP project’s Theory of Change

Source: Elaboration based on the project’s conceptual framework.
III. Evaluation purpose, objectives and scope and management.

According to the terms of reference the purpose, objectives and scope for the final evaluation of the SPCRP are as follow:

3.1 Purpose.

With an anticipated SPCRP end date for 31 March 2021, this evaluation was conducted to assess the project’s contribution towards strengthening the resilience capacity of poor and vulnerable communities and households, mitigating the impact of the current crisis on local households and communities and assisting institutions to progressively resume and scale-up service delivery, especially focusing on health services. It also seeks to serve as an important learning and accountability tool, providing the European Union, UNDP, national stakeholders, and partners with an impartial assessment of the results achieved by the project, including on gender equality and women empowerment (GEWE).

3.2 Evaluation objectives.

i) Assess the relevance and strategic positioning of the project in strengthening the resilience capacity of poor and vulnerable communities and households, mitigating the impact of the current crisis on local households and communities and assisting institutions to progressively resume and scale-up service delivery, especially focusing on health services.

ii) Assess a) the progress made towards project results and whether there were any unintended results and b) what can be captured in terms of lessons learned for ongoing and futures UNDP’s social protection, resilience building and institutional capacity enhancement initiatives in Yemen.

iii) Assess whether the project management arrangements, approaches and strategies were well-conceived and efficient in delivering the project.

iv) Analyse the extent to which the project enhanced the application of a rights-based approaches, gender equality and women’s empowerment, social and environmental standards and participation of other socially vulnerable groups such as children and the disabled.

3.3 Evaluation Scope

The evaluation focused on the SPCRP interventions implemented by UNDP and its national implementing partner in targeted 13 governorates of Yemen from the project’s inception in September 2017 to March 2021.

The evaluation covered the SPCRP conceptualization, design, implementation, monitoring, reporting and evaluation of results and will engage all project stakeholders. The evaluation assessed the relevance, coherence, effectiveness, efficiency, impact and sustainability (and EU added value criterion) of the project; explored the key factors that have contributed to the achievement or non-achievement of planned results; and determined the extent to which the project contributed to improving the resilience of vulnerable Yemenis; addressing gender equality and women’s empowerment and human rights; and forging partnership at different levels, including with government, donors, UN agencies, and communities.

The Evaluation period was established to 30 days. Given this time constraint and the on-going conflict situation in the regions of the intervention, a limited sample was proposed for the qualitative analysis but one that ensured the consistency of the analysis and considered the different perspectives of all the key stakeholders: right holders and duty bearers, and other key national and local actors, as detailed in the methodology.

3.4 Evaluation management structure and roles

To guarantee the principles of participation, inclusiveness, transparency and accountability of the final evaluation of the SPCRP project, a clear management structure was defined; specifically, the convening of an Evaluation Reference Group was a key step in this matter. To ensure an integrated approach and mainstreaming of Human Rights and Gender Equality, the experience and specialization of the participants in these issues was considered in the different instances.
The management structure its participants and roles are defined in the table below:

Table 3. Evaluation Management Structure.

<table>
<thead>
<tr>
<th>Instance</th>
<th>Participants</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management team</td>
<td>UNDP management:</td>
<td>- Responsible for the management of the consultant and will convene an</td>
</tr>
<tr>
<td></td>
<td>- Evaluation manager and focal point</td>
<td>evaluation reference group. Foresees day-to-day aspects of the</td>
</tr>
<tr>
<td></td>
<td>designated</td>
<td>evaluation its timely deliverables and quality assurance, but also</td>
</tr>
<tr>
<td></td>
<td>- Project staff</td>
<td>will play a key role in ensuring that Human Rights and Gender Equality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>principles are integrated.</td>
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<td></td>
<td></td>
<td>- Assist in facilitating the whole evaluation process- providing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>relevant documentation, constituting the evaluation reference group,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>arranging visits/interviews with key informants, reviewing evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>deliverables.</td>
</tr>
<tr>
<td>Evaluation team</td>
<td>- One independent international consultant</td>
<td>- Team leader- take the lead role during all the phases of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>evaluation and coordinate the work with other team members. Also,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>will ensure the quality of the evaluation process, outputs,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>methodology and timely delivery of all products. And in close</td>
</tr>
<tr>
<td></td>
<td></td>
<td>collaboration with other team members leads the conceptualization and</td>
</tr>
<tr>
<td></td>
<td>- Two national consultants: for Southern</td>
<td>design the evaluation and plays a lead role in shaping the findings,</td>
</tr>
<tr>
<td></td>
<td>and Northern Region</td>
<td>conclusions and recommendations of the report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Responsible for the overall assistance to the Team Leader including</td>
</tr>
<tr>
<td></td>
<td></td>
<td>collection and analysis of all relevant data from field and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>preparation of all consultations and meetings with selected different</td>
</tr>
<tr>
<td></td>
<td></td>
<td>stakeholders. Also, will contribute substantively to the work of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the Team Leader, providing advice and context in the drafting and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>finalizing the inception and final evaluation reports.</td>
</tr>
<tr>
<td>Evaluation Reference Group (ERG)</td>
<td>Technical experts from partners: UE delegation, UNDP, SFD, Evaluation team</td>
<td>Review the inception and draft evaluation reports, providing detail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>comments related to the quality of methodology, evidence collected,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>analysis and reporting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise on the conformity of the evaluation process to UNDP and UNEG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>standards, including the Human Rights and Gender Equality approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and mainstreaming.</td>
</tr>
</tbody>
</table>

IV. Evaluation approach (criteria) and methodology

4.1 Evaluation approach and criteria

The definition of the key questions that will be based on the Evaluation Criteria will depend on the type of evaluation that is being conducted, which in this case has been a final evaluation (at the operational closure of the SPCRP project). Thus, this evaluation contributes to accountability, providing an assessment of the results achieved; and learning, understanding which factors have made possible or created obstacles to achieving results (focusing on why, not just what), and identifying key lessons that would lead to improved future interventions in similar contexts. (EU-Yemen 2021)

The Evaluation Criteria provided a framework and guide for the key questions of the evaluation based on the DAC criteria (respecting the new adapted definitions and principles of the 2019 version). The evaluation also considered the guidelines for the integration of the Human Rights and Gender Equality (HR&GE). As a Gender Marker 2 project a particular focus on Gender Equality and Women Empowerment (GEWE) in order to ensure a comprehensive and gender sensitive assessment.

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According to UNEG (2014) concepts of *Gender equality* entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. *Gender equality* means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. *And Human rights* are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, inter-dependent and indivisible. Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. (UNEG, 2014)
The main sources used to establish the evaluation criteria and key questions are the following evaluation guidelines and principles:


The Evaluation Criteria consider in the evaluation is based on the DAC criteria and the EU added value criterion, as described below:

1. **Relevance.** The extent to which the intervention objectives and design respond to beneficiaries’, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
2. **Coherence.** The compatibility of the intervention with other interventions in a country, sector or institution.
3. **Effectiveness.** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
4. **Efficiency.** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
5. **Impact.** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
6. **Sustainability.** The extent to which the net benefits of the intervention continue or are likely to continue over time.
7. **EU added value criterion.** The extent to which the Intervention brings additional benefits to what would have resulted from Member States’ interventions only, in the partner country. It directly stems from the principle of subsidiarity defined in the Article 5 of the Treaty on European Union.

This final evaluation answered a set of questions based on the Evaluation Criteria. These questions were adapted (from the basic questions in the Terms of Reference) to respond to the most recent DAC criteria and EU added value criterion and to ensure the integration of human rights and Gender equality and women empowerment. Although questions related to GEWE were included in a transversal manner, the analysis considered a special section for this specific topic, as is highlighted as one of the evaluation objectives. Likewise, an evaluation matrix was elaborated and organized based on the Evaluation Criteria with a detail of data sources, data collection and methods (Annex 2).

**4.2 Evaluation methodology and data analysis**

The evaluation was carried out in accordance with UNDP evaluation guidelines and policies, United Nations Group Evaluation Norms and Ethical Standards; OECD/DAC evaluation principles and guidelines and DAC Evaluation Quality Standards.

The evaluation employed a combination of both qualitative and quantitative evaluation methods, by applying the different analytical methods and data collection methods.

**Analytical methods:**

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative (using appropriate analytical tools)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content analysis</td>
<td>Primary data analysis (primary data collection); Secondary data review</td>
</tr>
<tr>
<td>Comparative analysis (primary data collection)</td>
<td>Descriptive statistics (budgets, programme reviews and monitoring)</td>
</tr>
<tr>
<td></td>
<td>Inferential statistics</td>
</tr>
<tr>
<td></td>
<td>Cost efficiency analysis</td>
</tr>
</tbody>
</table>

**Data collection methods**

Different data collection methods were considered, as well as different sources in order to obtain a diversity of perspectives and ensure data accuracy and overcome data limits (due to time constraints and other contextual risks identified). Furthermore, other measures were taken to
ensure data quality, reliability and validity of data collection tools. In this sense, specific protocols were applied that also guarantee protection of subjects and respect for confidentiality. In all different collection methods proposed, specific measures were taken for the integration of HR&GE.

1. Document review
   - All relevant project documentation. This included a review of inter alia: Description of Action; Theory of change and results framework; Contribution agreement, Letter of Agreement with SFD and proposal; project quality assurance reports; annual workplans; annual and quarterly reports; EU results-oriented monitoring report; highlights of project board meetings; and technical/financial monitoring reports. (Annex 3)
   - Other documents related to National development strategies, UN and other developmental partners country strategies: UNDAF, UN-Yemen COVID response Framework (2020-2021)
   - For the integration of HR&GE in the document review looked into specific information and evidence on how HR&GE was analysed and incorporated in the different stages of the project’s implementation and monitoring system.

2. Semi-structured interviews
   Semi-structured interviews considered with key stakeholders including key government counterparts, donor community members, representatives of key civil society organizations, UNCT members and implementing partners:
   - Questions around the Evaluation criteria were adapted for different stakeholders to be interviewed.
   - To ensure the integration of HR and GE in data collection through semi-structured interviews, an inclusive stakeholder analysis was considered that ensured the different perspectives of women, youth and IDPs were taken into account.
   - All interviews were undertaken in full confidence and anonymity. This final evaluation report therefore does not assign specific comments to individuals.
   - In the Northern and Southern regions (field visits), individual interviews to local authorities and other local entities (VCC, DMT, Health Clinics) were considered.
   - Most of the interviews in the northern and southern regions were conducted face-to-face, and some were conducted by telephone due to the unavailability of the interviewee during the visit to the project site and the difficulty of returning on another day due to limited travel permit.
   - At the national level, key interviews were all conducted via email and Zoom meetings.

3. Focus groups
   Field visits and focus groups were considered at the Northern and Southern Region of the country.
   - Focus groups were held with beneficiaries (right holders) consisting of specific group populations (women, youth, IDPs) and social criteria (sex, age, socio-economic, cultural, etc.).
   - Special attention was given to the constitution of the focus groups in order to be inclusive and carried out in a safe context that allowed participation and the open expression of their ideas and views related to the evaluation criteria (mitigating any contextual risks) and ensured a relevant HR&GE responsive evaluation.
   - In the Northern region the evaluator faced two challenges in order to conduct the focus group discussion, namely:
     o Some women were unwilling to participate in mixed (male and female) FGD due to local culture restrictions. This resulted in having two focus group discussions for two sub area projects.
     o Issues related to provide a health-safe environment place in relation to COVID-19 precautions measures, in order to conduct focus group discussion with the beneficiaries of health institutions, particularly hospitals. This led to 3 small groups (3 members each) of focus group discussion in the 22 May Hospital.

4. Reliability and validity of data collection and analysis
The adopted mixed method approach considered quantitative and qualitative data collection and analytical methods that contributed to the triangulation and cross validation of the data and main findings from different sources. Additional meetings with the Evaluation Reference Group members also fostered discussions among the different stakeholders and contributed to triangulation.

The different data collection methods and sample size have adequately reflected the diversity of the stakeholders (right holders, duty bearers, and other key developmental partners) involved in the different stages of the project’s implementation. Other key developmental partners and civil society organizations have been included for a more comprehensive perspective, particularly in HR&GE issues.

5. Sample and sampling design

Regarding the risks posed to this evaluation related to time constraints and contextual-security issues in the regions where the data collection have taken place, a limited sample size was considered. Nonetheless, the sampling frame proposed has addressed the diversity of stakeholders in the intervention and in particularly the inclusion of women, youth and IDPs –based on a stakeholder analysis (Annex 4).

A total of 9 key interviews via email and Zoom meetings totalling eighteen participants, have been carried out at the national level. These interviews were conducted with people both at the strategic decision level and the operational and implementation level of the project, who are part of the key and national implementing institutions: UNDP and SFD. An international social protection specialist was interviewed as well. The main results of these meetings are incorporated throughout the analysis of this document.

However, it is worth looking at the text analysis map related to the responses and discussions of these groups of participants. It can be observed, as shown in the figures below, the main issues and institutions involved in the project. Hence, Health, SFD and UNDP are mentioned in a similar way, only the word “project” (referring to SPCRP project and not shown) is mentioned three times more than these other ones.

Additionally, 3 governorates (6 districts) were considered for the Southern region, and 3 governorates (4 districts) for the Northern region. The four result areas were also covered for each region at the project level: Cash for work (RA1), Health facilities infrastructure (RA2), Psychosocial...
support (RA3), Capacity building (RA4) –local and community empowerment and resilience projects. The data collection tools applied were based on the Evaluation criteria, and its questions were adapted according to the participating population/informants. (Annex 5)

In the figure below is a summary of the sample size characteristics. It is important to highlight the integration of inclusiveness to ensure the integration of HR&GE. In this sense, the inclusion of IDPs in the sample was fundamental. In the Northern region, of the total participants in the FGD (73), 44% were IDPs and 56% locals. In the same region, and from the total interviews (22) at the governorate and district levels, 14% of participants had basic education, 36% secondary and 50% upper secondary.

Also, as shown in the figure below, it was ensured that the sample cover all four results area in both regions.

SPCRP final evaluation: Projects included in the sample

**Northern region**

- **Governorates & districts**: Al Hodeidah, Bajil district
- **Projects (9)**: Health RA2: Health unit at Al-Bahah village
  - Health RA2: Reproductive health center at Bajil Hospital
  - Psychosocial support RA3: Education office of Bajil district
  - CTW RA1: Bayat Al-Nabahin village
  - CTW RA1: Executing watering for Hajjah district
  - Health RA2: Dialysis center, Hajjah city
  - Capacity building RA4: Various supported community initiatives at Muhaya district
  - Health RA2: May 22 Hospital, Dhula, Hamadad district
  - Health RA2: September 26 Rural Hospital, Matra, Bani Matar district

**Southern region**

- **Governorates & districts**: Abyan
- **Projects (7)**: Psychosocial support RA3: Promoting Community based response
  - Health RA2: Renovating and furnishing, Reproductive Health Care and Health stores
  - CTW RA1: Complete employ support of displaced persons
  - CTW RA1: Support and employ IDPs
  - Capacity building RA4: Community empowerment and resilience enhancement with in social protection program
  - Health RA2: Karem Health center, rehabilitation and equipping
  - Health RA2: Re-construct, equip and furnish Al-A’anaa health center

4.3 Gender Equality and Women Empowerment (GEWE)
SPCRP is a Gender Marker 2 project, and as highlighted in the objectives of this final evaluation, a focus was adopted on GEWE sensitive assessment. For this evaluation, therefore, gender equality mainstreaming has been ensured in the guiding questions based on the CAD evaluation criteria, as mentioned above. It will delve into how the activities have contributed to showing signs of change in the lives of women or reduced their current inequalities. Likewise, a specific section is dedicated to the main conclusions and recommendations related to the application of the GEWE approach in the project.

4.4 Other cross-cutting issues

Under the responsibility of the independent evaluators and the evaluation manager, the values and principles of human rights and gender equality have been integrated into all stages of this evaluation, ensuring that these values were respected, addressed and promoted, supporting one of the fundamental principles of the 2030 Agenda: "leaving no one behind (LNOB)". (Norm 8 of UNEG)

4.5 Ethics and other norms for evaluation

The evaluation was conducted in accordance with the UNEG Norms and Standards for evaluation, UNEG “Ethical Guidelines for Evaluation’ and UNDP Evaluation Guidelines, ensuring the compliance with the general norms for evaluation, such as: Independence, Impartiality, Human rights and gender equality, Ethics, and Transparency, among others. The evaluation has been conducted as well ensuring the highest standards of integrity and respect for the human rights and gender equality, the beliefs and customs of the social and cultural environment and taking also into account the humanitarian and ongoing conflict context.

Regarding to Ethics, the evaluators have ensured the safeguarding of the rights and confidentiality of information providers, interviewees and stakeholders through measures to comply with legal and other relevant codes governing collection of data and reporting on data. The evaluators have also ensured security of collected information before and after the evaluation, and protocols to protect anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process has been solely used for the evaluation, and not for other uses, with the express authorization of UNDP and partners. For this intent a note of confidentiality was integrated in the different tools applied for this evaluation.

The SPCRP final evaluation carried on between March and May of 2021, has responded to the UNEG Norms and Standards for evaluation. This has implied the following:

- Data collection (whether by electronic means or field work) process: i) ensure a broad range of perspectives by the inclusion of the different key stakeholders of the project; ii) provide adequate information about the project, so that participants can make informed decisions or choices (including their participation in the evaluation); and ii) provide information regarding the respect of privacy and anonymity of the participants and the use of the data provided.
- In selecting the participants, the inclusion of women, youth and IDPs received due consideration.

Regarding ethics, the evaluation process ensured the following: i) standards of integrity and respect for the beliefs, manners and customs of the social and cultural environment; for human rights and gender equality; and for the ‘do no harm’ principle for humanitarian assistance; ii) the rights of institutions and individuals to provide information in confidence, particularly ensuring privacy and anonymity of the information given by participants and that sensitive data is protected and cannot be traced to its sources; and iii) evaluators have obtained informed consent for the use of private information from the participants in interviews or FGD.

4.6 Quality assurance

This evaluation responds to the Quality standards framework for quality assurance for all its stages (design and control of the final stages), according to the UNEG Norms and Standards for evaluation. For this, UNDP’s evaluation’s implementation arrangements consider an evaluation
manager who convene an Evaluation Reference Group (ERG) that will review the inception and draft reports and ensure its quality.

V. Evaluation Findings

This section highlights the main evaluation findings based on the application of the different methods and approaches explain in the previous chapter related to the methodology of the evaluation (Chapter IV). In this sense, it is important to note that this chapter presents an integrated analysis, which considers the results of the desk (project’s documents) review and interviews carried out at the national level with key and main implementers, as well as the results of the FGD and local interviews carried out in the Northern and Southern regions of the country. For this, the chapter is organized into different sections according to the seven (7) established evaluation criteria and other two sections related to GEWE and other cross-cutting issues. It has been organized, within each section, according to the main aspects and findings that answer the corresponding guiding questions.

5.1 Relevance

Relevance refers to the extent to which the intervention objectives and design respond to or are sensitive to beneficiaries’ global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

For this section the main findings respond to the three guiding questions

Question 1. To what extent was the project in line with the national development priorities, the country programme’s outputs and outcomes, the UNDP Strategic Plan and the SDGs? (Including national strategies to advance HR&GE)

The main aspects evaluated relate to the design features of the programme. However, the program’s ability to adapt to changing situations during implementation is also evaluated. In this sense, and although the detail desk review of the project’s document has been used as the main source for this question, it has also been complemented and crossed with the information resulting from the application of the qualitative tools.

