LESSONS LEARNED REPORT

Social Protection for Community Resilience Project (SPCRP) - Yemen
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Prepared for UNDP by Marius Olivier

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<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Executive Summary</td>
</tr>
<tr>
<td>9</td>
<td>Acronyms and Abbreviations</td>
</tr>
<tr>
<td>11</td>
<td>Report Objectives, Country Context and Project Background</td>
</tr>
<tr>
<td>35</td>
<td>Project Progress and Achievements</td>
</tr>
<tr>
<td>89</td>
<td>Coordination, Complementarity and Alignment in Conflict</td>
</tr>
<tr>
<td>94</td>
<td>Cross-Cutting Themes Mainstreaming</td>
</tr>
<tr>
<td>99</td>
<td>Project Management and Communication</td>
</tr>
<tr>
<td>102</td>
<td>Monitoring and Reporting</td>
</tr>
<tr>
<td>104</td>
<td>The Need for an Enhanced Social Protection Framework</td>
</tr>
<tr>
<td>108</td>
<td>Overall Conclusions and Recommendations</td>
</tr>
<tr>
<td>113</td>
<td>End Notes</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Report Objectives, the Yemeni Context, and Social Protection for Community Resilience in Yemen Project (SPCRP) Design

Multiple objectives are served by this report. It reflects on the key lessons learned from the SPCRP project, from the perspective of both project design and implementation. Emphasis is placed on good practices, and the replicability and sustainability thereof. The intended and unintended impact of the project is highlighted. Achievements are emphasised and challenges noted and commented on, and recommendations made for improvement. The report also considers a range of foundational matters, including the project contribution to not only resilience-building, but also the developmental paradigm in Yemen, serving as part of the foundation for a post-conflict Yemen. Attention is paid to the need for an enhanced social protection framework in Yemen, with some suggested pointers for the strengthening thereof.
Social protection programming in Yemen is affected by a worsening humanitarian crisis, widespread vulnerability experienced by vulnerable Yemenis, and an inadequate social protection system. In this context the SPCR aims at strengthening the resilience of the Yemeni people, with particular attention to the inclusion of women, young people, and marginalised minorities. The intervention focuses upon:

1. Increasing short-term income earning opportunity through labour intensive cash for work and asset upgrade and replacement for enhanced livelihoods and economic self-reliance of vulnerable Yemenis (covered by Result Area 1.)

2. Improving access to health care services (including psychosocial support – provided for in Result Area 3) and related infrastructure through community-based projects and provision of renewable energy (solar equipment) (Result Area 2).

3. Restoring service delivery by strengthening the capacities of local authorities for planning, coordination, and monitoring (Result Area 4).

Achievements and Challenges

In meeting its strategic objective, the SPCR has gone beyond humanitarian assistance as it also supports and strengthens national capacities and institutions. It has achieved remarkable results by leveraging a community engagement modality, supported by the partnership between the UNDP and SFD. Its multi-layered targeting serves the various needs of vulnerable communities and supports strengthened institutions. The SPCR has been implemented in a flexible manner, responding to among others the fluid security situation in Yemen. Its achievements comprise
among others significant asset and infrastructure creation, individual livelihood and household support, access to financial services, improved operational capacity of health centres and their staff, restored healthcare services, empowerment of first-lineresponders to support traumatised individuals, establishing and involving 230 community representative structures (VCCs) in planning and implementing self-help and financed community initiatives, and training of district-level structures (DMTs). It has also enhanced partnership, participation, and social cohesion.

The SPCRP has contributed significantly to preserving the foundation for future reconstruction and recovery at a time when the government is not able to prioritise social protection in the sense employed by the SPCRP. Positive unintended benefits include assistance to the unemployed and the daylabourers, and improvement of the health of IDPs. It has enhanced partnership, participation, and social cohesion. Important lessons were learned from delays experienced and the mitigation measures deployed.

Result Area 1: (Cash-for-Work, Asset Upgrade/Replacement and Mobile Banking)

In Result Area 1, in addition to the benefits experienced at the individual and household levels, the community infrastructure assets created are of considerable value and have supported greater access to services and facilities. The intervention has also ensured the inclusion of youth, IDPs and in particular women, the engagement of public and private role-players, and a positive environmental impact. Cash for Work (CfW) interventions have delivered significant direct and indirect benefits, although the moderate levels and duration of employment have had limited impact on sustainability. Beneficiaries not in possession of identity documents have experienced difficulties with opening bank accounts and using mobile banking.
Result Area 2: (Rehabilitated Health Facilities and Solar Energy Support)

Despite several challenges experienced, benefits include improved health facilities, health needs being addressed and access to health care services enhanced; strengthened income-generation and livelihood support; a positive environmental footprint; and strengthened cooperation and positive impact on social cohesion.

Result Area 3: (Psycho-Social Support (PSS)/Community-Based Resilience Activities)

PSS interventions have had a significant impact on improving psychological health of all categories of beneficiaries, in particular children. Vulnerability has been addressed, employment opportunities enhanced, and empowerment achieved through targeted training and a contribution to coordination among involved role-players and social cohesion.

Result Area 4: (Support to Communities and Local Authorities)

Particularly significant is the impressive number of established VCCs (230) and Community Resilience Plans developed (230), and the exceptional measure of satisfaction expressed with local authorities' improved public service delivery. Other benefits include the enhancement of public services/facilities and local infrastructure development; the empowerment of and collaboration between local authorities and community institutions; the specific emphasis placed on gender inclusion and empowerment; and a positive environmental footprint. Result Area 4 interventions have clearly shown that local authorities and communities are capable of planning and managing developmental activities.

Humanitarian-Development Links

The SPCRP has been instrumental in supporting the nexus between humanitarian assistance and development interventions. This is evident from the Project's focus on vulnerability; the involvement of local actors in delivering humanitarian assistance; and transitioning to recovery and resilient development.
Recommendations

1. Overall, the SPCRP was fairly well-designed and has, generally speaking, delivered its outputs and is incrementally achieving its outcomes. However, in-depth socio-economic impact assessments, selected scaled-up development-oriented interventions and a more dedicated social protection response should inform the way forward. This would imply scaling up some of the SPCRP interventions to address critical need areas and enhance the realisation of development objectives, ideally by linking some of these better to other development programmes (such as ERRY and SIERY) should be considered – to ensure integrated responses with long-term impact.

2. Regular review and project progress meetings at the apex level of project oversight will assist with addressing project challenges.

3. More sustained approaches to employment and livelihoods are called for. Increasing wage levels, creating longer-term employment and investment in other productive activities are needed – linking short-term employment with skills development, income for productive investments, financial incentives and business assistance (as provided for under ERRY), and supporting SMEs and informal enterprises, especially in selected prioritised sectors. In addition, the establishment of a national productive safety net intervention needs to be considered – which requires federating and scaling up the many works programmes operative in Yemen and closer collaboration among donors, implementing agencies and Yemeni authorities.
4. In relation to restored health facilities, consideration should be given to consider renovation as a comprehensive package, with an emphasis on providing sufficient medical equipment and specialised staff; addressing concerns regarding the limited number of and irregular payment received by healthcare staff; and assisting beneficiaries of the healthcare system through subsidised or affordable healthcare treatment.

5. As far as psycho-social support is concerned, there is a need to consider extended training, payment for youth volunteers, links with CfW interventions and with dedicated mental health service providers, and the introduction of a referral system and hotline facility.

6. As regards Result Area 4, the deteriorating contributory capacity of communities is a serious concern and may require the consideration of alternative/additional funding models (e.g., remittances or crowdfunding) and differentiated funding arrangements to enable communities to participate better.

7. Also, there is a considerable value in continuing investing in VCCs as a critical component of strengthening resilience and making development work for the people, and to invest further in a hybrid local governance model, increasing the participatory role and capacities of community structures and local authorities.

8. Going forward, inter-agency coordination needs to be strengthened and may require a new approach, including joint programming and a reorganised coordination structure.

9. A renewed focus on gender inclusion is called for. For example, in Result Area 4, due to the numerical imbalance at local authority level, from a gender perspective, gender inclusion and empowerment could not consistently be achieved. Future project design should seek to achieve inclusion. In CfW activities, wage parity and the specific accommodation of women's needs are required.

10. Critical gaps in social protection in Yemen need to be addressed. Both the contributory and the non-contributory social security environment must be strengthened and redesigned where necessary. Further research and analysis need to be undertaken in relation to contributory capacity and sources of contribution. There is a clear need for awareness-raising among a wide spectrum of institutional representatives and individuals concerning social protection needs and how they can be addressed.

11. The SPCR interventions assisted indirectly in combating climate change-related adverse effects, but environmental concerns/climate change need to be more specifically targeted in the next phase of the SPCR.
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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEDAW</td>
<td>(UN) Convention on the Elimination of all Forms of Discrimination against Women</td>
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<td>CfW/C4W</td>
<td>Cash-for-Work</td>
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<td>CRC</td>
<td>(UN) Convention on the Rights of the Child</td>
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<td>CRPD</td>
<td>(UN) Convention on the Rights of Persons of Disabilities</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>ECRP</td>
<td>Emergency Crisis Response Project</td>
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<td>ERRY</td>
<td>Enhanced Rural Resilience in Yemen (Joint Programme)</td>
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<td>DMT</td>
<td>District Management Team</td>
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<td>FGDs</td>
<td>Focus Group Discussions</td>
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<td>GoY</td>
<td>Government of Yemen</td>
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<td>HF</td>
<td>Health Facilities</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<tr>
<td>ICESCR</td>
<td>(UN) International Covenant on Economic, Social and Cultural Rights</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>LA</td>
<td>Local Authority</td>
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<td>MCLA</td>
<td>Multi-Cluster Location Assessment</td>
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<td>MoLA</td>
<td>Ministry of Local Administration</td>
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<td>MoPHP</td>
<td>Ministry of Public Health and Population</td>
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<td>MOPIC</td>
<td>Ministry of Planning and International Cooperation</td>
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<tr>
<td>MoSAL</td>
<td>Ministry of Social Affairs and Labour</td>
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<tr>
<td>NAMCHA</td>
<td>National Authority for the Management and Coordination of Humanitarian Affairs</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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ACRONYMS AND ABBREVIATIONS

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<thead>
<tr>
<th>PSPN</th>
<th>Productive Safety Net Programmes</th>
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<tr>
<td>RA</td>
<td>Result Area</td>
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<td>ROM (report)</td>
<td>Results-oriented Monitoring Mission (EU report)</td>
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<td>SESP</td>
<td>Social and Environmental Screening Procedure</td>
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<td>SFD</td>
<td>Social Fund for Development</td>
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<tr>
<td>SIERY</td>
<td>Strengthening Institutional and Economic Resilience in Yemen (Project)</td>
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<td>SPCRP</td>
<td>Social Protection for Community Resilience Project</td>
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<td>SWF</td>
<td>Social Welfare Fund</td>
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<td>TPM</td>
<td>Third Party Monitoring</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>USD</td>
<td>US Dollar</td>
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<td>VCC</td>
<td>Village Cooperative Council</td>
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<td>WSPR</td>
<td>ILO World Social Protection Report 2017-2019</td>
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<td>YER</td>
<td>Yemeni Rial</td>
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<td>YRP</td>
<td>Yemen Resilience Programme</td>
</tr>
</tbody>
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1. REPORT OBJECTIVES, COUNTRY CONTEXT AND PROJECT BACKGROUND

1.1 Objectives of the Lessons Learned Report

Multiple objectives are served by this report. This report reflects on the key lessons learned from the SPCRP project, from the perspective of both project design and implementation. In the process, emphasis is placed on good practices, and the replicability and sustainability thereof. The intended and unintended impact of the project is highlighted. While emphasising achievements of the project, challenges are noted and commented on, and recommendations made for improvement. The report also considers a range of foundational matters, including the contribution the project makes to not only resilience-building, but also the development paradigm in Yemen, which helps to lay the foundation for a post-conflict Yemen. In addition, attention is paid to the need for an enhanced social protection framework in Yemen, with some suggested pointers for the strengthening thereof.

1.2 Country Situation

Facing the worst humanitarian crisis in the world, Yemen is confronted by ongoing conflict, disease and significant climate change deficits. After five years of continuous war, millions of people are hungry, ill, destitute and acutely vulnerable. The escalating conflict is affecting 22 of the 23 Yemeni governorates, with over 80% of the population requiring some form of humanitarian support, and health facilities, schools, factories, public buildings and houses destroyed – only half of health facilities and two-thirds of schools are currently functioning. The United Nations (UN) has placed the country at Level 3 of humanitarian distress and 10 governorates at a Level 4 state of emergency. Also, three years ago, Yemen experienced the worst cholera outbreak in modern times and for the past 18 months, the country has been on the brink of famine. During the first half of 2020, once-in-a generation flooding has devastated southern communities and fuelled the spread of killer diseases including cholera, dengue, malaria and diphtheria.
**Economic collapse and the breakdown of public institutions accentuate the dire situation of Yemenis.** Reserves have been depleted, remittances have already declined by more than 15% during the first half of 2020 and oil imports have dropped 40%. Economists expect a major contraction of the economy in coming months with all indicators pointing to loss of household income, rising food prices, rising inflation and declining food imports. Educators, and more generally civil servants, have not been paid salaries since 2016 – travel allowances were given to teachers through generous international support in 2019. Local authorities, whose capacities were already limited prior to the conflict, are unable to cope with the crisis and provide the necessary public services due to insecurity, arrears in the payment of wages, lack of electricity, and infrastructure damages to office buildings.

**Food insecurity is key to survival.** Two-thirds of all Yemenis are hungry, and nearly half do not know when they will next eat. Food insecurity has continually worsened in recent years. Food has consistently been reported as the top priority need for all population groups in the country despite being the most common type of humanitarian assistance received: 91% of emergency cash transfers received by beneficiaries 65% of the cash-for-work money is used to purchase food. In addition to combat deaths, fatalities due to the issues associated with the war such as hunger and disease, exceed 130,000 with children accounting for one-in-four deaths.
**Increased poverty informs the need for resilience-building interventions.** Overall, the conflict has eroded the coping capacities of Yemenis. About 75% of the households are facing a worse economic situation now compared to pre-crisis, with cost of living having increased by more than 40%, and the loss of income and livelihoods due to the conflict and disruption in the salary. An estimated 40% of households have lost their primary income source. Poverty is estimated to be between 70% to 80% with women more severely affected than men. More than 80% of the population – 24.4 million people – requires humanitarian assistance, with 14.4 million in acute need; ten million are just one step away from famine. Over 80% of Yemenis are found indebted, with more than 50% of households buying food on credit. Over 60% of the households are resorting to negative and even harmful coping mechanisms for consumption – including sending girls into marriage and boys into war, a situation accentuated by the increased vulnerability brought about by COVID-19.

**Large segments of the population are affected by the humanitarian crisis.** 25% of the population, including 2.1 million children and 1.2 million pregnant and lactating women, suffer from either moderate or severe malnutrition. One-third of all school-age children were already out of school before COVID-19 closures. For poor and vulnerable segments of the population without any safety nets, the cost of reaching health services is unacceptably high. Also, the most vulnerable, about 1.5 million beneficiary households (approximately 9 million individuals) of the Social Welfare Fund (SWF) (targeting widows, orphans, disabled and elderly) have not received the monthly social safety net allowance from the government, since 2014, imposing a caretaker role on UNICEF to make available emergency cash transfers to the affected households. Furthermore, the conflict has resulted in around 3.65 million Yemenis being displaced – Yemen has the fourth largest number of displaced persons in the world.

**Marginalisation and discrimination stress the need for social cohesion.** There are worrying signs that discrimination, stigmatization and marginalisation are on the rise. The 422,000 migrants, asylum-seekers and refugees who are in Yemen are at extreme risk; many are subjected to inhumane conditions that clearly violate international norms. However, marginalisation also affects the Muhamasheen – an underclass that has experienced centuries of discrimination, exploitation, and poverty. Furthermore, disadvantage and vulnerability strongly overlap with gender as women and children are most affected. Women are the target of multiple forms of discrimination and mistreatment, and child marriages, gender-based violence (GBV) and female genital mutilation are prevalent. Yemen’s Gender Inequality Index – a UNDP composite measure – is among the worst in the world; Yemen ranks lowest in the world in the World Economic Forum’s global gender gap index for economic participation and opportunity (153rd out of 153).
The humanitarian situation is further complicated by the collapse of international funding and the onset of COVID-19. Less than 50% of the funding needed to address the shortfall in the Humanitarian Response Plan (HRP) 2020 was pledged by the international community. Together with the onset of COVID-19, this has led to a fast deteriorating humanitarian situation in Yemen. Humanitarian aid agencies managed to reach just 9.5 million people with emergency aid in April 2020 – down from 15.6 million in December 2019. WFP has halved its food deliveries in May – June 2020 from 13 to 8 million people. UNHCR’s operation was only 30% funded, putting support for internally displaced persons (IDPs) and refugees in jeopardy. UNICEF’s budget was just 38% funded, putting 2.4 million children – including one-in-two children under the age of five – on the “the brink of starvation”. WASH services for 6 million people – including 3 million children and 400,000 of the most vulnerable IDPs – could end and water supply to nine major cities may be shut off completely. Health facilities have been overwhelmed and employment-creating opportunities severely affected by mobility constraints. This situation calls for scaled-up support to address the immediate needs of the population, by leveraging and enhancing endogenous support mechanisms for social protection that can complement a largely insufficient humanitarian response, while in parallel helping to maintain the existing capacities and mechanisms at local and national level for future reconstruction and recovery.
1.3 An inadequate Social Protection System

Social protection in Yemen lacks a common social protection understanding, an overall national strategy and coordinated implementation. Social security is not informed by an overarching social protection strategy, is inadequately developed, coordinated and implemented in Yemen and is in several respects dysfunctional, due to the ongoing conflict. The overall social protection system attempts to address vulnerability and poverty, but falls short from a social risk- and life cycle-based approach, as required by social protection as generally understood. Even before the conflict started, in 2014, overall, public spending on social protection was very low at just 0.06–1% of GDP.

The contributory social security system is weak in scope and reach. There is an evident need for measures to reform the limited current frame for contributory benefits. Separate social insurance schemes – for public servants, private sector employees and the military – border financial bankruptcy. Health insurance is available only for public sector employees. Separate/dedicated short-term contributory schemes of a public nature providing sickness benefits, unemployment insurance or maternity protection do not exist. The contributory system has limited application, even in the formal private sector – 70% of those in the sector are not covered. No provision is made for the coverage of workers in the large and growing informal economy: the informal economy accounts for 73.7% of total jobs. By 2018 – 2020, the self-employed were estimated to constitute 85% of the total workforce due to job losses in the formal economy.

Non-contributory safety net arrangements are inadequate. Safety net programmes provide insufficient support and are largely outdated. As noted by Azaki: "... the social safety net in Yemen is seen to very limited and weak ..." – also because of the small amounts paid to beneficiaries. Several safety net arrangements were in existence before 2015. These include non-contributory benefits for the most vulnerable households – by 2014 the Social Welfare Fund (SWF) paid such benefits to 1.5 million beneficiaries. However, due to the conflict, UNICEF had to take over the SWF payments in a caretaker capacity. The beneficiary list being used for this purpose has not been updated, and is fraught with targeting and other...
problems. Disability services (including medical and curative services; in-kind and financial assistance, and education services) are provided by the Disabled Care and Rehabilitation Fund – due to a lack of funding, only 23.6% of all registered cases could be served in 2019. While disability and old age may be included in vulnerability targeting criteria under the current humanitarian cash transfer response, no separate or dedicated old age cash transfer arrangement has been established. Several of the line ministries implement non-contributory sector-specific social protection programmes.

Non-formal social security arrangements are a key anchor for survival and livelihood protection. Important informal and semi-formal safety net modalities also exist in Yemen and provide a crucial lifeline for individuals and households. These modalities, which include the payment of Zakat and voluntary contributions to support the poor and the needy, as well as remittances and forms of corporate social responsibility, can be strengthened to improve protection in the absence of a strong public system.

Lessons Learned: Country Context and Background to SPCRP

1. Context impacting on social protection in Yemen. Social protection programming in Yemen is affected by the fact that Yemen is facing the worst humanitarian crisis in the world, its economic collapse and breakdown of public institutions, food insecurity and increased poverty; the humanitarian crisis is further complicated by the collapse of international funding and the onset of COVID-19.

2. Vulnerable and marginalised groups in particular affected. Large segments of the population are affected by the humanitarian crisis. Widespread marginalisation and discrimination stress the need for social protection and resilience building. Integrated social protection responses are currently lacking and need to be informed by a holistic approach to extend adequate support to vulnerable Yemenis.

3. The social protection system is inadequate. The Yemen social protection system lacks a national strategy, is inadequately developed, and is not coherently implemented, with low public spending:

   - The need for further social protection reform is informed by a contributory social security system (in the form of social insurance), which is limited in scope and reach; no dedicated provision is made for major social risk categories, such as sickness benefits, unemployment insurance or maternity protection; existing pension schemes border bankruptcy; and the contributory system fails to reach 70% of those in the private sector and the informal economy.
- The non-contributory (social assistance) system is outdated, also in terms of its targeting framework and inadequate transfer values; limited disability services are provided, and a dedicated old age cash transfer arrangement is absent.
- Non-formal social security arrangements, including Zakat payments, voluntary (charitable) contributions in support of the poor and needy, and remittances, fulfil an important role in household survival and livelihood protection, and have the potential to be strengthened to improve social protection in the absence of a strong public system.

1.4.1 Project Description and Objectives

**Strengthening the resilience of the Yemeni people.** The Yemeni people have endured decades of conflict, underdevelopment and economic hardship. Their remarkable resilience has been tested to its limits amidst an ever-deteriorating situation, as the prolonged war erodes all remaining coping mechanisms they have left, plunging them into vulnerability, poverty and insecurity on an unprecedented scale. It is in this context that the EU finances, under its Development Cooperation Instrument, the Social Protection for Community Resilience in Yemen (SPCRP), as a special measure in order 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, young people, and marginalised minorities. As a multi-year project implemented over the period 1 July 2017 to 30 June 2020 (a project extension has been requested by UNDP), and with a funding envelope of USD 28,032,500, the intervention contributes to mitigating the impact of the current crisis on local households and communities and assists their recovery from the bottom-up, using local systems, capacities and institutions to progressively resume and scale-up service delivery, especially focusing on health services.15

**Resilience-building focus of the SPCRP intervention.** The intervention focuses on:

1. Increasing short-term income earning opportunity 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.
Overall, the intervention involves a contribution to enhanced resilience of vulnerable Yemenis, including women, youth and IDPs, to be measured against the number of Yemeni populations (i.e. reduced numbers) in need of livelihood support, including access to income opportunities and key essential services (i.e. reduced needs).  

**Resilience-building as a strategic objective of UNDP interventions in Yemen goes beyond a humanitarian approach.** The strategic approach underlying the SPCRP responds 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.

Resilience, defined by UNDP as an inherent and acquired condition achieved by managing risks over time in ways that minimize their negative impacts, builds capacities to manage and sustain development momentum and maximize transformative potential. To respond to the conflict, UNDP developed the Yemen Resilience Programme (YRP) (2015-2017) framework with the aim to build resilience from the bottom-up using local systems, capacities and institutions to progressively:

1. Restore livelihoods.
2. Restore basic services.
3. Contribute to peace-building.

As such, the SPCRP project interventions is meant to contribute to the livelihoods strengthening and service delivery restoration components of the YRP.

**Key guiding principles inform SPCRP objectives, implementation and monitoring.** The principles meant to guide project direction, implementation and monitoring can be summarised in the following terms:

1. Vulnerable beneficiary communities and families are the most important constituency of the project – building on the principle of Leave no one behind (LNOB), the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). In particular, the SPCRP is meant to address exclusion and discrimination against marginalised groups; it therefore targets Women (at least 30%), Youth (at least 35%), and IDPs/returnees (at least 20%) as main beneficiaries.
2. The focus is on resilience-building of national institutions and in communities and national ownership. Alongside community-based approaches and community contracting methodologies, the project operates through key national and local institutions that also leverage a bottom-up approach through a community engagement modality to identify priority gaps and rehabilitation needs in service delivery (including community infrastructure) and addressing vulnerability. National institutions are meant to benefit from the project, including NGOs and the private sector, local authorities (in particular, the technical arm of the municipalities, i.e. District Management Teams – DMTs), government ministries (i.e. Health), and the Social Fund for Development (i.e. to preserve and enhance their operational capacities to provide social services to the Yemeni population.)

3. It is key to maintaining the integrity of the project that the possibility of political preference overriding technical data and criteria is guarded against.

4. Conflict sensitivity and considerations of social cohesion have to be abided by. The intervention is implemented where access can be ensured, on a contextual analysis to warrant that the interventions do not cause or escalate conflicts in the target areas with a close monitoring and planning to identify and mitigate possible conflicts and associated risks. The activities are designed to contribute to the rebuilding and strengthening of the social fabric in the communities.

5. Youth and women participation and gender sensitivity are paramount concerns. The Project gives special attention to youth and women as an important peace dividend and provide them with income and participation opportunities. It is intended to contribute to peacebuilding mechanisms by providing opportunities for jobs, facilitating community dialogue, having interventions that enhance equality and inclusion, and providing the space for citizen engagement and enabling a process of collaboration around the project’s implementation and monitoring. Gender equality is supported in the project as one of the core interventions. It mainstreams effective female inclusion in all stages of project design and implementation, also by promoting women’s engagement in a socio-culturally sensitive manner, and contributing to transformational change, allowing for empowerment through self-reliance in the economic sphere.
6. The SPCRP is meant to foster coordination and coherence, by ensuring that targeting of its interventions is done in a complementary manner (i.e. target locations and interventions) to avoid duplications.

7. Environmental and social safeguards are served through the application of the Social and Environmental Screening Procedure (SESP) to ensure social and environmental impacts are properly identified and managed.

**The SPCRP Theory of Change supports resilience-strengthening, recovery and an enhanced social contract.** According to the Project Theory of Change, 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. In addition, improved capacities at the local level enhances service delivery. The assumption is therefore that the project is contributing to the overall impact of building the foundation for early economic revitalisation and for rapid return to sustainable development pathways.\(^2\) There are a number of interconnected assumptions, principles, and lessons learned from UNDP’s global approach to fragile and conflict-affected settings and its ongoing work in Yemen:

1. Early economic revitalisation 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.

2. 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.

3. Increasing the inclusiveness of local-level decision-making, from identifying problems to implementing responses, contributes to addressing horizontal inequalities and build more credible institutions.

4. 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.

5. 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.
In-depth socio-economic impact assessments will assist in measuring longer-term resilience-building and theory of change-driven development goals. The comprehensive engagement of the UNDP and other UN agencies, as well as donor partners, in strengthening resilience and supporting development in Yemen, also through the SPCRP, requires in-depth assessment of the socio-economic impact of these interventions. Ideally, this should be informed by a longitudinal survey approach, which measures impact over a period of time, to indicate the nature, quality and pace of impact. In addition, in particular from a project perspective, this should be supported by a socio-economic needs assessment to inform project design and implementation, if and to the extent that this is not apparent from available social economic impact assessments. A combination of these measures will help to steer the orientation of next phase project design, despite the difficulties posed by the challenges and limitations as a result of ongoing conflict. Regular project progress reports, third party monitoring and a lessons learned study contribute to an understanding of the short-term benefits of the project and the achievement of measurable (numerical) goals, but are on their own not sufficient to measure resilience-strengthening and development impact.

Achieving resilience-strengthening and development objectives should inform selected scaled up development-oriented interventions and a more dedicated social protection response. The SPCRP has laid the groundwork for strengthening the resilience of Yemenis and contributing to achieving development goals, an achievement shared by other UNDP-led programmes in Yemen – in particular the (ongoing) Yemen Emergency Crisis Response Project (ECRP), the Enhanced Rural Resilience in Yemen (ERRY) I Joint Programme and the (ongoing) Supporting Resilient Livelihoods and Food Security in Yemen (ERRY II) Joint Programme. There is a need to scale up some of the SPCRP interventions to address critical areas of need and to enhance the development objectives of these interventions, ideally by linking some of these better to other programmes with a development focus – with a view to ensuring integrated responses with long-term impact. These scaled-up interventions include coordinated links with livelihoods enhancement and local government capacity building and implementation initiatives under ERRY II, but also under the new Strengthening Institutional and Economic Resilience in Yemen (SIERY) project. In addition, the vulnerability-focused orientation of the SPCRP leaves scope for maturing into a dedicated social risk- and life cycle-based social protection
response, in particular by supporting the foundations for an integrated social protection system. Elements of such a dedicated response include the strengthening and, where needed, reform of current contributory and non-contributory social security interventions, the building of social protection institutional capacity, and arrangements targeted at currently underserved groups of persons exposed to particular social/life-cycle risks – including but not restricted to the elderly and persons with disability.

**Implementation modality of the SPCRP intervention – a blend of two unique implementing partners.** The intervention is implemented through indirect management by the United Nations Development Programme (UNDP) (the lead implementing partner) through a local Implementing Partner (IP), the Social Fund for Development (SFD) – on the basis of a formalised Letter of Agreement (LOA) between the UNDP and SFD. SFD is a semi-governmental organisation working in Yemen since 1997. The UNDP has a long history of 53 years of involvement in Yemen, providing support in key strategic areas, and maintaining relationships with both the Government of Yemen (GOY) and the de facto authorities in Yemen, but working also with communities – as is the case with the SFD as well, who is a major partner for international agencies, and operates from 9 branches across Yemen. SFD has a recognised successful record of implementation of labour-intensive Cash-for-Work (C4W), rehabilitation of health facilities (HF), addressing groups in disadvantaged or vulnerable situations, and mainstreaming gender and psycho-social support in its interventions. In the absence of formal government counterparts, SFD has shown that it can work directly with communities. Its neutrality and impartiality have enabled the SFD to operate throughout the country, even in areas where UN agencies have restricted access. Given its knowledge on the ground, SFD has shown an ability to use a flexible approach that allowed for agility in changing circumstances. Additionally, its mainstreaming of conflict-sensitive approaches is seen as having contributed to local peacebuilding efforts.

**The value of implementing via a leveraged bottom-up approach through a community engagement modality and partnerships, intended to achieve multi-stakeholder benefits.** Based on an initial stakeholders’ analysis, the intervention’s implementation involves local communities, District Management Teams (DMTs), Village Cooperative Councils (VCCs), and the Ministries of Planning and International Cooperation (MoPIQ), of Social Affairs and Labour (MoSAL), of Local Administration (MoLA) and of Public Health and Population (MoPHP). The intervention is implemented in 12 governorates. As indicated in the recent EU ROM report regarding the SPCRP, important lessons can be learned for engagement at the local level, in particular in circumstances where central government institutions are weak or inadequate: "Community-based approaches and community contracting methodologies are used in the implementation, which are effective for bottom-up capacity building that fosters
social cohesion. The intervention works through key national and local institutions that leverage a bottom-up approach through a community engagement modality for identifying priority gaps and rehabilitation needs in service delivery (including community infrastructure) and addressing vulnerability. This approach fosters social inclusion while promoting community self-reliance. The activities mobilise and empower a wide network of non-state partners including the private sector (solar systems providers and small contractors for HFs’ rehabilitations). Local authorities, including the offices of line Ministries in governorates and districts, have an active role in the implementation, and the DMTs benefit from the intervention’s support to cooperate with local authorities. Finally, the intervention further enhances the operational capacity of SFD to provide social services to the Yemeni population."

Lessons Learned: Design of the Project and Strategic Partnerships

1. The SPCRP aims at strengthening the resilience of the Yemeni people. As a special EU-funded measure, the SPCRP strengthens the resilience capacity of poor and vulnerable communities and households, with particular attention to the inclusion of women, young people, and marginalised minorities. In the context of a conflict country, the intervention focuses on:

   ▪ Increasing short-term income earning opportunity through labour intensive cash for work and asset upgrade and replacement for enhanced livelihoods and economic self-reliance of vulnerable Yemenis.

   ▪ Improving access to health care services (including psychosocial support) and related infrastructure through community-based projects and provision of renewable energy (solar equipment).

   ▪ Restoring service delivery by strengthening the capacities of local authorities for planning, coordination and monitoring.

2. In meeting its strategic objective, the SPCRP goes beyond a humanitarian approach. The SPRCP both complements humanitarian support and preserves existing capacities and mechanisms at local and national level to maintain the foundation for future reconstruction and recovery, aligned with the UNDP Yemen Resilience Programme (YRP).

3. Several key guiding principles inform the SPCRP. Adhering to key guiding principles, the programme contributes to the livelihoods strengthening and service delivery restoration components of the YRP:

   ▪ Vulnerable beneficiary communities and families are the most important constituency of the project.

   ▪ Resilience-building of national institutions and in communities, contributing to the national ownership, is the focus.

   ▪ The integrity of the project guards against political preference.
- Conflict-sensitivity and social cohesion considerations are abided by.

- Youth and women participation and gender sensitivity are paramount concerns.

- The SPCRP fosters coordination and cohesion.

- Environmental and social safeguards are served.

4. Resilience-strengthening, recovery and enhanced social contract support the SPCRP Theory of Change. The project contributes to the overall impact of building the foundation for early economic revitalisation and for rapid return to sustainable development pathways.

5. In-depth socio-economic impact assessments selected scaled-up development-oriented interventions and a more dedicated social protection response should inform the way forward. Future interventions would best be served by an in-depth assessment of the socio-economic impact of interventions and a socio-economic needs assessment to inform project design and implementation. Scaling up some of the SPCRP interventions to address critical need areas and enhance developmental objectives, ideally by linking some of these better to other developmental programmes (such as ERRY and SIERY) should be considered – to ensure integrated responses with long-term impact.

6. The value and success of the SPCRP rest on the partnership between two unique implementing partners, adopting a leveraged community engagement modality. Both the UNDP and the Social Fund for Development (SFD) (a semi-governmental organisation) have a long record of providing support in strategic areas, relating to authorities but also involving communities in Yemen, via community contracting methodologies. This fosters social cohesion and mobilises and empowers a wide network of state and non-state partners, including the private sector, local authorities, communities and the SFD itself.

1.4.2 Outcomes, Outputs, Result Areas and Targeting

Three Outcomes and their associated indicators stress the resilience-building and development objectives of the SPCRP. Three planned Outcomes of the SPCRP intervention place an emphasis on resilience-building. Indicators and key targets were initially set – in some cases targets had to be set later, based on the application of indicated targeting criteria; in other cases targets had to be adjusted.

1. **Outcome 1:** Vulnerable Yemeni households and communities are able to better cope with the impact of the crisis and to recover.  

2. **Outcome 2:** Improved access of vulnerable Yemenis to healthcare services (including psychological support).
3. **Outcome 3**: Sustained operations and strengthened capacities of key institutions (SFD and local authorities) for basic services' delivery to vulnerable groups.\(^{27}\)

**Key Outputs to achieve the Outcomes are embedded in focused Result Areas.** The Outputs planned for achieving the Outcomes are placed under four technical Result Areas (RAs) with an additional Result Area referring to the intervention's management (links to Outcomes specified; indicators and key targets initially set also indicated; some targets had to be set later, based on the application of indicated targeting criteria; in other cases targets had to be adjusted):

1. **Result Area (RA) 1**: Increased participation of vulnerable Yemenis in income generation activities and asset upgrade/replacement (linked to Outcome 1.) RA1 targets eligible communities and households with cash-for-work (C4W) activities to implement selected infrastructure subprojects that build resilience (water tanks, rehabilitation of agricultural land, rural roads, rehabilitating springs, etc.), identified through a participatory community consultation process. RA1 also raises awareness of mobile banking and open accounts for the beneficiaries.\(^{28}\)

2. **Result Area (RA) 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 (linked to Outcome 2.)\(^{29}\)

3. **Result Area (RA) 3**: Psycho-social assistance is scaled up and linked to health care, skills development and income generation (linked to the Outcome 3.)\(^{30}\)

4. **Result Area (RA) 4**: Support to local authorities fosters basic services' delivery including health care (linked to the Outcome 3.)\(^{31}\)
Though the Outcomes and Outputs and their associated indicators have been formulated to accommodate changes as needed, the verdict is nevertheless a mixed one. The EU’s Results-oriented Monitoring Mission (ROM) report indicates that the Outcomes are well formulated and refer to changes in behaviours and processes. Generally, gender, youth and IDP-specific indicators are well-defined. The Output indicators are specific, measurable, available at an acceptable cost, relevant to the addressed need and time-bound (SMART), but the formulation of some of them is complex. For example, the Output 3.1 indicator relates to the number of identified SFD recruited experts (consultants, NGOs) and/or VCCs trained in identification of severe stress and trauma for psychosocial needs (disaggregated by gender) – this had to be adjusted to accommodate the training of health professionals, teachers and young people. Also, some of the Output indicators refer to an activity rather than to services/goods delivered – e.g., one of the indicators under Output 4.2 refers to citizens monitoring system in place in targeted districts. Generally, most of the assumptions are still valid and very realistic and duly consider ownership, security and gender inequality matters relevant for the intervention, given the external conditions that could hamper the achievement of the Outcomes. However, no risk was identified in relation to the indicator under Output 1.2 in relation to "establishing bank accounts" and "accessing mobile/electronic payments", as needed – and which proved to be a crucial matter in the end, as the unforeseen risks in this context impacted significantly on the inability to reach the targets set for this Output. Finally, risks such as COVID-19, which caused increasing access restrictions to the north from other parts of the country and affected the last three months of implementation, could not have been foreseen.32

Vulnerable households constitute the ultimate beneficiaries, supported by strengthened institutions. The final beneficiaries of the SPCR intervention are the vulnerable households living in 12 governorates from both the southern and northern regions. As originally foreseen, it targets a 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. Also, the intervention targets the strengthening of the current operational capacities of the SFD and the local authorities to expand their outreach for social service delivery to the Yemeni population.33

Multi-layered targeting approaches bridge the humanitarian-development divide and respond to the highly diversified nature of SPCR project activities aimed at serving the various needs of the communities affected by the conflict in Yemen. The targeting methodology utilised at governorate and district level by the SPCR is comprised of a distress index which is a composite
of food security, displacement and vulnerability indicators (at the governorate level) and food insecurity and displacement (at the district level) (see Box 1, below.) Reliance on these indicators is an expression of the humanitarian-development nexus, as they provide the link between humanitarian considerations and development objectives. This has enabled the project to prioritise and allocate resources to the most vulnerable populations, and also provided a neutral methodology that has prevented the manipulation of project targeting for political or other purposes. In addition, a sector-specific prioritisation index is used, closely coordinated with and complemented by the supply side of malnutrition/health treatment which is being provided by UN partners, including UNICEF and WHO, according to a composite vulnerability index developed by WHO intended to identify the priority districts for the targeting for the overall health sector support. Furthermore, community targeting is highlighted, with the selection of the neediest families within the identified communities, while an attempt has been made to maintain a geographic balance between north and south inclusion. Gender, youth and IDP-specific targets intersect with the other targeting indicators.

**Sector- and Result Area-sensitive targeting adds to the multi-layered targeting frame:** In addition, for the SPCRP, UNDP uses a different targeting methodology for the Result Area components, using a mix of multi-dimensional composite distress index for the cash for work interventions, sectoral index prioritizing interventions on health facility rehabilitation aligned with the vulnerability index developed by WHO for its health sector support, and an assessment of the available technical capacities of the district level for the support at local level. Detailed targeting methodology is elaborated in the section below for each Result Area component. Table 1 below provides an overview of the targeting per Result Area/component.35
### Box 1: Composite Targeting Criteria and Coordination with Complementary Targeting Indexes

<table>
<thead>
<tr>
<th>Geographic Target for Interventions under SPCRP Action</th>
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<tbody>
<tr>
<td>Cash for work (Distress Index at governorate and district level)</td>
</tr>
<tr>
<td>Health infrastructure rehabilitation (WHO Vulnerability index, gap in health infrastructure rehabilitation, minimum staffing, and equipment available)</td>
</tr>
<tr>
<td>Support to local authorities (Priority districts under health infrastructure rehabilitation and assessment of minimum capacities of technical staff of district management team)</td>
</tr>
<tr>
<td>Psychosocial Needs Identification (Distress Index at governorate and district level, prioritizing communities with highest IDPs rates)</td>
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<table>
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<tr>
<th>Coordination and Complementarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO - UNICEF (Support to health sector)</td>
</tr>
<tr>
<td>WB-funded ECRP (Cash for work, and malnutrition support)</td>
</tr>
<tr>
<td>ERRY Joint Programme (Cash for work component and support to local authorities)</td>
</tr>
</tbody>
</table>


**Flexibility has been maintained in implementing the targeting criteria.** The Project document already noted that flexibility must be maintained in terms of scope of activities and target districts: the fluid security context and escalation of violence and/or possible freezing or changes of military actions might necessitate re-orientation of project activities and target areas. Accordingly, changes would be flagged and justified, where applicable. In the course of the three-year span of the Project, this has happened on multiple occasions. Due to the escalating security situation, the number of Governorates had to be reduced from the originally foreseen 14 to 12; for reasons discussed in the section on progress achievements below, the overall targets had to be significantly reduced as regards some of the Result Areas activities – in the case of other...
activities, it was possible to increase the set targets; several sub-projects were delayed or cancelled due to security threats and attacks (e.g., the intensified armed clashes in Aden and Shabwa during August 2019); interference by local authorities in the design/selection of sub-projects at times created a hindrance in project implementation; and numerous factors caused major project implementation delays – among which the constant change in ministries/authorities impeding on project coordination, and the effort needed in managing and coordinating with multi-level partners/authorities (at central, regional and local levels). These challenges called for significant adjustments to the project, such as the substitution of some project sites for others.

COVID-19 has required adaptation of SPCRP activities. The flexibility required in project implementation is evident from the fact that the SPCRP was able to continue delivering in accordance with its objectives after the onset of COVID-19 in Yemen – despite the fact that the pandemic caused increasing access restrictions to the north from other parts of the country and other constraints. In particular, it was possible to speed up the rehabilitation of health facilities and rural hospitals, and the provision of reliable energy systems. In fact, the solar project in particular has been instrumental in keeping health facilities operational, especially during the COVID-19 pandemic. The cash transfer component is handled in such a way to avoid congregation of people and ensure safe distancing or through mobile banking where possible.

Nevertheless, certain baseline and target values were set in general terms, with some targets having been over- or under-estimated and others not set. Targets not set have left room for SFD to adjust implementation to the final targeted areas that changed several times during implementation. However, as also indicated in the EU ROM report, the targets set by some indicators did not consider the context of Yemen. For example, RA1 indicators did not consider the increase in cost of material (from 30% to 40% of the sub-projects’ total budget) and the C4W payment per household was initially under-estimated (USD 144). Also, the target for mobile banking/opening account (21,000) was not realistic. A downward adjustment to 1,200 direct beneficiaries have been suggested by the UNDP and SFD, on the basis that:

1. 85% of beneficiaries do not have personal identity documents (ID cards), which is a legal precondition in Yemen.
2. Beneficiaries need direct spending of the cash received.
3. Mobile banking in Yemen is still in its infancy and not widely used, with mobile phone coverage being limited and internet not commonly used due to high illiteracy, particularly among women.

SFD has made adjustments in project delivery by taking steps to actively assist beneficiaries to obtain ID cards. Two key lessons stand out:

1. Targets set should be informed by the context of Yemen. This requires a proper evaluation or assessment of the feasibility of a particular intervention and its set targets, and for these to be integrated into the design of the product document, i.e. the before the final design of the project.
2. Steps may have to be taken to assist a target group first to overcome hurdles (e.g., obtaining ID documents) before the delivery of the actual programme – such as accessing banking facilities. 

Furthermore, some indicators do not address the RA2 theme directly and thus their target values were calculated based on the RA1 C4W modality. The indicator “number of direct beneficiaries of emergency income through wage-intensive contracting disaggregated by gender, IDPs/returnees” refers to beneficiaries involved in Health Facility rehabilitation. However, this was not possible since rehabilitation work requires skilled labour; thus, while the related sub-projects are implemented by external contractors (not C4W), workers are counted as “direct beneficiaries”. The EU ROM report suggests that it would have been better to formulate the indicator as “number of working days created”. Also, under RA3, the relevant indicator was formulated as "number of identified SFD-recruited consultants, NGOs and/or VCCs trained in identification of severe stress and trauma for psychosocial needs". This proved not to be realistic; in the course of implementation, therefore, teachers, persons with medical background and youth were identified and trained instead. Furthermore, the indicator under the Output referring to "Percentage of surveyed target district population expressing satisfaction with local authorities' improved public service delivery" is likely to cause dissatisfaction with authorities, which might not allow surveys to take place. The examples and experience indicated above suggest that baselines and target values set in future interventions need to be sensitive to the context of Yemen and provide for sufficient flexibility to allow for adjustment, where necessary.
Lessons Learned: Project Design and Expected Results

1. Outcomes and Outputs need to be devised in a manner that serves the objective(s) to be achieved. The SPCR P Outcomes and their related Outputs, as embedded in four Result Areas, have essentially achieved this through their focus on resilience-building and development-strengthening, namely:
   - Vulnerable Yemeni households and communities are able to better cope with the impact of the crisis and to recover.
   - Improved access of vulnerable Yemenis to healthcare services (including psychological support).
   - Sustained operations and strengthened capacities of key institutions (SFD and local authorities) for basic services’ delivery to vulnerable groups.

2. Multi-layered targeting serves the various needs of affected communities and supports strengthened institutions. The targeting methodology utilised at governorate and district levels by the SPCR P is comprised of a distress index which is a composite of food security, displacement and vulnerability indicators, supported by a differentiated and sector-specific prioritisation index relevant to each of the Result Area, and community targeting. This has enabled the project to prioritise and allocate resources to the most vulnerable populations without political interferences.

3. The SPCR P has been implemented in a flexible manner. Flexibility has been maintained in implementing the targeting criteria and implementing the project more generally, as is also evident from the proactive integration of COVID-19 prevention measures into SPCR P activities in 2020. The fluid security situation and other reasons caused major project interruptions, which called for significant adjustments to the project, such as the substitution of some project sites for others.

4. Baselines and target values set need to be sensitive to the context of Yemen and provide for sufficient flexibility to allow for adjustment. Certain SPCR P baseline and target values were set in general terms, with some targets having been over- or under-estimated and others not set. Some targets and their indicators did not consider the context of Yemen, while some others were inappropriate for the context of the particular Result Area activity. Careful design of the Results and Resources Framework (Logframe) including baseline and target values is very important because of the oft-changing environment in Yemen which calls for flexibility to adjust these, when necessary.
1.5 Report design: Parameters and methodological approaches

A mixed-method approach informs the lessons learned from the SPCR. The lessons learned from the SPCR draw from three sources: a comprehensive literature review, in-depth consultations and an empirical field survey:

1. **Literature review**: Both primary project documents and secondary literature materials formed the basis of the literature review. Primary project documents considered include the initial and proposed amended project document; annual workplans and reports; third party monitoring (TPM) reports; project partner meeting, project review meeting and project board meeting presentations/reports; and project communication materials. These materials facilitate the evaluation of project results and achievements against the initially foreseen project objectives, outcomes and outputs. Reliance was also placed on two micro-narrative studies undertaken within the framework of the SPCR, and another micro-narrative study completed for the YSP project.