1. Policy Alignment.

The alignment of the project can be identified in two areas, one more strategic-political that responds to national priorities and other development partners priorities, and another at the level of strategic and operational formulation that responds to local priorities and context.
**Alignment with national priorities.** The SPCRP responds to address the immediate needs of Yemenis, specifically by leveraging and enhancing endogenous support mechanisms for social protection to populations at risk in targeted communities affected by the crisis. This development intervention seeks to complement the humanitarian response in the country and strengthen the existing capacities and mechanisms at the local and national level to establish the foundations for future reconstruction and recovery. Thus, the SPCRP’s alignment with the national priorities, even more in a changing scenario of widespread conflict, serious economic decline, food insecurity, and collapse of essential services that affects a big segment of the population and exacerbates existing vulnerabilities, contributes to establishing a bridge for the awaited future recovery.

**Alignment with Country programmes.** The SPCRP project’s approach, as mention before, entails broader efforts to respond to the complexity of the humanitarian context and contributes to resilience-building and sustainable recovery. In this sense, it is aligned with the Humanitarian-Development Platform (HDP) and the Yemen Resilience Programme (YRP). The latter provides the overall programmatic framework of building resilience with a bottom-up approach for this intervention, contributing to UNDP Strategic Plan (Outcome 6: Early recovery and rapid return to sustainable development pathways are achieved in post-conflict situations). It is also aligned to other frameworks such the United Nations Development Assistance Framework UNDAF 2012-2015 (extended 2020), and UNDP country programme and strategic plan (July 2019 - June 2021).

**UNDAF (extended 2020):** with a focus towards sustaining basic social services, socio-economic resilience, social cohesion and protection, and peacebuilding with the overall goal of mitigating the impact of the conflict context on the social and economic conditions in Yemen, and on the capacity of state institutions while contributing to ongoing peacebuilding efforts.

**UNDP in Yemen,** with a focus at the community-level (in line with bottom-up approach and ownership) and working with key implementing partners aims to restore livelihoods, social cohesion and security to create the necessary conditions for resilience and a post-conflict Yemen.

The SPCRP project is strategically aligned with donors’ priorities, in this case with the EU approach of humanitarian and development assistance, focusing on the health sector and other

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7 UNDAF and country programmes are developed through a consultative process involving the United Nations Country Team (UNCT), Government of Yemen (GOY), Civil Society and Non - Governmental Organisations (NGOs).

8 The SPCRP project contributes to outcomes of the UNDAF’s 4 priority areas: 1. Inclusive and diversified economic growth. 2- sustainable and equitable access to quality basic social services to accelerate SDG progress. 3- Women & youth empowerment 4- good governance & social cohesion

9 The SPCRP also contributes to UNDP’s priority 3: Economic recovery and development, which contributes to SDGs 1, 2, 3, 5, 6, 7, 8 and 13 through the application of the UNDP Strategic Plan Signature Solutions 1, 3, 4, 5 and 6.
interventions to improved livelihoods and resilience as well as working with local authorities and communities to respond to the crisis.

Alignment with local priorities. Within its most strategic framework and implementation mechanisms, the project responds to local priorities (based on the community-based approach, where are defined by the community members), which are related to alleviating the needs of Yemenis through temporary income generation, and access to basic social services, such as health and other services that through community projects are prioritized with a community-based approach, ensuring it responds to local needs of targeted communities. The well-defined four results areas (outputs and outcomes), and the definition of targeting mechanisms that respond to the conflict context, allows directing the implementation of the different components of the program to the neediest communities. But also, and due to the knowledge of the local context by the SFD and its coordinated work with other local partners and its flexibility to adapt to changing contexts, it can align its work to the specific needs of the communities. Thus, choosing the SFD as the national implementing partner has been a success, mainly due to its long experience and knowledge in local development, as well as its coordinated work with strategic local authorities and communities.

The project design clearly defines its objectives and results in its strategic framework, as well as the mechanisms to carry them out. It is important to emphasize the project's targeting mechanisms and SFD's advantage as the national implementer. Regarding targeting, the application of multilevel targeting instruments, that allow identifying the most-needy communities (according to the established parameters), has been adequate to respond to the conflict context and intervention needs, in addition to complementing its interventions with other projects that are carried out in the same areas (Enhanced Rural Resilience in Yemen ERRY and ERRY joint programme, and the Support to Health sector/WHO-UNICEF, and the ECRP/WB-funded)10. As for the SFD as an implementer, we can highlight its deep knowledge of the local reality and its experience in social impact through its programs, as well as its ability to respond to changing contexts in conflictive areas. Particularly, those changes related to the reallocation of activities and resources related to capacity building and psychosocial activities and health facilities infrastructure.

However, the importance of carrying out at the beginning of the project (as a basis for the design of a future project or scaling-up of this project) a rigorous assessment that includes issues that were not comprehensively addressed in the SPCR project document, such as those related to gender and climate change, should be noted. This is in accordance with the results of the Lessons Learnt report11 and emphasized in the recommendations of this evaluation. For example, an initial gender analysis is essential not only to validate the documented information on the subject of gender in the country, but to analyse gender dynamics, the potential impacts and risks differentiated by gender and according to the life cycle and intersectionality, and the identification of interventions and actions to address gender gaps and promote women’s empowerment according to specific contexts such as conflict-settings.

In this sense, the implementation arrangements with development partners such as UNDP and SFD as national implementing partner, have contributed to increase the EU impact through its development cooperation in these two main areas: health and resilience building.12 However, some limitations were encountered which are detailed in the section related to the Coherence criteria.


10 These programmes refers to: i) Enhanced Rural Resilience in Yemen (ERRY) EU’s programme (2016-2021); ii) ERRY Joint Programme the components of Cash for Work and Support to Local Authorities; iii) Support to Health sector / WHO-UNICEF; and iv) ECRP -Cash for work, and Malnutrition support programme/WB-funded.
11 See reference (UNDP, 2020)
12 EU in Yemen priorities areas: https://eeas.europa.eu/delegations/yemen/1877/yemen-and-eu_en


For Validity or appropriateness of the project design. The central premise of the project, as articulated in the project document, is to respond to the needs of resilience-strengthening and recovery efforts in a conflict-setting. This is reflected in the project’s theory of change, in its impact and overall development impact, and basic assumptions that demonstrates a logic and coherence in its approach. Likewise, this logic is reflected in its results framework.

It is important to note that the results frameworks is aligned and contributes to the goals of the different clusters\(^{13}\) activated in the country’s humanitarian context (Country’s Humanitarian Response Plan\(^{14}\)). In particular it contributes to the following:

- Health cluster: Number of health facilities renovated or rehabilitated and / or refurnished.
- Emergency Employment and Community Rehabilitation (EECR) Cluster: Number of households (targeted individuals/households) having access to alternative income sources/employment (through Cash for Work Schemes or business support)
- Protection Cluster (mental health and psychosocial support (MHPSS) working group): Number of individuals benefiting from psychosocial support (not including Child Protection (CP) or Gender-based Violence (GBV))

In regards of an effective coordination among clusters (i.e., Inter-Cluster Coordination-ICC) coordinating strategic actions and reducing duplication and gaps in humanitarian response should be considered. Introducing innovation in information management is essential, in this line the need to develop an information platform that allows decision-making in a timely manner is highlighted.

**SDG alignment.** Keeping SDGs on track in a fragile and conflict-affected setting is a key country challenge. In this sense, it is fundamental for humanitarian and development interventions such as the SPCRP to contribute to strengthening the national technical capacity for the SDG alignment to national priorities and goals (in the whole policy cycle). In the project document the SDG alignment was implicit for being aligned with UNDP Country programme and Strategic Framework (and with UNDAF), and through the projects’ different interventions (outcomes and results area).

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\(^{13}\) Refers to the existing Cluster system in Yemen with an Inter-Cluster Coordination (ICC) mechanism that requires a close coordination between clusters (and sub-clusters) in order to identify and reduce gaps and duplication, establish joint priorities and address cross-cutting issues in order to improve humanitarian response.

Hence, this intervention has contributed in ways further outlined in section on effectiveness of the outcome, to the advance of different SDGs, particularly SDG1 (End poverty in all its forms everywhere) and SDG3 (Ensure healthy lives and promote well-being for all at all ages). The latter one being one of the SDG’s that is stagnated according to the SDG trend. Likewise, it considers the main accelerators such as SDG5 (Gender Equality) (see example of alignment to SDG 5 targets in next table) and SDG10 (Reduce Inequality) contributing to the overall efforts aimed at building the foundation for early economic revitalization and for rapid return to sustainable development pathways and peacebuilding (SDG16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

According to the detailed projects document review, as stated before, the logic of the results frameworks was appropriate in realizing the overall goal of the SPCRP. The evaluation assessed the outcomes to determine whether they were specific, measurable, achievable, relevant and time bound (SMART). The outcomes were clearly defined and respond to the overall impact. The outputs for each results area were also specific and had suitable quantitative or qualitative measures.

3. Main design features of the programme and approaches.

**Main approaches: HR&GE, intersectional (multiple discriminations)** and life-cycle approaches. The SPCRP responds to the UNDP framework, which has an integrated HR&GE approach. The HR&GE perspective is not explicit in the objectives of the project document but is reflected in its guiding principles and mainstreamed in its intervention results areas and respective outputs and outcomes. Hence, the SPCRP established the communities and families that are targeted in its interventions as the most

<table>
<thead>
<tr>
<th>SPCRP and SDG 5: Achieve gender equality and empower all women and girls</th>
<th>SPCRP interventions</th>
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</thead>
<tbody>
<tr>
<td>1. Spent on women and girls everywhere</td>
<td>1. End all forms of discrimination against women and girls everywhere</td>
</tr>
<tr>
<td>2. Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life</td>
<td>2. Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life</td>
</tr>
<tr>
<td>3. End all forms of violence against women and girls</td>
<td>3. End all forms of violence against women and girls</td>
</tr>
<tr>
<td>4. Achieve gender equality and empower all women and girls at all levels</td>
<td>4. Achieve gender equality and empower all women and girls at all levels</td>
</tr>
<tr>
<td>5. Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation</td>
<td>5. Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation</td>
</tr>
<tr>
<td>6. Ensure universal access to sexual and reproductive health and reproductive rights</td>
<td>6. Ensure universal access to sexual and reproductive health and reproductive rights</td>
</tr>
<tr>
<td>7. Ensure the use of enabling technology, in particular information and communication technology, to promote the empowerment of women.</td>
<td>7. Ensure the use of enabling technology, in particular information and communication technology, to promote the empowerment of women.</td>
</tr>
</tbody>
</table>

SPCRP comprehensive multisectoral approach to recovery and social protection: income generating activities and empowering livelihoods, and women’s empowerment through their active participation in the phases of the project cycle and access to skills training.

Source: Based on SDG 5 targets and SPCRP Project interventions.

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16 The importance of recognizing the intersectionality of multiple forms of discrimination it was highlighted in the United Nations (South Africa, 2001) World Conference Against Racism, Racial Discrimination,
important constituency of the project. As well, the participation of youth in cash for work and their engagement to play an active role in resilience-building in their communities (and the different activities) has been promoted. The intervention also established minimum targets for the inclusion of women (30%), youth (35%) and IDP/returnees (20%), highlighting the rights-based approach to social protection and non-discrimination against minority groups facing marginalization situation (i.e., Muhamasheen). In regards, to gender equality, mainstreaming was ensured in all its activities, although there were some limitations identified in different interventions, which are addressed in the effectiveness and GEWE sections of this report. For example, in the Southern region the qualitative results highlighted that the inclusive participation of community members—women, men, youth, people with special needs and the marginalized—in project implementation and in the committees—men and women equally—contributed to the success of the projects. The participation of youth in cash for work and their engagement to play an active role in resilience-building in their communities (and the different activities) has been promoted too.

The project document defined interventions targeted to working age population, and focus on women, youth and IDP/returnees, but has not defined explicitly a life-cycle approach in its design that would have addressed specific risks faced at different stages of life. Moreover, in a multisectoral approach that includes the health sector, where the population faces health risks according to their life cycle, and the importance of these services being inclusive and culturally relevant, particularly sexual and reproductive health services, for effective access. Some examples that could be consider in future projects are the promotion and access to comprehensive health care for women of reproductive age, healthcare aimed at young people according to their age group, or the access to healthcare and nutrition services for under five years old—that was actually strengthened in some health rehabilitation interventions (example: the reconstruction and equipping of Motherhood and Childhood Center in Shabwa). Likewise, this comprehensive approach can contribute to articulate Cash for work with other specific interventions such as education and vocational training sectors, as suggested by some interviewers.

Based on the results of this evaluation, which identifies some gaps and limitations in both project design and effectiveness, it can be taken as lessons learned for the formulation of future programs, in addition to a more comprehensive approach to HR&GE and the consideration of intersectional and life cycle approaches. An example of this is the lack of personal identity documents, which was an important limitation in the Cash for work component—a requirement for opening bank accounts—and that could have been addressed at the design or early stages of the project by including, for example, a (sub) component of the right to personal identity with activities that will contribute on the demand and supply side (and build local capacities for the access to this right to personal identity). This type of components could benefit both the direct beneficiaries and other family members (including birth registration),

Xenophobia and Related Intolerance (See https://www.un.org/en/ga/durbanmeeting2011/pdf/DDPA_full_text.pdf). Furthermore, this approach is applied to relate between other types of discrimination related to the different human development dimensions—social, economic, environmental, political etc.
as well as the community as a whole (related with SDG 16.9: By 2030, provide legal identity for all, including birth registration).

**Targeting mechanisms.** The multi-layered targeting approach has contributed to identify the governorates and districts for the SPCRP’s interventions and has been flexible to adapt to specific local context situations. These targeting tools that are used depending on the intervention component and includes a combination of categorical and self-selection methods as well as a validation process by the community councils (VCC) (Figure XX).

The use of different targeting methods has been a success in the humanitarian and conflict context, but it is important to go beyond, towards a system that contributes to laying the foundations for medium- and longer-term social protection interventions. In this sense, these efforts have to seek to minimize the errors of exclusion and take into account the different social risks as well as the HR&GE, intersectional and life cycle approaches. This requires moving towards the conceptualization of social protection (as an integrated system) in Yemen that takes into account the conflict context and the future (medium-long-term vision) in a period of transition and recovery. Based on this, it is fundamental to carry-on an assessment on targeting performance and identify (new or existing ones) appropriate tools (and methods) necessary to target the communities and populations that are the subject of more comprehensive (and multisectoral) social protection interventions. Joint work between academia (gender-academic and human rights), women-led organizations, the experience of development partners (UN agencies, World Bank, others) and agencies such as SFD, can contribute to this. In addition to emerging as an important challenge for the near future, the relevance of the discussion of this issue is current, and necessary to improve development interventions’ effectiveness.17

**Intervention components.** The components (results areas) defined in the project are responsive to local needs and incorporated innovative approaches to service delivery. However, the importance of a more inclusive design that involves the different stakeholders (including the communities and local actors) is highlighted to reinforce the bottom-up approach and contribute to its ownership and effectiveness, and its scaling-up. This is mainly due to the lack of a more comprehensive initial assessment to support its design (as noted before with the gender approach), and the limitations faced in the implementation of the different interventions of this project. In this sense, the main limitations faced in the project are presented for each results area, without underestimating the impact that the conflict-setting and security issues in the targeted areas had in its implementation:

- In the Cash for work (results area 1). For this evaluation, it can be said that the selected community projects have been to some extent gender sensitive and culturally appropriate and with early signs of women empowerment, according to the qualitative results. For example, in the case of the Cash for work project that provided temporary housing and basic services (Northern region) to IDPS, it was noted the involvement of both men and women from the IDPS and host communities throughout the project cycle. Thus, the project responded to the beneficiaries identified needs by having access to temporary houses and safe drinking water, but also, but it also provided temporary income-generating opportunities for women. Respondents indicated that “…the benefit was great … all families in the project area benefited…the widowed women got job opportunities, benefited from productive assets and eliminated debts; (people with disabilities) had participated in the work and the beneficiaries were satisfied.” However, a rigorous impact evaluation is required to assert impact of the project on the empowerment of women.

Although it is important to highlight the innovation regarding the introduction of mobile banking and electronic payments, this component faced some limitations related to the lack of identity documents and the cultural aspects regarding the preference for the use of cash, or lack  

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17 This discussion is taken up in detail in the World Bank (2001b), as well the importance of targeting criteria is highlighted in Lessons Learned Report (UNDP, 2020) and in the key interviews conducted for this final evaluation.
of trust in the banking system. This situation particularly affected women as explained later in the effectiveness section. Thus, the importance of reinforcing this key issue from a gender perspective, and from a comprehensive approach to financial inclusion and education can be emphasize, and specifically the need to consider in future projects a component that contributes to the right to identity.

Other issues related to the criteria for identifying potential beneficiaries for labour-intensive work and the amounts of benefits. This issue requires a broader discussion to revise the criteria that will help to lay the grounds for social protection interventions and complement humanitarian responses without duplicating efforts and improving the effectiveness of project interventions. For example, and regarding the amount of benefits (cash for work) it should consider a sufficient value to cover a family’s basic food basket Minimum Food Basket (MFB) –as part of the SMEB— that can also be linked as an incentive for the use of health services by women and children, issues that need further discussion.

Same applies to the selection criteria of community projects that should aim (or focus even more) to enhance local capacity for resilience-building, food security, climate change and risk reduction management and access to social services (for example consider specific criteria such as the access to health facilities for the road rehabilitation sub-projects).

In this sense, the cash for work intervention (as well as other cash transfer interventions) within a comprehensive social protection intervention such as this project, should aim to smooth consumption in the short term, and to accumulate human capital in the medium term (for example, access to health and psychosocial support; access to education or skills for work training).

- For the healthcare facilities infrastructure (Results area 2) component, the need for a more comprehensive approach is identified in order to generate the expected multiplier effects on human development in this type of interventions. This requires a more concrete effort—in practice—for an effective articulation of the different interventions (within the same project and with other projects). This in order to cover the many aspects necessary for an inclusive and effective access to primary healthcare: rehabilitation, medical supplies, required staff, referral system. Issues that were highlighted in the ROM and Lessons learned documents.

The project document also mentioned (when referring to the district level targeting) that, where appropriate, SFD will also provide needed treatments for malnutrition cases in those areas where is providing malnutrition awareness and referral services for women and children under five years of age. However, this was not developed in the theory of change and results framework explicitly (only stated as an output indicator of Outcome 2, see Annex 1), an issue that could be taken up again explicitly in a subsequent phase as a component not only on the supply side of delivery of health services, but on the demand side—in terms of incentives for the use these services.

- Psychosocial support (Results area 3) the importance of adapting this component to the current context and incorporating aspects for its sustainability is highlighted. In this sense, it has to be

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18 The project document defined a total benefit of USD 500 in wages per household regardless of the number of its members participating this “to ensure fair and conflict-sensitive distribution of benefits”.

19 The (Survival) Minimum Expenditure Basket (SMEB) that comprises the basic energy requirements of 2,100 kilocalories per person per day, fuel for cooking, and non-food items is calculated to cover basic needs at current market prices. The SMEB was calculated in 2020, at a monthly value of YER 101,000 (MFB YER 45,000) in the North and YER 117,000 (MFB YER 53,000) in the South for a family of seven members. See for more details Guidance Note, produced by the Technical Working Group on Survival Minimum Expenditure Basket (Sub-group of Cash and Markets Working Group- Yemen) in: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/cmw_g_yemen_smeb_gn_final_27102020.pdf
taken into account the need to strengthen the capacity for mainstreaming the psychosocial support in SFD’s interventions by considering personnel training –already included in this component– and also the necessary resources (including the incentives or wages for the trained-personnel) to effective service delivery. Likewise, it is recommended to ensure the perspective of HR&GE in this component, as well as the need to strengthen the reference system in this regard. For example, issues related to gender-based violence (Violence against Women and Girls) can be identified and referred to competent authorities. It is also suggested for future interventions with a social protection and multidimensional approach, to consider the links between the different components, such as cash for work and psychosocial support.