2. **Consultations**: Consultations with involved UNDP staff from both inside and outside Yemen, with the local implementing partner (SFD), with the donor (EU) and with other UN agencies and development partners assisted with gaining valuable insights into project design and execution and the views of stakeholders regarding the SPCR, its achievements and challenges. A UNDP-organised workshop in December 2019 and a DIFD/UNDP-organised workshop in January 2020, both in Amman, provided a further opportunity to engage an extensive range of stakeholders.

3. **Field survey**: 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. 38

4. **Data collection challenges caused delays and affected vulnerability assessment**: In particular in relation to the field survey undertaken for purposes of this report, the onset of COVID-19 and security challenges due to the ongoing conflict required replacing some survey sites with others. Other challenges included difficulty to achieve gender balance in interviews in some locations due to prevailing social and cultural constraints, and the fact that some of the projects had ended some time ago: beneficiaries who were IDPs had moved on. 39
1. Delays experienced require decisive action, depending on the reason for and nature of the delay, in order to reduce or avoid negative impact on project implementation. Delays as a result of unavoidable factors, including the fluid nature of the current conflict, have required adaptive approaches, such as replacing originally planned project sites with others – as happened on different occasions since the inception of the SPCRP. In the case of other delays, e.g., caused by inadequate attention to timely implementation, for example in relation to – at times – insufficient cooperation and coordination, lack of speedy verification of target areas and design of sub-projects, and delays with appointing key project staff – these are issues that could largely be solved with mitigation measures taken as a matter of priority. In the SPCRP context, this implies among others supporting affected beneficiaries with obtaining identity documents, ensuring the collaboration of project partners, and accelerating execution of partner obligations.

2. Strengthened governance and oversight and donor engagement required. Regular review and project progress meetings at the apex level of project oversight would have assisted with addressing project challenges.

3. Accurately assessing the development impact of the SPCRP may be difficult and stresses the need for measuring systematic and real-time impact. Current review and monitoring arrangements are not able to thoroughly assess impact, long-term sustainability and economic returns, and call for in-depth assessment of socio-economic impact and a socio-economic needs assessment to inform project design and implementation – with an emphasis on area-based baseline analysis, the use of key indicators, and the adoption of a more strategic and geographically differentiated approach to the prioritization, formulation and sequencing of project activities across geographic areas, to be integrated into a mechanism permitting real-time measure of the impact of interventions. Helpful examples to assist with designing and executing such approaches are apparent from other (recent) UN interventions in Yemen.

4. A mixed-method approach assists to uncover achievements and challenges, and generally other lessons learned. In the event of the SPCRP, to obtain a balanced picture of the lessons provided by the SPCRP, it was necessary to undertake:
A comprehensive literature review, covering both primary project documents and secondary literature materials.

in-depth consultations with the UNDP, SFD, the EU, and other UN agencies and development partners.

An empirical field survey, using qualitative and quantitative data collecting methods, reflecting on project achievements, impact and challenges, but also the views of the targeted communities concerning social risk- and life cycle-based social protection needs, priorities and provision.

5. Challenges experienced with data collection stress the importance of prior scoping and flexible approaches. The sudden onset of COVID-19 and protracted security concerns required replacing some survey sites with others. Prior scoping would help to identify locations where those involved in a particular SPCR intervention, e.g. IDPs, are still available to be interviewed, and have not moved on.
2. PROJECT PROGRESS AND ACHIEVEMENTS

2.1 Key Achievements and Challenges

The SPCRP has achieved remarkable results, supporting the resilience of Yemenis and contributing to development in Yemen. As is evident from the most recent (June 2020) SPCRP factsheet included below (Figure 1), the SPCRP has delivered significant progress and remarkable achievements, as also acknowledged in the EU’s recent Results-oriented Monitoring Mission (ROM) Report. From a Result Area perspective, the impact can be summarised as follows (for further details, see the Result Area reflections in the next part of this Report):

1. Result Area 1 activities have seen significant asset and infrastructure creation, also for rural communities – with reference to in particular paved roads, improved feeder roads, reclaimed agricultural lands, and constructed water reservoirs. In addition, it has contributed to individual livelihood and household support, by providing work and income to (direct CfW beneficiaries) and their household members (i.e. the indirect beneficiaries), and access to financial services, and have ensured access to assets for affected communities.

2. In Result Area 2, the operational capacity of health centres and their staff has been significantly strengthened through the restoration and upgrading of health facilities and equipment, and the provision of renewable energy (solar). To date more than 70 health facilities have benefited from these interventions, and there have been more than 20,500 indirect beneficiaries of the work opportunities created by the rehabilitation activities. Most importantly, it has caused more than 136,500 people to benefit from restored healthcare services.

3. Result Area 3 activities have resulted in the different categories of first-line responders (351 medical staff, 4,654 educational staff, 889 community members) to be trained in providing psychosocial support – to identify and support traumatised individuals.

4. In Result Area 4, no less than 230 community representative structures (Village Cooperative Councils – VCCs) have been established and involved in project activities, including the planning of (230) Community Resilience Plans. A large number (670) of self-help community initiatives, and a sizeable number (153) of financed community initiatives have been implemented. In addition, several District Management Teams have been trained and provided with technical support.
Partnerships, participation and social inclusion have been enhanced. The SPCR intervention has, crucially, involved and strengthened a large number of national role-players, including several Ministries, local authorities, the SFD, the private sector (among others, through the procurement of solar panels), smaller-scale contractors (assisting with the rehabilitation/ construction activities under RA2 and RA4). Also, the established DMTs and VCCs demonstrate and promote the concept of participation and consultation, thus indirectly promoting inclusiveness and mitigation of unfair disadvantage: "As such, the intervention contributes to building the capacities of the targeted communities to respond to early post-conflict recovery and plays an important role in preparing the targeted communities for supporting sustainable development in a post-conflict situation." Finally, and most importantly, the intervention has contributed to gender equality and women empowerment, in view of the deliberate focus on participation of women in project activities. Similarly, youth and IDPs have been supported through the targeted approach adopted in project activities.

Major structural change and unintended benefits flow from the SPCR intervention. As has been indicated in the recent EU ROM report, the intervention has had a remarkable positive effect on "policies of social protection" in Yemen at a time when the government does not prioritise social protection: "In a context of conflict, the intervention contributes significantly to preserving the foundation for future reconstruction and recovery. It is expected that the local and national authorities will adopt the DMTs (which are already part of the local authority structure) and VCCs, clustered into 55 Sub-District Development Committees (SDCs), as part of their structure to support development at the first stages of recovery. The support to local authorities and the establishment and operation of DMTs and VCCs built an internal system that improves governance in the intervention areas and sets the basis for new interventions. The ROM interviews with beneficiaries, VCC members and local authorities from Lahj revealed great understanding of the concept of cooperation for the sake of the public interest." Positive unintended benefits are also apparent. The intervention assisted the unemployed and the day labourers, who do not have a fixed wage. It further improved the health of IDPs in the absence of proper sanitation services."
Both short-term and long-term resilience outcomes are achieved through the SPCRP. While longer-term systemic or sustainable resilience impacts may not be apparent due to the absence of sufficient security and macro-economic stability, the SPCRP results do indicate the potential for the types of activities implemented by the programme to generate more sustainable resilience impacts once conditions enable a shift towards post-crisis recovery – as was similarly suggested in the ECRP lessons learned report. The key short-term and long-term resilience measures are indicated in Table 1 below.

### Table 1: Contribution of SPCRP Activities to Short- and Long-Term Resilience Outcomes

<table>
<thead>
<tr>
<th>Type of Activities</th>
<th>Short-Term Resilience</th>
<th>Long-Term Resilience</th>
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<tbody>
<tr>
<td>Creation of employment and livelihood opportunities</td>
<td>Enhancing capacities to cope with the crisis and maintaining continuity of services</td>
<td>Strengthening capacities for self-sufficient and autonomous livelihoods and productivity, delivery of services, and transformational growth</td>
</tr>
<tr>
<td>Empowerment of youth and IDPs</td>
<td>Cash for work – temporary job creation to increase household purchasing power/improve food security and access to services</td>
<td>Sustainable employment generation through combination of supply and demand side labour market interventions and enhanced economic productivity</td>
</tr>
<tr>
<td>Empowerment of youth and IDPs</td>
<td>Skills development and temporary job creation enhance livelihoods and household welfare; youth play an active part in community resilience initiatives.</td>
<td>Long-term employment creation for youth, including pathways for additional education and vocational training; leadership roles in community governance; contribution to social cohesion</td>
</tr>
<tr>
<td>Inclusion of women</td>
<td>Involvement of women in decision-taking, project design, implementation and monitoring</td>
<td>Longer-term behavioural changes impacting on social and cultural practices and perceptions; fostering women empowerment and equality; leadership roles in community governance; contribution to social cohesion; access to micro-finance</td>
</tr>
<tr>
<td>Rehabilitation of community assets (roads, water/sanitation, schools) and health facilities</td>
<td>Decreased household costs for transport, access to water and other services such as health and nutrition; increased school enrolment; increased access to health facilities (this has a multiplier impact on humanitarian interventions, facilitating access of the vulnerable population to overall critical life-saving aid.)</td>
<td>Enhanced educational, health and food security outcomes due to improved access to services; improved health care; linking school infrastructure rehabilitation to broader education recovery and reform programs; linking improved road access/usage to broader economic development, value chain development strategies and measures to improve markets and trade.</td>
</tr>
</tbody>
</table>
Involvement of Private Sector and SMEs

Provision of financial and non-financial assets permits recovery of conflict-related losses; continuation of operations; and more cost-effective production.

Assistance to individual economic actors combined with structural reforms and measures to enhance sectoral productivity and economic value chain development.

Support to Village Cooperative Councils (VCCs)

Establishment of new VCCs or reactivation of old VCCs (with 50% women) as community-engagement mechanism for participatory planning and prioritization process also mainstreaming gender considerations.

Strengthening of participatory community engagement and planning/oversight mechanisms for ‘bottom-up’ area-based approach for recovery and development, linked with wider and systematic decentralisation/local governance support.

Preserving national institutional capacities (SFD)

Provision of assistance to allow for restoration of organizational, operational and service delivery capacities through direct international financing.

Development of autonomous capacities for maintaining institutional capacity; integration within formal state institutions and budgetary processes for provision of social services and community development.


Figure 1: SPCRP Overall Project Achievements

Source: UNDP SPCRP Fact Sheet, June 2020
1. Cash for Work-related interventions have the potential to render significant results. In the case of SPCRP, this is evident from two activities: income generation through short-term employment and facilitation of access to finance through a microfinance bank.

2. Although significant direct and indirect benefits can be derived from CfW interventions, the moderate levels and duration of employment have limited impact on sustainability. In addition to new skills and work experience acquired, with the cash income received, CfW 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. Increased household purchasing power has supported the revival of local markets. The community infrastructure assets created are of considerable value and have supported greater access to services and facilities. The intervention has ensured the inclusion of youth, IDPs and in particular women, the engagement of public and private sector actors, and a positive environmental impact.

3. Several targets not met required mitigation efforts, while other challenges were also apparent. Not achieving key targets in relation to direct and indirect beneficiaries reached and bank accounts opened has required the revision of targets and other mitigation efforts, including replacing certain project sites and giving support to beneficiaries to acquire identity documents. Other challenges included women’s more limited access to information and CfW opportunities; operational difficulties; and the tendency not to use local labour.

4. More sustained approaches to employment and livelihoods are called for. Increasing wage levels, creating longer-term employment and investment in other productive activities are needed—linking short-term employment with skills development, income for productive investments, financial incentives and business assistance (as provided for under ERRY), and supporting SMEs and informal enterprises, especially in selected prioritised sectors.

5. Longer-term nation-wide interventions may be called for. This involves the establishment of a national productive safety net intervention, which requires federating and scaling up the many works programmes operative in Yemen and closer collaboration among donors, implementing agencies and Yemeni authorities.

6. An enhanced focus on gender inclusion is called for. Future project design should seek to achieve wage parity and the systematic integration of women’s needs.
Delays have had a significant impact on project implementation, despite the reasons for the delays being addressed. As indicated below, the under-utilisation of human resources, in particular as a result of the time it took to appoint key UNDP project staff members, has impacted on project implementation. While the challenges in relation to other delays and the reasons for these have been addressed in the course of the project and on the basis of agreements reached, it is nevertheless important to indicate some of the delays, in order to inform future programming and implementation. According to the EU ROM report, some of the reasons affected the whole implementation:

1. The process of finalising the agreement with and the disbursement plan to SFD took longer than expected due to a disagreement on the planned targets, the reporting and the RA4 budgeting. To avoid a repetition of this in future, it is advisable to confirm the details of the implementation of a project proposal with the local implementing partner before submitting the proposal to the donor.

2. Preparatory work including verification of target areas and design of sub-projects also took longer than planned. In particular, the assessment of the health facilities took long and prompted a request on the part of the UNDP for this to be sped up. It is indeed necessary that management of a project such as SPCRP should ensure respect for timelines and targets indicated to be achieved on an annual basis, and that an implementing partner should be held accountable to deliver on time.

3. Difficulties were encountered in the coordination with government institutions and de facto authorities.

4. Armed conflict in Al-Hodeida and Hajjah caused the reallocation of activities to other districts within the same governorates – which implied that the process with the establishment of the VCCs and DMTs had to start afresh. Also, in RA4, although activities were underway, access to Hayran district was interrupted and therefore the district was replaced with a new one.

There were also other reasons causing Result Area-specific delays – for example:

1. Under the CfW programme, the SFD selected Al-Amal Bank to deliver the services of opening bank accounts for beneficiaries, linked to mobile transactions. However, several challenges hindered the progress of this activity to date, including the lack of national IDs or passports among the targeted beneficiaries that limited the bank's ability to target all the C4W beneficiaries. In addition, beneficiaries were skeptical about accepting their wages in the form of a bank credit, especially in rural areas where people widely use cash. This led to increased mistrust among beneficiaries. As indicated elsewhere in this report, much more could have been done to identify beforehand, prior to project design finalisation, the risk of project delay as a result of the ID/passport requirement and the knock-on effect of not being able to reach the set targets. Also, where unfamiliarity or mistrust is present, provision should have been made for appropriate awareness-raising.
2. Under Result Area 2, concerning the restoration of health facilities, the implementation faced field and coordination challenges including the time spent coordinating and receiving approval from NAMCHA (National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery): "Prior to the implementation of the civil works activities, each identified HF had to undergo a technical needs assessment, which started with the first approved list of HFIs, in the second quarter of 2018. The process for the HFIs' approval by the health cluster was lengthy and some sub-projects were cancelled, thus sub-projects had to be developed again and new lists had to be approved by the cluster." An important lesson is that it might be advisable in future design and implementation of an intervention of this nature, to identify the key partners and a prompt mechanism to effect coordination and coherence with national strategy for restoration activities – e.g., direct consultation with the Ministry of Public Health and WHO.

3. Also, under Result Area 2, the solar systems' procurement process took long. The solar systems (for 8 local authorities' offices and 74 HFIs) were received late and could be installed only after June 2020, i.e. after project completion.

4. Under Result Area 3, authorities in the North did not agree with the rendering of psycho-social support (PSS), and the reference to social protection. It was therefore necessary to terminologically/conceptually rebrand and repackage Psycho-social Support – this intervention therefore has been transformed into what has become known as Community-Based Response Activities."
Despite impressive results, the project has underperformed in terms of overall expenditure by the end of the three-year project period. According to the EU’s Results-oriented Monitoring Mission (ROM report) concerning the SPCRPs, by June 2020 the overall expenditure is 73% of the total budget, with the implementation being completed by end-June 2020. The consumption under RA1 is 89% and refers to at least 21,000 direct beneficiaries of C4W. The consumption under RA2 is 80% and refers to the procurement of solar equipment for health facility rehabilitation. The consumption under RA3 is 75% – due to a variety of challenges, especially the security situation and problems experienced with authorities, SFD had to suspend training activities; part of the RA3 budget had to be reallocated to RA2 for rehabilitation/reconstruction of rural hospitals. The consumption under RA4 is (on average) 46%. The apparent underspending is due to the fact that most of the budget will be consumed on development plans and initiatives that will be implemented after the training of the local authorities, VCCs and DMTs. Also, delay of disbursement is due to the fact that most of the expenses are in relation to contributed self-help initiatives, which largely coincide with the last stage of RA4 activities. The consumption under RA5 is 83% (Human Resources 48% of the total budgeted, and Operational Costs 56%). Delays experienced and the need for adjustments have prompted a late request for a no-cost extension of the project. It is evident that requests for no-cost extension should be done well in advance, to ensure continued assurance and release of funding needed for (delayed) project activities. Project underperformance is closely related to a range of challenges indicated above and below.

Challenges in relation to the under-utilisation of human resources committed to the project have impacted on project implementation and caused delays. The SPCR intervention management team consists of a project manager (international), a national coordinator, a field coordinator in Aden, and a monitoring and evaluation specialist (international), supported by a national grievances’ and a communication officer. Other project staff members include an administrative associate and finance officer. As indicated in the EU ROM report, it took more than eight months to fill the post of the project manager, since the initial project manager was not provided with a visa. This led to appointing a project manager who was also involved in another intervention, to work part-time on this intervention. Furthermore, the full-time project manager was not successful to obtain a visa. The full-time project manager was appointed only in mid-2018. “This has led to only 10 person-months (p-m) having been consumed, with a total of 36 months being earmarked. The consumption at the side of the other experts has been: M&E Specialist 12 p-m (50% of the earmarked), Grievances/Communications Officer 14 p-m (47%), National Coordinator Sana’a 15 p-m (50%), Field Coordinator Aden 17 p-m (57%), Finance Assistant 19 p-m (63%), and Project Assistant 14 p-m (47%).” The EU report concludes that under-utilisation of the human resources, together with the COVID-19 restrictions preventing the presence of the international experts in the field, affected the quality of the intervention’s management in the period.
near the end of its implementation. In particular, due to prolonged illness, the permanently appointed project manager was not available to conclude the project since February 2020. It is clear that these challenges have impacted on the implementation of the project, especially during the first and final years of the project duration, and to deal timeously with delays and other challenges – evident from among others the delay with submitting to the EU official documentation requesting the revision of project targets and the no-cost extension of the project.

Accurately assessing the development impact of the SPCRP in relation to its core objectives and theory of change may be difficult. As has also been remarked in relation to similarly impressive achievements of the Yemen Emergency Crisis Response Project (ECRP), while the achievements described above indicate that project beneficiaries have received significant assistance, they do not provide measures of how this has contributed to strengthening resilience, understood in terms of strengthened capacities to mitigate or prevent conflict-related stresses, and preserve and adapt livelihoods, access to services and productivity in a sustainable and self-sufficient manner. This is – at this stage – also difficult to achieve, given the fact that all project activities have not yet come to an end, and given the difficulties

Irregularity of Board and donor review meetings, and insufficient official communication with the donor. The SPCRP project document indicates the Project Board as the governance mechanism of the project and foresees the holding of regular project reviews (in fact, annual Board meetings) to assess

the performance of the project and review the Multi-Year Work Plans to ensure realistic budgeting over the life of the project. Such a Board meeting was held in December 2019. The EU ROM report recommends in future interventions regular Board meetings, in order to ensure timely decision making on corrective measures, or required changes in approaches or targets, and prompt approval by the EU. Also, review meetings with the donor were not regular. Furthermore, while the communication and coordination among all involved stakeholders has been continuous, there seem to have been weaknesses in the communication with the EU. While some issues related to targets were raised, and changes applied in indicators and in result areas, these are not reflected in official documents.
associated with undertaking an in-depth socio-economic impact assessment in the current conflict context. Nevertheless, the regular monitoring and progress reports prepared by UNDP, the local implementing partner and the third-party monitoring (TPM) agency, the two micro-narrative reports prepared for SPCRP and one for another UNDP project (YSP) as well as the project-specific survey undertaken for purposes of this project, do provide some measure of impacts, as assessed through beneficiary perception surveys and other qualitative methods. However, for the most part they have not included an assessment of impact, longer-term sustainability and economic returns of project outputs. As has also been the case with the 2019 ECRP lessons learned study, for these reasons, it is difficult at this point to draw general conclusions and lessons on the overall development value created by the project, beyond the clear short-term benefits accruing from the considerable investments in human, social and institutional capital. Yet, at the same time, several preliminary observations and lessons learned can be identified, which are further detailed at the level of the Result Areas activities in the next part of this Report. Also, SPCRP activities have contributed to short- and long-term resilience outcomes – see Table 1 above.

**Measuring systematic and real-time impact will better inform programme planning, implementation and achievements.** As has also been remarked in relation to the – to some extent similar – ECRP methodology, the current SPCRP methodology to measure achievements in terms of targets reached/not reached, does not allow for systematic and real-time measuring of associated indicators. In keeping with observations earlier in this Report in relation to the need for in-depth assessment of the socio-economic impact of SPCRP interventions, and a socio-economic needs assessment to inform project design and implementation, it is important from the outset to obtain a clear understanding of the scope for resilience and development programming. According to the ECRP Lessons Learned report, this could include a baseline analysis for specific governorates and districts that generates key indicators related to social, economic, and security conditions which would inform an understanding of key threats and challenges and identify the 'space' for resilience and development-oriented interventions. This would allow for a more strategic and geographically differentiated approach to the prioritization, formulation and sequencing of project activities across geographic areas. At the same time, and in order to ensure some systematic measure of potential project impact in relation to its
objectives and key outcomes, it would be important to integrate a mechanism permitting real-time measurement of the impact of interventions. The ECRP Lessons Learned report continues, within the specific framework of ECRP activities: "While this is obviously very difficult to do during implementation and over the short term, a key consideration would be to identify indicators that provide some insight into the economic impact and multipliers associated with resilience measures. These could include, for instance, a measure of local economic activity associated with the rehabilitation of a particular road; an analysis of the short-term economic multipliers generated by the reopening of businesses; and the impact on local agricultural value chains and markets generated by the resumption and improvement of agricultural activity. While not perfect or by any means conclusive, such measures could nonetheless provide useful indicators that could inform the adjustment and refinement of project implementation. To a certain extent, this is already occurring in the ECRP; impact studies done on the community infrastructure, youth and nutrition components are already being used to inform the strategy and targeting of the next ECRP additional financing currently under negotiation."\(^53\)

**These propositions are equally valuable for a rethinking of SPCRP target-setting and achievement monitoring.** In fact, an approach similar to the one outlined above is, in adapted form, currently being applied in the context of a multi-city Rapid City and Neighbourhood Profiling project in Yemen. Funded by the European Union, the UN-Habitat project aims to support and improve the humanitarian and recovery response in several Yemen cities through providing better urban information and analysis. Its objective is to establish a comprehensive Urban Information and Analysis Framework that extends from neighbourhood to city level. The framework will support several types of analysis including assessing damage at all levels, population shifts, urban functionality and informal/formal human settlements – with a particular emphasis on vulnerability.\(^54\) Much can also be learned from the 2018 Yemen Multi-Cluster Location Assessment (MCLA).\(^55\) This study, led by the multi-party MCLA Technical Working Group and involving OCHA, UNHCR and IOM, with the support of clusters, assessed the local demographic profile, displacement dynamics, key vulnerabilities, access to basic services, and humanitarian needs of six population groups: internally displaced persons (IDPs), returnees, host communities (HC), non-host communities (non-HC), refugees, and migrants. Covering 331 out of the 333 districts in Yemen, the MCLA also sought to identify the forms of humanitarian aid received by the affected populations, and their alignment with minimum standards and priority needs.
Lessons Learned: Result Area 2: (Rehabilitated Health Facilities and Solar Energy Support)

1. If appropriately designed and implemented, several benefits could flow from the project activities aimed at rehabilitating health facilities. These include improved health facilities, health needs being addressed and access to health care enhanced; strengthened income-generation and livelihood support; a positive environmental footprint; and strengthened cooperation and positive impact on social cohesion.

2. However, targets should be realistically set at project design stage, informed by appropriate assessment. Significantly more health facilities than originally targeted were restored, but certain other set targets have not been reached. While it was possible to almost double the number of rehabilitated health care facilities, targets in relation to direct and indirect beneficiaries, and for some vulnerable groups, could not be met – among others due to the reliance on contractors and skilled labour.

3. Interventions to maximise optimal use of rehabilitated facilities may be required. These challenges essentially relate to:

   - Implementation delays, also due to the impact of the ongoing conflict. Duplicating interventions and the time spent on deep assessments.
   - Health facility challenges, including the unaffordability of health care.
   - Insufficient community involvement and the lack of adequate information.
   - The failure to involve women and make appropriate use of locally available workers.
   - The lack of new skills/knowledge acquired and inadequate training.
   - The impact of the limited wage received on supporting livelihoods.
   - An inadequate grievance mechanism and complaint procedures.

4. Substantial scope exists to improve and expand interventions. This requires:

   - To consider renovation as a comprehensive package, with an emphasis on also sufficient medical equipment and specialised staff.
   - Extension of health facilities.
   - Addressing concerns regarding the limited number of and irregular payment received by healthcare staff.
   - Assisting beneficiaries of the healthcare system through subsidised or affordable healthcare treatment.
   - Increased wages, dedicated skills enhancement and longer-term employment engagement, in particular of local available community members.
   - Adopting approaches dedicated to deliberately strengthening the inclusion of females.
   - Strengthening communication and awareness.
2.2 Result Area 1: Participation in Labour Cash for Work and Community Asset Upgrade/Replacement Benefiting Vulnerable Yemeni Households

### Figure 2: Result Area 1 Achievements

**Result Area 1: Enable Vulnerable Yemeni Households to Enhance income and Livelihoods through Participation in Cash for Work; Upgrade/Replace Asset**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,915</td>
<td>Direct beneficiaries of short-term wage employment and 33,458 indirect beneficiaries.</td>
</tr>
<tr>
<td>8,288</td>
<td>Cubic metre of water tanks and rooftop rainwater harvesting cisterns were constructed</td>
</tr>
<tr>
<td>311.3</td>
<td>Hectors of agriculture and irrigated land was rehabilitated</td>
</tr>
<tr>
<td>37.89</td>
<td>Square kilometre of roads were paved</td>
</tr>
<tr>
<td>9.75</td>
<td>Kilometre of feeder roads were improved and protected</td>
</tr>
<tr>
<td>1.171</td>
<td>Bank accounts for the cash for work beneficiaries were established</td>
</tr>
<tr>
<td>422</td>
<td>Cash for Work recipients are paid through mobile banking</td>
</tr>
</tbody>
</table>
Considerable results have been achieved through the Cash for Work-related interventions. To achieve these results, two activities have been implemented, namely Cash for Work (CFW) to support income generation; and facilitation of access to finance through a microfinance bank. CFW activities were based on the prioritized needs of the targeted communities and activities implemented in various sectors including agriculture, water and sanitations and Hygiene (WASH) and road construction and rehabilitation. These activities are meant to provide beneficiaries with an income source from wages and facilitate access to essential services. On the other hand, the financial accessibility activities have been implemented through Al-Amal Microfinance bank aiming to open bank accounts for CFW direct beneficiaries and encourage the use of mobile financial services. As depicted in Figure 2 above, the achievements can be summarised as follows:

1. Beneficiaries reached: 10,915 direct and 33,458 indirect beneficiaries.
2. Construction of water tanks and rooftop rainwater harvesting cisterns: 8,288 cubic metres.
3. Rehabilitation of agricultural and irrigated land: 311.3 hectares.
4. Road construction and rehabilitation: 37.89 m² streets paved and 9.75 km feeder roads improved and protected.
5. Bank accounts established and mobile payments facilitated: 1,171 bank accounts opened for CFW beneficiaries and 422 CFW recipients paid via mobile banking.

Overall, beneficiaries were satisfied/very satisfied with and appreciative of the CFW interventions. The field survey results obtained for this report, as corroborated by the various TPM reports, indicate that, at times subject to some qualification as explained below, beneficiaries expressed their satisfaction with and appreciation of the CFW interventions. Figure 3 below illustrates this with reference to the following indicators:

1. Needs and priorities of the community addressed by the intervention/asset created.
2. Payment received for involvement in the intervention/asset created.
3. Community sufficiently involved and consulted regarding the intervention/asset created.
4. Sufficient and equal opportunities for involvement of females, IDPs/returnees, refugees, persons with disability and marginalised groups provided by the intervention/asset created.
5. Continued relevance for the community of the intervention/asset created.
6. Strengthened cohesion created by the intervention/asset created.
7. Conflict or unhappiness in the community caused by the intervention/asset created.
8. Maintenance of the created asset.
9. Sufficient integration of occupational health and safety requirements in the intervention/creation of the asset.
**Figure 3: Beneficiaries' Responses**

1. Needs Addressed by the Intervention
2. Satisfaction with Payment Received for Involvement
3. Community Sufficiently Involved and Consulted
4. Sufficient and Equal Involvement of the Vulnerable


**CfW interventions have the potential to achieve significant direct benefits.**
Beneficiaries have routinely indicated, during both the TPM surveys and the field survey undertaken for this report, as well in micro-narrative studies, that whereas many of them (in some cases the majority) had no prior income, the CfW programme enabled them to receive cash which they could use towards purchasing food, paying for health and other expenses (including rent), and repaying loans. In addition, they reported positively on having acquired new skills and work
experience (which, in principle, increases their employment prospects), and being more self-reliant (see Figures 4 and 5 below.) Furthermore, according to some of the TPM reports and even the micro-narrative reports, some households were able to generate savings and invest in productive assets. Several beneficiaries have also gained access to banking services, while some have been able to use mobile banking services. Also, there has been an extensive investment in the creation and rehabilitation of assets.

**Figure 4: Personal Benefit from the Intervention/Asset**

![Yes No](image)

1. 24 Yes, 0 No
2. 24 Yes, 0 No
3. 24 Yes, 0 No

**1. New Skills/Work Experience**

**2. Cash Needed for Expenses**

**3. Self-Reliance**

**Figure 5: Cash Spending for RA1 Beneficiaries**

![Cash Spending](image)

- **Food and Drink**: 27%
- **Rent**: 11%
- **Health**: 25%
- **Pay Back Loans**: 4%
- **Enable Household to Afford Expenses**: 10%
- **Education**: 0%
- **Saving**: 0%

**Source:** Bin Saed, Ashraf Good practices and lessons learned survey support: Social Protection for Community Resilience in Yemen (report submitted to the UNDP, May 2020)

**Adequately targeted project intervention could render commendable indirect benefits and impact.** From the annual project, project review and TPM reports, as well the field survey undertaken for this report, and the relevant Result Area 1-related micro-narrative report, it is clear that the temporary job creation has increased household purchasing power, improved food security and enhanced access to services. In this way, vulnerability to economic and other shocks has been reduced. Through these cash incentives local markets have been revived. From both an individual and a community perspective, the creation, rehabilitation and maintenance of assets are of considerable value, among others due to the greater access to services and facilities as a result of the interventions — evident from decreased household costs.
for transport, access to water and other services. Despite challenges, women, youth and IDPs have in particular benefited from the employment opportunities created, while women inclusion has been fostered through their involvement in project decision-taking, design, implementation and monitoring. In addition, several public and private role-players have been actively engaged in the CfW intervention, including relevant government ministries (e.g., in respect of issuing IDs to beneficiaries), local authorities, financial institution(s) and contractors. Community infrastructure has been improved, involving also community structures (members and leaders) and leading to the improvement of relations between communities and local authorities. All of these point to the strengthening of social cohesion. Finally, CfW projects have had a positive environmental effect – a large percentage of the survey respondents interviewed for the first TPM report mentioned the following positive environmental contributions:

1. Collecting water from rain run-off
2. Disease reduction by improving environmental hygiene
3. Beautification and cleanliness or area streets
4. Improving road access
5. New agricultural lands
6. Flood protection
7. Education on how to purify water.

Nevertheless, the impact and sustainability of income generating CfW activities remain limited, due to the moderate levels and duration of employment. The remarks made in relation to a similar intervention under the ECRP are equally valid in the SPCRP context:

"In light of the relative modest wages and short duration of employment/income generating opportunities created through the project, it is not clear that these have sufficiently expanded livelihood opportunities in a way that can be a) sustained through to the end of the crisis; and b) leave beneficiaries in a position to resume ‘normal’ life once the crisis ends. While the project resulted in enhanced purchasing power, this was both temporary and sufficient only to meet basic and essential needs – with very little left over for savings or productive investments. Furthermore, wage levels were inelastic and were not adjusted in light of severe fluctuations in the exchange rate and commodity prices, which further decreased the purchasing power benefits of employment. This highlights the importance of further reflection to determine a) a wage level high enough to allow households to generate meaningful savings and/or investment capital, thereby increasing chances for sustainable livelihoods creation; b) a mechanism for adjusting wage levels in relation to temporary economic fluctuations."

Inappropriate targets require decisive mitigation efforts. By the official termination date of the project (30 June 2020), the project had reached 10,915 out of 21,000 direct beneficiaries and 33,458 indirect beneficiaries through Cash-for-Work – representing approximately 52% and 27% of the targeted direct and indirect beneficiaries respectively. 26 out of the targeted 32 sub-projects have been served. Bank accounts have been
opened for 1,166 beneficiaries, well short of the target of 21,000; for 422 of the originally estimated 6,300 beneficiaries, mobile services have been established. Targets set for vulnerable groups have fared better: 2,930 females (27%) and 1,774 IDPs (16%) compared favourably with the targets for these groups respectively set at 30% and 20%, while the target set for youth beneficiaries, i.e. 35%, has been exceeded by far (58% - 6,331 beneficiaries). The reasons for non-achievement differ: the amount of CfW payments had been underestimated (USD 144 instead of USD 500 per household); costs increased significantly, from 30% to 40% of the total sub-project budget; project delays and substitution of project sites were caused by the escalating conflict; the initial project site assessments took long; at times other organisations arrived with cash and kind support; the fact that 84% of the beneficiaries did not have IDs impeded their access to banking facilities, while a culture of preferring cash and operational challenges led to a low take-up of mobile banking services. Mitigation efforts included the revision of the targets during project review meetings, although the new targets were not officially processed/submitted until near the end of the project; the replacement of project sites; the avoidance by SFD of duplication with other projects; and support given to beneficiaries and the relevant authorities to facilitate the issuing of IDs.

**Challenges not fully mitigated, and in a timely manner, impact on project implementation.** A host of other challenges have also been identified in the course of programme implementation and review. One of these concerns the low female involvement, in view of the (strenuous) nature of some of the CfW projects, the distance to some of the project sites, impacting in particular on women, and women's more limited access to information and CfW opportunities. Very little has been achieved in terms of mitigating this shortcoming. Also, SFD and UNDP operational procedures had to be aligned, while decentralisation of SFD procedures was called for. This has had a delaying impact on project implementation. Importantly, where contractors were used, at times they used a core group of roaming workers, both skilled and unskilled, thereby diverting from the very essence of the CfW intervention – namely to provide job opportunities to vulnerable household members. This has not been appropriately addressed in the course of the project execution. Further, the low awareness and use of the official complaint mechanism required dedicated steps to raise awareness, and to ensure that complaint facilities were readily accessible to beneficiaries. This dedicated project deliverable has not been fully met.
Future interventions require the consideration of more sustainable approaches to employment and livelihoods, in support of longer-term social protection provision. TPM reports, the survey undertaken for purposes of this report, and two recent micro-narrative reports have all indicated the lack of resources and job opportunities as the main concern of beneficiaries. The current CfW programme focuses on short-term employment creation. Enhancing sustainability and livelihood impact requires setting wage levels accordingly, also to enable beneficiaries to invest in savings and productive assets – all critical to longer-term social protection provision. Furthermore, building on successful examples employed in Yemen and elsewhere, employment creation should also be linked to other productive activities. Two approaches should in particular be highlighted:

1. Linking short-term employment with skills development, income for productive investments, financial incentives and business assistance. As also advocated in the ECRP lessons learned report, consideration should be given to linking CfW interventions to the "3x6" approach developed by UNDP in other countries and also successfully implemented in Yemen, in particular in the framework of the ERRY initiative, for certain beneficiary profiles including youth with entrepreneurial proclivity. This approach involves a phased approach to creating sustainable livelihoods by combining short-term employment with skills development, the use of income for productive investments, and provision of financial incentives and business assistance. The may require dedicated awareness-raising among beneficiaries, as recent micro-narrative reports highlighted that beneficiaries of CfW programmes do not perceive skills acquisition as a priority.

2. Support SMEs and informal enterprises, especially in selected prioritized sectors, by providing seed funding and access to micro-finance and skills conditioned upon job creation and gender inclusivity. The recently UNDP-published A Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) report highlights that direct support to SMEs and informal enterprises has shown promise and suggests that this should be scaled up, subject to dedicated employment creation and gender inclusion.

"MSME employment creation is critical to ensure livelihood support to an overall dwindling labour force (36%) – female labour force participation is a mere 6%. Studies show that support can be most effective in sectors that have both productive potential and that serve the needs of the poor – including food, meat and poultry, fisheries, beekeeping/honey, solar energy, handloom and textile, and pottery. Already in programmes such as ERRY, support for business has been provided in the form of seed funding and access to micro-finance and skills – conditioned upon job creation and gender inclusion. Evaluations of past interventions show that MSMEs have responded most effectively in the food and solar sectors. They have also shown that unless a deliberate focus is placed on job creation and female inclusion by MSMEs, these objectives may fall short.
despite the high success rate of MSMEs established by women entrepreneurs. A continuous focus is needed on strengthening the education system and skills training, in particular for youth and women, aligned with labour needs and job opportunities."

A longer-term sustainable approach with nation-wide significance involves the establishment of a productive safety net intervention. There may be value in considering the introduction of flagship national programmes, such as a Productive Safety Net, to achieve better long-term resilience, sustainability and social protection outcomes, through regular employment creation, income-generation and savings accumulation, as well as skills acquisition. The examples of Ethiopia and India, depicted in Box 2 below, indicate clearly the achievements of such interventions. The recently UNDP-published A Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) report indeed advocates, as a medium- to long-term intervention, for the need to federate and scale up the many works programmes operative in Yemen to households affected by poverty shocks with members able to work and move to a national productive safety net. However, as indicated in that report, achieving a coherent programming approach will require much closer collaboration between donors, implementing agencies and Yemeni authorities.64

Box 2: Productive Safety Net Programmes (PSPN) in Ethiopia and India

In Ethiopia, the PSNP began in 2005 with the goal of moving from humanitarian support to prevent famine, to a sustainable safety net that would offer protection against malnutrition while pulling households and communities out of poverty traps. The programme has been supported by humanitarian donors (led by WFP, UNDP, and USAID) who moved from annual to multi-year pledges, development donors (led by the World Bank and the EU), and the Ethiopian government.

The programme employs between five and 15 million people annually, depending on the weather, and it also includes a cash window for households where member cannot work. The expectation that income can be earned during downturns has allowed households to accumulate assets. The investments have largely focused on rehabilitating environmentally degraded regions, improving agricultural productivity such as terracing and re-forestation, and re-greening large expanses of degraded landscapes. The programme includes transparent redress mechanisms and encourages communities to coordinate plans across watershed units.

In India, in February 2006, the Union government launched the National Rural Employment Guarantee Act (later renamed the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)). It was extended to all districts in 2008 and is the largest and most ambitious social security and public works programme in the
world. Approximately one-fourth of all rural households in India participate in it annually. It aims to enhance livelihood and security in rural areas by providing at least 100 days of wage employment in a financial year to every household whose adult members volunteer to do unskilled manual work. Workers covered by MGNREGA have the following rights: employment on demand (in the form of an application to the local government office); minimum wage; payment within 15 days; basic worksite facilities; and, social audit accountability and grievances mechanisms.

Source: Adapted from UNDP A Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) (Report, October 2020) 46, and authorities cited there

An enhanced focus on gender inclusion is called for. While the SPCPR CfW interventions bear testimony of gender inclusion and empowerment, it is also evident that more should be done to address specific challenges existing in this regard. The challenges indicated above in this regard must also be seen against the background of the reality that Yemen ranks at the bottom of the World Economic Forum’s gender gap index for economic participation and opportunity, ranked 153 of 153 countries (2020), and the overall gender gap index fell from 0.52 in 2014 to 0.49 in 2020.65 Future design of CfW and other similar programmes in Yemen should seek to achieve wage parity for women; CfW projects that specifically accommodate women, as regards distance to project sites and the nature of the CfW activity, should be prioritised, as is the case with CfW projects that cater specifically for women’s needs (such as the erection of easily accessible water tanks); the provision of childcare facilities to allow women to participate in CfW activities should be considered; and a dedicated focus on informing women of CfW opportunities is required. Attention should also be paid to appoint more women supervisors, not merely in the interest of gender parity and empowerment, but also as a protective measure for women involved in CfW interventions. For this reason also it is necessary to ensure that women have proper knowledge of and access to CfW complaints and feedback mechanisms.
Case Story

49-year-old Talal lives in a mountainous region, an area that does not have much agricultural land. Talal is the head of a family of 11 individuals, 5 males and 6 females, and was selected as one of the beneficiaries in the Al-Qahfah and Almaqabar area - Western Shamaya - Al-Shmaiteen District – Taiz. He worked hard on the project and with great interest, because the project touched the needs of the people and achieved for Talal his old dream but in a different way from the rest of the beneficiaries.

Talal provided part of his dues towards the project to purchase a 400-metre-long plastic tube to deliver water to the terraces he planted, taking advantage of the presence of water that runs most of the year. He cultivated various types of vegetables, including green pepper, tomatoes, eggplant, zucchini, cucumber, thyme, beans, sesame, papaya and cereal.

"I got used to work and learned agriculture," Talal says.

Currently, Talal and his sons continue their interest in agriculture and are thankful that their efforts resulted in yielding 18 green pepper baskets and 15 tomato baskets – in part distributed to locals in the village and the rest sold for 40,000 riyals.

He also provided a job opportunity for one of the villagers working with him to grow terraces, and plans to expand the cultivation and add other items such as pomegranate and lemon during the next stage. He wishes he could surround his planted terraces with a fence to protect them from animals.

Result Area 3: (Psycho-Social Support (PSS)/Community-Based Resilience Activities)

1. PSS interventions can deliver considerable benefits, if appropriately implemented. Against the background of the significant measure of trauma and stress experienced by Yemenis, in particular children severely traumatised by the war, PSS interventions have:

   ▪ A significant impact on improving the psychological health of all categories of beneficiaries, in particular children – measured also in terms of education outcomes.

   ▪ Enhanced employment opportunities and empowerment through targeted training.

   ▪ Contributed to coordination among involved role-players and social cohesion.

   ▪ Displayed a pronounced focus on addressing vulnerability. Also, numerical targets have generally been exceeded. A sizeable percentage of women have been included and gender empowerment achieved.

2. Mitigating challenges facing PSS is required to ensure enhanced impact. Measures to consider include:

   ▪ The need to rebrand and repackage PSS to become Community-Based Response Activities, using community networks of children, youth and women, due to resistance by certain authorities.

   ▪ Absence of payment for youth volunteers.

   ▪ The need for extended, including specialised and advanced training.

   ▪ Limited awareness of the complaints mechanism and grievance procedures.

3. Other areas of concern may require dedicated further investments. Apart from needed interventions flowing from the specific challenges indicated above, the following should be considered:

   ▪ Increase community involvement and older people given their standing in the community.

   ▪ Establish a link with CfW interventions providing a natural space for the identification of those in need of support.

   ▪ Increase the link with and involve dedicated service providers specialising in mental health.

   ▪ Introduce a referral system and hotline facility.

   ▪ Involve MoE in future project design.
Figure 6: Result Area 2 Achievements

Result Area 2. Enable the functionality of basic healthcare facilities through community-based projects and the provision of renewable energy sources (i.e. solar energy), improved water, and medical waste management

<table>
<thead>
<tr>
<th>3,428</th>
<th>20,568</th>
<th>70,743</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct beneficiaries of short-term wage employment generated from health facilities rehabilitation</td>
<td>Indirect beneficiaries of short-term wage employment generated from health facilities rehabilitation</td>
<td>Working days created from short-term wage employment generated from health facilities rehabilitation</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>136,576</th>
<th>73</th>
<th>70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries of the restored healthcare services</td>
<td>Health facilities rehabilitated, equipped and furnished</td>
<td>Health facilities equipped with renewable solar energy</td>
</tr>
</tbody>
</table>

On the whole, impressive results have been achieved in this Result Area. This Result Area entails the rehabilitation of health facilities at the community level, including provision of equipment for alternative and renewable energy source (i.e. solar), improved water and medical waste management. This component is implemented through the civil contracting mechanism which depends on skilled labour, unlike the CfW activities. Solar energy activities are implemented directly by UNDP and aim to provide alternate and renewable energy through cost-effective, flexible solar energy equipment designed to improving the operational capacity of the targeted health facilities.

The targeted health facilities include among others health centres, health units, hospitals, blood banks, Basic Emergency Obstetric Care Centres, labouratories, Mother and child centres, Dialysis centres and stores. As partly depicted in Figure 6 above, the achievements can be summarised as follows:

1. Healthcare facilities rehabilitated, equipped and furnished: 73
2. Healthcare facilities equipped with renewable solar energy: 70
3. Beneficiaries reached: 3,428 direct and 20,568 indirect beneficiaries
4. Consultants employed: 660

5. People benefiting from restored healthcare services: 136,576

6. Working days created as a result of short-term wage employment: 70,743

7. Working days created as a result of consultancy activities: 24,766

**Overall, beneficiaries were satisfied/very satisfied with and appreciative of the interventions.** The field survey results obtained for this report, as corroborated by the various TPM reports, indicate that, at times subject to some qualification as explained below, beneficiaries expressed their satisfaction with and appreciation of the Health Facility rehabilitation-related interventions. Figure 7 (Focus Group Discussions) and 8 (Individual Interviews) below illustrate this with reference to the following indicators, as far as beneficiaries are concerned:

1. Satisfaction/dissatisfaction with the healthcare facility and its equipment, in particular the quality thereof

2. Needs and priorities of the community addressed by the healthcare facility

3. Proper access to the healthcare facility and the treatment provided at the facility

4. Access to and use of the healthcare facility and treatment provided at the facility available on an equal basis for females, IDPs/returnees, refugees, persons with disability, children and marginalised groups

5. Healthcare facility efficiency

6. Maintenance of the healthcare facility

7. Measures to improve the healthcare facility, and use thereof for the community

Individual interviews were also held with institutional stakeholders (doctors/health workers). In addition to the above indicators, two further indicators were employed to elicit responses regarding improvement and appropriateness/use of the healthcare facility and equipment:

1. Improvement of the facility and equipment brought about by the SPCRP intervention, in comparison with the situation before the intervention

2. Appropriateness and use of the healthcare facility for medical staff

**Figure 7: Beneficiaries Responses (Focus Group Discussions)**

- 87%
- 13%
A well-targeted and -designed and appropriately funded health facility restoration programme can render valuable benefits. This is evident from the impact of the project activities covered by this Result Area.