The importance of developing the capacities of the communities and local authorities to better plan and achieve their objectives and improve the delivery of key services, is highlighted. The assessment of the availability of technical capacity of the DMTs in order to select the target districts for the capacity building intervention (RA4) should have consider at least a basic component for support for each district participating in the project. Currently, and based on this evaluation, some districts are excluded, when it could have been an opportunity to strengthen capacities. Furthermore, in the current scheme, some other districts are also excluded based on this evaluation, when it could be an opportunity to reinforce capacities in those areas related to service delivery but also to HR&GE, resilience building and climate change management.

The design of social protection policies and interventions (social security, labour market and non-contributory schemes) can foster synergies with other basic social services in the areas of health, nutrition and education, helping to tackle the multiple deprivations faced by the most vulnerable populations and advance the SDGs. In this sense, it is important to consider, in the design phase of complex interventions (with multiple components) such the SPCRP, the different demand and supply aspects (i.e., conditional cash transfers for health and the delivery of health services), as well as the expected results in the short term and the impact in the long term, such as in the cash transfer schemes, that have a double objective: to smooth consumption in the short term and increase human capital in the longer term. (See figure below)

### SPCRP components and areas for improvement

<table>
<thead>
<tr>
<th>Cash for work (RA1)</th>
<th>Basic healthcare facilities (RA2)</th>
<th>Psychosocial Support (RA3)</th>
<th>Local Authorities capacity building (RA4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash for work for community asset (A1.1)</td>
<td>Rehabilitation of health facilities (A2.1)</td>
<td>SRD capacity for mainstreaming Psychosocial support (A3.1)</td>
<td>DMTs capacities for humanitarian assistance planning, monitoring and coordination (A4.1)</td>
</tr>
<tr>
<td>Financial services - mobile banking (A1.2)</td>
<td>Solar energy equipment for operational capacity of health facilities (A2.2)</td>
<td>-HR&amp;GE approach -Referral system</td>
<td>Informal community governance structures capacities for resilience planning, response for resilience and recovery (A4.2)</td>
</tr>
<tr>
<td>Cash for work linked to work and life skills</td>
<td>Comprehensive approach for effective service delivery (A3.2)</td>
<td>Technical capacity assessment reinforce with HR&amp;GE approaches, resilience building and climate change &amp; risk management</td>
<td></td>
</tr>
<tr>
<td>Financial inclusion (education and access)</td>
<td>Incentive scheme to support service providers</td>
<td></td>
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<tr>
<td>-Incentive for access to health</td>
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</tbody>
</table>

- Timely implementation and delivery of results (RA5): Project team for management, oversight and quality assurance (risk management), TMP, audit and Evaluation, communication and visibility plan. UNDP operational support services and FSD
- Project operational manual with defined multilevel coordination mechanisms and resources.

### Institutional arrangements.

The institutional arrangement for this project responds to the implementation modality established –UNDP DIM with SFD as the main responsible party– as defined in the LoA. In this context, UNDP integrated a core management team responsible for overseeing and ensuring the effective and timely implementation of the project in close collaboration with SFD. This required UNDP’s
project team to maintain regular interactions with SFD as established in the project documents, as well as an active role in its monitoring work –also feed by the TPM results. Likewise, the project team had to play a key role in its close collaboration with the donor, and key stakeholders for effective coordination and complementarity of interventions. It is important to note that although SFD is the national implementer, UNDP was responsible for the procurement process of the solar energy equipment, and technical oversight for the local capacity support component.

The table below shows the Project’s management team main responsibilities. On the other hand, SFD, as IP, followed HACT rules and procedures for its components implementation and had already an established institutional framework with its defined units that responds to their different resilience and recovery interventions, including the Monitoring & Evaluation and the Internal Audit of the institution. In this sense, an existing project team was leveraged for the oversight and quality assurance, to ensure an effective implementation of the project components according to its annual work plans and full transparency and compliance with fiduciary responsibilities.

The importance of strategic and technical/operational coordination (based on a strategic mapping of actors and institutions) –among UN agencies and other development and NGO partners through the Emergency Employment and Community Infrastructure Cluster– to carry out an effective and complementary implementation of the project is detailed, but there is no operational guide or manual that establishes these mechanisms (for example the establishment of a technical coordination group among UNDP, UNICEF and WHO). It is essential to consider the development of an operational manual in future interventions, that could contribute to transparency and accountability and to establish the bases for more integrated social protection policies.

In regards of the *Grievance system and accountability mechanisms* were considered the existing of community structures and accountability mechanisms with an inclusive and participatory approach.

<table>
<thead>
<tr>
<th>UNDP core team</th>
<th>Main role</th>
<th>Key aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project team-Sana’a (International)</td>
<td>Responsible for the overall quality assurance of the project – timely reporting to donors and overall coherence of interventions by SFD-IP</td>
<td>Timeshare with another project – YECRP (WB-funded)</td>
</tr>
<tr>
<td>National Coordinator-Sana’a (National)</td>
<td>Support in project management, appraised and advise on political &amp; economic developments that can have an impact on the project, oversee the administrative and logistical support by other national staff.</td>
<td>Full time project staff</td>
</tr>
<tr>
<td>Monitoring and evaluation Specialist-Sana’a(International)</td>
<td>Responsible to develop and institutionalize the project M&amp;E framework, advise on best practices in M&amp;E systems, and ensure overall quality and timely submission of progress reports and reporting to donors.</td>
<td>Timeshare with another project – YECRP (WB-funded)</td>
</tr>
<tr>
<td>Grievances and communication officer - Sana’a (National)</td>
<td>Oversee and ensure effectiveness of the grievances/complaints of communities’ mechanisms and the communication and visibility plan, in coordination with the responsible party (SFD).</td>
<td>Full time project staff</td>
</tr>
<tr>
<td>Field Coordinator - Aden (National)</td>
<td>Support the project management and team in engaging with SFD and other national stakeholders, and appraised the political &amp; economic developments that can have an impact on the project, and administrative and logistical support, all this in close collaboration with the National coordination</td>
<td>Full time project staff</td>
</tr>
<tr>
<td>Other: Project Finance Assistant, Project Assistant and driver</td>
<td>Provide operational support services in relation to the Project: finance procurement (contracting), administration, human resources, ICT and security risk management</td>
<td>Full time project staff</td>
</tr>
</tbody>
</table>

Question 2. To what extent was HR&GE and women empowerment been addressed in the design, implementation (and its adaptation throughout its implementation) and monitoring of the project?
The SPCRP’s Gender Marker as ‘principal’ (score 2), as per project document:20 “Gender equality is the main objective of the project/programme and is fundamental in its design and expected results. The project/programme would not have been undertaken without this gender equality objective.” This means that “…the project/programme is designed with the principal intention of advancing gender equality and/or the empowerment of women and girls, reducing gender discrimination or inequalities, or meeting gender-specific needs.” As shown in the section on alignment with the SDGs, the project has contributed to specific SDG 5 targets related to access to basic health and sexual and reproductive health, gender awareness and activities aimed at the empowerment of women through increasing capacities (skills training) and promoting greater participation in the project cycle and decision-making structures such as VCC. In line with this it is important for future projects to consider specific component on awareness-raising on gender equality and women empowerment that addresses specific gender issues related to the local and cultural context as cross-cutting activities in all areas of interventions and targeted communities, not just limited to psychosocial interventions. Also, it is highlighted for integrated projects with health components and infrastructure, the importance to include and ensure awareness and access to sexual and reproductive rights according to cultural relevance and life cycle perspectives.

In this sense, the project addressed as the core constituency of the project women, youth and IDPs with specific target minimum quotas of 30%, 35%, and 25%, respectively. Also, the project has met the minimum criteria on gender approach on the design phase and explicit gender equality objectives backed by gender-specific indicators, which is reflected in the results framework (including disaggregated data by sex). This has been reinforced by the monitoring system with a gender approach applied during the project’s implementation phase and considered in its evaluation phase.

Hence, is important to highlight that there is an opportunity to improve in the future the design of the program in relation to the gender approach. A more comprehensive analysis is required prior to a next phase (or scale-up) of the project that considers a gender analysis and a “do no harm” approach. This will allow identifying any potential risks of perpetuating (unintentionally), or reinforcing, gender inequalities during the project’s implementation for timely monitoring and corrective or compensatory measures.

Question 3. To what extent did the project remain relevant and has been appropriately responsive to political, legal, economic, institutional, etc., changes in the country?

A risks assessment was conducted at the initial phase of the project and reflected in the project’s document (Annex 2), in order to identify potential risks that could hinder the achievement of the proposed results. The types of risks identified are political risks, operational risks, financial/fiduciary risks, programmatic risks, social and environment risks and security risks.21 The different strategies considered to address the identified risks included the incorporation of clear criteria for the implementation of the different components, stakeholder engagement – particularly at the local level –, and the regular monitoring defined in quality assessment.

This risk analysis framework has served to guide the monitoring carried out periodically by the TPM (with a quarterly report), where these risks are identified. This information, together with the information managed by the project implementing partner and the national implementer (obtained from field visits and progress reports) has been used for decision-making (according to the minutes of the review meetings between SFD and UNDP). In this sense, it is important to highlight that the project responded adequately and managed to adapt (i.e., reallocation of

20 The DAC recommends that donors adopt a twin-track approach to gender equality across their development co-operation portfolio, combining dedicated/targeted interventions (usually score 2) with gender mainstreaming (usually score 1). See for more information Gender Equality Marker based on minimum criteria established https://www.oecd.org/dac/gender-development/Minimum-recommended-criteria-for-DAC-gender-marker.pdf

21 Regarding the social and environmental risks, it responds to the Social Economic Standards (SES) applied through the Social and Environmental Screening Procedure (SESP) that guides UNDP and implementers and has an Accountability Mechanism for its compliance.
activities and resources to other districts/governorates) to guarantee continuous alignment with the (changing) needs and priorities of the main constituencies of the project.

SFD’s 20+year accumulated experience and its development approach, in the management of projects with local and social impact (cash for work, small infrastructure, local support, etc.) and in accordance with its operating manuals, has been essential in ensuring a successful implementation. For example, SFD has been able to respond with the re-allocation of projects (capacity building activities and infrastructure projects) due to specific local contexts, particularly related to security and safety reasons in some targeted districts in the Northern region, as detailed in the effectiveness section.

Thus, the role of SFD as national implementing partner has been key to respond to contextual changes in a conflict-setting. However, the importance of carrying out a more comprehensive baseline assessment of the socio-economic and environmental risks assessment that implies the active participation of the communities and the different local actors is emphasized. For example, other types of risks were identified during the implementation of the project when they could have been defined at the beginning: risks related to the cultural context such as some resistance in the use of mobile banking due to lack of confidence in the banking system or greater confidence in the use of cash, as well as a high prevalence of people without identity card.

Quality assurance plan: implementing period June 2017–June 2020

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Objectives</th>
<th>Responsible</th>
<th>Periodicity</th>
<th>Compliance as June 30 2020.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACT Spot Checks²³</td>
<td>Mgt. of project personnel Procurement procedures in line with UNDP financial regulations, policies, rules and procedures Inventory control system, protection of IT equipment and control of the vehicles</td>
<td>SPCRP Project Team -CO Programme Team in San’a and Aden Sub-Office -TPM</td>
<td>Bi-annual</td>
<td>No HACT Spot checks carried on -TPM (7 total)</td>
</tr>
<tr>
<td>Financial Monitoring of quarterly FACE Forms</td>
<td>IP’s Financial Mgt. Capacity</td>
<td>Bi-annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Monitoring (including Field visits)</td>
<td>Programme implementation status according to workplan (progress against annual targets, respond to delays in implementation status, etc.)</td>
<td>Quarterly</td>
<td>-Field visits (3 total)</td>
<td></td>
</tr>
<tr>
<td>Financial Audit/Internal Control Audit</td>
<td>Accuracy of financial statements and transactions and adequacy of systems and controls to manage the financial resources/transactions</td>
<td>-CO Audit Focal Point</td>
<td>Periodically, in accordance with UNDP policies and audit risks assessment</td>
<td></td>
</tr>
</tbody>
</table>

5.2 Coherence

Coherence refers to the compatibility of the intervention with other interventions in a country, sector or institution.

For this section two main questions where addressed.

Question 1. Was an effective inter-donor coordination mechanism in place during implementation? How has the situation evolved during the project implementation?

²² Al-Iryani, L., De Janvry, A. & Sadoulet, E. (2013) highlights four factors that have enabled SFD to effectively implement the development interventions, such as ownership (demand-driven approach and direct link with communities); trust (political neutrality), flexibility (to contextual changes), and relevance (quality of interventions, visibility and support among stakeholders).

²³ See for more details related to HACT: https://popp.undp.org/SitePages/POPSubject.aspx?SBJID=167
The SPCRP project—an development intervention—, which seeks to complement humanitarian response interventions, is complex due to its multisectoral nature (with four results areas). However, as mentioned in the latter section of policy alignment, the project is aligned with national priorities and with other interventions within the working sectors and clusters that responds and are consistent with international norms and standards. These efforts in addressing synergies and linkages between other interventions and within its institution—in the case of the implementing partners—reinforce the project’s internal coherence.

The SFD has established links at the local level (with the authorities and other local actors of the Northern and Southern regions), that have contributed to its effective coordination and implementation in communities in a conflict-setting. However, the coordination with other non-state partners, such as the Yemeni Red Crescent Society (YRCS), that according to the project document would collaborate with its “reporting” as a mean of verification for indicators related to SFD activities on psychosocial support, did not materialized.

On the other hand, the aspect related to the external coherence of the project has been addressed but is still limited. Some challenges related to coordination, complementarity and harmonization with other actors are identified, as shown in the figure below. It is important to establish more systematic or integrated frameworks to ensure harmonization not only within a particular system but between different ones (i.e., within the health cluster and between the health cluster and social protection). This will contribute to more consistent interventions with added value as opposed to the duplication of efforts. However, an in-depth analysis is required in this regard to be able to more specifically assess the limitations faced (including its synergies and trade-offs between policy areas), particularly in conflict-setting, humanitarian response and its financing.

The institutional framework of the SPCRP considered different coordination mechanisms at different levels, such as:

- **The strategic and political level**, with a Project Board where key implementers and partners participated and strategic decision-making took place, including approval of the annual work plan. It should be noted that the government counterpart or other key development partners had a limited participation in this committee, although it was considered in the Project Board’s terms of reference.
  
  According to the supporting documents, only one board meeting was held.

- **The strategic technical level**, with a UNDP and SFD review meetings that takes place on a regularly basis to coordinate the formulation of technical proposals for the implementation and effective monitoring of the program. In these meetings, only the key implementers management team participate UNDP and SFD. At this level there is no established coordination (on regular basis) with other strategic partners such as the different clusters through the ICC. In this sense, it is recommended to strengthen coordination with gender resources and expertise of the United Nations system (including UNDP itself) and incorporate in the management team an expert in gender issues (to coordinate and reinforce, based on a comprehensive gender analysis, the Gender marker 2 project). This will help ensure coherence with UNDP’s global gender strategy
and SDGs in alignment with national efforts towards GEWE, and identify the resources needed to meet overall gender targets.

- At the local operational level, SFD coordinates with local authorities and key local actors through existing coordination structures and contributes to its strengthening with an inclusive and participatory approach (particularly promoting the active engagement of youth, women and IDPs).

It is important to highlight the need to strengthen the coordination mechanisms and resources at all levels to function in accordance with the defined terms of reference. In future projects, technological resources and tools could be considered to hold these meetings in regular basis, which could mitigate some of the risks of not holding the meetings due to the political context. In the current project, government counterparts and SFD seldom participated in meetings due to the political situation. Therefore, the importance of the active participation of national implementers, such SFD, in all levels of decision-making is emphasized.

In this sense, it is necessary to consider a comprehensive governance structure for a future intervention, and that it be part of an operational manual, in which the coordination mechanisms, their functions and resources are clearly defined at the different levels of decision-making, as well as a gender-oriented terms of reference.

**Question 2.** Are the intervention results contributing to the realization of international HR & GE norms and agreements (e.g., CEDAW and UDHR) as well as national and local strategies to advance HR & GE?

The SPCRP project results has had some contribution to the realization of international HR&GE norms and agreements as mentioned in the policy alignment section (and SDG 5 alignment) and in question 1 of the Coherence criteria. This is also referenced in the Relevance criteria (Question 3) and GEWE section. Hence, it will require better coherence and alignment with gender global strategy and UNDP country programme gender strategy to expect a greater impact in future projects and, as mentioned before, the project design should respond to an initial comprehensive gender analysis.

### 5.3 Effectiveness

Effectiveness refers to the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

It is important to highlight that this project was conceived within the social protection scope or framework, and therefore aims to establish the basis for a more comprehensive system – that considers scaling-up and strengthening of national capacity. In this sense, the project considers a multidimensional approach with different components making its implementation more complex, particularly in a conflict-setting. The implementers have faced various challenges for the implementation of the different components of the project particularly related to the changing context of ongoing conflict and security in the targeted areas. Despite this, on average the established goals have been achieved. There are some that were clearly identified from the beginning as unrealistic, and their revision was proposed and agreed upon, but they were not modified before the end of the project, as will be explained in this section.

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24 UN system provides resources (coordination and programme support) to strengthen national GEWE efforts in collaboration with other development partners, local and international civil society organizations and in cooperation with the relevant authorities.

25 In the project document it was established the institutional arrangements, but only the terms of reference for the Project Board were defined.

26 This issue related to the proposed revision of targets that was indicated both in the progress reports and in the interviews carried out.
The effectiveness criteria covers two main questions, as follows.

Question 1. To what extent did the project contribute to the country programme outcomes and outputs, the SDGs, the UNDP Strategic Plan and national development priorities? (Including HR&GE national strategies)

In the Relevance Criteria, (Question 1- design features of the project) related to the intervention’s components, the main limitations faced during implementation and linked to the conceptualization and design of the project were addressed. Therefore, this section will rather present the specific results of the project.

Most of the specific project outputs were achieved within its time frame. Hence, as said before some of its initial limitations, linked to the design features and the defined targets that were not possible to achieve, contributed to a lower achievements than projected in Results area 1. Cash for work –with the total number of participants (direct and indirect) and its financial inclusion component related to the opening of bank accounts and mobile banking–, and Results area 2 Health infrastructure–with the total number of participants in the wage-intensive component. On the other hand, better achievements were obtained in Result area 2 –with a total of 79 health facilities rehabilitated/furnished against an overall target of 45–, Result area 3, psychosocial support and Result area 4, capacity building –support to local authorities and communities.

Concerning specific issues related to the effectiveness of implementation by result area according to the different regions, the following could be highlighted:

Cash for work (RA1), The cash for work has main achievements in reaching the number of direct and indirect beneficiaries, based on the proposed revised indicators. This does not apply when comparing with the overall target in the project document.

It is important to note that 3 out of 10 direct participants (27% of the total) of Cash for work are women, thus it can be said that on average the established quota of 30% has been reached. However, the women of some targeted villages and communities faced some limitations to their participation according to the qualitative results. For example, in the case of the Southern Region related to the Cash for work community projects: “...those (women) who wish to work have been

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27 According to the UNDP-EU SPCRP Board Meeting, 17th December 2019 in its minutes was emphasize “…the need for reasonable targets...” and the way forward to “Enhance Cash-for-work intervention to reach at least 50,000 direct and indirect beneficiaries...”.

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Note: If the red circle area are projects that had to be re-allocated to other districts within or in other governorates due to the security context among others. Its yellow circle governorates districts included with re-allocation of funds during implementation.

Source: Based on the revision of SPCRP project documents.