1. Health facilities improved, health needs addressed and access to health care enhanced. It is evident, also from the beneficiary and health personnel responses received that, despite challenges, the rehabilitation and improvement of health care facilities have responded to urgent health needs of communities.
Facilities that may not have been functional are now accessible, thereby reducing the effort beneficiaries have to make to reach such facilities. This is of critical importance, especially for those whose health may be compromised or may otherwise be constrained in reaching far away facilities (such as pregnant and new mothers). Health professionals are enabled to render services where they may not have been able to do so. The solar project in particular has been instrumental in keeping health facilities operational, especially during the COVID-19 pandemic. Of particular importance is the fact that more than one-third of the total SPCRP budget (i.e. USD 10,657,322) was earmarked for Result Area 2 interventions – which appeared sufficient, given that UNDP, in collaboration with SFD, was able to almost double the target number of health facilities to be restored.

2. Income-generation and livelihood support. Result Area 2 interventions have contributed to providing employment to many who would otherwise have no employment and little income-generating prospects.

3. A positive environmental footprint. In addition, the solar intervention leaves a decisively positive environmental footprint, from a clean energy point of view. Environmental protection has also been served through the obligation imposed on contractors to remove construction waste and, where relevant, connecting damaged health facility sewage systems with the public network.

4. Strengthened cooperation and positive impact on social cohesion. Furthermore, despite the frustration attached to project delays, collaboration has been strengthened between the various involved role-players – the UNDP, SFD, ministries, clusters and the community – while the involvement of the community has had an impact on social cohesion too.

While it was possible to restore more health facilities than originally targeted, several of the other set targets have not been reached. Initially the target for health facility renovation/construction was set at 45 for the whole project period. However, and partly as a result of the fact that the focus of the project is to rehabilitate and improve existing facilities and not on creating new ones, it was possible to almost double the target to 85 health facilities – and to commensurately provide solar energy to (most of) these facilities. The project is on track to reach this latter target once rehabilitation is completed. For the rest, however, targets have mostly not been met. Upon reaching the official termination date of the project (30 June 2020), the project had reached 3,428 out of 21,000 direct beneficiaries and 20,568 indirect beneficiaries (instead of the targeted 126,000). 136,576 people benefited from the restored health care services: the target set was 375,957. It is evident that improved target-setting is needed to ensure that targets reflect the reality context of what the particular intervention is meant to achieve. Targets set for vulnerable groups have had a mixed response: 64% of the direct beneficiaries are youth (target: 35%), while IDPs constituted only 7.3% of the beneficiaries (target: 20%). The reason provided for the low participation rate of IDPs is said to be the fact that this intervention mostly required skilled labour, essentially provided by contractors – which is in fact the key reason for several of the targets not
having been reached. The project document envisaged that 35% of the allocated funds for this intervention would be spent on labourers from the local area concerned – however, most of the potential labourers were not skilled to undertake this particular activity. This effectively reflects a shortcoming in the design of the project – a proper assessment informing the design should have picked up this concern, and should at least have indicated this as a risk.

**A varied and multi-layered response framework is required to address challenges.** Some SPCRP challenges impacted on project delivery, while others require further interventions to maximise the optimal use of rehabilitated healthcare facilities.

1. **Implementation delays.** Several factors caused project implementation delays, including challenges experienced with coordinating activities with authorities and the long time it took to obtain approval, also from the Health Cluster – which led to the inclusion of SFD in the Cluster to facilitate finalisation of the approval process. Contractors routinely experienced delays, in addition, as a result of lack of fuel and available building materials, damaged roads, delays in the finalisation of contracting arrangements, and contractor security issues. Other reported challenges include:

2. **Impact of the ongoing conflict and duplicating interventions.** The escalating conflict, as well as duplicating activities by other agencies, caused the suspension of some of the sub-projects – for example, as noted in the First Annual Progress Report, 31 of the 96 sub-

3. **Deep assessment delays.** The SFD was also requested to speed up the process of deep assessment of healthcare facilities to be reached – as this impacted on project progress, including the planning around solar equipment procurement and provisioning – and to ensure that project tendering and construction happen in parallel. It is of critical importance to ensure that an implementing partner deliver prompt and proper compliance with project deliverables, in order to avoid, or at least minimise, unnecessary project delays and a knock-on effect on other deliverables.

4. **Health facility challenges.** Despite the rehabilitation of a sizeable number of healthcare facilities, major challenges still face these facilities, their staff and the beneficiaries using them. It has been extensively reported that the facilities are short-staffed and poorly equipped, and that additions are needed to ensure their optimal uses. Furthermore, there is reportedly a clear need to provide (temporary) alternative facilities from where health care can be provided, in circumstances where the rehabilitation work impacted the ability of the facility to function efficiently.

5. **Unaffordability of health care.** Beneficiaries have complained, also in the course of a recent micro-narrative study, that while there has been a significant improvement in accessibility and quality, this does not apply to affordability: healthcare costs are simply too high for vulnerable Yemenis.
6. **Insufficient community involvement and lack of adequate information.** Furthermore, several of the TPM reports noted that a large percentage of the beneficiaries held the view that the community was not involved in selecting interventions and community members to be engaged in the waged activity; some added that they had little information about the intervention and the nature of the work to be undertaken prior to the particular work engagement. Involving and informing community members appear to be key to ensuring ownership.

7. **Failure to involve women and to make appropriate use of locally available workers.** Most concerning is the constant indication in several TPM reports that no women from the community had been involved in waged activity, due to social and cultural perceptions suggesting that women are not able to undertake strenuous manual labour. Furthermore, as has also been the case with work activity under Result Area 1, contractors often used a core group of roaming workers, both skilled and unskilled, thereby diverting from the very essence of the attempt to create/provide work for community members, especially in the case of unskilled workers – namely to provide job opportunities to vulnerable household members.

8. **Lack of new skills/knowledge acquired and inadequate training.** Sizeable percentages of the waged work beneficiaries indicated that they had not acquired new skills or knowledge in any significant sense, partly as a result of the short duration of the work engagement and partly due to the lack of training, except in the area of occupational health and safety. It is evident that more could have been done to strengthen skills training for affected waged work beneficiaries.

9. **Impact of limited wage on supporting livelihoods.** The TPM reports consistently indicated unhappiness on the part of many, but not necessarily the majority of beneficiaries, with the wage they had received and the short duration of employment – most of the income received had to be spent on food and was not perceived as sufficient to sustain households and livelihoods.
10. Inadequate grievance mechanism and complaints procedures awareness, although improvements were noted. Awareness of the grievance mechanism and complaints procedures is reportedly limited, although concerned efforts on the part of the SFD to increase awareness-raising seemed to have borne fruit, according to later TPM report.

There is substantial scope to improve and expand the interventions under this Result Area to enhance access to healthcare facilities and optimize health care provisioning.

1. A comprehensive and complementary approach to health facility strengthening is required. The SPCR Third Annual Progress Report notes that, "... apart from being damaged during the war, hospitals and health centres are also short-staffed and poorly equipped, which is not being solved by the ongoing renovation work. Future interventions should look at the renovation as a comprehensive package, with a need for sufficient medical equipment and specialised staff to be considered alongside the infrastructure work." In principle, a partnership between UNDP, WHO and UNICEF could potentially be foreseen, whereby UNDP undertakes the rehabilitation/reconstruction and provides some simple medical equipment, furniture and solar systems, while the WHO (with hospitals) and UNICEF (with health units and centres) could be supporting with operational costs, advanced medical equipment and medicines. Other matters to attend to, according to a wide range of TPM and project reports and surveys, to improve access to and use of the facilities include:

2. Health facility improvement. There is a need to expand several health facilities to accommodate additional healthcare departments, including facilities for the treatment of psychological health needs, given the high levels of trauma experienced by many Yemenis, including Yemeni children. In addition, the acquisition of critical equipment needed to deliver appropriate healthcare has to be prioritised. Also, further capacity-building/skills training should be offered to healthcare staff. Consideration should be given to assessing the need for an appropriate geographical spread of healthcare facilities. Also, in circumstances where the efficient operation of the health facility is impacted by the ongoing rehabilitation work, attention should be given to the temporary use of alternative facilities/sites, to avoid interruption of key health operations.

3. Addressing concerns regarding health care staff. It is necessary to appoint additional healthcare staff and to pay regular and fixed salaries to staff, as well as to extend life and medical insurance to them.

4. Assisting beneficiaries of the healthcare system. Subsidised or affordable healthcare treatment, including medicines, should be considered. Also, there is need for special assistance for persons with disabilities and in particular children with disabilities. The establishment of a patient referral system and a case management approach will be of great help to both beneficiaries and healthcare staff.
5. Increased wages, dedicated skills enhancement and longer-term employment engagement, in particular of locally available community members. Increasing the wage received by participating community members/workers will impact positively on household livelihood support and the ability of households to save. This should be linked to imposing a condition on contractors to make use of locally available labour, especially where unskilled labour is required to undertake the rehabilitation work – subject to appropriate training. As was alluded to under Result Area 1, an evident case exists for linking short-term employment with skills development, income for productive investments, financial incentives and business assistance. Furthermore, as discussed under Result Area 1 above, a longer-term sustainable approach with nation-wide significance, involving the establishment of a productive safety intervention, may indeed be required.

6. Adopt dedicated approaches to deliberately strengthen the inclusion of females. Appropriate interventions are required to ensure the meaningful inclusion of women workers in the rehabilitation of health facilities. First and foremost, this requires addressing social and cultural perceptions regarding the engagement of women in construction work. Also, focus should be placed on involving women in particular in activities that would be suitable to them and in a manner that accommodates their particular context. This may require the provision of childcare facilities to allow women to participate in these activities, and a dedicated focus on informing women of the work opportunities. As is the case with the CfW interventions under Result Area 1, attention should also be paid to appoint more women supervisors, not merely in the interest of gender parity and empowerment, but also as a protective measure for women involved in these activities. For this reason also it is necessary to ensure that women have proper knowledge of and access to complaints and feedback mechanisms.

7. Strengthen communication and awareness. More could be done to increase the awareness of community members about the community’s required involvement in the selection of projects and beneficiaries, the monitoring of grievances, and providing inputs and feedback to health authorities and the implementing partners.
Case Story

After the 14 October Centre for Motherhood and Childhood had closed at the beginning of the armed conflict in 2015, the centre was reopened in mid-2018. The building was damaged as far as windows, water and sanitation networks, electricity, and walls were concerned; in addition, all operating devices, a large number of furniture, refrigerators for storing vaccines, labouratory solutions, and medicines, as well as the generators of the centre were either stolen or severely damaged. According to a health specialist:

"We tried our best to provide essential devices and items for the sake of the beneficiaries. We provided a microscope, a centrifuge and an ultrasound device. We also provided a generator so that we can operate the centre through loans from different sectors.

The first initiative to restore and support the centre with operating devices was by the Social Fund for Development, Taiz Governorate, through the UNDP. The project included a full restoration of the centre including: repairing the building, maintenance of water and sanitation networks and electricity, supporting the centre with water tanks, devices and furniture and a 13Kw electric generator.

The centre location in the middle of the city of Taiz, accessible to highly populated areas including areas of IDPs and low-income citizens, started receiving a few cases per day after restoration. Currently in 2020, the average number of patients per month is 5500. This is a very big achievement as the management of the centre made great efforts to attract support to the centre, providing medical and motherhood assistance to a large number of beneficiaries since many cannot afford going to far away centres or make large financial payments. The centre still needs support as regards medical devices, like a CBC device, furniture and a dental chair with supplies. We also need to build a second level to accommodate the increasing number of beneficiaries every day. This is evident from our monthly statistical reports, so that we can continue providing high quality medical services to patients, knowing that most of the services are provided free of charge or at nominal cost."

Lessons Learned: Result Area 4: (Support to Communities and Local Authorities)

1. Exceptional results can be achieved with well-targeted support to local governance structures in Yemen. Particularly significant is the impressive number of established Village Cooperative Council (VCCs) (230) and Community Resilience Plans developed (230), and the exceptional measure of satisfaction expressed with local authorities' improved public service delivery. Also, wide-ranging and comprehensive benefits have been delivered. These benefits and their impact relate to:

   ▪ Enhancement of public services/facilities and local infrastructure development.
   ▪ Empowerment of and collaboration between local authorities and community institutions.
   ▪ Coordination and strengthened relationships among multiple institutions.
   ▪ A specific emphasis placed on gender inclusion and empowerment.
   ▪ Capacity-building via skills/life skills training and employment opportunities created.
   ▪ A positive environmental footprint.
   ▪ A positive contribution to dealing with COVID-19.
2. Unless appropriate measures are adopted to deal with the weakening financial ability of beneficiaries and other challenges, project implementation will be significantly affected. The deteriorating contributory capacity of community members has impacted on the ability of communities to participate in community projects and caused delays. Other project challenges requiring mitigation include:

- Absence of financial incentives for volunteers.
- Due to the numerical imbalance at local authority level, from a gender perspective, gender inclusion and empowerment could not consistently be achieved.

3. Local governance strengthening interventions could be enhanced on the basis of a range of key measures including but not limited to:

- Build on the intrinsic value of a joint focus on economic/infrastructure development and social network enhancement. There is considerable value in continuing investment in VCCs as a critical component of strengthening community resilience and making development work for the people.
- Invest further in a hybrid local governance model and increase the participatory role and capacities of community structures and local authorities. Result Area 4 interventions have clearly shown that local authorities and communities are capable of planning and managing development activities and their results.

- Include local governance structures in national priority actions, such as addressing rural poverty and improving the quality of and access to basic services.
- Continue to emphasise the systematic inclusion of women and empowerment interventions, also through a strengthened role for women.
- Consider alternative/additional funding models (e.g., remittances or crowdfunding) and differentiated funding arrangements to enable communities to participate better.
- Develop indicators that more accurately measure the contribution of interventions to development and livelihood support.
- Development work for the people.

- Invest further in a hybrid local governance model and increase the participatory role and capacities of community structures and local authorities. Result Area 4 interventions have clearly shown that local authorities and communities are capable of planning and managing development activities and their results.
Lessons Learned Report: Social Protection for Community Resilience Project

- Include local governance structures in national priority actions, such as addressing rural poverty and improving the quality of and access to basic services.

- Continue to emphasise the systematic inclusion of women and empowerment interventions, also through a strengthened role for women.

- Consider alternative/additional funding models (e.g., remittances or crowdfunding) and differentiated funding arrangements to enable communities to participate better.

- Develop indicators that more accurately measure the contribution of interventions to development and livelihood support.

### Figure 9: Result Area 3 Achievements

Result Area 3. Scaled-up psycho-social assistance is provided as a result of better healthcare, skills development, and income generation

5,005

SFD-recruited experts (consultants) trained in identification of severe stress and trauma for psychosocial needs

**Generally, exceptional results have been achieved in this Result Area.**

Implemented in five governorates (Taiz, Hodiedah, Abyan, Shabwa and Hajja) and 15 districts, the Psycho-Social Support (PSS) activities under this Result Area aim to enhance community resilience during conflict. The interventions target equipping mainly schoolteachers, medical practitioners and youth; the training is done using the approved manual for both the health and educational sectors aiming to improving the understanding and ability of trainees to identify trauma and psycho-social needs. These activities include group discussions, awareness sessions, stress relief sessions involving playing games, social and recreational activities and group sports. Educational aspects were also accompanied through provision of re-creational kits to schools to provide children with spaces to release stress and engage in re-creational activities contributing to improvement of their social skills. These kits have been prepared as per the MoE guidelines. The youth workers are provided with temporary job opportunities to conduct
awareness on psychosocial support, conduct sessions in the communities targeting women and children and provide them with social activities that aims at reducing psycho-social trauma and stress. As partly indicated in Figure 9 above, the achievements can be summarised as follows:

1. Medical staff trained to provide psychosocial support (PSS): 351
2. Educational staff trained to identify and support traumatised individuals: 4,654
3. Community members recruited and trained to identify and support traumatised individuals: 889
4. Number of community-based psycho-support activities implemented: 33,262
5. Number of children benefiting from PSS interventions: 83,184 (29,733 females)
6. Number of adults benefiting from PSS interventions: 29,338 (20,411 females)

Overall, beneficiaries were satisfied/very satisfied with and appreciative of the PSS interventions. The field survey results obtained for this report, as corroborated by the various TPM reports, indicate that, at times subject to some qualification as explained below, beneficiaries expressed their satisfaction with and appreciation of the PSS interventions. Figure 10 (Recipients of Psycho-Social Support Focus Group Responses) illustrates this with reference to the following indicators, as far as recipients of PSS are concerned:

1. Satisfaction/dissatisfaction with the quality of the PSS received
2. The qualification of PSS providers to provide such support
3. Alignment of PSS received with the needs and priorities of the community
4. Proper access to the PSS provided
5. Access to and use of the PSS provided available on an equal basis for females, IDPs/returnees, refugees, persons with disability, children and marginalised groups
6. Benefit derived from the PSS received
7. Establishment of a functioning safe zone or social club as part of the PSS
8. Use of an established safe zone or social club
9. Measures to improve PSS
Figure 11 (Psycho-Social Support Providers Responses – Education, Health and Youth Cadres) below illustrates this with reference to the following indicators, as far as providers of PSS are concerned:

1. Alignment of PSS provided with the needs and priorities of the community
2. Satisfaction/dissatisfaction with the quality of the PSS training received
3. Proper access to the PSS provided
4. Access to and use of the PSS provided available on an equal basis for females, IDPs/returnees, refugees, persons with disability, children and marginalised groups
5. Access, in particular equal access, of all potential PSS service providers to training provided
6. Ability to provide PSS more effectively due to the training received
7. Sufficiency of assistance, items, equipment or kits provided to enable teachers and youth facilitators to render PSS more effectively
8. Establishment of a functioning safe zone or social club as part of the PSS
9. Use of an established safe zone or social club
10. Measures to improve PSS

**Figure 10: Recipients of Psycho-Social Support FGD Responses**

Trauma and stress experienced by Yemenis can be significantly addressed by appropriate PSS interventions. As also alluded to in the micro-narrative report in respect of this Result Area, the importance of the activities informed by the Result Area must be seen against the background of the significant measure of trauma and stress experienced by Yemenis, in particular children severely traumatised by the war, but also certain other groups, in particular those internally displaced as a result of the war. Formal support structures are rarely available, and family and community support, insufficient as that may be to deal with psychological conditions, appears to be the only alternative available to affected Yemenis. The benefits are in particular apparent in the following areas:
1. Health benefits. It is apparent from the micro-narrative report, the TPM reports and the project annual progress reports that PSS has had a significant impact on providing needed support to beneficiaries. The improvement of the psychological health of all categories of beneficiaries has been lauded and widely appreciated by beneficiaries. The impact on children is particularly noted — among other, girls have been enabled to complete their education, and academic levels have reportedly increased.

2. Employment opportunities and empowerment via targeted training have been enhanced. While employed professionals in the health and education cadres have been involved, engagement in PSS interventions has generated employment experience for those in the youth cadre. The training given has generally been regarded as of high quality and has contributed to equipping those involved in identifying and supporting affected beneficiaries.

3. Coordination and social cohesion have been well-served by the PSS intervention. The PSS intervention has required coordination and collaboration in several respects — in particular evident from the involvement of the MoE, reliance on the community to help identify individuals in need of the support, collaboration with schools, and the involvement of the SFD. Among other, SFD coordinated with MoE and MoPH to approve curricula for PSS.

4. Pronounced focus on addressing vulnerability. The TPM2 report noted that the SFD affirms that "...the project targeted the areas that have the largest number of displaced people, and it particularly targeted the schools that had displaced children, then the schools that were in conflict areas and included returnees."73

Even where a project may have significant numerical impact, project adjustments, and in some instances project improvements, may be required to ensure appropriate implementation. Despite key targets having been exceeded and gender inclusion achieved, there have also been challenges. The target set in the project document for the number of persons to be trained — i.e. 2,094 — has been exceeded by far. Women constituted 32% of the total number of medical and educational staff (5,005) involved in this activity. The number of implemented activities bear testimony to the considerable numerical impact of the PSS intervention — 33,262 community-based PSS activities, 83,184 children (of which, 29,733 females), and 29,338 adults (of which, 20,411 females).74 Yet, certain challenges have also been identified and required appropriate mitigation; these include among other —

1. Rebranding and repackaging of PSS. It has become necessary to terminologically/conceptually rebrand and repackage Psycho-social Support due to opposition to the use of the PSS terminology by authorities in the North — hence this intervention has been transformed into what has become known as Community-Based Response Activities.75
2. Payment of youth volunteers. A need to involve unemployed youth has been identified. While extensive reliance has been placed on youth volunteers, the absence of payment for their involvement has been a core concern on their part, as the training allowance received has been seen as insufficient, especially for those who had to rely on transport to participate in the training activities.

3. Extended training. Several of the professionals who received training for PSS have been of the view that the training duration should be extended, and that there is a need for refresher courses.

4. Complaints/grievance awareness. Awareness of the complaints mechanism and grievance procedures has reportedly been limited.

Lessons learned regarding further adjustments to this intervention appear from key recommendation. The following recommendations have been made mainly by recipients of the training and beneficiaries of the support provided, as captured in the survey undertaken for this report and a range of other project reports:

1. Extended training. Extend the training duration, introduce specialised/advanced training and invest in refresher courses.

2. Older people and community involvement. Consider older people as well in PSS activities given their standing in the community, and increase community involvement.

3. Establish a link with CfW interventions. The PSS intervention should ideally (also) be linked to the CfW activities, as this provides a natural space for the identification of individuals in need of the support.

4. Involve Ministry of Education (MoE) in project design. The MoE as a key stakeholder as regards the targeting of children and involvement of schools in PSS, should be involved in project design.

5. Increase the link with and involve dedicated service providers. Consideration should be given to link beneficiaries of PSS to service organisations, such as public and private providers specialising in mental health and NGOs working in this area, for follow-up and further assistance.

6. Introduce a referral system and hotline facility. A referral system and hotline facility would help to identify individuals in need of support, thereby increasing the efficiency of PSS interventions.

7. Financial incentives: facilitators/ coordinators and youth volunteers. Increasing allowances for facilitators and coordinators should be considered; paying incentive allowances to youth volunteers would encourage their participation.

8. Further support for reaching children. Reaching children in greater numbers and more effectively would require more materials to be made available and friendly places to be provided for PSS-related recreational activities.

9. Complaints/grievance awareness. There is need to raise awareness of the complaints mechanism and grievance procedure.
Case Story

During a field trip to provide psychological support, I met a little girl who was no more than ten years old, who was isolated from her peers and did not play with them, so I approached her and gave her a balloon and inquired about why she does not play with the rest of her peers. She responded by saying that she is satisfied with watching them and does not want to play. I knew that something inside her did not allow her to play so I sat with her trying to provide support until she felt safe talking. One of the reasons for her isolation is her fear, as she was from a very poor family have to survive on for work on one of the farms.

I kept explaining to her that life has many beautiful sides and that it is not only focused on working and that she would make a great student and fulfil her dreams if she carries on with her studies. After a long session, I was able to draw a smile on her innocent face. Strengthened by the training I had received during of the project, I was able to support her to participate with her friends in the activities we held.

Lessons Learned: Coordination, Complementarity and Alignment

1. Cooperation and coordination have been key to the success of SPCRP interventions. An extensive range of national and local actors have been involved in the implementation of the SPCRP including public and private sector institutions.