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Map of SPCRP interventions

Cash for Work (RA1)
Health facilities rehabilitation (RA2)
Psychosocial support (RA3)
Local support (RA4)

Source: Based on the revision of SPCRP project documents.
In regards, to the innovative component introduce related to financial inclusion and access to mobile banking, had some limitations in its implementation. As mentioned before the lack of identity documents\(^\text{28}\) required to opening a bank account was one of its major barriers and which could partly explain the low percentage of women (13%) of the total beneficiaries who opened bank accounts. Additionally, there were other challenges mentioned by the interviewers, such as issues related to cultural aspects (cash versus deposit) and other related to the context of the banking system and the lack of trust, as well as the inadequate communication infrastructure in the rural areas. However, different activities were carried out towards this achievement, such as establishing minimum criteria for this component to ensure the service (access, infrastructure and connection), including the signing of an agreement by SFD with the bank, as well as awareness interventions to promote its use. All of this has not contributed to achieving the proposed financial inclusion objectives and did not allow achieving the financial inclusion objectives.

However, some of the interviewees from the northern and southern regions did point out the importance of cash for work interventions that has been inclusive and whose “…beneficiaries…have met most of their needs” (Northern region main results, Annex 5).

In order to analyse the impact of this type of development interventions on women's empowerment, it is necessary to carry out an impact evaluation (based on panel data) that could follow each major step along the causal chain (of resources, agency, and achievements) and observe the changes in the same people over time. For example, in the cases of women receiving cash for work (or cash transfer) it can be study the use of that money and the decision-making process for its use within the household, whether women take those decisions.

Likewise, the health infrastructure component has contributed to expand access to health services to all community members, according to the interviewees of the visited health infrastructure projects for this evaluation. In particular, in the Southern region the Motherhood and childhood center in Alanad and Karesh (Tuban district) is pointed out as a fundamental achievement, as well as in the Northern region with the health care services extended to another

\(^\text{28}\) According to the Lessons learnt report (Revised draft, Nov. 2020) “…85% of beneficiaries do not have personal identity documents.”
districts (unintended benefits) provided by the hospital in Hamdan district (Sana’a governorate)²⁹. Concerning the projected target for direct beneficiaries, the nature of the activities was not taken into account. These activities required skills intensive work instead of labour intensive and that it was implemented using contractors. It is important to highlight that it was possible to have had increased the target from 45 to 79 because the focus was made on smaller-scale infrastructure rehabilitation (of health centres and units) instead of larger-scale rural hospitals (which requires a much larger budget).³⁰ ³¹ This change was reflected in the SPCRP review meeting minutes of December 2018.

The interventions regarding the psychosocial support (RA3), have been limited to five governorates (from a total of 8 projected defined in the project document). The different challenges faced by this component at the beginning led to the delay and suspension of its activities in 2018 and its re-packaging.³² These challenges were related to the security context and issues raised by local authorities that included agreements at the local level to reallocate resources towards other priority needs, and to redefine the scope of this intervention (as mitigation actions) –with ‘community-based response activities” focusing on enhancing community resilience during conflicts³³.

In the southern region, and according to the main results of the qualitative study, it was underlined that it has the fewest achievements on conducting awareness sessions by women-to group of men. In the villages, community members refused to attend these sessions unless in-kind assistance was provided. On the other hand, it was highlighted that with the implementation of the psychosocial support activities, some contextual changes were observed in the community, particularly related to positive habits among children, as well as some friendly and safe spaces opened for them. (Annex 5).

²⁹ Based on the qualitative results for the Southern region (UNDP, 2021a) and Northern region (UNDP, 2021b) and its main results in Annex 5.
³⁰ This change was reflected in the SPCRP review meeting minutes of December 2018, without further explanation for this decision.
³¹ As of September 2020, the remaining 13 health facilities were still under implementation in different stages with only two have contracts under announcement for the medical equipment and furniture. The targeted health facilities include health centres, health units, hospitals, blood banks, Basic Emergency Obstetric Care Center, Laboratory, Mother and child center, Dialysis centres and stores.
³² Local authorities including SCAMCHA, MoPH and MoE, who urged SFD to suspend training interventions and re-allocate the corresponding budget to support the rehabilitation and reconstruction of rural hospitals, and to cover teachers’ salaries –areas consider priority. In this case, the SFD included the repackaging of this component in the Proposed Acceleration Plan, which was approved in the UNDP and SFD review meeting (June 2018). (See progress reports: Annual June 2017-July 2018 and 3-Quarter-2020).
³³ The activities will aim to directly or indirectly provide psychological support, foster social connections using community networks of children, youth and women, and encourage them to form resilience to the crisis and normalize daily life. Also, it addressed skills and knowledge (life skills), conflict management, feeling safe, trust in others, self-worth, relationships with peers, and the sense of belonging to a community; as well as stimulate the demand for therapeutic and counselling services etc. (See Annual progress report (June 2017-July 2018).
The capacity building interventions (RA4) aimed to support local authorities and community governance structures, have achieved their main targets surpassing its projected ones. For these interventions Tamkeen contributed to the enhancement of the community structures in nine districts of the four governorates that were targeted. It faced some initial challenges due to security and safety reasons that led to holding the activities in Al-Durayhimi district (Hodeidah governorate) and re-allocation of funds to two other districts: Mabian (Hajjah governorate) and Jabal Habashi (Taiz governorate).

**Question 2. What factors have contributed to achieving or not achieving the expected results, respectively across specific groups: women youth, IDPs and the realization of HR&GE and women empowerment?**

Notwithstanding, this development project was implemented in a very complex conflict-setting, it had an overall positive achievement (most of the outputs were achieved within the time frame). As mentioned above, it has underperformed in some result areas –cash for work and financial inclusion– and outperform in others –health infrastructure, provision of solar energy source and capacity building at the local level.

Among the main factors that have contributed to the overall achievement of the project goals, the following can be mentioned:

- Engaging SFD as its national implementing partner. An institution that not only has the infrastructure and human and technical resources needed (operational guides, established local coordination mechanisms, conflict sensitivity strategies, etc.), but also the knowledge in the implementation of this type of intervention and the realization of neutrality and trust among stakeholders. Most importantly, it has the capability to reach out to all governorates and districts, engage at the community/village level, and the flexibility to adapt to the local context. This was the case with some security issues and other situations that led to redirect (re-packaged) activities to other locations (i.e., cash for work, psychosocial support and capacity building activities in Hodeidah, Northern region).

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34 Tamkeen had made agreements (MoUs) with all district’s local authorities in order to carried on with the activities of this component. Tamkeen mobilizes communities to lead their own development, re-balance the planning process from top-down to bottom-up and strengthen the linkages with the district local authority. Also, supports the empowerment and organizations of residence at the village level through Village Cooperatives Councils (VCCs), promote the concept of self-help, and enhance social cohesions and community resilience.

35 This re-allocation of funds was in agreement of SFD with UNDP. Also, SFD had to suspend activities in Hairan district (Hajjah) despite the progress made –with the formation of VCCs and development of community resilience plans– due to intensified ground fighting and security reasons.

36 These cases are specified in the progress reports as well as in the TPM reports.
The SFD also has a Gender Mainstreaming Strategy and Framework (2008-2010) that helps ensure efforts towards greater gender awareness in internal policies and procedures as well as in the different interventions. All this rich experience in the field could contribute to strengthening this framework (developed a decade ago) to respond to the challenges faced by women in the changing context/conflict context and for recovery.

The project was also flexible to adapt to the COVID-19 pandemic outbreak, as one interviewee pointed out “…in terms of provision of protective gears to its beneficiaries, activation of health facilities of which were converted to isolation centres and awareness raising.”

- The institutional arrangements and the technical and operational capacity of the team responsible for project implementation and risk management have contributed to its overall achievements. Additionally, the supervision and monitoring system in place, including a systematic Third-Party Monitoring (TPM), made it possible to identify gaps and risks in a timely manner.

- Some unintended positive results were identified, such as the project’s engagement with rural hospitals in addition to the health centres. This allowed a greater scope in the health coverage of populations in other districts – for example, Hamdan Rural Hospital. Others, were related to the positive effects of the psychosocial support activities on children, as mentioned above.

On the other hand, the main constraining factors that contributed to a lower-than-expected result in some areas are those indicated above and related to the design of the program, others were related to the security context and COVID-19 pandemic (at the last year of project implementation). COVID-19 outbreak in the country contributed to the delayed of some activities, as stated in the 3Q Progress report (2020), particularly those activities that required crowds of people and training activities. In this context, precautionary measures were taken during these activities to minimize any risk of infection.

It is important to reiterate that the established targets for total beneficiaries (direct and indirect) for the CFW (RA1) component, were overestimated but in the end, they were not adjusted, despite a formal request made by the implementing national partner (SFD), due in part to the rigidity of some systems (and procedures) to modify projects in progress. As one of the interviewees explained that “…the indicators were already set in 2014, before the changes in the program and was very difficult to adjust them…” referring to the donor’s system, although “…there was an acknowledgement by EU and UNDP that these indicators were hard to achieve.”

Regarding the financial inclusion component, the lack of personal identity documents, as mentioned before was one of the main obstacles that significantly limited access to banking services. Hence, it is important to highlight that this issue was not considered as a risk in the project document (design phase), yet efforts were made to facilitate beneficiaries’ access to financial services: SFD signed an agreement with the microfinance bank Al-Amal, in order for the bank to establish a mobile money channel (PEYS), which could facilitate the sending of transfers. But this mitigation measures were taken at an advanced phase in project implementation, which could have affected the overall performance of this specific result

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37 According to progress reports in the first phases of the implementation of the project new targets were discussed among SFD and UNDP and the donor (EU) and agreed upon (to be reviewed), as well formal requests were shared with new targets to UNDP, at the time.

38 UNDP, SFD, and Amal Bank arranged to have an agreement with local authorities to facilitate the issuance of identity cards for beneficiaries at the district level rather than the governorate level and start their implementation in the Hajjah governorate, following other targeted governorates. This with an assigned budget of $ 68,535 to cover activities such as awareness and incentivize beneficiaries to use the services. (Progress report Q1 and annual report 2018-2019)

39 PEYS is a system in which beneficiaries can receive, transfer credit, use credit to purchase goods such as food items without the need to use cash.
Also, is important to highlight, as one interviewee stated “the major challenges the banking system faces, such as lack of liquidity of both currencies (USD and YER)...” situation that was handle but could entail costs in terms of efficiency and effectiveness: “…could and sometime requires days by our bankers to collect cash and distribute to the cash for work beneficiaries...challenges were managed whenever occurred and this is the cost of doing business in Yemen in view of the ongoing conflict.”

In addition, it is important to point out in the health infrastructure component (RA2) that the first-year efforts were mainly focused on the completion of preparatory works, including assessments to identify the health facilities and beneficiaries to be targeted. Also, mainly skills labour (through private contractors) was required for its implementation, with a much less workers than that established (project document) with intensive labour, mostly male workers and limiting the number of female participants and IDPs. These targets were rectified in the first Board of directors meeting (last quarter of 2019) –two years into the project. In the case of the psychosocial support (RA3), the importance for its activities to respond to an inclusive participatory process and to respond to local needs –at village/community level– is highlighted.

Some considerations to take into account to build on or expand these achievements (or overcome these constraints in future projects) are related to overcoming the gaps or limitations identified on the design and conceptualization of social protection (developmental approach), as well as the importance of enhancing the possible synergies between the different interventions and their multiplier effects. Another important aspect in future projects is to ensure a robust and systematic monitoring and evaluation system (based on a rigorous initial assessment). In this particular project, some limitations can be identified in the implementation of defined monitoring tools in the project document itself - for example, the lack of the HACT spot checks. These considerations will be addressed in the recommendations section, specifically.

-Regarding the factors that contributed or not to achieving the main objectives and projected targets related to GEWE that have been analysed throughout this report can be summarized as follow:

Among the main factors that contributed to the progress of GEWE was to have established it as one of the guiding principles of the project and defined specific indicators (minimum compliance percentages), a project Gender marker 2, this within the framework of the global efforts of the UNDP and the UN system and other development partners. However, in future projects, it is necessary to align these global (international development partners) and national strategies with the strategies of key implementers and other national partners at the local and sectoral level -for example, the FSD’s Gender Mainstreaming Strategy and Framework.

Among the limiting factors, some cultural barriers (that requires an in-depth study) have been highlighted, which contributed to a lower participation of women in some types of community projects (e.g., road works in the Southern region) and access to the banking system, the latter strongly linked to the lack of identity documents. Based on these results and others detailed in the GEWE section, the importance of conducting an initial gender analysis that responds to the conflict-setting and recovery from a broader perspective of social protection is emphasized. This broader perspective would allow a more in-depth study of the type of barriers that women face for their advancement and empowerment in the conflict context, and those that limit their effective participation in the community decision-making structures and throughout the project cycle. Also, could help identify particular needs based on the specific risks linked to the life cycle and intersectionality, for example, the need prioritise women related health infrastructure.

5.4 Efficiency

These activities to engage with the bank were reflected in the initial reports for 2018, but the signing of the agreement is reflected the 2019 reports (Progress report Q1 and annual report 2018-2019).
Efficiency refers to the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

For this section three main questions where addressed.

**Question 1.** To what extent have the UNDP project implementation strategy and execution been efficient and cost-effective?

To a great extent, the project management structure as outlined in the project document was efficient in generating the expected results. As shown in the following graph (Annex 6) the project had a good budget performance by result areas\(^{41}\) (except for result area 4), and as a whole (81% of the total budget). Although result area 4 had a lower budget performance, as summarize in the previews sections, it achieved its main targets. Regarding the proportion of the total amount per result area, health facilities infrastructure represents 42% of the total budget, followed by area 2, and area 3. The timeframe was reasonably adjusted to the demands of the evolving context.

In sum, interviewees stated: “The project has achieved the intended direct outputs given the available budget…” “Over 90% of the project outputs were achieved. Not all the outputs were achievable within the time-frame…”

The overall project was cost-effectiveness.\(^{42}\) When calculating the cost-effectiveness of the CFW component the current cost is 2.7 time more of the projected cost per beneficiary.\(^ {43}\) As mentioned repeatedly, this component established targets in the project document were overestimated. On the other hand, this measure for the main component of health facilities rehabilitation cannot be applied, since the projected costs were considered mainly for large scale projects, whereas the actual average costs results are based on many small-scale projects (incorporated to the total number of health facilities rehabilitated). (See table below)

**Cost-effectiveness of main project’s components.**

<table>
<thead>
<tr>
<th>Result areas</th>
<th>Budget allocation (a) (USD)</th>
<th>Budget utilization (2017-2020) (b) (USD)</th>
<th>Target 1/ Projected (c)</th>
<th>Actual (d)</th>
<th>Cost-effectiveness 2/ Projected (a)/(c)</th>
<th>Actual (b)/(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash for work (RA1)</td>
<td>4,651,381.00</td>
<td>4,156,274.25</td>
<td>126,000</td>
<td>37,589</td>
<td>USD 31.64 cost per beneficiary</td>
<td>USD 86.85 cost per beneficiary</td>
</tr>
<tr>
<td>Health facilities infrastructure (RA2)</td>
<td>10,657,322.00</td>
<td>9,133,049.69</td>
<td>45</td>
<td>73</td>
<td>N/A</td>
<td>USD 125,110.27 average cost per health facility rehabilitated</td>
</tr>
</tbody>
</table>

Note: 1/ Total direct and indirect beneficiaries for Cash for Work and total health facilities rehabilitated. 2/ The calculations were made based on the budget per result area. Calculations were also made prorating the costs of project management (RA5) and indirect costs - in which a similar result was obtained.

Source: Based on the progress reports budget and achieved target data and Annex -xx.

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\(^{41}\) Regarding result area 1, its original targets had been set based on an assumption of lower level of wage transfers than the SFD’s modality of implementation.

\(^{42}\) Cost effectiveness is a category of metrics that is used to measure the results of programmers, projects, etc., whose benefits are non-financial, and can be use as benchmark results to compare with other approaches or alternate strategies. In the case of this project, we have limited data, but also can be measured for longer-term results for future projects related to health interventions, for example, motherhood or children’s units the cost per children without nutrition problems or the cost per mother card for.

\(^{43}\) In the case for Cash for work can be calculated as the cost per temporary job created taking into account the direct beneficiaries of the project: 21,000 projected with a cost of $221.49 per job created and 10,265 actual target achieved with an actual cost of $404.90. This calculation is based on the budget per result area.
It is important to take into account in future projects the possible changes in the prices of construction inputs that could undermined the established targets, for this it is recommended to strengthen the technical capacities of the national implementing institutions with the development (or strengthening) of an updated system of input costs for the construction/rehabilitation of basic social infrastructure. Regarding the health facilities infrastructure, it is suggested to consider a technical assistance or other funding mechanism to carried on technical need assessments (for infrastructure and equipment) of all prioritized facilities (by the Health cluster). This will help reduce time (and avoid delays) in the early implementation phases of future projects.

In the case of this project, which currently is the only one for recovery including a social protection approach in the more medium term, it would be important to consider these types of tools for the analysis of the efficiency in future projects. Likewise, it is recommended to consider a cost component as part of the impact evaluations of the social protection projects.

Question 2. To what extent do the M&E systems utilized by UNDP ensure effective and efficient project management?

The project monitoring was undertaken at multiple levels, ensuring a comprehensive approach to quality assurance and regular monitoring activities throughout its implementation. The system adopted included both regular and participatory monitoring at the sub-project level (at the local level) (SFD), Third Party Monitoring (TPM) and field visits (UNDP); as well as progress reports (quarterly and annually by SFD), and other accountability mechanisms specified in the project document (financial audits). This system had also integrated and used gender analysis, which identifies the participation of women and the obstacles faced, as well as unforeseen results related to the active participation of women and their empowerment in the different interventions of the project. It is important to highlight the efforts made to maintain the programming of monitoring activities, despite the initial delay of the project and the difficult conflict-setting in some areas of intervention. In the following figure, some gaps and some limitations (both in monitoring and coordination) can be observed. It emphasizes the importance of strengthening coordination mechanisms at different decision-making levels (as mentioned in the coherence criterion).

Question 3. To what extent have project funds and activities been delivered in a timely manner and respectively to specific groups—women, youth, IDPs? Did they match the initial expectations?

The project had an initial delayed of more than six months (in its launching). However, the implementation as mentioned in the analysis it progressed as planned and a ‘no cost’ extension for nine months was approved in order to compensate for this lost period.
It can be said, in general, that the project complied with a timely delivery within the intended timeframe and budget. The project implementation was guided by its results framework and annual work plans, with some limitations related to the context of insecurity, as well as project management and operational aspects as mentioned before.

The uses of the resources to address HR &GE were in line with the corresponding results that were achieved, except in the case of RA3 with the skill-labour mentioned above. However, the importance of greater resources necessary to strengthen skill-training for women and gender sensitivity awareness activities –financial inclusion, identity cards, etc.– is emphasized for future projects. All this, in a project framework strengthened with a specific gender component (with human -gender specialist- and financial resources) to ensure gender sensitivity in project design (based on initial gender analysis), implementation and monitoring and evaluation.

### 5.5 Impact

Impact refers to the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

This final evaluation does not measure the impact of the project interventions, for this it is necessary to have a longitudinal study – baseline and at least two surveys to measure the impacts in the medium and longer term. However, there are some initial signs of impact, without being able to assert that they are due to this specific intervention alone. As interviewees stated: “The rehabilitated hospitals or health services/units supported with solar energy are able to provide health and vaccination services which were not possible before the intervention.” “Beneficiaries engaged in CfW activities not only accessed income to spend on household urgent needs but also communal assets and infrastructures…WASH, agriculture and roads rehabilitated providing access…improving livelihoods tools and services for the community…(and)…increased productivity which has longer lasting impacts.”