2. Some measure of complementarity exists with similar interventions in Yemen, such as ERRY. However, it raises the question whether it is not advisable to consolidate, or at least deliberately link similar or related interventions. Given the presence of several other actors with similar objectives, prioritisation of interventions beyond those common to several programmes might have to be considered.

3. Inter-agency collaboration was foreseen but only partially implemented. This has not worked optimally, given the involvement of other agencies in the same area and intervention. Based on the experience of the Project, more should have been done to ensure collaboration at the Cluster levels and through thorough engagement with other agencies involved in the same location and activity (e.g. health facility rehabilitation). A golden opportunity to ensure complementarity via the technical coordination working groups involving WHO and UNICEF was lost.

4. Inter-agency coordination needs to be strengthened and requires a new approach, including joint programming and a reorganised coordination structure. The latter may involve a Yemen International Partner's Forum and a consolidated funding base – e.g. a Multi-Donor Trust Fund.

5. The SPCRP is strategically and operationally aligned with the Yemen Humanitarian Response Plan (2019) and its 2020 Extension. This is evident in particular in relation to the SPCRP targeting methodology.

6. The SPCRP has been instrumental in supporting the nexus between humanitarian assistance and development interventions. This appears from the Project’s focus on vulnerability; the involvement of local actors in delivering humanitarian assistance; and transitioning to from early recovery to long-term resilience and sustainable development. This provides an important basis for the design of a next phase of SPCRP, which should have an even stronger emphasis on sustainable development outcomes.
### Figure 12: Result Area 4 Achievements

Result Area 4. The capacities of District Management Teams (DMTs) are enhanced to lead humanitarian and recovery planning

<table>
<thead>
<tr>
<th><strong>230</strong></th>
<th><strong>230</strong></th>
<th><strong>8</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Village Cooperative Councils (VCCs) established/reactivated</td>
<td>Community resilience plans developed by VCCs</td>
<td>District Management Teams (DMTs) trained/formed</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>670</strong></td>
<td><strong>153</strong></td>
</tr>
<tr>
<td>Damage assessments conducted</td>
<td>Self-help community initiatives implemented</td>
<td>Financed community initiatives implemented</td>
</tr>
<tr>
<td><strong>852</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainings in life skills performed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Generally, exceptional results have been achieved in this Result Area.**

Implemented under the SFD’s Tamkeen76 programme, the interventions under this Result Area mobilise 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. The interventions are implemented in four targeted governorates in eight districts and aim to achieve a number of objectives. They entail among others strengthening the informal community governance structure for inclusive planning and response for resilience and recovery at village level. Activities have been implemented at different levels and stages:
1. At the district level, through training and forming of the District Management Teams, development of district recovery plans based on district capacity assessments and implementation of the district priority actions; additionally, solar systems have been made available to local authorities.

2. At the village/community level, through the formation of the Village Cooperative Councils (VCCs) and supporting the election of VCC members, development of community resilience plans, implementation of self-help initiatives (fully financed by the community) and implementation of small-scale community projects (co-funded via a project contribution.) Training forms an important component of the interventions under this Result Area, including training of DMTs and of consultants to act as community facilitators. The projects span several sectors, in particular roads, water, education and health. As essentially captured in Figure 12 above, the achievements can be summarised as follows:77

- Village Cooperative Councils (VCCs) established/reactivated: 230
- Community Resilience Plans developed by VCCs: 230
- District Management Teams (DMTs) formed and trained: 8
- District Development Plans developed or updated: 7
- Damage assessments conducted: 7
- Self-help community initiatives implemented: 670
- Financed community initiatives implemented: 153
- Trainings in life skills performed: 852
- Local authorities provided with solar systems: 8
- Citizenship monitoring systems in place: 6

**Overall, beneficiaries were satisfied/very satisfied with and appreciative of Result Area 4 interventions.** The field survey results obtained for this report, as corroborated by the various TPM reports, indicate that, at times subject to some qualification as explained below, beneficiaries expressed their satisfaction with and appreciation of the interventions under this Result Area. This appears from the responses of three categories of stakeholders interviewed in the course of the survey. In the case of all three categories (i.e. community members, Village Cooperative Councils (VCCs) and representatives of Local Authorities and District Management Teams), the following common indicators were used:

1. Satisfaction/dissatisfaction with the intervention/asset created or service provided
2. Needs and priorities of the community addressed by the intervention/asset created or service provided
3. Proper access to the intervention/asset created or service provided
4. Access to and use of the intervention/asset created or service provided on an equal basis for females, IDPs/returnees, refugees, persons with disability, youth and marginalised groups
5. Benefit for the community derived from the intervention/asset created or service provided

6. Improvement of public service delivery by the local authorities as a result of the service

7. Role of VCCs in the community and the community benefit of the training and support they received

8. Measures to improve or build on the intervention/asset created or service provided

With reference to two categories (i.e. Village Cooperative Councils (VCCs)) and representatives of Local Authorities and District Management Teams), the following additional indicators were used:

1. Alignment of intervention/asset created or service provided with the needs and priorities of the community

2. Benefit for the local authority derived from the intervention/asset created or service provided

3. Role of VCCs in supporting the creation of intervention/asset or the provision of the service

In the case of the interviews with the Village Cooperative Councils (VCCs), a further indicator was added, i.e.: Contribution to or alignment with the Community Resilience Plan for the area by the intervention/asset created or service provided.

Figure 13 (FGD responses: Community members and VCC members) and Figure 14 (Individual interviews responses: District Management Team members) focus on responses in relation to two of the criteria:

1. Needs and priorities of the community addressed by the intervention/asset created or service provided.

2. Proper access to the intervention/asset created or service provided. Generally, a higher percentage of District Management Team members than community and VCC members seem to be very satisfied as far as these two indicators are concerned, as opposed to be merely satisfied. Responses in relation to the other criteria are integrated in the discussion below.
Figure 13: FGD Responses: Community Members and VCC Members

- 60% Very Satisfied
- 40% Satisfied

1. Needs Addressed
2. Proper Access to Services

Figure 14: Individual Interviews Responses: District Management Team Members

- 70% Very Satisfied
- 30% Satisfied

1. Needs Addressed
2. Proper Access to Services
Most targets have been met/almost achieved, while some targets have been exceeded. Significant progress has been made as regards certain key indicators related to Result Area 4, despite the slow start of the project. This includes the establishment/reactivation of 230 VCCs (150 indicated in the Project Document); the development of 230 Community Development Plans by VCCs (compared with the 100 foreseen in the Project Document); and the high percentage of respondents expressing satisfaction with local authorities’ improved public service delivery (50% was foreseen in the Project Document – this target has increasingly been exceeded in successive TPM report. TPM 7 reported a figure of 98% of respondents perceiving improvements in public service delivery by local authorities, including healthcare services, while a total of 95% of respondents were either satisfied or very satisfied with the public service delivery.74 Almost all of the other targets set in the Project Document have either been met or almost achieved by June 2020.

Well-targeted local governance strengthening interventions could render comprehensive benefits. The benefits derived from this SPCRP Result Area and some of their impacts can be summarised as follows:

1. Service enhancement and improvement of local infrastructure development. Significant contributions have been made to improving public services – including water management, health facilities restoration and improvement of roads – in a way which serves the needs and priorities of the community. Access to markets and services has evidently been facilitated, while the interventions/assets created and services rendered have strengthened local infrastructure development. These results are tangible and of real-life value to beneficiaries, hence the significantly high proportion of beneficiaries indicating improvements in public service delivery by local authorities and their satisfaction with public service delivery.

2. Empowerment, collaboration between local authorities and community institutions, and social cohesion fostered. At both community and district level, several role-players have been empowered. The establishment of VCCs, the democratic election of VCC members, the comprehensive mandate of the VCCs,79 and the involvement of the community in selecting projects and developing, implementing and monitoring Community Resilience Plans – also through data collection and assessment – are all indications of empowered community structures and individuals, and ownership by community members. In addition, training provided has had an empowering effect on community members. Strengthened social cohesion at this level is further served by the collective contribution of community members to self-help projects, and supportive communication networks.80 At district level, local authorities have been empowered through the formation and training of District Management Teams (DMTs) and their involvement in developing District Recovery Plans, based on in-depth assessments undertaken – thereby serving the needs of communities, also through their collaboration with VCCs. The Third Annual Progress Report notes in particular: 81
"As part of support at the district level, RA4 activities also aim to improved engagement of local district and the communities. Therefore, in addition to training and formation of DMTs, the project supported local authorities to establish Citizen Participation Unit (CPU) which acts as the Focal Point within the VCCs and provide oversight and support during implementation of self-help initiatives as well as planning and monitoring. All supported 7 districts established CPUs and appointed heads of units whose responsibility include focus mainly on signing the contracts with VCCs members for the grant-matching in this project and overseeing VCCs plans and supporting them in implementing self-help."

3. Coordination and strengthened relationships enhanced. Across a wide range of project components and activities, institutional role-players have been collaborating and coordinating their inputs. This follows from the manner of involvement of governmental authorities, particularly but not exclusively at the local authority level, community structures (in particular, VCCs), the SFD as crucial local implementing partner, the assistance provided by community facilitators, and other agencies (for example, UNICEF and Red Crescent have been involved in water improvements projects in Hajjah Governorate.) Also, the training provided was based on the guidelines of the Ministry of Health and Population.

4. Gender inclusion and empowerment. The activities under this Result Area provide in several respects evidence of gender inclusion and empowerment. This follows from the deliberate focus on ensuring that 50% of community facilitators and VCC members respectively are women. However, in the case of training provided to DMTs this was not always possible, given the numerical imbalance, from a gender perspective, of local authorities’ staff profiles. Nevertheless, significant results have been achieved, as also noted in the report submitted to the SPCR Board meeting of December 2019.82

- 801 female elected VCC members have been trained and participated in CRPs and selection of priority actions.

- A significant number of women have received life-skills training.

- 23 Local Authority female officials have been selected and trained as part of DMT training activities (but bearing in mind the significant imbalance in gender composition in Local Authorities).

- Three out of five district recovery projects are for mother and child health facilities.

5. Capacity-building and employment opportunities. Extensive skills training has been a particular hallmark of this intervention and has served the purpose of capacity-building. The training has essentially been provided to structures and individuals at community and local authority levels. Also, the intervention has ensured employment opportunities for community facilitators/consultants. However, at times concern has been expressed that the short duration of project activities has not allowed the meaningful creation of new employment skills.
6. A positive environmental footprint. Securing solar systems for particular local authorities evidently contributes to reliance on renewable energy and the protection of the environment.

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Project delays and weakening financial ability of beneficiaries count among the challenges experienced and require dedicated remedial action.

1. Project delays Significant project delays have been experienced, causing a late start to interventions in this area and forcing major adjustments in project implementation. The main reason has been the worsening conflict situation in the country. Among other, one district in Al-hodaidah had to be replaced by one district in Taiz and one from Al-hodaidah had to be replaced by another one in Hajjah. Other factors, such as water shortages experienced, as well as the approval

of projects by authorities and changes often made to project proposals, contributed to the delays – for example, the provisioning of solar systems for local authorities could not be finalised before finalisation of District Management Plans. The delays required the development and implementation of Acceleration Plans, and updating the LOA between UNDP and SFD.

2. Deteriorating contributory capacity of communities and limited micro-grant budget. A reading of the TPM and annual project progress reports makes it clear that the contributory capacity of individuals and thereby communities to contribute to co-funded community projects has incrementally deteriorated over the project life-cycle – which has among other affected their ability to co-fund community projects and caused project implementation delays. A SPCR-related micro-narrative study confirms this reality. It is evident that this factor requires dedicated measures to adequately support those with severely limited contributory capacity. Also, at the initial phase of the project, the insufficiency of the micro-grant budget was noted in the course of project review meetings; the available amount was subsequently increased. Yet, it has also been reported that the community expectations remained too high for the available budget.

3. Absence of financial incentives for volunteers. Volunteers have complained about the lack of financial supporting their involvement in project activities, given their own dire financial situation.
4. In some respects, gender inclusion and empowerment could not be achieved. As indicated above, the numerical imbalance at local authority level, from a gender perspective, has impacted on achieving gender inclusion and empowerment across the whole spectrum of Result Area 4 interventions. An example can be taken from the Third Annual Progress Report, in relation to training provided as regards the citizen monitoring system: while every attempt was made to ensure that an almost equal number of VCC male and female members were trained, only one of the 91 local authority members so trained was a female.83

5. Insufficient awareness of complaints mechanism and COVID-19. Awareness of the complaints mechanisms and grievance procedures, as well as the absence of easily accessible complaints boxes, have been reported. However, steps have been taken by SFD to raise awareness of these mechanisms and procedures, and facilitate access to complaints boxes. Furthermore, the TPM 7th report indicated insufficient awareness of COVID-19 among surveyed respondents. The report noted the challenges in this regard.84

"28% (10% male, 18% female) of surveyed respondents and 4 KILs were asked about COVID-19. All of them claimed to have not been made aware, on site, of COVID-19 pandemic symptoms and prevention methods. The project has not yet provided them with any hygiene kits or preventive materials. They also believe that none of the COVID-19 preventive practices [were] taken on the site. IP clarified that these sub-projects were launched late 2017 and are to be closed soon. That means all the workshops and other activities have been concluded before the spread of COVID-19 pandemic. IP has the intention to promote such awareness and take preventive practices in the future as an attempt to help control the spread of COVID-19. However, IP is afraid this cannot be put into practice due to budget limitation."

Key recommendations informing lessons learned from this intervention.

1. Build on the intrinsic value of a joint focus on economic/infrastructure development and social network enhancement. A document prepared by the SFD for purposes of this Report noted, in respect of Community Resilience Planning: "The key to strengthening resilience is to attend to both economic/infrastructure and social aspects. Community cohesion and strong local inclusive networks is as important as attending to increased productivity, additional cash or a road or water well. This could be achieved through strengthening VCCs capacities to plan, mobilise resources and implement self-help initiatives." There is indeed considerable value in continuing and increasing investing in VCCs as a critical component of strengthening resilience, making development work for the people, building infrastructure and improving services and access thereto, and contributing to income-generation in Yemen. Simultaneously, this should be done in a way that preserves, and strengthen, the empowerment of communities through targeted training, increased involvement and ownership, and fostering both institutional cohesion with local and other authorities, and social
cohesion, also within the community itself (for example, through joint community contributions to project funding and involvement in project implementation, management and monitoring, and a greater emphasis on women inclusion and empowerment, and IDP inclusion.)

2. Invest further in a hybrid local governance model and increase the participatory role and capacities of community structures and local authorities. The interventions under Result Area 4 have clearly indicated that local authorities and communities are capable of planning and managing development activities. It has further been noted: "The hybrid local governance model with the composition of bottom up and top down approach indicated that the formal local governance structure has potentials to continue to function with the support of community level institutions, primarily Village Cooperatives Councils (VCCs). Current small grant system (Matching Grant for Community small Scale Projects) succeeded in triggering communities to allocate more resources for their resilience and recovery plans." It is apparent that this hybrid model is a critical component of local governance strengthening and economic development in Yemen in the current conflict scenario, also with a view to the future, and as a contribution to peace-building. Investments in the capacities of both community structures and local government institutions should therefore be prioritised, but in a manner that does not replace or minimise the all-important mandate of local governments to deliver economic and social development.

3. Include local governance structures in national priority actions. In upscaling interventions under this Result Area, and building on capacities already established in the course of the SPCR and other resilience-oriented projects in Yemen, attention should be placed on utilising the strengthened local governance structures in national priority actions, with a focus primarily on exceptionally vulnerable communities – in particular assisting with addressing rural poverty, improving the quality of and access to basic services, enhancing nutrition and health outcomes, and supporting job creation and market linkages. Regarding the latter, the recommendations made under Result Areas 1 and 2 above are equally applicable here:

- Firstly, an evident case exists for linking short-term employment with skills development, income for productive investments, financial incentives and business assistance.

- Secondly, a longer-term sustainable approach with nation-wide significance, involving the establishment of a productive safety intervention, may indeed be required. As an immediate follow-up action, employing graduates from local areas and including more youth volunteers in capacity-building (supported by appropriate financial incentives) and employment activities should be considered.

4. Continue women inclusion and empowerment interventions, also through a strengthened role for women. It is of critical importance to maintain the gains made in achieving gender balance and women
involvement in the composition and activities of VCCs, as well as capacity-building activities undertaken to strengthen resilience and Result Area responses. This could among other be achieved through involving women leaders in VCC interventions, also in relation to VCC engagement with local and other national authorities, and through strengthening the role of women in delivering dedicated Result Area-linked services of particular importance to women, including health and nutrition services in communities. Also, every effort should be made to positively influence the gender composition at local government level, to ensure the greater participation and involvement of women at that level of local governance.

4. Consider alternative/additional funding models and differentiated funding arrangements to enable communities to participate better in interventions. The worsening financial situation of individuals, households and communities leaves them with limited ability to invest in self-help projects and contribute to co-funded community projects. Additional and alternative funding modalities should be considered, including the private sector (linked also to greater private sector involvement in local development), Yemeni migrant communities (e.g. via remittances) and crowdfunding. Also, it could be considered to link the percentage of community co-funding to the contributory capacity of communities, through introducing a differentiated contribution scale for communities, dependent on a thorough vulnerability and financial ability assessment.

5. Develop indicators that better reflect the contribution to development and livelihood support. While wide-ranging benefits of the Result Area 4 interventions have been indicated in several project-related reports and above, it is not possible to assess the overall contribution of these interventions to development, economic recovery and supporting livelihoods. As also alluded to in the ECRP study, more nuanced indicators are needed to more accurately assess the impact of these interventions, such as -

- Enhanced health and food security outcomes attributable to greater accessibility of services (e.g. health services obtained, and availability of food).

- Change in household transportation costs

- Indicators to more accurately assess the impact of water and sewage management activities could include:
  
  i. Time needed to obtain water which could be used for other productive purposes.

  ii. Changes in the monetary cost of obtaining water (trucked versus reservoir/well access).

  iii. Changes in health outcomes attributed to sanitation infrastructure and improvements.

- Indicators to more accurately access the impact of school rehabilitation could include percentage increases in school enrolment (and retention) rates, as well as longer term productivity enhancements accruing from a more educated workforce.
Case Story

Al Serwatain is one of the villages of Halimeen District in Lahj Governorate. It is a rough mountainous area. It has a population of about 400 people. It lacked the facilities of providing health services to the residents of the area. The residents had to travel to other villages or to the main centre of the district and spend a lot of money on transportation to seek medical examinations and treatment. Most of the residents go to the centre of the district which is about eight kilometres far from the village, and they spend about 7-10 thousand Yemeni Riyals on transportation.

To address the needs of the community in Al Serwatain village, the Social Protection for Community Resilience Project (SPCRP), intervened to improve the social protection services (health, water and sanitation) partially funded by the Social Fund for development (SFD) to support the establishment of community initiatives to activate the communities and raise their awareness and enhance social cohesion. Al Serwatain is a remote village, so the intervention sought to build the capacity of the local community to be in charge in following up the implemented projects. Thus, a village cooperative council was formed from the village residents, consisting of two males and two females. They received training on how to develop resilience and recovery plans.

One of the residents, Asheed Mohsen Mosaed, 40 years old, is a village representative. He is an English teacher and the village sheikh. He said that he nominated himself to be a village representative and he was selected by the residents. He indicated that he received training on developing resilience plans and managing and following up on the project implementation process. Being the sheikh of the area, he noted that he is aware of the needs of the community. He added that he held a meeting with the other representatives and set the needs of the village and prioritized them. He indicated that the village needs healthcare services, constructing gabions to protect the agricultural lands and changing the water pipes which are damaged.

Mr. Asheed said that having a health centre was of their most priority needs as there was not even a room with an assistant doctor in the village to provide minor health services. He indicated that he and the other residents of the village had to suffer inconvenience of travel to the centre of Halimeen District which is eight kilometres far from Al Serwatain Village and spend about 7000 to 10000 Yemeni Riyals on transportation to seek medication.
Mr. Asheed noted that he is in charge of following up the implementation of the construction of the health centre which is still under implementation. He indicated that this initiative was partially supported by the SFD, explaining that the SFD provided them with some construction materials and that the construction costs were covered by community contributions. He also said that some other required materials were provided by a local supplier, whom they are struggling to pay. He added that the construction of the health unit is almost done and that they hope that the SFD support it with doors and windows as the community cannot afford them.

Mr. Asheed concluded that having a health unit cultivates a spirit of happiness and optimism in himself and among the whole community members as the constructed health centre will provide health services, alleviating their suffering and saving them money. He said that he is waiting eagerly for the health centre to open and start providing health services.

3. COORDINATION, COMPLEMENTARITY AND ALIGNMENT IN CONFLICT SITUATIONS

Cooperation and coordination have been critical to effective SPCR responses. The intervention’s implementation involves an extensive range of national and local role-players: local communities, DMTs, VCCs, and the Ministries of Planning and International Cooperation (MoPIC), of Social Affairs and Labour (MoSAL), of Local Administration (MoLA) and of Public Health and Population (MoPHP), and de facto authorities.⁸⁸ The leveraging of a bottom-up approach through a community engagement modality fosters social inclusion while promoting community self-reliance. The activities also mobilise and empower a wide network of non-state partners including the private sector (in particular in relation to solar systems providers and small contractors for rehabilitation of health facilities). Also, "Local authorities, including the offices of line Ministries in governorates and districts, have an active role in the implementation, and the DMTs benefit from the intervention's support to cooperate with local authorities. Finally, the intervention further enhances the operational capacity of SFD to provide social services to the Yemeni population."⁸⁹ Cooperation and coordination have clearly been key to the success of the SPCR interventions. In fact, as noted in the EU ROM report, the combination of the capacities of UNDP and SFD and their relations with local communities, DMTs and VCCs, proved appropriate for ensuring the implementation of the major part of the intervention's scope and the creation of the due ownership of local communities and local authorities. Also, as noted by the EU – "The intervention's design provides for involvement of all relevant actors in each governorate, and meetings with authorities to coordinate implementation. This approach has ensured adequate consultation with all relevant stakeholders and target groups, as well as full transparency, thus setting the foundations for solid ownership of the intervention's objectives by the target groups and end beneficiaries. All ROM-interviewed stakeholders proved to have high ownership of the intervention objectives and are unanimously supportive of the SPCR objectives and activities."⁹⁰
Some measure of complementarity exists with other relevant interventions in Yemen. The SPCRP design and implementation modality and approach build on lessons learned in the context of similar interventions with similar objectives involving the UNDP, such as (among others) ERRY (EU-funded Enhancing Rural Resilience in Yemen) and the World Bank-funded ECRP, which include a major C4W component and support to local authorities – although ERRY and ECRP also contemplate other objectives and interventions. Complementarity does of course raise the question whether it is not advisable to consolidate, or at least deliberately link similar or related interventions, in order to avoid duplications and benefit from common administrative and operational platforms. It also raises the further question whether interventions beyond those that are common to several programmes should not be prioritised, given that, for example, in an area such as CFW, a large number of donor and national institutions are involved.

Inter-agency collaboration/coordination was foreseen but only partially implemented. The design of the SPCRP intervention provides for maintaining strategic and operational partnerships with other UN agencies throughout the intervention’s implementation, and for complementarities and effective coordination among the UN agencies and NGO partners working on cash for work to be ensured through the Emergency Employment and Community Infrastructure Cluster. Other clusters, such as the Health Cluster, also fulfil a coordinating function. Coordination is critical, as the role played by United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) has proven – OCHA supports UNDP and SDF in renewing their sub-agreements with authorities in the North and helps them to get travel permits to access the field. However, it is also evident that inter-agency coordination has at times not worked efficiently – as noted earlier in this report, examples include the involvement of other agencies in similar interventions in the same location (e.g., in relation to the rehabilitation of certain health facilities). Also, according to the SPCRP design a technical coordination working group would be established among UNDP, the United Nations Children’s Fund (UNICEF) and the World Health Organisation (WHO) to ensure close complementarities of interventions related to the health infrastructure rehabilitation. However, as noted by the EU in the ROM report, this group was not established, “… thus the IPs ensured coordination across the related interventions through meetings of the three donor institutions.”