**Question 1. What are the early signs of impact, being them expected and unexpected, positive or negative and related to HR&GE and women empowerment?**

The main results of the qualitative assessment in the northern and southern region, highlights early signs of expected positive impact of the interventions (sub-projects visited), as well as some unexpected ones (see Annex 5). Thus, it can be said that the interventions have responded to local needs and brought benefits to both the target and neighbouring communities. Also, these interventions have empowered IDPs, and youth as well as women, who participated (as right holder) in the Cash for work, skills-labour, psychosocial support training and other activities –including life skills training–, and that were also involved in the different project implementation phases, and in the community decision-making processes (VCC) fostering social cohesion.

The project community-based approach, which promoted the beneficiaries and community members participation in the project’s cycle and in the community decision-making structures (such VCCs), as well as the community driven projects has contributed to fostering social

45 It is important to highlight that this are early impacts and that it is needed a rigorous impact evaluation, as explained before, to have strong evidence, for example of changes in behaviour and practices. For this has the evaluation has to consider appropriate methodological approaches to observe changes in behaviour (overtime) and that are also attributable to the specific intervention.
cohesion (early signs of impact and could be measure with an impact evaluation). Some examples below:

**Northern region:**
- Referring to community driven projects “…self-help initiatives played a key role in increasing social cohesion between community members as it brought all community people working together”
- Regarding the benefits (early impacts) on more disadvantage and marginalized groups –women, IDPS, other groups– from these interventions (referring to psychological support) “the respondents indicated that the benefit was great…(this type of) projects enhances resilience; it creates sufficiency and a sense of belonging…”

**Southern region:**
- “IDPs were part of the project, they contributed (to) the project execution and get daily wages (that) helped them to survive and built up a good relationship with the host community…” As well, it was mentioned that the project approach contributed to “Enhancing the relationship among community members.” Also, regarding the strengthening of VCCs in obtaining “…communication and coordination skills (at) the community level.”
- “Women have (had) effective role in all community committees. They have participated in planning and preparing projects and initiatives in all humanitarian and development fields. They have been present from the beginning of the project to the end and are still present in all the committees of the humanitarian organizations that have interventions in the district level.”

**Question 2.** What factors played in favour or against the contribution to the achievement of the expected impacts, respectively across specific groups: women, youth and IDPs?

The main factors that have contributed to the overall achievements of the project and emphasized in the previous sections have been the experience and institutional framework of the SFD, as well as its leadership at the local level and the coordinated work between the SFD and local actors. Likewise, it can be mentioned that the coordination between the SFD and the UNDP has been effective –although there is still room for improvement. And as has been analysed in the efficiency and effectiveness section, these factors have been key in this project.

Likewise, it is worth mentioning some aspects that have contributed to the achievement of expected impacts, was defining families and communities as its main constituency and establishing minimum percentages of participation rates for women (30%), youth (35%) and IDPs (20%) and its overall compliance. We have observed that the SFD’s conflict sensitivity and community-based approach in the project’s interventions, and the involvement of local stakeholders at governorate, district and community level (including youth, women and IDPs, and volunteers) can be highlighted as an important factor in the early impacts. Additionally, having established clear and well-defined targeting criteria has contributed to this, as well.

In the Southern region, can be mentioned as an example, the main factors that contributed achieving the expected results of the psychosocial support component (Zungbar district): responded to the theory of change, local authority project appropriation and coordination; community interaction with the project activities; effective support to vulnerable affected Yemenis; provision of refreshment and games during activities implementation, among other aspects.

On the other hand, there is the case of a Cash for work, path pavement project (Al-Howtah district) that achieved its expected results, but some houses were affected negatively, due to the project’s fund allocation was not enough to cover the whole area. The affected households are raising a complaint and expect a favourable resolution.

In regards, to women’s participation in community committees and supervision: “Relationships were expected and positive”. (UNDP, 2021a)

In the Northern region, can be mentioned as an example, the main factors that contributed achieving the expected results of the Cash for work sub-project (Bayut Al-Naharin village, Al-Mansouriya district) that provided temporary housing (nest) and basic services to displaced people (from a neighbouring district) in a host community: the project was identified as a priority for IDPs needs; cash for their work helps the IDPs livelihoods; able to connect a pipe to their homes (1,200 meters away) for safe drinking water. No major constraining factors are noted, only the negative attitude towards the banking transfer modality due to some obstacles faced with the transfers.

For the psychosocial support, regarding the social and life skills training activities has contributed to the empowerment of “…IDPs and Youth as well as men and women…have helped them in their livelihood to a large extent.” (UNDP, 2021b)
5.6 Sustainability

Sustainability refers to the extent to which the net benefits of the intervention continue or are likely to continue.

It is necessary to underline the need to carry out an impact evaluation in order to be able to assess with certainty the impact and sustainability of the SPCRP’s interventions in the medium and longer term. However, in the case of sustainability of the project’s interventions, there were specific strategies carried out that is important to highlight.

For this section two main questions were addressed.

Question 1. What concrete measures did the project put in place to ensure the continuation of benefits after its end? To what extent are they successful, and what are the key external factors that can impact on their efficacy?

In general, the community-based approach that considers resilience-building and the ownership of the different projects, contributes to their sustainability. However, it must be emphasized that there is a significant safety-related risk due to the conflict context. Regarding the interventions and projects carried out under the different result areas (with the exception of result 2 of health facility infrastructure) and depending on the specific projects, the local authorities and community members (and/or beneficiaries) are responsible for their maintenance. The maintenance of the health facilities infrastructure is the responsibility of the Ministry of Health. Hence, the main risks (destruction of infrastructure and the lack or suspension of delivery of services) are associated with security issues in the most conflicted areas, and the ongoing war in the country.

Both the qualitative results in the northern and southern regions highlights the continuity of the results. In this sense it is mention that, to some extent and for the different projects visited, the benefits of the intervention are likely to continue.46

Question 2. To what extent do stakeholders have confidence that they will be able to build on the HR & GE changes promoted by the intervention?

It is very difficult to predict what will happen in the country under the conflict context, but it is essential to be consistent with the HR&GE approach in future interventions. This will allow us to respond adequately to the specific needs of the most vulnerable and marginalized groups, even in extreme situations such as the one currently faced across the country.

In this sense, it is important to continue supporting and strengthening decision-making structures at the community level and to maintain the progress made with this project, for example, the continued participation of women in the VCCs. In the case of access to income-generating activities, it must respond to the specific needs of women (including the issue of care) and the local context, as well the need to consider interventions for the accumulation of human capital, such as skills training, access to microfinance, financial inclusion and education, HR and gender sensitivity awareness activities in all the target communities of the project (not just limited to some). This would contribute to increasing the awareness of the different members of the communities about women’s human rights and their role in sustainable development, which in turn would contribute to the sustainability of the results in GEWE.

Question 3. To what extent do UNDP interventions have well-designed and well-planned exit strategies?

The SPCRP project had an overall well-designed and well-planned exit strategies for most of its components. These strategies are related both to the approaches adopted by the project as well as to the implementation of components aimed at strengthening institutional, local and community capacities throughout the project management cycle –with assessments, training and planning tools–, and by promoting an active and inclusive participation of all stakeholders and community leaders and members in these processes –, with the strengthening of DMT’s and the formation/reactivation of VCCs (in this case, were developed Community resilience plans by

VCCs and villagers). These tools and capacities are necessary to strengthen these structures, but they still face important challenges for their sustainability, which is why it is necessary to continue supporting them in the conflict context where local economies are depressed.

Although this project aims for recovery and responds to a social protection approach, it does not have a defined exit strategy (from a situation of poverty) for the Cash for work component, since it consists of temporary income interventions. In order to achieve this, it is necessary to link this type of interventions with life and work skills and access to non-formal or vocational education, as detailed in the relevance criteria and recommendations section of this report. Regarding the diversity of projects carried out at the community level, the strategy has been towards the direct involvement of local authorities and members of the communities in the different phases of the interventions, as mentioned above. Therefore, these projects responded directly to the local needs that were identified. Although most of the activities and projects were concentrated in the last year and a half before the end of the SPCRP project, it is important to highlight that there were quarterly progress reports and TPM that identified some challenges and lessons learned at the time, which were considered at SFD and UNDP review meetings and in the Project Board meeting (2019).

Lessons learned are well documented through the different reports in the quality assurance and monitoring activities, particularly by the progress reports, field reports, the TPM (7 reports) that have been done on a regular basis, and a Lessons Learned report carried-on at the final phase (end) of the project. To share these reports with appropriate parties, and to take advantage of these lessons learned is of great importance in order to adapt the design of future social protection projects that could contribute to pave the road for recovery.

However, it is important to emphasize the need to improve coordination between development partners and government authorities to ensure synergies and multiplier effects and impacts. This could enlarge the “room for manoeuvre” in order to face constraining factors (financial, socioeconomic and environmental) that could inhibit sustainability of programme achievements. Due to changes in context, in a more efficient way.

5.7 EU added value

1.To what extent did the project bring additional benefits to what would have resulted from Member States’ (namely a single or individual member) interventions only?

Addressing the main challenges facing social protection in Yemen’s conflict context, is essential to help improve livelihoods and establish the pillars for recovery and improvement of the SDGs. In this sense, the added value of the EU, with the cross-cutting approach to social protection, and in terms of sustainable financing and capacity building, became the initial pillars of a greater effort among the development partners across sectors and government levels (central and at local level). From these efforts, a door can be opened for the beginning of a broader dialogue on social protection in the country.

The EU-added value can be identified in the whole cycle of the project. Thus, we can mention the EU’s commitment to expertise in development projects by identifying UNDP as key implementing partner, and SFD as main national implementer. In the design features of the project in which the principles of HR&GE, community-based approach and a well-defined logical and results framework, monitoring and evaluation, and risk assessments are prioritized. The importance of cooperation and harmonization (avoiding dispersion) among key development partners and other stakeholders, is emphasized. The importance of monitoring and evaluation and lessons learned in facilitating

evidence-based decision making; and ensuring quality of delivery of services and efficient/effective implementation, needs to be emphasized.

5.8 Gender Equality and Women Empowerment

This section will highlight some of the relevant issues related to GEWE, which have been analysed for the evaluation criteria in the previous sections. For this, it will consider aspects related to the project design, and to the implementation of the different interventions (result areas).

-Project design. The lack of identity documents was not identified as a risk at the project document (design phase), even though there were mitigating measures during its implementation, it is important to highlight that most women from targeted communities were unable to open bank accounts. Only 13 percent (on average 1 in 10 participants) of total targeted beneficiaries for this intervention had access. Although this is directly linked to the lack of identity, it is necessary to analyse in greater depth if cultural barriers also contribute to this. This is essential in order to develop a more comprehensive financial education and inclusion interventions in future projects. In this context, this aspect should be part of the recommended initial gender analysis.

In this context, the importance of carrying out an initial gender analysis in future projects is highlighted to respond (in the project design) in a better way to the specific needs of women (and from a life cycle and intersectionality approach), in addition to helping to reinforce a future Gender Marker 2 project.

-Cash for work. In this component it can be said that the minimum percentage established of 30% has been met ‘on average’, 3 out of 10 women (27%) were direct beneficiaries of Cash for work. In regards, to the community projects women’s involvement in the whole project cycle has contributed to improve their livelihoods with the income generating activities and to early signs of women’s empowerment. However, some cases have been reported in which women have faced challenges that have limited their effective participation. As is the case of a project in the Southern region, where it is highlighted that the local customs and traditions greatly limited the direct participation of women, particularly due to the nature of the project (road works) and place (urban area), but that were surely considered indirect beneficiaries.

-Health facilities infrastructure. For the whole component around one out of 10 health facilities infrastructure projects were directed specifically for the rehabilitation (furnishing and equipping) of primary health motherhood and child centres and basic emergency obstetric care Centres, including the complete furnishing of the Yemeni - Swedish hospital for Motherhood and Childhood. It is essential to consider the specific needs of women in terms of basic health care and sexual and reproductive services, for this it would be necessary to ensure these services in all health center rehabilitation interventions. The relevance and impact of these interventions in the communities can be pointed out in the experience of the Southern region, where the rehabilitation and equipping of the Motherhood and childhood center in Alanad and Karesh (Tuban district) is considered as a “… fundamental achievement…”. Another example, which reflects the response to the different health risks faced by women according to the life cycle and which reinforces the more comprehensive and multisectoral approach to this type of intervention, has been the reconstruction and equipping of the Maternity and Childhood Center in Shabwa in which, in addition to maternity services, health and nutrition services for children under five years of age have been strengthened.

-Psychosocial support. In the southern region, was highlighted the importance of the awareness session in addressing gender-sensitivity issues related to the negative impact of the early marriage, and the importance of education, for example. As an example, we can mention as a success case related to the activities of this component, the training provided to women in cooperatives on how to have their own business, which helped some households to generate savings and invest in

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48 This information is based on the projects list database (background information given for this evaluation), specifically those projects labelled as motherhood and child and obstetric centres. This list also shows that at least two projects due to rehabilitation and equipping – Al-shab Hospital for Childbirth Aden Governorate and November 30th center for Motherhood and childhood– were cancelled.
productive assets: around 25 women were empowered to start their own hair styling business and 30 women could use sewing as a source of income in the district of Zingibar. Among other results showed “…that more opportunities were available for young women volunteers because young men were able to leave the area to search for job opportunities. This concept was accepted by the community and local authorities in the community.” The volunteers gained skills and become more efficient on how to deal with the community and conduct awareness sessions for psychosocial support. On the other hand, women faced some challenges, highlighting “the fewest achievements in the realization of awareness sessions of women to a group of men”.

- With regard to the effective participation of women in the project cycle and in decision-making at the community level, this was observed in the selected communities of both regions studied. The effective role of women is highlighted in all community committees in which they have participated throughout the project cycle and remain active in the different committees related to humanitarian and development interventions at the district level. This has contributed to the early signs of women's empowerment, as is the case in the Southern region, where "... women played an important role in the design ... of proposals throughout the project period, as that they would be the ones who would receive reproductive health services ...” and as rights bearer. In this sense, the active role of women contributed, given the need to complete the execution of the project, to speed up the completion of its execution through their involvement in all phases of its implementation.

5.9 Other Cross-cutting issues

Regarding the alignment to international HR&GE norms and agreements, the SPCRP project is aligned with key human rights conventions, which are integrated in its design and implementation phases. The main agreements that can be mentioned are:

- International Convention on Economic, Social and Cultural Rights
- Convention for the Elimination of all forms of Discrimination Against Women
- Convention on the rights of the child
- Human rights for internally displaced people

The project integrated a human rights approach to social protection interventions:

- It considered a human rights-based framework that ensured the design of coherent and comprehensive interventions in order to impact on livelihoods.
- It incorporated the guiding principles of equality and non-discrimination: gender perspective, equality and non-discrimination in the selection process (targeting mechanisms) of communities and participants – at least 35% women, 30% youth and 20% IDP/returnees.
- It ensured that the co-responsibilities of beneficiaries and community members did not undermine their human rights – also by incorporating the community-based approach, particularly in the community projects (of the Cash for work-RA1 and capacity building-RA4 components) and the psychosocial support activities (RA3).
- It ensured an inclusive and effective participation of all groups including the most disadvantaged. It ensured as well, access to grievance system – complaining and resolution mechanisms established by UNDP and SFD.
- It also ensured the compliance with the standards of accessibility, adaptability, acceptability and adequacy (in regards, to economic, social and cultural rights) thus allowing the poorest and most marginalized people (including those facing additional obstacles due to age, ethnicity, status IDPs, disability, etc.) to benefit of the different interventions and access to health services (health facilities infrastructure-RA2).
- Although there was a significant participation of IDP’s in the different interventions, the minimum projected target of 20% was not reached. In the case of the wage-intensive contracting modality (RA2), IDP’s represented as direct beneficiaries 7% of all workers (youth 64%), and in the case of Cash for work modality, 16% (youth 57%).

The rights to reproductive health services, as stated in the qualitative results (Southern region): “Human rights were addressed in this project to the fullest extent, and it was apparent in health services. The right for health services is a right that should be enjoyed by both sexes at the level of physical and psychological health, family planning, assistance between births through the health center providing reproductive health services and family planning advice and the freedom to choose the appropriate method of contraception.”

The project also ensured conflict-sensitivity and flexibility in the implementation process, contributing to the achievement of the expected results. The project has supported affected vulnerable Yemenis who were victims of the worsening humanitarian crisis within an inadequate social protection system. This type of interventions, through community projects and psychosocial support, have identified and supported the most affected population—women, children, youth and IDP’s.

It is important to emphasize in future projects that the delivery of services should be designed to overcome cultural barriers and reach out to particularly vulnerable or excluded groups (such as people with disabilities). This was the case, for example, of the lack of identity documents for access to the banking system, and to culturally relevant health services. To achieve the above, a more coordinated work with the different stakeholders is necessary at the international, national and local level.

It is also essential to point out the need to expand the knowledge about grievance rights and the strengthening of the grievance redress mechanisms that could also contribute to greater transparency and trust (from communities and beneficiaries) in the effectiveness of this type of interventions. As is the case mentioned before (Impact section of this report) related to a road pavement project (Al-Howtah district) where some houses were affected negatively, and which have raised a complaint and expect a favourable resolution.

Regarding to the social and environmental compliance, it is important to highlight that SFD with its long experience and technical capacity in the implementation of this type of interventions has ensured this aspect. The institution has specific policies and manuals related to social and environmental safeguards (Environmental and Social Management Framework) and Occupational Safety.50 As well this aspects were observed and reported by the Third-Party Monitoring (TPM) in their quarterly reports. Particularly in the 6th TMP report (October-December 2019), it was presented the results of the applied Environmental and Social Safeguards OHS questionnaire provided by UNDP and that was related to construction work at health facilities. The main results of the applied questionnaire indicated that “in In most of the cases contractors seem to adhere to safeguards required. Workers have been provided with all protective personnel equipment and been told to use it. Some contractors claim to have guidelines that workers violating this would be suspended from work. However, only half of the contractors claim to have trained workers in the use of the equipment (p.13)” Hence, the importance of awareness raising on occupational safety and the use of protective personnel equipment given to the workers is highlighted.

VI. Evaluation conclusions and lessons learnt and recommendations

6.1 Main Conclusions and key lessons learnt

The project has carried out, in the final stage of its implementation, a comprehensive Lessons Learnt report and evaluations, including the ROM report, as well as two final evaluations (one requested by UNDP and other by the EU). All this valuable information will contribute to the strategic and evidence-based improvement of the project, its scaling-up, or for the implementation of other development projects.

The main conclusions of the final evaluation are drawn in this chapter, as well as a summary of the key lessons learnt and recommendations. It is important to highlight the detailed and valuable

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50 In the Project document it was identified social and environmental risks of the different interventions, mainly as moderate or low risk. For that it was established the need of monitoring or risks and it was also vetted by UNDP Bureau for Management Services (BMS) the SFD’s Operational Manual for infrastructure rehabilitation projects (small-scale), which includes safety standards.
information related to lessons learned and recommendations contained in the different project documents, such as the progress reports, TPM reports, and the Lessons learnt report\textsuperscript{51} that complement and reinforce the results presented in this report.

\textbf{6.1 Main Conclusions}

The main conclusions of the final evaluation are organized according to the evaluation criteria used for this analysis.

\textit{Relevance.}

1. The humanitarian crisis in Yemen has reached unprecedented levels of need with three-quarters of the population requiring some form of basic assistance to survive, affecting the most vulnerable and marginalized populations—women, youth, children, IDP/returnees, among others. It is important to underscore that this project was implemented in a changing context and its different interventions (4 results areas) are closely linked to the resilience-strengthening and recovery efforts in conflict-setting, as stated in the project document.

2. The SPCRP project is strategically aligned with national and donor’s development priorities, and has responded to the changing scenario of widespread conflict and its economic and social repercussions—including the COVID-19 pandemic.

3. The project’s implementation has entailed broader efforts to respond to the complexity of the humanitarian crisis (and its contextual changes) and contributed to both resilience-building and establishing a bridge for future recovery.