Interagency coordination needs to be strengthened and requires a new approach, including joint programming and a reorganised coordination structure. In view of the above, much can be gained from joint programming, leveraging the strengths of the respective institutions. The Stockholm multi-donor agreement (December 2019) among EU, DFID, Germany, WB, and the UNDP, acknowledged the lack of coherence of ongoing efforts and recommended progress in programming to overcome this. In fact, donors have increasingly become more sensitive to the need to coordinate around humanitarian and development efforts, as well as peace efforts. The recently UNDP-published
Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) suggests a reorganised structure of donor coordination, which could include a new Yemen International Partner’s Forum to ensure alignment between authorities and partners around a set of shared and coherent objectives. It may also include a new Multi-Donor Trust Fund to pool resources for more ambitious and coordinated action.92

Alignment with UN strategic frameworks. The SPCRP is well-aligned with global and Yemen-specific UN strategic frameworks. As noted by the EU, the requirements of the ‘leaving no one behind’ policy of the UN were mainstreamed in implementation.93 Regarding the UN Strategic Plan 2018-2021,94 read with the related UN Signature Solutions,95 the SPCRP evidently corresponds with the overall outcome "Eradicate poverty in all its forms and dimensions", and its related outcome "Advance poverty eradication in all its forms and dimensions". The related Output (1.1.2) "Marginalised groups, particularly the poor, women, people with disabilities and displaced are empowered to gain universal access to basic services and financial and non-financial assets to build productive capacities and benefit from sustainable livelihoods and jobs" is in particular served by Result Areas 1, 2 and 4 interventions. Alignment is also apparent when comparing SPCRP design and objectives with the UNDP Yemen Country Programme Document (CPD) 2019-2021.96 The one relevant CPD Outcome relates to "Yemenis improve their livelihood and access inclusive productive assets", and its related Output "Vulnerable and at risk Yemenis have received short- and medium-term livelihoods and recovery support", while the other CPD Outcome concerns "Social and productive community assets rehabilitated", with its related Output "Yemeni women have the capacity, training and access to financial services to sustain their livelihood through training and access to financial services to sustain their livelihood through micro and small businesses". As noted, this latter output has to some extent been served by the CFW and related interventions under R41. However, it also clear that more could have been done to increase awareness, especially among women, of utilising financial services (including mobile banking). In addition, the project design fell short from appreciating that many Yemenis in rural areas did not have the required identity documents to access these services.

Alignment with the Yemen Humanitarian Response Plan (HRP) 2019 and its 2020 Extension. In many respects the SPCRP are strategically and operationally coherent with the Yemen Humanitarian Response Plan (HRP) 2019 and its 2020 Extension.97 This flows from the emphasis in both documents on efforts to reduce vulnerability and enhance short-term resilience through preserving and building capacities of individuals, communities and institutions to cope with
the impacts of the conflict. A key programmatic linkage concerns the targeting methodology. As explained earlier, the SPCRPs employ a composite targeting methodology, distress index which is a composite of food security, displacement and vulnerability indicators (at the governorate level) and food insecurity and displacement (at the district level). As indicated, reliance on these indicators is an expression of the humanitarian-development nexus, as they provide the link between humanitarian considerations and development objectives and prioritise and allocate resources to the most vulnerable populations.98

Bridging the humanitarian-development divide. The SPCRPs have also been instrumental in supporting the nexus between humanitarian assistance and development interventions (HDN). In fact, building on this, it is suggested that coordination across the humanitarian-development nexus requires investment in capacities and integrated systems. Operational coordination and functional relationships between the SPCRPs and the HDN appear among other from the following:99

1. Reducing vulnerability: One of the key concerns of the SPCRPs has been to reduce vulnerability of individuals and strengthen their resilience. CfW activities and other waged-based employment opportunities under Result Areas 1, 2 and 4 have evidently contributed to livelihood support. Also, exposure to psychological vulnerability has been addressed through the PSS interventions under Result Area 3.

2. Delivering humanitarian assistance: VCCs established and supported through the SPCRPs have facilitated the identification, planning and delivery of humanitarian assistance at local level, enabling it to reach beneficiaries most in need. Also, the
rehabilitation of roads, schools and water/sanitation systems has provided infrastructure to facilitate delivery of humanitarian-financed social services, while reducing high costs associated with expensive temporary facilities. Finally, the training of education, health and youth cadres in PSS has enabled the extension of much-needed mental health support to numerous beneficiaries.

The preservation of core national institutions such as the SFD and PWP will enable a progressive transfer of assistance from humanitarian to national service delivery mechanisms, while local VCCs will provide a critical link between communities and local authorities in the management of recovery planning. Last but not least, productivity enhancing measures for the private sector will enable not only the preservation but expansion of production and job creation once conditions improve. In reality, post-crisis transition and recovery will not be linear, with continuing economic, security and other constraints likely requiring concurrent and coordinated humanitarian and recovery interventions that are closely coordinated and calibrated to needs and conditions as they evolve.\textsuperscript{100}

3. Transitioning to recovery and development: The following remark made in the ECRP lessons learned study aptly applies to the SPCR as well: "Activities contribute to preserving and strengthening capacities that will be vital for post-crisis recovery and development. In time, this will enable a transition from life-saving assistance to development-oriented approaches with a focus on strengthening self-reliant and autonomous recovery processes."
4. CROSS-CUTTING THEMES MAINSTREAMING

4.1 Gender equality

Gender sensitivity (gender equality and gender empowerment) has been mainstreamed in SPCRP design and execution. The Project Document indicates gender equality as a core intervention: "It will mainstream effective female inclusion in all stages of project design and implementation. Particular attention will be given to tailoring interventions that respect cultural norms and traditions for female beneficiaries. Whenever feasible, data will be disaggregated by gender to track the progress and impact. In addition, it will ensure that results for female beneficiaries translate into transformational change, allowing for empowerment through self-reliance in the economic sphere. Active participation of women will be encouraged by ensuring a minimum target of 30% women (including young women and women-headed households) as direct beneficiaries of the project. Activities around temporary cash for work and cash for services will be tailored to promote women’s engagement in a socio-culturally sensitive manner." The emphasis on gender equality and empowerment in the SPCRP context is most appropriate, given the fact that Yemen ranks lowest in the world in the World Economic Forum’s global gender gap index for economic participation and opportunity (153rd out of 153). SPCRP activities were tailored for women engagement through either directly engaging with work or through benefit from access to services – yet in several instances gender inclusion and equality, and gender empowerment goals have not been met. Indicators have been developed to promote gender inclusion, equality and empowerment in implementation of the SPCRP. Also, the SFD intervention team has an adequate gender equality and human rights expertise, with a significant number of women appointed to leadership positions. The Third Annual Progress Report explains the extent to which the above objectives have been achieved in the four Result Areas:

1. Result Area 1: "Under the CfW activities, a target of 30% women of the total direct beneficiaries was considered carefully and thus far 27% was achieved. The slight deviation from target is due to some challenges in always targeting women in all sub-projects. For instance, in Sada’a it was very difficult to engage women in CfW activities where this was not accepted by the community."

Yet, more could have been done to strengthen women's inclusion and participation in CfW activities. Rather than merely accepting cultural and
and social barriers, these should have been actively addressed via gender-sensitisation campaigns. Also, future design of employment other similar programmes in Yemen should seek to achieve wage parity for women; projects that specifically accommodate women should be prioritised, and projects that cater specifically for women’s needs (such as the erection of easily accessible water tanks) should be considered, as is the case with the provision of childcare facilities to allow women to participate in employment activities. Attention should also be paid to appoint more women supervisors. It is necessary to ensure that women have proper knowledge of and access to SPCRP complaints and feedback mechanisms. Furthermore, women should be prioritised in awareness-raising regarding the use of and access to financial services.

2. Result Area 2: As indicated earlier, here it was not possible to achieve gender equality. In fact, as noted earlier, the constant indication in several TPM reports that no women from the community had been involved in waged activity, due to social and cultural perceptions suggesting that women are not able to undertake strenuous manual labour, is most concerning and should have been directly addressed in the execution of the intervention. Yet, about 50% of beneficiaries from the health facilities are females.

3. Result Area 3: "Special attention was given to vulnerable women and children groups. Also, female teachers and health practitioners benefited from the training activities in which SFD trained and supported 1,603 women (32%) trainees. About 61% of youth employed were females. This is also meant to encourage women to participate at the community-based psycho-social support through providing the means possible to make them comfortable and able to express their feelings, share their thoughts and relieve stress caused by the conflict." The positive gender-focused experience in this Result Area serves as a model for what could have been achieved in certain other Result Areas, and should be considered in the design of the next phase of the SPCRP.

4. Result Area 4: "As for result area four, women empowerment and participation is a key element in which around 50% of the formed VCCs members and community facilitators were women. The participation of women in the VCCs gave women an opportunity to feel empowered to participate in decision making, planning and implementation of self-help initiatives. Women play a leading role in setting priority actions and initiatives that address their needs under the community resilience plans and, in some cases, women also lead such initiatives. The supported initiatives also consider enhancing women’s access to health services through supporting mother and childcare units in health centres benefit." Similar conclusions have been drawn by the EU. Yet, as was the case under Result Area 2, it has been consistently indicated in several TPM reports that no women from the community had been involved in waged activity, due to social and cultural perceptions.
Critical interventions are needed to strengthen women inclusion and empowerment, and not to lose gains made in the course of the SPCR. As mentioned before, it is of critical importance to maintain the gains made in achieving gender balance and women involvement in the composition and activities of VCCs, as well as capacity-building activities undertaken to strengthen resilience and Result Area responses. Measures to be adopted in this regard include involving women leaders in VCC interventions, also in relation to VCC engagement with local and other national authorities, and through strengthening the role of women in delivering services of particular importance to women, including health and nutrition services in communities. Furthermore, every effort should be made to positively influence the gender composition at local government level, to ensure the greater participation and involvement of women at that level of local governance. Finally, there should be a concentrated focus on gender-sensitisation awareness interventions.
4.2 Conflict sensitivity

Conflict sensitivity has been built into the SPCRP design and execution. The Project Document confirmed that the project would be implemented based on a contextual analysis to ensure that the interventions do not cause or escalate conflicts in the target areas with a close monitoring and planning to identify and mitigate possible conflicts and associated risks. The activities would be designed to contribute to the rebuilding and strengthening of the social fabric in the communities. A particular emphasis would be put by UNDP on increasing the awareness and capacity of VCCs and DMTs to mainstream conflict sensitivity. Conflict sensitivity is notably reflected in the application of the distress index targeting criteria, which among other takes into consideration the importance of political neutrality and conflict sensitivity.

Conflict sensitivity issues were considered at the early stages of implementation of each activity, in the context of a needs assessment, whereby all relevant stakeholders had the opportunity to express their needs and concerns: “This process ensured that the intervention’s implementation does not create conflicts and that any existing conflicts at the community level would not be aggravated by the intervention’s implementation. The intervention does not harm inadvertently the targeted population, nor the communities around the targeted population.”

It is evident that SPCRP interventions have ensured equal access for all to public services with the aim of leaving no one behind, in particular those from vulnerable groups. This has been ensured through the involvement of community committees and leaders in implementing activities, thereby increasing social cohesion and reducing the likelihood of conflicts. Also, C4W activities and the self-help initiatives under RA4 are based on collective and group work between community members, which contributes to social cohesion and democratisation.

Another notable example of a conflict-sensitive approach is the rebranding of PSS activities under RA3 to focus on enhancing community resilience.

4.3 Environmental concerns

Limited provision has been made to accommodate environmental concerns in the SPCRP, although the intervention assisted indirectly in combating climate change-related adverse effects. Environmental issues were not targeted in the SPCRP. However, in accordance with the Project Document, UNDP would apply the Social and Environmental Screening Procedure (SESP) to ensure social and environmental impacts are properly identified and managed. Also, SFD conducted environmental screening as part of the Participatory Rapid Assessment (PRA) prior to project implementation where categorization of the expected environmental impact is documented in the SFD MIS. So far there has not been any reported environmental impacts. Nevertheless, the positive climate footprint of several of the SPCRP interventions has been indicated in this Report – including, among others, the contribution made by solar systems to promoting renewable energy.
Given the centrality of climate change impacts in Yemen, it is advisable to target environmental concerns(climate change more specifically) in the next phase of the SPCR. Climate change has greatly increased the suffering and vulnerability of Yemenis. Mitigation and adaptation measures require clear understanding of the climate change patterns forecast to devise interventions that should be long term but should also start as soon as possible. Efforts must focus upon improved environmental resilience and water management such as extending renewable, off-grid, energy interventions — including affordable solar products.
5. PROJECT MANAGEMENT AND COMMUNICATION

**Implementation modality.** In contracting with national partners, UNDP makes use of either a Direct Implementation (DIM) or a National Implementation (NIM) Modality.

1. In DIM UNDP assumes overall management responsibility and accountability for project implementation. UNDP may identify a Responsible Party to carry out activities within a DIM project. A Responsible Party is defined as an entity that has been selected to act on behalf of the UNDP on the basis of a written agreement or contract to purchase goods or provide services using the project budget. All Responsible Parties are directly accountable to UNDP in accordance with the terms of their agreement or contract with UNDP. Under UNDP’s Financial Regulations and Rules, the Responsible Party may follow its own procedures only to the extent that they do not contravene these Rules.

2. Responsibility for NIM projects rests with the government, as reflected in the agreement signed by UNDP with the government. The implementing party assumes full responsibility for the effective use of UNDP resources and the delivery of outputs in the signed project document. Under NIM, UNDP is accountable for the effective and efficient use of resources for the achievement of programme results in conjunction with the local implementing partner.109

The UNDP-SFD LOA and the SPCRP project document envisaged a DIM modality. The LOA signed between the UNDP and SFD suggested that a DIM modality would apply. In fact, this is explicitly foreseen in the project document, which stipulates:

"The EU-funded action will be implemented through the UNDP Direct Implementation Modality (DIM) with SFD as the main responsible party.110 UNDP Standard LoA will be signed with SFD. Office will follow HACT rules and procedures for the part of the project which will be implemented by SFD."111

This also follows from the provisions in the LOA indicating that the financial provisions in the UNDP’s Financial Regulations and Rules referred to above would apply as well as from the nature of the reporting obligations imposed on the SFD.112 One would think that, in the absence of an agreement with a government, DIM would be regarded as the appropriate modality for the LOA between UNDP and SFD.

It was accordingly necessary, throughout the project, for UNDP to ensure that SDF complied with its financial and reporting obligations under the LOA.
The Project Document indicated key project management arrangements. Apart from indicating the composition, main roles and responsibilities of UNDPs proposed core implementation team members, the Project Document emphasised that effective management of the Project would be critical, given its importance, size and complexity. To this end, UNDP undertook to reinforce the project management systems and capacities of SFD and ensure risk management and project approaches sensitive to the conflict and political environment in Yemen. UNDP would also closely coordinate with the EU to provide needed information and to enable smooth and speedy financial and operational transactions to facilitate timely implementation of the project, and maintain regular interactions with SFD with UNDP staff presence in Sana’a, for monitoring, quality assurance and as needed, grievance management. Third party monitoring would also feed into UNDP’s monitoring work. UNDP would prepare annual narrative and financial reports and end of project reports consolidating inputs from the responsible parties as well as to convene project board meetings. UNDP also undertook to coordinate with the relevant government ministries, international partners and UN agencies implementing EU-funded projects and be part of coordination mechanisms with the Ministry of Health to enable a conducive and coherent supporting environment for SFD.

Several factors impacted negatively on project management. As earlier noted in the report, there has been an under-utilisation of human resources, among other because of the delays with appointing key UNDP project management staff. As indicated, the EU report concludes that under-utilisation of the human resources, together with the COVID-19 restrictions preventing the presence of the international experts in the field, affected the quality of the intervention’s management in the period near the end of its implementation. These challenges have impacted on the implementation of the project, especially during the first and final years of the project duration, and to deal timeously with delays and other challenges – as is evident from the failure to officially submit to the EU official documentation requesting the revision of project targets and the no-cost extension of the project. However, in spite of the delays, the UNDP and SFD managed to overcome the operational constraints and security challenges and deliver all key outputs. Also, project review meetings with the donor, and project Board meetings were not held regularly. Nevertheless, three recommendations in the EU ROM report attempt to indicate a way in which these matters should be handled in future, and are helpful in informing a next phase design of the SPCR

1. Firstly, regular Board meetings should be held in future, in order to ensure timely decision making on corrective measures, or required changes in approaches or targets, and prompt approval by the EU.

2. Secondly, providing for a mid-term review would allow a thorough assessment of successes and weaknesses accompanied by recommendations that would help the timely taking of corrective measures in a coordinated manner.
3. Thirdly, consider assigning specific managers and experts devoted to each intervention. Sharing staff across interventions (e.g. the SPCR, ERRY and WB projects) could affect the quality of operations and outputs and the timely decision making and implementation of corrective measures.

A quality communication and visibility plan supported SPCR interventions, despite challenges. At the beginning of the project, and as foreseen in the Project Document, UNDP put in place a communication strategy in cooperation with SFD. As noted by the EU,115

"The communication strategy is designed to promote awareness and outreach activities that enhance resilience and coping mechanisms of local communities and vulnerable groups in Yemen. It streamlines efforts to foster optimal visibility and increase publicity for the EU and the intervention itself. The strategy provides for the production of communication products, such as visibility materials and media for different target audiences and stakeholders, to improve the publicity of the intervention inside and outside Yemen.”

The plan has been effectively implemented and entailed a range of activities – including promotional meetings, outreach campaigns in the targeted governorates to raise the awareness of recipient communities and beneficiaries and to promote their participation and their self-resilience/coping mechanisms as well as issues related to social cohesion, peacebuilding, psychosocial wellbeing, health/hygiene awareness, waste/water management, with a focus on children but also the impact of the conflict in Yemen on women.116 A wide range of promotional materials were developed, while an online presence of the SPCR was also ensured. However, accessibility and acquiring access permits to different project sites with the purpose of documenting progress, meeting beneficiaries, capturing achievement, etc. was among the key challenges facing project teams working in Yemen including SPCP.117
A composite monitoring framework has been foreseen. Deemed as appropriate by the EU, the means of verification of project results and achievements consist of the elements of the SPCRP's Monitoring and Evaluation system (SFD's Monitoring and Information System, UNDP Monitoring system, Third Party Monitoring – TPM –), baseline and endline surveys, UNDP Midterm and Final evaluation reports), but also surveys of DMTs and communities by both SFD and UNDP teams. Regular reports have been produced, such as UNDP Quarterly and Bi-Annual Progress Reports, TPM Progress Reports, SFD internal reports. As indicated in the EU ROM report, it was planned to include Yemeni Red Crescent Society (YRCS) and thus the "YRCS reporting" was one of the means of verification for indicators of activities such as "SFD's capacities for mainstreaming of psychosocial support", but the YRCS was not involved in the implementation of the intervention.\textsuperscript{118} No appropriate explanation for the failure to adopt this monitoring activity by an independent and reputable organisation has been provided.

The monitoring framework has been supported by project quality assurance, risk identification and a grievance redressal mechanism. The quality assurance of the SPCRP operations and outputs is based on the ‘Project Quality Assurance Plan’ which defines the role and responsibilities of the Project Board, and provides for Social and Environmental Screening, Risk Analysis, and Terms of Reference for Third Party Monitoring (TPM), as well as Monitoring and Evaluation. The EU evaluation report notes that both UNDP and SFD have adequate internal monitoring and evaluation systems, supported by TMP services and citizens’ monitoring systems, operated by the VCCs, which oversee the implementation of the district recovery projects by the local authority. On a quarterly basis, the project would identify specific risks that may threaten achievement of intended results; identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP’s Social and Environmental Standards. Also, Monitoring and Evaluation activities are supported by the SFD complaints handling mechanism (CHM) that handles dissatisfaction about the standards or quality of the intervention. The SFD stakeholder response mechanism (SRM) provides support to stakeholders to engage with the intervention team on what they may consider as an adverse social or environmental impact on them.
Yet, shortcomings in the areas of project quality assurance, risk identification and grievance redressal mechanism have been discernible. Examples of these shortcomings include:

1. As indicated above, the involvement of the Yemeni Red Crescent Society (YRCS), as foreseen in the Project Document, could have strengthened the quality assurance of the project.

2. There have been significant failures in risk identification, in particular in the project design phase. Key risks were not identified, or where they were identified, they have not been adequately addressed. Examples include:

   - The failure to appreciate the impact of the fact that most rural-based Yemenis did not have identity documents and were therefore unable to access financial services.

   - Too low wage levels were set for waged employment – with significant impact on the willingness on the part of some beneficiaries to participate and, once revised, this had a knock-on effect, contributing to the inability to reach the targets originally set in the Project Document.

   - Unrealistic targets did not consider the realities of, for example the resistance to women participation in waged employment activities, the impact of the skewed gender-related local authorities’ staff composition (Result Area 4), and the limited number of qualified women to undertake rehabilitation construction activities under Result Area 2.

3. There has been a consistent lack of awareness of, access to and significant use made of the grievance redressal mechanism, across all four Result Areas. Only in the final stages of the project has there been some improvement in this regard. These are matters that should have been properly responded to from the early stages of project implementation onwards.

Appropriate monitoring/measuring of resilience-strengthening and development impact requires an improved assessment modality. As indicated earlier in this report, regular project progress reports, third party monitoring and a lessons learned study contribute to an understanding of the short-term benefits of the project and the achievement of measurable (numerical) goals, but are on their own not sufficient to measure resilience-strengthening and development impact. The current SPCR methodology to measure achievements in terms of targets reached/not reached, does not allow for systematic and real-time measuring of associated indicators. There is indeed a need to develop indicators that more accurately assess the contribution of interventions to development, resilience-building and livelihood support – an issue to be addressed already at project design stage. As alluded to earlier, this would imply in-depth assessment of the socio-economic impact of SPCR interventions, and a socio-economic needs assessment to inform project design and implementation.
7. THE NEED FOR AN ENHANCED SOCIAL PROTECTION FRAMEWORK

The Yemeni system provides inadequate social protection support. Earlier in this report it was indicated that the contributory social security system (in the form of social insurance) is limited in scope and reach (informal economy workers and many of those in the formal economy are not covered) and no dedicated provision is made for major social risk categories, such as sickness benefits, unemployment insurance or maternity protection. The non-contributory system (especially social assistance) is outdated, limited disability services are provided and a dedicated old age cash transfer arrangement is absent. Non-formal arrangements fulfil an important role in household survival and livelihood protection. Micro-narrative survey results confirm the absence of dedicated unemployment and (sufficient) disability support, despite the prevalence of disabilities in the Yemeni community.

Survey results confirm social protection needs experienced by Yemenis, the need for information-sharing, and potential sources of contribution and contributors. In the course of the survey undertaken for purposes of this report, respondents across all four Result Areas were also asked to reflect on the need to adopt measures to address social protection needs, with an emphasis on potential contributory arrangements. The social protection needs so indicated are the traditional social risk-based and livelihood-focused social security needs, and not also the wider social protection needs, that would include (access to) essential social services. The results are depicted in Figure 15 below (Percentage selection of social protection needs). In the view of the respondents, several social protection needs rank high – in particular family/children support, health and retirement protection, but also disability and unemployment protection.
Figure 15: Percentage Selection of Social Protection Needs

In relation to the question as to who would have the capacity to contribute, respondents indicated that contributions could be forthcoming from, in particular, organisations such as NGOs, CBOs and FBOs, but also from the community (collectively), individual community members individually, the family/household and Yemenis abroad. (See Figure 16, Contributors.)