4. The project design and alignment to UNDPs and donor’s gender strategies have contributed to the overall achievement of GEWE’s specific targets, particularly in the compliance to the minimum quotas established for women’s participation in the Cash for work intervention (3 out of 10 women as direct beneficiaries) and their participation in the whole project cycle and the community level decision-making structures (VCC’s).

5. The project results framework was consistent with the theory of change and appropriate to the changing context in Yemen, as well as in realizing the overall goal of the SPCRP. This during the two-year period of the implementation of the project.

6. The project results framework was consistent with the theory of change and appropriate to the changing context in Yemen, as well as the achievement of the overall objective of the SPCRP. This can be affirmed during the duration of the project (July 2017-March 2021) in which it had to respond to conflict and security situations in some of the target communities, by reallocating activities and resources in a timely manner. This as a result of the coordinated effort between UNDP and SFD.

7. The HR&GE was defined as a guidance principle—not explicit in the project’s main objectives—and mainstreamed in its intervention results areas and respective outputs and outcomes.

8. The project document defined interventions targeted to working age population, and focussed on women (at least 30%), youth (at least 35%) and IDP/returnees (at least 20%), but has not defined explicitly a life-cycle approach in its design that would’ve have addressed specific risks faced at different stages of life.

9. The community-based approach is the common thread of the project’s interventions to ensure it responded to local needs and priorities. It also contributed to ensuring an inclusive participation of key stakeholders throughout the project cycle, strengthening the local authority and community level capacities for project management and service delivery and the project’s ownership.

10. The multi-layered targeting approach has contributed to identifying the governorates and districts for the SPCRP’s interventions, and has been flexible to adapt to specific local context situations.

11. The components (results areas) defined in the project are responsive to local needs and incorporated innovative approaches to service delivery. However, the importance of a more

\textsuperscript{51} The Lessons learnt report (UNDP, 2020) reflects on the key lessons to be learned from the SPCRP project, from the perspective of both project design and implementation.
inclusive project design involving the different stakeholders – international and national development partners, local authorities, actors and communities – and based on a more comprehensive initial assessment, is highlighted.

12. SFD’s 20+ year accumulated experience and its development approach in the management of projects with local and social impact (cash for work, small infrastructure, local support, etc.), and in accordance with its operating manuals, has been essential in ensuring a successful implementation.

13. The relevance of this type of development intervention is reflected in a certain way by the request (in both Northern and Southern regions) for further support in future projects.

Coherence.

14. The SPCR project has made a substantive effort in addressing synergies and linkages between other interventions and within its institution – in the case of the implementing partners SFD and UNDP and among UN agencies –, thus reinforcing the project’s internal coherence. SFD has also established links at the local level (with local authorities and actors) in both the Northern and Southern regions that have contributed to its effective coordination and implementation. Although the aspects related to the external coherence of the project have been mostly addressed, some challenges related to coordination and complementarity and harmonization still persist.

Effectiveness

15. The project presented great effectiveness in its implementation, achieving most of the established goals. This despite being a complex project to implement (due to its multiple components), particularly in a changing context of ongoing conflict and security issues in the targeted areas.

16. Although the main challenges that were faced are related to security and safety issues, there are others linked to project design as detailed in this report. This is the case of the overestimation of the projected targets for Cash for work beneficiaries, where the lack of personal identity documents would hinder the beneficiaries’ access to banking, were not foreseen in its design (or mitigated in the early phase of implementation).

17. In this regard, related to financial inclusion, specific challenges faced by women in opening their bank accounts were identified, linked to a lack of identity and cultural barriers. As analysed in this report based on the qualitative results. In which it is expanded in the GEWE section below.

18. SPCR interventions not only improved health facilities and access to health services, but also addressed most of the health needs of the population (without exclusion). Providing equipment to the health establishments made it possible to offer better medical care and attend more cases, as shown in the qualitative results of the Northern and Southern regions. Likewise, direct beneficiaries of both the health facilities infrastructure and Cash for work interventions have met most of their needs. Hence, the responses of the beneficiaries highlighted the project’s achievement in its four result areas and its contribution, to some extent, to the advancement of gender equality and the empowerment of women and human rights in their communities.

19. In the Southern Region, the effectiveness of the different interventions was highlighted, as well as the positive effects that the works may have. Such was the case of the road works (Cash for work component) that will contribute to improving the health of the population (because of less dust, dirt and faster and safer routes). Another example related to psychosocial support interventions are the safe friendly spaces. These are still open to follow up on the importance of education (awareness sessions) through voluntary efforts and support.

Efficiency

20. The project management structure described in the project document was largely efficient in generating the expected results in a timely manner. This despite having experienced some managerial and decision-making gaps due to personnel changes, or a lack of full-time staff.
Likewise, the project faced challenges related to logistics and personnel security due to the conflict situation and its escalation in some areas of intervention.

21. On average, the project had a good overall budgetary performance and was cost effective according to the measurements made for the result area of Cash for work. Whereas for health facility structures, projected costs (and based on average country costs) were mainly considered for large-scale projects, when actual average costs are based on many small-scale projects. Although, it is underlined the importance to take into account in future projects the possible changes in the prices of construction inputs that could undermined the established targets, as was experienced in this project.

22. The uses of the resources to address HR &GE were in line with the corresponding results that were achieved. However, the importance of greater resources necessary to strengthen skill-training for women and gender sensitivity awareness activities—financial inclusion, identity cards, etc.—is emphasized for future projects.

23. These positive results were mainly due to SFD’s operational capacity and its knowledge of the local reality, as well as its ability to adapt to the changing context. Timely decisions were made on several occasions to repackage activities and reallocate resources. This was supported by regular follow-up activities and TPM reports, as well as close coordination with UNDP and the EU.

Impact

24. There are some initial indications of impact, although it is not possible to assert that they are due to this specific intervention alone (due to the lack of an impact evaluation). This is supported by the qualitative results of the Northern and Southern regions.

25. The different interventions have responded to local needs and benefited both the target and neighbouring communities. The inclusive and participatory approach in the different components (results areas) has contributed to the empowerment of women, youth and IDPs. For example, the inclusive participation of beneficiaries in the different interventions can be emphasized, but also their involvement in all phases of project-cycle and in the community decision-making processes (VCC), and fostering social cohesion.

26. Among the main factors that contributed to achieving the expected results and early impacts, the following can be mentioned: the experience and institutional framework of the SFD and its leadership and coordination at the local level, and the effective coordination between the SFD and the UNDP. As well, as the following aspects: the developmental knowledge and institutional capacity of main implementers, the well-defined logic framework, defining families and communities as its main constituency, and adopting the community-based approach and HR&GE.

27. The compliance of the minimum participation percentages of women was observed in the different interventions, except in the Health facilities infrastructure’s rehabilitation works component that demanded skill construction workers. However, some limitations and gaps observed and analysed in this report point to the need, in future project, for an initial gender analysis that could help identify from a more comprehensive perspective the specific needs of women and the main drivers that could allow accelerating progress in GEWE, in a conflict and changing context and recovery.

Sustainability

28. The SPCRP project addresses recovery and adopts a multidimensional and multisectoral vision—in the longer-term—while complementing humanitarian aid efforts, setting a precedent in a crisis context by opening the way to lay the foundations of an integrated social protection system in the country. In this sense, the project not only has a well-defined general exit strategy, but an H&R perspective and a community-based approach as well, both are critical aspects for the sustainability of interventions and social cohesion. It is also important to share and consider the well documented lessons learned from the project as a basis for possible expansion, or future social protection projects under the logic of recovery.
29. There are some indications that point to the achievement of sustainability for each component, with some exceptions. Based on the qualitative results we can highlight the following elements:

- **Cash for work.** As temporary income generating initiatives, they provide short-term alleviation so it should be considered to link it with vocational and work skills; and in regard to the community projects, collaboration among all local actors (beneficiaries, community members and local authorities) has been maintained for the greater good.

- **Health facilities infrastructure.** Targeting health facilities that have been operational at minimum staff is important, but not enough to ensure sustainability due to the multiple risks faced by the health system in the ongoing crisis, particularly those related to security and safety issues and to operational issues (stable staff salaries and medical supplies) as well as maintenance costs.

- **Psychosocial support.** Although skill-training contributes to the formation of human capital, the need to strengthen local capacities for the sustainability and continuity of services is highlighted (i.e., needs to address issues related to paid work rather than volunteer ones, and resources for service delivery and scale-up); and iv) Capacity building at the local level. It is considered an essential component for sustainability, as it strengthened the institutional, local and community capacities – particularly, DMT and VCC – throughout the project cycle for a better, inclusive (H&R perspective) and effective development planning, and service delivery.

30. The participation and role of women in the project cycle and decision-making at the community level has contributed to greater participation in community problems and to highlight the importance of project sustainability (thus contributing to the efforts contemplated for the maintenance of projects by communities).

**EU added value**

31. The added value of the EU in the whole cycle of the project, with its cross-cutting approach to social protection, and in terms of sustainable financing and capacity building, became the initial pillars of a greater effort among the development partners, and across-sectors and government levels. The EU’s commitment to expertise in development projects by identifying UNDP as key implementing partner, and SFD as main national implementer are worth noting. The principles of HR&GE, community-based approach and a well-defined logical and results framework, monitoring and evaluation, and risk assessments were prioritized in the design features of the project. Ensuring quality of delivery of services and efficient/effective implementation needs to be emphasized.

**Gender equality and women empowerment (GEWE)**

32. The SPCRP’s has contributed to SDG 5 (Gender equality) and met the minimum criteria (according to Gender Marker) on gender approach on the design phase, as well as explicit gender equality objectives backed by gender-specific indicators, as reflected in the results framework (including disaggregated data by sex) and reinforced by the monitoring system with a gender approach.

33. The project has considered women, youth and IDPs as specific targets, and has promoted their engagement in the project’s different interventions and in the community development activities. This type of interventions can be enhanced and could contribute to multiplier effects in future projects if the different approaches are considered in the design stage – HR&GE, intersectional and life-cycle approaches –

34. The responses of the SPCRP beneficiaries in the Northern and Southern regions have indicated that Gender Equality (GE), and women empowerment, have been addressed to a great extent during the implementation, and in accordance with its set of minimum targets for women, youth and IPD. Hence, it is essential to take into consideration cultural boundaries and challenges in women participation in projects’ design. As highlighted in the qualitative results of the southern region, women could not contribute as direct beneficiaries in the CfW projects, although there were many women that wanted to be part of it, but norms and tradition were important issues in this matter. However, the positive effects are highlighted both in the
broad participation of women in the project, and other aspects that contribute positively to the longer term, such as the empowerment of women and education, skills-training and literacy.

Other cross-cutting issues

35. The SPCRP project was aligned with the key human rights conventions that are part of the global efforts of UNDP and the EU in this matter, which are explicitly established as guiding principles and integrated in the project’s design and implementation phases.

36. The project has responded to its guiding principles, which defines the communities and participants as its main constituencies, and in particular with a focus on the communities and groups most affected by the conflict - women, youth and IDPs.

37. In this sense, the project considered key national partners, political and conflict sensitivities, demographic changes due to population movements (internally displaced persons and returnees), psychological trauma and conflict-affected communities, and the current dynamics related to security concerns and COVID-19 pandemic context.

38. The project had an overall social and environmental compliance.

6.2 Key lessons learnt

1. Comprehensive projects such as the SPCRP, which integrates different aspects of social protection, potentially contributes to a double objective: in the short term it contributes to smooth consumption and improve livelihoods of the most vulnerable people. In the medium and long term, it helps to improve access to essential social services –health and psychosocial support– and guarantees the fundamental rights of all people.

2. Coordination at different decision-making levels is critical for an effective implementation and prompt response to mitigate the risks and the contextual changes.

3. The involvement of the main implementers (and key stakeholders) at initial stages (design phase) of the project is essential in order to ensure coordination and harmonization (avoiding duplications) as well as a more rigorous technical design that is consistent with local realities and specific groups’ needs. As has been analysed in this report, this would have contributed to closing some of the limitations faced during implementation. This does not contradict the fact that at the community project level, community participation was observed throughout the project cycle.

4. A more comprehensive approach to HR&GE and intersectional and life cycle approaches should be part of future projects for greater effectiveness. This is based on the identification of limitations related to the design phase of the project that affected its implementation, for example, the lack of identity documents for financial inclusion.

5. The use of different targeting methods has been a success in the humanitarian and conflict context, but it is important to go beyond, towards a system that contributes to laying the foundations for medium- and longer-term social protection interventions. In this sense, these efforts have to seek to minimize the errors of exclusion and take into account the different social risks as well as the HR&GE and the intersectional and life cycle approaches.

6. Cash for work. RA1: It is important to highlight innovation in the use of mobile banking and electronic payments, despite facing some limitations related to the lack of identity documents and cultural aspects (with the preference on the use of cash and lack of trust in the banking system). As well as the mitigation measures carried out during the implementation of the project to improve access to the banking system, such as the coordination and signing of an agreement with one of the banks. In this sense, the importance of reinforcing this issue from a financial inclusion and education perspective has to be emphasized.

7. Health Facilities. RA2: The need for a more comprehensive approach is identified in order to generate the expected multiplier effects on human development in this type of interventions. This requires a more concrete effort –in practice– for an effective articulation of the different interventions (within the same project and with other projects). This in order to cover the many aspects necessary for an inclusive and effective access to primary healthcare: rehabilitation, medical supplies, required staff, referral system. These issues were highlighted in the ROM and Lessons learned documents.
8. Psychosocial support. RA3: The importance of adapting this component to the conflict context and incorporating aspects for its sustainability is highlighted. It is important to note the need to strengthen the technical capacity and necessary resources (including the incentives and/or wages for ‘volunteers’ and trained-personnel) in order to expand its coverage and ensure its effective service delivery. Likewise, it is recommended to strengthen (and harmonize) the reference system for this component and ensure HR&GE perspective.

9. The capacity building component (RA4) is essential in all development projects as it contributes, in addition to strengthening local capacities for project management and service provision, to the ownership and sustainability of projects. Thus, for example, and based on the qualitative results, the VCCs are highlighted in order to maintain the supervisory role to protect the assets of the projects, as well as the efforts at the community level to support the maintenance of their equipment, although they face the great obstacle of saving maintenance costs. The relevance of Community awareness campaigns on the importance of sustainability of the projects carried out in the participating villages is also worth noting.

10. Also highlighted is the importance of developing the capacities of the communities and local authorities to better plan and achieve their objectives and improve the delivery of key services. In this sense, it is critical that the capacity building component supports all participating district, and not to exclude any of them on the basis of the assessment, for this should be consider a basic package of support. This could be an opportunity to reinforce capacities in those areas related to service delivery, but also to HR&GE, resilience building and climate change management.

11. The community-based approach that led to inclusive participation throughout the project cycle (design, implementation and monitoring) of local actors and members of target communities, including vulnerable populations, was appropriate and contributed to an intervention that was more coherent and responsive to specific local needs.

12. In order to build on, or expand these achievements, some considerations related to overcoming the gaps and limitations identified in the conceptualization and design of the project, need to be taken into account. These include adopting a development and social protection approach (which can contribute to a broad and inclusive dialogue), as well as identifying and strengthening possible synergies between the different interventions and their multiplier effects from a comprehensive view of human development (SDG).

13. Ensuring the inclusion of women, youth, and IDPs and marginalized groups in all phases of the project contributed to a greater commitment to the community needs and to project sustainability, as well as to enhancing relationship among community members and to social cohesion, particularly between IDP and host communities.

14. Focusing interventions on specific groups such as women contributes not only to their advancement and empowerment but also to the achievement of community development goals. This has been observed and analysed in this report, not only through their participation as direct beneficiaries (rights holders) but also through their active involvement in all phases of the project cycle and community level decision-making structures.

15. Based on the results of this evaluation, in which some gaps and limitations related to GEWE are identified, both in the design and in the effectiveness of the project, the following aspects can be taken as lessons learned for the formulation of future programs, among others: i) ensure a more comprehensive approach to human rights and gender equality, and intersectional and life cycle approaches (based on lessons learnt and on an initial gender analysis); ii) strengthen the project management team with a gender specialist; ii) establish gender marked indicators and resources; iii) consider interventions that empower women and girls and provide them with the tools and capacities to improve their livelihoods in the medium and long term (literacy and access to education, skills and vocational training, access to micro-credit and other assets, etc.); iv) consider the implementation of an impact evaluation, which would imply the establishment of a baseline, and that addresses issues related to cultural barriers faced by women in specific local contexts, as well as other challenges according to the cycle life and multiple discriminations, and other relevant aspects that arise from the gender analysis; and, v) this type of development interventions can be
harmonized with other efforts that are being carried out in the country by the SFD itself and other development partners.

16. Keeping SDGs on track in a fragile and conflict-affected setting is a key country challenge. While, this intervention has potentially contributed to the advancement of different SDGs, there is still a lack of evidence to support this. In this sense, it is suggested to ensure that future projects put greater emphasis on this aspect.

### 6.2 Recommendations (UNDP)

1. General recommendation. In light of the experience and results of this type of projects, it is recommended moving towards the conceptualization of social protection (as an integrated system) in Yemen, based on a broad and inclusive social dialogue taking into account the conflict context and a period of transition and recovery (medium-long term vision). This will require joint work and knowledge generation between academia, national and international development partners, implementing agencies such SFD, civil society organizations – including those representing the most vulnerable and marginalized populations–, among others.

2. It is fundamental, as a part of this dialogue, to carry-on an assessment on targeting performance and identify (new or existing ones) appropriate tools (and methods) necessary to target the communities and populations that are the subject of more comprehensive (and multisectoral) social protection interventions. This issue emerges as an important challenge for the near future, so the relevance of its discussion is current and necessary to improve the effectiveness of development interventions.

3. It is also suggested to consider the links between the different components, such as cash for work and psychosocial support, for future interventions with a social protection and multidimensional approach.

4. It is important to establish more systematic or integrated frameworks to ensure harmonization, not only within a particular system but between different ones (i.e., within the health cluster and between the health cluster and social protection). This will contribute to more consistent interventions with added value as opposed to the duplication of efforts. However, an in-depth analysis is required in this regard to be able to assess more specifically the limitations faced (including its synergies and trade-offs between policy areas), particularly in conflict-setting, humanitarian response and its financing.

5. In the current situation of political and economic instability, the prices and costs of construction supplies are subjected to a lot of variability. This situation needs to be foreseen and taken into account in future projects since it could undermine the established targets. For this, it is recommended to strengthen the technical capacities of the national implementing institutions through the development (or strengthening) of an updated system of supplies/input costs for the construction/rehabilitation of basic social infrastructure. Regarding the health facilities infrastructure, it is suggested that assistance, or other funding mechanism to carried out technical needs’ assessment (for infrastructure and equipment) of all prioritized facilities (by the Health cluster partners) should be considered. This will help reduce time (and avoid delays) in the early implementation phases of future projects.

6. Before the crisis, the health system faced significant challenges (limited human and financial resources, lack of basic health supplies, high out-of-pocket costs, uneven and disintegrated system) that have been deepened by the ongoing conflict: deficient or destroyed infrastructure, poor service delivery and feeble responsiveness of the system (with an acute shortage of health staff and medical inputs). In a context of crisis and prolongation of the conflict, the situation of the health system has deteriorated significantly, and all efforts aimed at ensuring basic health access (including mental health) to the most affected and needy populations require coordinated work with a comprehensive vision (and from the supply and demand side). Therefore, a scaling-up of the project and/or new recovery and development interventions (in the medium term) would have to consider these aspects –while emphasizing

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52 See more detail at World Bank (2015).
the importance, in the shorter-term, of maintaining health facilities rehabilitations, and psychosocial support interventions.