Figure 16: Contributors
The available mechanisms to help provide in any of the identified social protection needs have been mainly indicated as: Income from work, Zakat and other payments made for religious purposes, income from personal or household/family savings, and remittances (see Figure 17: Mechanism of contribution.)

Figure 17: Mechanism of Contribution

Respondents also reflected on the question who would need to know more about social protection needs and how they can be addressed. Figure 18 (Members to be addressed on social protection) suggests that community leaders, local council officials, community representatives (e.g., VCCs), but also members of the household/family and community members individually should be targeted.
Key recommendations. The survey results confirm critical gaps in social protection in Yemen, from the perspective of key social protection needs. This must also be seen against the background of the finding in the recently published Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) that both the contributory and the non-contributory social security environment must be strengthened and redesigned where necessary, and that active steps must be taken to develop appropriate social protection interventions for the informal economy which accounts for 73.7% of total jobs. These are matters that need to be considered in devising mechanisms to respond to these needs, also in a post-conflict scenario and when a social protection strategy for Yemen is developed. Furthermore, in relation to providing for these needs via contributory arrangements, further research and analysis need to be undertaken in relation to contributory capacity and sources of contribution. Purely based on the survey results, community- and charity-based contributions (e.g., via Zakat) need to be considered, but also remittances, which correspond to the recommendation in the Strategic Framework for an Immediate Socio-Economic Response to COVID-19 in Yemen (2020-2021) to incorporate informal social protection arrangements such as Zakat, Takaful, community-based informal and charity support, and coordinated use of remittances for social protection purposes. Finally, there is a clear need for awareness-raising amongst a wide spectrum of institutional representatives and individuals concerning social protection needs and how they can be addressed.
8. OVERALL CONCLUSIONS AND RECOMMENDATIONS

Overall, the SPCRP is well-designed and has, generally speaking, delivered its outputs and is achieving its outcomes. Given the impact of the worsening humanitarian crisis, widespread vulnerability experienced by vulnerable Yemenis, and an inadequate social protection system, the SPCRP aims at strengthening the resilience of the Yemeni people, but also goes beyond this to support and preserves existing capacities and institutions. It has achieved remarkable results. As noted by the EU: "... the intervention has delivered all its outputs and is achieving its outcomes, contributing to the mitigation of the current humanitarian crisis on households and communities with a focus on women, youth, marginalised groups and IDPs, and having a positive effect on social protection systems at the local and district level."

The SPCRP leverages a community engagement modality, supported by the partnership between the UNPD and SFD. Conflict sensitivity has been built into the SPCRP design and execution.

In-depth socio-economic impact assessments, selected scaled-up development-oriented interventions and a more dedicated social protection response should inform the way forward. While target-setting in accordance with composite indexes indicated in the Project Document is generally appropriate, some targets have been over- or under-estimated. Some of the indicators did not sufficiently consider the context of Yemen, and may not sufficiently inform long-term impact assessment. Future interventions would best be served by an in-depth assessment of the socio-economic impact of interventions and a socio-economic needs assessment to inform project design and implementation. Also, scaling up some of the SPCRP interventions to address critical need areas and enhance development objectives, ideally by linking some of these better to other development programmes (such as ERRY and SIERY) should be considered – to ensure integrated responses with long-term impact.
Remarkable results have been achieved, supporting the resilience of Yemenis and contributing to development in Yemen. The SPCRP has delivered significant progress and remarkable achievements, comprising among others significant asset and infrastructure creation, individual livelihood and household support, access to financial services, improved operational capacity of health centres and their staff, restored healthcare services, empowerment of first-line responders to support traumatised individuals, establishing and involving 230 community representative structures (VCCs) in planning and implementing self-help and financed community initiatives, and training of district-level structures (DMTs). It has enhanced partnership, participation and social cohesion. The intervention contributes significantly to preserving the foundation for future reconstruction and recovery at a time when the government is not able to prioritise social protection in the sense employed by the SPCRP. Positive unintended benefits include assistance to the unemployed and the day labourers, and improvement of the health of IDPs.

Delays experienced have been mitigated, but other challenges include the non-optimal use of human resources. Mitigation strategies have included flexibility to adjust targets and activities in a way which is sensitive to the conflict and the real-time Yemeni context, such as substituting inaccessible project sites, supporting affected beneficiaries with obtaining identity documents, ensuring the collaboration of project partners, and accelerating execution of partner obligations. The making of late appointments and the replacement of human resources committed to the project have impacted on project delivery. Regular review and project progress meetings at the apex level of project oversight would have assisted with addressing project challenges.

Cash for Work (CfW) interventions have delivered significant direct and indirect benefits, although the moderate levels and duration of employment have had limited impact on sustainability. In addition to the benefits experienced at the individual and household level, the community infrastructure assets created are of considerable value and have supported greater access to services and facilities. The intervention has ensured the inclusion of youth, IDPs and in particular women, the engagement of public and private role-players, and a positive environmental impact. However, more sustained approaches to employment and livelihoods are called for. Increasing wage levels, creating longer-term employment and investment in other productive activities are needed – linking short-term employment with skills development, income for productive investments, financial incentives and business assistance (as provided for under ERRY), and supporting SMEs and informal enterprises, especially in selected prioritised sectors. In addition, the establishment of a national productive safety net intervention needs to be considered – which requires federating and scaling up the many works programmes operative in Yemen and closer collaboration among donors, implementing agencies and Yemeni authorities.
Restoration of health facilities and solar power support have rendered significant benefits; but scope exists for improvement and expansion. Despite several challenges experienced, benefits include improved health facilities, health needs being addressed and access to health care enhanced; strengthened income-generation and livelihood support; a positive environmental footprint; and strengthened cooperation and positive impact on social cohesion. Consideration should be given to consider renovation as a comprehensive package, with an emphasis on also sufficient medical equipment and specialised staff; addressing concerns regarding the limited number of and irregular payment received by healthcare staff; and assisting beneficiaries of the healthcare system through subsidised or affordable healthcare treatment.

Psycho-social support has had a significant impact on improving psychological health of all categories of beneficiaries, in particular children, and can be enhanced. Other benefits include vulnerability being addressed, enhanced employment opportunities and empowerment through targeted training and a contribution to coordination among involved role-players and social cohesion. There is a need to consider extended training, payment for youth volunteers, links with CfW interventions and with dedicated mental health service providers, and the introduction of a referral system and hotline facility.

Mobilising communities to lead their own development and supporting local authorities have achieved considerable results, but further interventions may be required. Particularly significant is the impressive number of established VCCs (230) and Community Resilience Plans developed (230), and the exceptional measure of satisfaction expressed with local authorities’ improved public service delivery. Other benefits include the enhancement of public services/facilities and local infrastructure development; the empowerment of and collaboration between local authorities and community institutions; the specific emphasis placed on gender inclusion and empowerment; and a positive environmental footprint. Result Area 4 interventions have clearly shown that local authorities and communities are capable of planning and managing development activities. However, the deteriorating contributory capacity of community members is a serious concern, and may require the consideration of alternative/additional funding models (e.g., remittances or crowdfunding) and differentiated funding arrangements to enable communities to participate better. There is a considerable value in continuing investing in VCCs as a critical component of strengthening resilience and making development work for the people. Also, there is a need to invest further in a hybrid local governance model and increase the participatory role and capacities of community structures and local authorities. Due to the numerical imbalance at local authority level, from a gender perspective, gender inclusion and empowerment could not consistently be achieved, and need to be specifically addressed.
The SPCRP is instrumental in supporting the nexus between humanitarian assistance and development interventions. This appears from the programme's focus on vulnerability; the involvement of local actors in delivering humanitarian assistance; and transitioning to recovery and development. It is also strategically and operationally aligned with the Yemen Humanitarian Response Plan (2019) and its 2020 Extension – evident in particular from the SPCRP targeting methodology.

The need to strengthen inter-agency collaboration and coordination. At times this has not worked optimally, given the involvement of other agencies in the same area and intervention. Inter-agency coordination needs to be strengthened and may require a new approach, including joint programming and a reorganised coordination structure. The latter may involve a Yemen International Partner's Forum and a consolidated funding base – e.g. a Multi-Donor Trust Fund.

Scope exists to improve gender inclusion, equality and empowerment. A renewed focus on gender inclusion is called for. For example, in Result Area 4, due to the numerical imbalance at local authority level, from a gender perspective, gender inclusion and empowerment could not consistently be achieved. Future project design should seek to achieve inclusion. In CfW activities, wage parity and the specific accommodation of women's needs are required.

The SPCRP intervention assisted indirectly in combating climate change-related adverse effects, but environmental concerns/climate change need to be more specifically targeted in the next phase of the SPCRP. Climate change has greatly increased the suffering and vulnerability of Yemenis. Mitigation and adaptation measures require clear understanding of the climate change patterns forecast to devise interventions that should be long term but
should also start as soon as possible. Efforts must focus upon improved environmental resilience and water management such as extending renewable, off-grid, energy interventions – including affordable solar products.

Project management challenges have been addressed, and require the consideration of specific recommendations. A Direct Implementation (DIM) implementation modality is foreseen in the Project Document and the service agreement between the UNDP and SDF. Under-utilisation of the human resources, together with the Covid-19 restrictions preventing the presence of the international experts in the field, affected the quality of the intervention’s management in the period near the end of its implementation. These and other challenges have impacted on the implementation of the project, especially during the first and final years of the project duration, and to deal timely with delays and other challenges. UNDP and SFD managed to overcome the operational constraints and security challenges and deliver all key outputs. Three recommendations for the future may be of assistance to overcome challenges:

1. Regular Board meetings
2. A mid-term review
3. Assigning managers and experts devoted to one specific programme only

The SPCRP monitoring framework has been supported by project quality assurance, risk identification and a grievance redressal mechanism, but may require an improved assessment modality. Regular project progress reports, third party monitoring and a lessons learned study contribute to an understanding of the short-term benefits of the project and the achievement of measurable (numerical) goals, but are on their own not sufficient to measure resilience-strengthening and development impact. There is indeed a need to develop indicators that more accurately assess the contribution of interventions to development, resilience-building and livelihood support – an issue to be addressed at project design stage. This would imply in-depth assessment of the socio-economic impact of SPCRP interventions, and a socio-economic needs assessment to inform project design and implementation.

Critical needs in the provision of social protection need to be addressed. Results of a survey undertaken for this report confirm critical gaps in social protection in Yemen, from the perspective of key social protection needs. Both the contributory and the non-contributory social security environment must be strengthened and redesigned where necessary, and active steps must be taken to develop appropriate social protection interventions for the informal economy which accounts for 73.7% of total jobs. Further research and analysis need to be undertaken in relation to contributory capacity and sources of contribution. There is a clear need for awareness-raising amongst a wide spectrum of institutional representatives and individuals concerning social protection needs and how they can be addressed.
END NOTES


2 Multi-Cluster Location Assessment 2018 Yemen Multi-Cluster Location Assessment (2019); World Bank Yemen Monthly Economic Update (June 2020).


8 See Azaki, A. Social Protection and Safety Nets in Yemen (Institute of Development Studies, 2015) 8: "Though there have been many sector strategies, Yemen lacks a comprehensive national strategy for social protection that combines economic and social sectors. The policies and strategies that exist do not take advantage of the complementarity between them and they usually duplicate each other’s efforts." and (at 46): "There is no clear philosophy among the different strategies on what social protection is and how to improve it. The survey did not find an overall common definition of the country’s social protection and safety net. Results of interviews with government agencies and NGOs showed in general that the policies of social protection are incomplete and even if they are found in the framework of five-year plans, they are not implemented or enforced. Yemen does not have any comprehensive safety net strategy or a national strategy for social protection." On coordination and implementation, the study by Azaki finds (at 13): "According to the results of interviews with officials in government agencies, including the social safety nets and NGOs, there is a weakness in the government coordination of the implementation of the social protection system as a whole and also in the distribution of tasks between different ministries. Not all social protection players are working to complement each other to achieve the same goal." And at 46: "From the data collected and interviews conducted, it is clear that there is a gap at the implementation phase. There is no coordination between the different government institutions in charge of the safety net. The roles of most of these institutions are limited to routine implementation without clear plans for improvements or changes according to the circumstances."

9 See Social Security Administration (SSA) & International Social Security Association (ISSA) Social Security Programs Throughout the World – Asia and the Pacific, 2018 (2019) 292: "Note: A health insurance system covers public-sector employees. A new health insurance system for public- and private-sector employees was approved by the parliament in 2012 but has not yet been implemented. Limited health care services are provided free of charge to all residents." See also p 293: "Workers’ Medical Benefits: Medical benefits are provided only for public-sector employees under the health insurance program."


14 Ibid, 42-45


20 Ibid.

21 Such as the World Bank/International Development Association (IDA), EU, Department for International Development (DFID), German Development Bank (KfW), Islamic Development Bank, United States Agency for International Development (USAID).


23 Taizz, Saa’da, Hodeida, Hajja, Aden, Abyan, Lahej, Shabwa, Al Jawf, Mareb, Ibb, Al-Dhalla.


25 Outcome 1 indicators and their associated targets include:
- Number of households which benefitted from sustained income, assets, social assistance and services.
- Number of people who benefitted from new or rehabilitated community infrastructure, with targets set for women, youth and IDPs.
- Monetary equivalent of benefits received by women and girls.

26 Outcome 2 indicators are set as:
- Number of people who benefitted from health care services and psychosocial support, appropriately disaggregated
- Basic services delivery expanded to more vulnerable Yemenis.

27 Outcome 3 indicators are:
- Number of local authorities with enhanced capacities related to basic service delivery, to have overall capacity restored to pre-crisis levels.
- Number of health centres with improved operations and rehabilitated facilities, expanding services to vulnerable groups.
28 Result Area 1 Outputs:
- **Output 1.1:** Delivery of tailored cash-for-work activities for low-skilled labour income generation.
  Indicators are:
  - Number of direct beneficiaries of short-term labour-intensive wage employment, appropriately disaggregated.
  - Number of indirect beneficiaries from the income support (i.e. family members).
  - Number of community infrastructure rehabilitated disaggregated by type.

- **Output 1.2:** Financial inclusion of cash for work recipients through linkage with the financial sector.
  Indicators include:
  - Gender-disaggregated number of C4W recipients with established bank accounts.
  - Number of C4W recipients accessing mobile/electronic payments.

29 Result Area 2 Outputs:
- **Output 2.1:** Health facilities at district level are rehabilitated through wage-intensive contracting modality.
  Indicators are:
  - Number of direct beneficiaries of emergency income through wage-intensive contracting, appropriately disaggregated.
  - Number of indirect beneficiaries from the income support.
  - Number of health facilities rehabilitated at the community level, including provision of equipment for alternative and renewable energy (solar), improved water and medical waste management.
  - Number of people who benefit from community-based services’ delivery including primary health and malnutrition services.

- **Output 2.2:** Solar energy equipment enhances the operational capacities of the targeted health facilities.
  - The indicator concerns the number of health facilities equipped with renewable energy source (solar energy).

30 Result Area 3 Output:
- **Output 3.1:** SFD’s capacities for mainstreaming of psychosocial support in its interventions are enhanced.
  - The indicator relates to the number of identified SFD recruited experts (consultants, NGOs) and/or VCCs trained in identification of severe stress and trauma for psychosocial needs (disaggregated by gender).

31 Result Area 4 Outputs:
- **Output 4.1:** The capacities of District Management Teams (DMTs) are enhanced to lead humanitarian and recovery planning.
  Indicators are:
  - Number of damage assessments at district level conducted.
  - Number of DMTs supported and effectively performing their functions.
  - Number of district recovery plans developed (gender issues mainstreamed).
  - 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.

- **Output 4.2:** Informal community governance structures are strengthened for inclusive planning and response for resilience and recovery.
  Indicators include:
  - Number of community resilience plans developed (with gender issues mainstreamed).
  - Number of VCCs established/reactivated.
  - Percentage of surveyed target district population expressing satisfaction with local authorities’ improved public service delivery.
  - Number of citizens monitoring systems in place in target districts.

33 Taken from EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, 2020).

34 For a similar finding in relation to the same indicators being employed in the ECRP project, see UNDP Lessons Learned Study: Yemen Emergency Crisis Response Project (ECRP) (S. Demetriou) (2019).


36 UNDP SPCRP Project Review Meeting (UNDP-EU), 23rd October 2019; UNDP SPCRP Board Meeting, 17th December 2019.

37 See also EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, 2020).


39 Ibid.


41 The C4W activities indirectly reduced the accumulation of garbage in IDP camps and targeted communities, which caused disease outbreaks including cholera, dengue fever and malaria that required receiving proper health services: EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, 2020).

42 Essentially taken from EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020).


45 EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020).

46 The third SPCRP annual progress report (UNDP Project document (Republic of Yemen): Social Protection for Community Resilience in Yemen Project (SPCRP) (2017); UNDP Third Annual Progress report, 1 July 2019 – 30 June 2020: Social Protection for Community Resilience in Yemen Project (SPCRP) (2020)) 7 indicates a higher figure, i.e. 81% (USD 21,577,081 of USD 26,618,134) – however, the latter amount does not take into account the 5% contingency amount, hence the higher figure.

47 A higher figure of 86% is quoted in the third SPCRP annual progress report (p.15).

48 A figure of 77% is indicated in the third SPCRP annual progress report (p.18).
49 The third SPCRP annual progress report indicates a figure of 52.7% (p 20).

50 EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020).


55 OCHA & others 2018 Yemen Multi-Cluster Location Assessment (2019).


Lessons Learned Report: Social Protection for Community Resilience Project


70 The second Annual Progress Report identifies the following range of activities under this Result Area: Involving young people

- Children/women clubs (friendly spaces)
- Capacity building entailing training of community promoters, community health staff and education personnel.
- School-based activities.


75 The SPCRP First Annual Progress reports remarks: "It was agreed to rebrand the sub-projects from psychosocial support to 'community-based response activities,' focusing on enhancing community resilience during conflicts. This facilitated the communication with the authorities without compromising the initially planned approach and intended results on psychosocial support agreed with EU and SFD. 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 normalise daily life." See UNDP First Annual Progress Report, July 2017 – June 2018 Social Protection for Community Resilience in Yemen Project (SPCRP) (2018) 14.

76 See https://blogs.worldbank.org/arabvoices/support-community-initiatives-builds-resilience-yemen: "Tamkeen is a longstanding programme for development planning. It encourages social and economic resilience in the face of conflict by assessing a community's resources – its skills, public facilities, financial resources, and building materials – and ensuring that local participation in any new infrastructure projects includes women, internally-displaced persons, and other marginalised groups. The programme places conflict-created distrust to one side, empowers the poorest communities, and strengthens social cohesion."
77 See also UNDP Social Protection for Community Resilience in Yemen Project (SPCRP): Annual Progress Report 01 July 2019 – 30 June 2020 (Third Annual Progress Report) 18-19. More recent, updated information provided by the SFD indicates that by December 2020, 8 District Development Plans have been developed/updated; 8 Damage assessments have been conducted; and 8 Citizenship monitoring systems are in place.


79 As noted in a document entitled SFD Feedback (December 2019), prepared on request for this Report, the SFD noted: "The VCCs mandate include: community representation; leading a participatory community resilience planning process; raising awareness of citizens development rights; leading self-help initiatives implementation, ensuring equitable development outcomes under the Tamkeen Program; supervising the sub-committees, ensuring inclusion and participation in decision-making of the poorer and more vulnerable people within all development and aid activities; leading the participatory community empowerment process; maintaining bank accounts on behalf of the communities and the development funds for the communities coordinated through them via the SFD funds and other agencies; managing and reporting on Tamkeen funded subprojects/initiatives and supporting other development and humanitarian interventions in their communities."

80 The First Annual Progress Report notes, in respect of the training of VCCs: "As part of this activity, a communication network was established among VCC members via digital communication (Whatsapp) that includes the community facilitators, the project officer from the SFD and local authority representative. This is meant to encourage active participation of all VCCs, facilitate communication, exchanging of ideas, getting technical advice, share picture and success stories from the self-help initiatives. Having the LA's involved and participation in this communication ensures that the VCC's voice is heard. It is also used as a means of communication with the SFD in which the members can register their complaints on the project implementation to the SFD. See UNDP First Annual Progress Report, July 2017 – June 2018 Social Protection for Community Resilience in Yemen Project (SPCRP) (2018) 18.

81 Ibid, 22.


85 SFD SFD Feedback (December 2019).

86 Ibid.

88 The EU ROM report notes: "... the intervention had been designed and is implemented in coordination with the recognised government and with the de facto authorities in the north and the south, with the respective consultation and coordination having reached its peak at the time of the start of the implementation stage. The fact that the UNDP is the Lead IP, has ensured that any required coordination with other donors (e.g. UNICEF, WHO et al) would be in place, while the SFD has ensured the contacts and coordination with and between conflicting parties and authorities that are hostile with each other. This framework has ensured that the intervention is in line with the needs of the target groups triggered by the ongoing crisis in Yemen, which called for scaled-up support to address the immediate needs, especially enhancing social protection to populations at risk, as well as to ensure that the local and national level administrative systems have the capacities and mechanisms to maintain the foundation for future reconstruction and recovery." See EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020) 6.

89 Ibid 5.

90 Ibid.

91 Ibid 6.


93 EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020) 2.


95 UNDP Strategic Solutions (2018).


98 To similar effect, see UNDP Lessons Learned Study: Yemen Emergency Crisis Response Project (ECRP) (S. Demetriou) (2019) 40-43.


100 Ibid, 43.


104 The EU ROM Report submits: "Furthermore, small scale projects supported under RA4 include support to the local district to add a mother and childcare unit to a health centre. In total, 2,928 women were targeted under the C4W activities which provided them with short term income to support their livelihoods, and 1,603 women were trained on the identification of trauma under the health and educational sector activities. The intervention employed 531 women to provide community-based activities that aim at reducing stress produced by conflict, which served more than 60,000 women in those communities. Another 155 women were employed to support the establishment of women-led VCCs in order to increase women's participation and decision making within the communities. This resulted in the participation of 844 women in the established VCCs, representing about 50% of the total members. All intervention activities encourage gender sensitivity in its implementation; for instance, during the psychosocial workshops targeting the communities, special attention was given to ensure women's effective participation and raising their awareness during the sessions, while also women beneficiaries are considered seriously in the intervention's monitoring and evaluation system, through ensuring maximum level of disaggregation of the indicators at all levels of the intervention logic." See EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020) 11.

105 Ibid.

106 Ibid.


110 "The Responsible Party is defined as an entity that has been selected on the basis of its comparative advantage to deliver outputs on the basis of a written Letter of Agreement (LoA) with UNDP. The Responsible Party is directly accountable to UNDP in accordance with the terms of the LoA. With regard to the Responsible Party, as mentioned in the Financial/Fiduciary Risk Management Section above, UNDP uses a partner-based risk management approach in line with the UN Harmonised Approach Cash Transfers policy."


113 EU Social protection for community resilience in Yemen (Draft Results-oriented Monitoring Mission (ROM) Report, July 2020).
114 Ibid.

115 Ibid.

116 The report presented at the Project Review Meeting (23 October 2019) indicated the following objectives of the Plan: highlighting partnership and project impact; knowledge sharing; and regional and international outreach – see UNDP SPCRP Project Review Meeting (UNDP-EU), 23rd October 2019.