7. A more in-depth and inclusive initial assessment is needed in order to address not only the economic, social and political context, but also the institutional one. In the latter case, the development of an institutional mapping (from a recovery and social protection approach) and due diligence (and capacity needs assessment) of the national implementing institution or institutions, are recommended.

8. In regard to this initial assessment, it is essential to emphasize human rights and gender equality HR&GE from an intersectional and life cycle approach to identify specific individual and social risks; and consider the most vulnerable and marginalized people— including old age and disabled, as well as women, youth, internally displaced and returnees, among others. As established in the Lessons learned report: "Future project design should seek to achieve wage parity and the specific accommodation of women's needs".

9. In this sense, it is important to identify the capacity needs (and risks) at the institutional level related not only to the management and operation of the project, but also to the technical capacity, in terms of specialized human resources, operating rules and policy tools that are appropriate to the context in the short and medium term of social protection. These policy tools include targeting mechanisms (according to agreed parameters HR&GE perspective and intersectional and life cycle approaches), and a single registry of (potential) participants (of the different social protection interventions) as well as integrated information systems that include monitoring and evaluation and effective grievance systems. This in order to clearly identify the technical and capacity areas (human, physical-technological resources) that need to be strengthened.

10. Ensure the elaboration and approval of a specific operational manual for the project that clearly defines the roles played by each of the implementing or associated institutions. Its absence could limit the project’s effective implementation. The coordination and decision-making mechanisms need to be clearly established too. The strategies to be adopted in case there is an imbalance in this line of decision-making need to be defined as well. This was the case with the lack of a project manager at one point, during the implementation of this project.

11. In a more complex international environment, aggravated by the COVID-19 impacts the allocation of OAD will become under further strain, This leads to rethinking the type of projects towards ones with a multidimensional vision of development (aligned with the SDGs and national goals) that integrate GEWE as one of the main accelerators for progress in social protection and improvement of people's lives and in a recovery stage.

12. Specific GEWE recommendations can be highlighted. It is recommended that future projects have a comprehensive gender analysis in the early stages (as a minimum requirement for Gender Marker 2 projects) to ensure the relevance of the project from a gender perspective, and that its findings be considered for the project design (activities and resources required) and the adoption of the "do no harm" approach in its interventions.

13. It is recommended to carry out this comprehensive analysis that it is based on an inclusive dialogue and consultation process and with the collaboration of key partners and gender experts such as the academia (gender-academics and human rights), women-led organizations, development partners (UN agencies, World Bank, others) and national institutions or agencies such as SFD, among others.

14. To improve the coherence of future projects, it is recommended that they be aligned not only with global and national gender strategies (including SDG5), but it is essential to consider and strengthen gender strategies at the local and sectoral level - as in the case of the SFD, the sector health, etc. In this sense, it is also recommended to strengthen the decision-making and managerial structures of the project, and to have a gender specialist to support this effort and ensure the achievement of gender specific targets, as well as gender ear marked resources.

15. The importance for rigorous impact evaluation with a gender perspective in future interventions that can provide evidence for the conceptualization of social protection in Yemen, along with lessons learnt of this project and gender analysis recommended, is highlighted. In order to achieve this, it is critical to consider a baseline data (baseline survey) for monitoring and impact evaluation. This can contribute to a more strategic development
support with evidence-based and gender-sensitive interventions that respond to the changing context and conflict-context and its adaptation throughout the project life cycle for better results, aligned with the SDGs and the country’s gender strategies and development priorities.  

16. Ultimately, the way forward for engagement in recovery and development interventions in the medium term will depend on the security and conflict situation in Yemen.
References


ANNEXES

Annex 1. Logical Framework

Logical framework and indicators responds to 4 Results areas:

Result Area 1: Vulnerable Yemeni households are able to enhance their income and livelihoods through participation in cash for work and asset upgrade/replacement

Result Area 2: Basic healthcare facilities are functional through community-based projects and provision of equipment for alternative and renewable energy source (e.g., solar), improved water and medical waste management

Result Area 3: Scaled-up psychosocial assistance is provided linked to health care, skills development and income generation.

Result Area 4: Local authorities can effectively plan, coordinate and monitor implementation of priority project for enhanced basic services delivery including health care

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Indicator</th>
<th>Outputs</th>
<th>Output indicators</th>
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<tbody>
<tr>
<td>Expected impact Enhanced resilience of vulnerable Yemenis, including women, youth and IDPs</td>
<td>Number of Yemeni populations in need of livelihoods support, including access to income opportunities and key essential services</td>
<td>R1. Output 1: Delivery of tailored cash-for-work activities for low-skilled labour income generation</td>
<td>- Number of direct beneficiaries of short-term labour-intensive wage employment (disaggregated by gender: women min 30%; Youth: min 35%; IDPs/Returnees: min 20%) (Target 21,000) - Number of indirect beneficiaries from the income support (family members of households) (Target 126,000) - Number of community infrastructure rehabilitated disaggregated by type (Target to be set)</td>
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<tr>
<td>Outcome 1. Vulnerable Yemeni households and communities are able to better cope with the impact of the crisis and to recover</td>
<td>- Number of households which benefitted from sustained income, assets, social assistance and services (Target 42,000 direct beneficiary households) - Number of people who benefitted from new or rehabilitated community infrastructure (at least 35% women, 30% youth, 20% internally displaced persons (IDP)/returnees) (Target 150,000 indirect beneficiaries) - Percentage of (monetary equivalent) benefits from temporary employment/ productive livelihoods options in the context of early economic recovery programmes received by women and girls (Target at least 35%)</td>
<td>R1. Output 2: Financial inclusion of cash for work recipients through linkage with the financial sector</td>
<td>- Number of cash for work recipients with established bank accounts (gender disaggregated) (Target 20,000) - Number of cash for work recipients accessing mobile/ electronic payments (Target at least 30% for cash for work recipients)</td>
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<tr>
<td>Outcome 2. Improved access of vulnerable Yemenis to healthcare services (including psychological support).</td>
<td>- Number of people who benefitted from health care services and psychosocial support (disaggregated by type of service, gender, IDPs, Youth age range) – Target at least 35%.</td>
<td>R2. Output 3: Health facilities at district level are rehabilitated through wage-intensive contracting modality</td>
<td>- Number of direct beneficiaries of emergency income through wage-intensive contracting (disaggregated by gender (women, IDPs/returnees: min 20%; Youth: min 35%) (Target 21,000)</td>
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<td>R2. Output 4: Solar energy equipment enhances the operational capacities of the targeted health facilities</td>
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<tr>
<td>Number of health facilities equipped with renewable energy source (solar energy) – Target at least 80.</td>
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<tr>
<th>Outcome 3. Sustained operations and strengthened capacities of key institutions (Social Fund for Development and local authorities) for basic services' delivery to vulnerable groups</th>
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<tbody>
<tr>
<td>-SFD expanding its basic services delivery to more vulnerable Yemenis – Target overall capacity is back to pre-crisis</td>
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<tr>
<td>-Number of local authorities with enhanced capacities related to basic service delivery (improvement in physical infrastructure, human resources, institutional arrangements)</td>
</tr>
<tr>
<td>-Number of health centres with improved operations and rehabilitated facilities, expanding services to vulnerable groups</td>
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<tr>
<td>R3. Output 5. SFD’s capacities for mainstreaming of psychosocial support in its interventions are enhanced</td>
</tr>
<tr>
<td>-Number of identified SFD– recruited experts (consultants, NGOs) and VCC trained in identification of severe stress and trauma for psychosocial needs (disaggregated by gender) (Target 2,094 schoolteachers, medical practitioners and youth)</td>
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<tr>
<th>R4. Output 6. The capacities of District Management Teams (DMTs) are enhanced to lead humanitarian and recovery planning.</th>
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<tr>
<td>-Number of damage assessments at district level conducted – (Target at least 8 (updated annually))</td>
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<tr>
<td>-Number of DMTs supported and effectively performing their functions – Target at least 8</td>
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<tr>
<td>-Number of district recovery plans developed (with gender issues mainstreamed) – Target at least 8</td>
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<tr>
<td>-Number of prioritised actions under the district recovery plans funded through the intervention, and technical and financial quality assurance for implementation of prioritised actions provided by SFD – Target to be set.</td>
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<tr>
<th>R4. Output 7. Informal community governance structures are strengthened for inclusive planning and response for resilience and recovery.</th>
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<tbody>
<tr>
<td>-Number of community resilience plans developed (with gender issues mainstreamed)</td>
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<tr>
<td>-Number of VCCs established/ reactivated (Target 150)</td>
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<tr>
<td>-Percentage of surveyed target district population expressing satisfaction with local authorities improved public service delivery (Target 50%)</td>
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<tr>
<td>-Number of citizens monitoring systems in place in target districts (Target 8)</td>
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Note: Sets of relevant activities are set in the Description of the Action (DoA) for the delivery of the planned outputs.

Annex 2. Evaluation Matrix: evaluation criteria, key questions and data sources and methods.

<table>
<thead>
<tr>
<th>Evaluation Criteria/ Key questions</th>
<th>Specific/complementary sub questions</th>
<th>Data sources</th>
<th>Data-collection methods/ data analysis</th>
<th>Indicators/success standard</th>
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</table>
| (1) Relevance                     | 1. To what extent was the project in line with the national development priorities, the country programme’s outputs and outcomes, the UNDP Strategic Plan and the SDGs? (Including national strategies to advance HR&GE)  
2. To what extent was HR&GE and women empowerment been addressed in the design, implementation (and its adaptation throughout its implementation) and monitoring of the project?  
3. To what extent did the project remain relevant and has been appropriately responsive to political, legal, economic, institutional, etc., changes in the country? (in terms of design and objectives)  
1.1. To what extent does the project contribute to the theory of change for the relevant country programme outcome?  
1.2. To what extent were lessons learned from other relevant projects considered in the project’s design?  
2.1. Is the gender marker data assigned to this project representative of reality? | -SCPR Programme documents  
-Review of the Theory of Change and logical framework  
-Minutes of annual meetings  
-Monitoring system design  
-Lessons learned documents | -Document review  
-Key informants and in-depth interviews  
-Secondary data review  
-Content analysis  
-Comparative analysis | Evidence of progress by Results Area in terms of:  
-Alignment with national priorities and UN strategic frameworks and other development partners.  
-Integration of HR&GE in the design and monitoring system  
-Targeting methods and coverage of specific groups: women, youth and IDP  
-Stakeholder (duty bearers, right holders, other key local actors) engagement at all levels of interventions |
| (2) Coherence                      | 1. Was an effective inter-donor coordination mechanism in place during implementation? How has the situation evolved during the project implementation?  
2. Are the intervention results contributing to the realization of international HR & GE norms and agreements (E.g., CEDAW and UDHR) as well as national and local strategies to advance HR & GE? | | Assessment of the resources and level of inclusiveness and engagement of main implementing partners and key stakeholders’ engagement for an effective coordination and articulation of the different components or result areas of intervention at the national, local (Governorate/district) and community project-level. |
### (3) Effectiveness

1. To what extent did the project contribute to the country programme outcomes and outputs, the SDGs, the UNDP Strategic Plan and national development priorities? (Including HR&GE national strategies)
2. What factors have contributed to achieving or not achieving the expected results, respectively across specific groups: women, youth, IDPs and the realization of HR&GE and women empowerment?

| 1.1. | To what extent has the project been appropriately responsive to the needs of the national constituents and changing partner priorities? |
| 1.2. | To what extent were the project outputs achieved? Are the project objectives and outputs clear, practical and feasible within its frame? |
| 2.1. | In which areas does the project have the fewest achievements? Why and what have been the supporting factors (or the constraining factors)? How can the project build on or expand these achievements (or overcome these constraints)? |
| 2.2. | What, if any, alternative strategies would have been more effective in achieving the project’s objectives? |
| 2.3. | To what extent have poor, indigenous and physically challenged, women and other disadvantaged and marginalized groups benefited from the work of UNDP in the country? |

### (4) Efficiency

1. To what extent have the UNDP project implementation strategy and execution been efficient and cost-effective?
2. To what extent do the M&E systems utilized by UNDP ensure effective and efficient project management?
3. To what extent have project funds and activities been delivered in a timely manner and respectively to specific groups –women, youth, IDPs? Did they match the initial expectations?

| 1.1. | To what extent was the project management structure as outlined in the project document efficient in generating the expected results? |
| 1.2. | To what extent did the project flexibly adapt during the delivery of outputs to relevant contextual changes? |
| 2.1. | Did monitoring systems integrate and use gender analysis and -if so- in which ways? |
| 3.1. | Was the use of intervention resources to address HR &GE in line with the corresponding results achieved? |

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**SCPR Programme documents**
- Annual and quarterly progress reports
- TPM
- ROM report
- Monitoring records
- Lessons learned documents

**Document review**
- Key informants and in-depth interviews
- Content analysis
- Comparative analysis

**Evidence of effectiveness in contributing to the main objectives of the project, achievement of its 4 results areas and its outcomes.**
- Progress of indicators: monitoring system, progress reports.
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<th>(5) Impact</th>
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<tr>
<td>1. What are the early signs of impact, being them expected and unexpected, positive or negative and related to HR&amp;GE and women empowerment?</td>
<td>1.1. Were there any intended/unintended results on HR&amp;GE and women empowerment in the intervention? were they positive or negative and in which ways did they affect the different stakeholders?</td>
<td>SCPR Programme documents -Lessons learn -ROM report -TPM reports -Descriptive statistics -Primary data collection</td>
</tr>
<tr>
<td>2. What factors played in favour or against the contribution to the achievement of the expected impacts, respectively across specific groups: women, youth and IDPs?</td>
<td>2.1. Did the intervention activities and results in HR &amp;GE influence the work of other organizations and programmes at the local level?</td>
<td>Document review -Key informants and in-depth interviews</td>
</tr>
<tr>
<td>1.1. Were there any intended/unintended results on HR&amp;GE and women empowerment in the intervention? were they positive or negative and in which ways did they affect the different stakeholders?</td>
<td>Evidence of impact (early signs) -Enhanced resilience of vulnerable Yemenis, including women, youth and IDPs of the targeted areas</td>
<td></td>
</tr>
<tr>
<td>(6) Sustainability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. What concrete measures did the project put in place to ensure the continuation of benefits after its end? To what extent are they successful, and what are the key external factors that can impact on their efficacy?</td>
<td>1.1. Are there any financial risks that may jeopardize the sustainability of project outputs?</td>
<td>SCPR Programme documents -Lessons learn -ROM report -TPM reports -Descriptive statistics -Primary data collection</td>
</tr>
<tr>
<td>2. To what extent do stake- holders have confidence that they will be able to build on the HR &amp; GE changes promoted by the intervention?</td>
<td>2.1. Are there any social or political risks that may jeopardize sustainability of project outputs and the project’s contributions to country programme outputs and outcomes?</td>
<td>-Document review -Key informants and in-depth interviews</td>
</tr>
<tr>
<td>3. To what extent do UNDP interventions have well-designed and well-planned exit strategies?</td>
<td>3.1. To what extent are lessons learned being documented by the project team on a continual basis and shared with appropriate parties who could learn from the project?</td>
<td>-Cost-effective analysis -Budget data analysis</td>
</tr>
<tr>
<td>1.1. Are there any financial risks that may jeopardize the sustainability of project outputs?</td>
<td>Evidence of sustainability of the program -Effective exit strategies -Strengthened capacity building at local level -Community resources for empowerment and resilience</td>
<td></td>
</tr>
<tr>
<td>1. To what extent did the project bring additional benefits to what would have resulted from Member States’ interventions only?</td>
<td>- SCPR Programme documents -Primary data collected</td>
<td>-Document review -Key informants and in-depth interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Content analysis -Comparative analysis</td>
</tr>
<tr>
<td>(7) EU added value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- SCPR Programme documents -Primary data collected</td>
<td>Evidence of added value</td>
<td></td>
</tr>
</tbody>
</table>
Annex 3. Literature and document review

<table>
<thead>
<tr>
<th>Type of document</th>
<th>Document name</th>
<th>Key information and data collection</th>
</tr>
</thead>
</table>
| 1. Project signed documents | - Award Letter (European Union)  
                            - Delegation Agreement Letter (European Union)  
                            - Project Description of Action (DOA) 2 Annexes | Project main agreement information  
                                                                 EU and implementing partner UNDP                                                                 |
| 2. SPCRП signed project document | - Project Document, Republic of Yemen (Sept. 2017) | - Project strategy and conceptual framework, objectives and scope  
                                                                 - Theory of change  
                                                                 - Indicative Log-frame Matrix  
                                                                 - Monitoring Plan |
| 3. Annual Workplans (AWPs) | - Project Annual Workplan, UNDP, 2017  
                            - Project Annual Workplan, UNDP, 2018  
                            - Project Annual Workplan, UNDP, 2019  
                            - Project Annual Workplan, UNDP, 2020 | - Annual planned activities and budgets from expected outputs  
                                                                 - Key financial information. |
| 4. Annual & quarter reports | - 2018 Annual Report to the EU  
                            - Letter submission reports  
                            - Management Declaration  
                            - Annual Progress Report  
                          July 2017 – June 2018  
                            - Annual Financial Report 2018  
                            - Annual financial report 2018 Excel | Key financial information for the period: 1/07/2017 to 30/06/2018  
                                                                 Key information on annual progress of activities and targets |
|                           | - 2019 Annual report to the EU  
                            - Letter submission reports  
                            - Management Declaration  
                            - Annual Progress Report  
                          01 July 2018 – 30 June 2019  
                            - Annual Financial Report, 2019  
                            - Annual Financial Report, 2019 in Excel | Key financial information for the period: 1/07/2018 to 30/06/2019  
                                                                 Key information on annual progress of activities and targets |
|                           | - 2020 annual report to the EU  
                            - Social Protection for Community Resilience in Yemen Project 3rd Progress Report_July 2019 to June 2020.doc  
                            - SPCRП Financial report_ 1 July 2019 to 30 June 2020-FINAL (version 1).xlsx  
                            - SPCRП Financial report_ 1 July 2019 to 30 June 2020-FINAL (version 1).xlsx  
                            - Jan2021.xlsx | Key financial information for the period: 1/07/2019 to 30/06/2020  
                                                                 Key information on annual progress of activities and targets  
                                                                 Lessons learned |
|                           | - Quarterly Progress Reports  
                            - Progress Report Q1 2018; Progress Report Q3 2018  
                            - Progress Report Q4 2018; Progress Report Q1 2018 |                                                                                                     |
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Lesson learnt reports</td>
<td>Social Protection in Yemen: Lessons learned from the SPCRP and the way forward OCTOBER 2020 - Marius Olivier (3 documents): Concept note, complete document (words) and power point presentation.</td>
</tr>
<tr>
<td>7.</td>
<td>Impact report the EU ROM</td>
<td>ROM Report July 30th, 2020 - Impartial assessment carried out during the ongoing implementation of the project (July 2020), aimed at enhancing results-based management</td>
</tr>
<tr>
<td>8.</td>
<td>Micro Narrative report</td>
<td>UNDP SPCRP Health Facilities micro-narrative research report Prepared by narrate Ltd, April 2020 - Research aimed to provide a snapshot of perceptions and underlying attitudes and behaviours around health facilities in Yemen. - Compile’s insights and conclusions based on the data collected. - 302 respondents (199 beneficiaries &amp; 103 medical staff) were interviewed in Abyan, Al Hudaydah, Hajjah and Taiz</td>
</tr>
<tr>
<td>11.</td>
<td>NCE approved documents</td>
<td>- Cover Letter (384-175) - EU signed Addendum no_1 (384-175) - EU signed Addendum no_2 (384-175)</td>
</tr>
</tbody>
</table>
## 12. Communications

- SPCR P Communication Products & Photos links.pdf

## 13. Lessons learned (last documents)

- SPCR P lesson learnt field visits raw data (4 documents): RA1, RA2, RA3, RA4

Key information of lessons learned based on 3 sources: Literature Review, In depth consultations and Field survey results

- Good practices and Lessons Learned Survey support
  Social protection for community resilience in Yemen
  UNDP Yemen. ASHRAF BIN SAEED. NATIONAL CONSULTANT. MAY 2020
  - Lessons Learned Report
  Social Protection for Community Resilience Project (SPCRP) – Yemen. October 2020
  Prepared for UNDP by Marius Olivier

- Most recent survey data applied to different stakeholders and beneficiaries at all levels.
  -505 surveys

## 14. Third Party Monitoring (TPM) Reports

- 1st TPM Report, July-Sept. 2018
- 2nd TPM Report, Oct.-Dec. 2018
- 3rd TPM Report, May 2019
- 4th TPM Report, April-June 2019
- 5th TPM Report, July-Sept. 2019
- 7th TPM Report, Jan.-April 2020

Key information related to implementation based on qualitative & quantitative data focus in the 4 Results areas.

- Surveys to beneficiaries
- Interviews to key community informants and field representatives of implementing partner
- Focal groups in sub-projects sites

### Note:
1/ Using qualitative and quantitative data collecting methods, a data collection-based survey was undertaken in 12 districts in four governorates, covering 14 sub-projects and involving 505 interviewees, to gain insights into thematic-oriented good practices, lessons learned and the way forward. The survey covered key dimensions of project achievements and challenges, and in particular the estimated project impact on the beneficiaries’ daily life and on the targeted communities and was supported by semi-structured questionnaires directed at main beneficiary groups. Core themes emanating from the four Result Areas were covered, in individual interviews and focus group discussions. In addition, and simultaneously, the survey involved an assessment of the views of the targeted communities regarding social risk- and life cycle-based social protection needs, priorities and provision. **Good practices and lessons learned survey support: Social Protection for Community Resilience in Yemen.** By Bin Saeed, Ashraf (report submitted to the UNDP, May 2020).

### Annex 4. Stakeholder Analysis Matrix

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Roles in the programme</th>
<th>MEMBERS/PARTICIPANTS</th>
<th>Name of key informants</th>
<th>Number of participants</th>
<th>Type of participation in the evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duty bearers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EU Delegation in Yemen (1)</td>
<td>Funding agency</td>
<td>- Programme counterparts</td>
<td>2</td>
<td>- ERG</td>
<td>- As an informant (interview)</td>
</tr>
<tr>
<td>UNDP Yemen (1) &amp; (2)</td>
<td>Lead implementing partner</td>
<td>-Political/decision level</td>
<td>4-6</td>
<td>-ERG - As an informant (interview)</td>
<td></td>
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<tr>
<td>----------------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>-Board meeting member</td>
<td>-Programme coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-SFG Review meetings</td>
<td>-Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Programme Coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Fund for Development (SFD) (a non-profit national organization) (2)</td>
<td>National implementing partner</td>
<td>-Programme manager</td>
<td>6</td>
<td>-ERG - As an informant (interview)</td>
<td></td>
</tr>
<tr>
<td>Ministry of Social Affairs and Labour (MoSAL)</td>
<td></td>
<td>-Programme staff (local level)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministry of Local Administration (MoLA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministry of Public Health and Population (MoPHP),</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministries of Planning and International Cooperation (MoPIC), and of.</td>
<td></td>
<td>-Coordination and planning at the government level.</td>
<td>1-2</td>
<td>-As an informant (interview)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-at national level counterpart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second duty bearers: private sector, other authorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right holders</td>
<td></td>
<td>-Beneficiaries of different interventions (based on 4 results area)</td>
<td>32-40 participants (8-10 per focus group)</td>
<td>-As an informant (focus groups)</td>
<td></td>
</tr>
<tr>
<td>Beneficiaries: women, youth, IDP</td>
<td></td>
<td>-At Community project-level (Southern and Northern Regions- 2 governorates and 4 districts per region)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authorities and other interest groups at the local level</td>
<td></td>
<td>-Targeted governorates and districts: Taizz, Sa‘dah, Hodeida, Hajiya, Aden, Abyan, Lahej, Shabwa, Al Jawf, Mareb, Ibb, Al-Dhalla.</td>
<td>4-8 Representatives at Governorate / district level</td>
<td>-As an informant (interview)</td>
<td></td>
</tr>
<tr>
<td>Governorates</td>
<td></td>
<td>Southern and Northern Regions- 2 governorates and 4 districts per region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Management Teams (DMTs)</td>
<td></td>
<td>Southern and Northern Regions- 2 governorates and 4 districts per region</td>
<td>4-8 DMT representatives (1-2 DMT per district)</td>
<td>-As an informant Focus groups (DMT, VCC, / other local actors)</td>
<td></td>
</tr>
<tr>
<td>Village Cooperative Councils (VCCs)</td>
<td></td>
<td>Southern and Northern Regions- 2 governorates and 4 districts per region</td>
<td>8-16 VCC representative</td>
<td>-As an informant Focus groups (DMT, VCC, / other local actors)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local communities/Community members</td>
<td>Representatives of specific groups (at risk/marginalized): women, youth, IDPs</td>
<td>Southern and Northern Regions - 2 governorates and 4 districts per region</td>
<td>8-16 community leaders/actors (2-4 per district)</td>
<td>(2-4 VCC representatives per district)</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>Other interest groups</td>
<td>Organizations of Civil Society HR &amp; GE</td>
<td>To be defined</td>
<td>-As an informant Focus groups (DMT, VCC, / other local actors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other developmental partners</td>
<td>To be defined</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71-80 participants</td>
<td></td>
</tr>
</tbody>
</table>
Annex 5. Main results by DAC criteria and region

Relevance

Northern region

- SPCRP interventions were in line with the country/community priority needs and were responsive to changes in the country and local communities.
- SPCRP interventions were mainly based on community approach and participatory planning from bottom up as it was clear from interviewing local authorities.
- There is a Semi-consensus for requesting more support in future projects.

Southern region

- The project provided opportunities for young people of both sexes to join work as volunteers and thus improved their standards of living.
- The project was in line with the priorities of development, as it was in the service areas of health, education, and water reservation, which are sustainable developmental projects that serve the society in all its groups without any exclusion at the community level.
- The project effectively contributed to the inputs that the state did not provide during this period (the war period). The project that was implemented by the (UNDP), community members benefited from the project in the district level.
- The design of the project was used to establish other projects by preparing plans, and then studies, tenders, analysis, launching and implementation up to its final stages.
- This project is aligned with the national development priorities; UN development assistance framework, UNDP country program and strategic plan, the SDGs, and national strategies for the advancement of the human rights and gender equality.

Coherence

Northern region

- Most respondent indicated that consulting relevant authorities at the design of the project and involving them on the implementation activities have assisted in making it coherent to national and local strategies.
- For those who did not assure this, they do not have information about this criterion.

Southern region

- There was an effective coordination mechanism through the SFD and the Local Authority at the district level, and with UNDP (and donor) to carry out the project activities. Its coordination was carried on with a high degree of accuracy and the implementation of initiatives in its first phases.
- There was a direct supervision from the Ministry of Health during project implementation (RA2); Health rehabilitation in the district.
- In Cash for work project in Alhawota, the project could not reach to all targeted area due to the fund shortage and they have to change the infrastructure of the sanitation and water network to complete the path pavement.
- There was an effective coordination between SFD, CCs, members, local authority, women, youth and IDPs. Meetings were conducted discussing on the villages needs and the mechanism of how to participate in the community’s contribution, which was 30% of the project budget.
- Some FGD participants have no idea about the coordination mechanisms of who executed the project.

Effectiveness

Northern region

- SPCRP interventions have improved health facilities, most health needs being addressed and access to health services enhanced. Equipping health facilities made it possible to provide better health care and serve more cases.
- The beneficiaries of supported health facilities indicated and the beneficiaries of Cash-for-Work that the SPCRP interventions have met most of their needs.
- The responses of the SPCRP beneficiaries confirmed the achievement of the SPCRP in the 4 result areas.
- SPCRP interventions have contributed to the advance of gender equality and women empowerment as well as human rights in local communities to some extent.

Southern region

- The project had contributed to the implementation of plans that should be covered in the investment program budgets, but in the absence of central support from the government to implement the projects makes it a little bit complicated. The project responded to the needs of most components of society without discrimination.
- The project outputs have been well achieved, which considered the participation of the community in all its segments in planning, follow-up, implementation and monitoring until the completion of the works, and benefiting from the project results.
- The project has its big achievement in the motherhood and childhood center in the health facilities (RA2) in Alahmad and Kareth in Tuban district.
- All groups and community segments benefited from the work of UNDP in the country.
- The project is responsive to the needs of targeted groups and all project outcomes and objectives are achieved to serve the communities.
- One of the most important factors that contributed to achieving the expected results has been the proper planning of the project, direct supervision during implementation, and community participation in managing the project through the complaints and proposals fund and the hotline.
- The project have the fewest achievements on conducting awareness session by women to group of men (RA3). In the villages the community members refused to attend the awareness sessions unless if there are in kind assistance to be distributed during the session.

Source: Based on the main results and conclusions of the qualitative analysis (FGD and key interviews) from the Northern and Southern regions carried out for the SPCRP final evaluation.
## Efficiency

### Northern region

- SPCR interventions were flexible, some changes were made during the project for some overestimated numbers in targeting as well as in shifting some subprojects from un-accessible areas to others that are also of need to the interventions’ support.
- The responses of the SPCR beneficiaries indicated that Gender Equality (GE) and women empowerment have been addressed during the implementation to a great extent in accordance with the target set in the project design taking into consideration cultural boundaries and challenges in women participation.
- The responses of the SPCR beneficiaries indicated that Human Rights have been addressed during the implementation to some extent.
- For those who did not assure this, they do not have information about this criterion.

### Southern region

- There was flexibility in project implementation which leads to good outcomes.
- Monitoring systems integrate and use gender analysis through monitoring the gender percentage benefited from the project.
- The project in general was delivered little bit late due to COVID19.
- M&E systems utilized by UNDP to ensure effective and efficient project management through field visits and monitoring the project activities.
- The project funds and activities have been delivered in a timely manner and respectively to specific groups—women, youth, IDPs and they match the initial expectations.
- In the projects of cash for work we found that project funds was not enough to cover the whole area since there are some houses were affected negatively from the road pavement. Affected houses are raising their voice to have a look on their case and resolve their problem.
- In the projects of Cash for Work beneficiaries have been enabled to purchase food and cover a range of essential expenses, including healthcare, rent payment and loan repayment, while some have been able to save or invest in productive assets.
- In the Psychosocial support activities, there are some contextual changes in the community especially among children through getting some positive habits like educating how to pray, prayers purification (washway), washing hands, etc. Some friendly space are still opened for children as a place where children can play safely.

Source: Based on the main results and conclusions of the qualitative analysis (FGD and key interviews) from the Northern and Southern regions carried out for the SPCR final evaluation.

## Impact (early signs)

### Northern region

- There are early signs of expected positive impact, such as meeting real community needs met as well as some unexpected such as such as not only helping the targeted communities, but also helping the nearby communities.
- SPCR interventions empowered IDPs and Youth as well as men and women via empowering them via various means, such as receiving life skills training have helped them in their livelihood to a large extent.
- For those who did not assure this, they do not have information about the project impact.

### Southern region

- The opportunities available to volunteer girls were more because young men were able to leave the area to search for job opportunities. This order was imposed and accepted by the community and local authorities in the community.
- Relationships were expected and positive in terms of women’s participation in community committees and supervision. There were results through the participation of all segments of society as well as women. Involving community groups that have contributed to achieving the expected impacts by participating in project selection, management, and their presence during project implementation phases, including women, youth and IDPs.
- No negative signs occurred on HR&E and women empowerment in the project intervention. All community member, including direct and indirect beneficiaries, have positive impact on the project results.
- The project volunteers have great impact in changing concepts of some families especially the parents as head of the family on the early marriage phenomenon.

Source: Based on the main results and conclusions of the qualitative analysis (FGD and key interviews) from the Northern and Southern regions carried out for the SPCR final evaluation.

## Sustainability

### Northern region

- Interviewees with RA4 beneficiaries, community members and local authorities from Hajjah revealed a great understanding and commitment of the concept of cooperation for the sake of the public interest via planning to have more community initiatives.
- While targeting health facilities that have been operational and have the minimum staff for operation contributed to provide some kind of sustainability to provide the services to the communities, there is a risk of not having sufficient operational cost may affect their sustainability in addition to the concern of some Health facilities who complained from leaving the trained personnel to look for better paid jobs.
- For psychosocial support, training personnel will contribute to Sustainability, but there is a risk of their leaving the jobs to look for better paid jobs or not having budget to continue their support.
- R1 Cash-for-Work interventions as short-term employment initiatives cannot build vocational skills that promote sustainable employment.

### Southern region

- It was possible to provide opportunities for volunteers from youth to obtain grants to set up small projects. It was also possible to create gardens within the framework of the targeted neighborhood to be a recreational space in which various activities are to be practiced and with this we can achieve more sustainability for the project interventions.
- In the psychosocial support activities, we could not guarantee the sustainability of the project unless there will be extended similar projects since the activity focuses on psychosocial support which will need regular follow up and observation by the project implementer.
- The success of the project and the preservation of its benefits is provided by the availability of societal awareness and the presence of financial and economic resources that enable it to continue and sustain and cover operating costs.
- The VCCs still have the role of supervision to protect projects’ assets.
- Community awareness campaigns on the importance of projects sustainable expansion among the villages executed the project.
- After the project ended the project activities become part of evening activities at schools as an entertainment through festivals, plays on theatre, handicrafts exhibitions and the benefits have great impact on awareness on the importance of education.
- Safe friendly spaces are still opened as voluntary efforts supervised by the project volunteers.
- Families follow up their children on lessons learning at home after raising awareness on the importance of education.
- VCCs are looking for any gathering to implement what was executed during project implementation as part of sustainability.

Source: Based on the main results and conclusions of the qualitative analysis (FGD and key interviews) from the Northern and Southern regions carried out for the SPCR final evaluation.

<table>
<thead>
<tr>
<th>Project’s result areas</th>
<th>Project Budget (USD)</th>
<th>Year 1 (1July 2017 to 30June 2018)</th>
<th>Year 2 (1July 2018 to 30June 2019)</th>
<th>Year 3: (1July 2019- 30 June 2020)</th>
<th>Total expenses and commitments</th>
<th>Budget performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total project</td>
<td>(Tl. allocated) 26,618,134.00</td>
<td>2,194,335.04</td>
<td>9,482,776.06</td>
<td>9,899,969.71</td>
<td>21,577,080.81</td>
<td>81%</td>
</tr>
<tr>
<td>RA1: Cash for work &amp; asset upgrade</td>
<td>4,651,381.00</td>
<td>671,950.65</td>
<td>3,190,325.20</td>
<td>293,998.40</td>
<td>4,156,274.25</td>
<td>89%</td>
</tr>
<tr>
<td>RA2: Basic Health care</td>
<td>10,657,322.00</td>
<td>60,907.69</td>
<td>3,577,565.00</td>
<td>5,494,577.00</td>
<td>9,133,049.69</td>
<td>86%</td>
</tr>
<tr>
<td>RA3: Psychosocial assistance</td>
<td>2,068,191.00</td>
<td>35,812.60</td>
<td>695,745.38</td>
<td>860,557.93</td>
<td>1,592,115.91</td>
<td>77%</td>
</tr>
<tr>
<td>RA4: Local authorities support</td>
<td>3,359,792.00</td>
<td>104,125.13</td>
<td>578,233.51</td>
<td>1,091,349.00</td>
<td>1,773,707.64</td>
<td>53%</td>
</tr>
<tr>
<td>RA5: Project management</td>
<td>4,140,075.00</td>
<td>1,177,984.36</td>
<td>820,538.76</td>
<td>1,545,135.42</td>
<td>3,543,658.54</td>
<td>86%</td>
</tr>
<tr>
<td>Indirect costs (Tl)</td>
<td>1,741,373.00</td>
<td>143,554.63</td>
<td>620,368.56</td>
<td>614,351.85</td>
<td>1,378,275.04</td>
<td>79%</td>
</tr>
</tbody>
</table>

Note: 1/Balance amount to be received from EU excluding contingency reserve; 2/Includes project management costs – project staff, operations cost, indirect CO support, and Security-- and M&E, audit, and communication and visibility.

Annex 7. Recommendations by Region.

Southern Region main recommendations:

Recommendations given by FGDs and KIs on how to improve future inventions appear separately under each respective result area. Here follow some broader recommendations based on the analysis of findings.

1- It was possible to provide opportunities for volunteers from youth to obtain grants to set up small projects. It was also possible to create gardens within the framework of the targeted neighborhood to be a recreational space in which various activities were to be practiced and with this we can achieve sustainability for the project interventions.

2- Community members need to have meeting with community leader of the district to decide their needs and concerns to be taken into consideration before project design to avoid resistance.

3- Completing road pavement for the five house which were left uncompleted are strongly recommended by the community representatives who attended the FGD session in Alhowta district.

4- The UNDP and SFD should consider reviewing the community share of contribution to encourage and further foster better community engagement in the project, knowing how poverty levels are prevalent in such a fragile context as well as to support old projects in case if there is new funds for sustainability and covering the maintenance cost of such projects.

5- UNDP and SFD should also pay special attention to reinforcing the currently complaints mechanism.

6- Expansion of new projects such as: i) building girl school, building additional classes in Dar Shiaban school (Almilah district) to enable children to be enrolled at the school, ii) solar system and capacity building for the health workers in the health facilities. iii) building a protected wall around the health centre funded by UNDP in Alhajr village (Almilah district); iv) conducting sewing courses for women to empower them to start their own business, v) making medicine stores in the health facilities.

7- Increasing the motivation of volunteers and representatives by giving them some incentives could be considered to get them attracted for community led initiatives.

Northern Region main recommendations:

53 Refers to a project of capacity building in Almilah district –Community empowerment and resilience enhancement within social protection program.
Following is a list of main recommendations based on the findings of the final evaluation of SPCRP interventions in the Northern region.

1. All visited health facilities need building new premises in any future project to meet the increased community needs in their areas as indicated by the interviewed authorities.
2. Bajil Hospital in Bajil District, Al-Hodeidah Governorate badly need urgent support intervention, such as the provision of basic medical equipment and restoring the building after the sinking that occurred after heavy rain.
3. The Health unit, Al-Bahah village, Bajil District, Al-Hodeidah Governorate badly need an electricity generator or more power of solar energy to make use of the equipment provided to the Health Unit in any future project.
4. Giving more emphasis in future projects to addressing Human Rights and Gender Equality (HR&GE) and women empowerment.
5. There is a need to include more psychosocial support interventions in any future project to the schools that were not included in this intervention or other projects' intervention.
6. Providing a diversity of interventions in a single project (infrastructure - supply and goods - cash for work - cash for service - cash for training).
7. Consider joint-programming and comprehensive approaches with others, such as UNICEF and WFP that will cover these new situations.
8. More attention should be made in any future projects to physically challenged people and marginalized groups.
9. To mitigate the information gap, particularly among government authorities, more attention should be made in any future projects to ensure sharing knowledge of project documents among all related stakeholders.
10. Giving more priority to a mechanism to deal with grievances and a system to resolve them than just setting up a complaints box.
11. For any future project, Cash-for-Work should be complemented with cash-for-training to develop vocational skills.
12. Ensuring wider and deeper engagement in any future project of the local communities in monitoring project activities, through energizing the community committees.
13. More attention should be made in any future projects to break out any entrenched social norms hindering the engagement and participation of women and marginalized groups.
14. The design of future projects should be flexible enough to allow for changes that happen during implementation to mitigate expected issues in relation to inflation, exchange rate fluctuation, security and accessibility.
15. Increase the size of investments in any future projects that goes beyond the activities resulted from the resilience to recovery and development plans.