

*UNFPA Yemen
Humanitarian Response
Funding Proposal*



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Proposal summary

Project title	Safeguarding women's health and protection in conflict-affected areas, while engaging young people in humanitarian interventions in Yemen
Overall objective	Prevent excessive maternal and neonatal mortality, and respond to gender-based violence among the most vulnerable populations affected by the humanitarian crisis in Yemen with focus on women and young people, particularly girls
Duration	2017-2019
Budget	2017: USD 18.6 million 2018: USD 16.2 million 2019: USD 13.7 million
Geographical coverage	Conflict-affected governorates in Yemen
Contact	Mr. Ezizgeldi Hellenov, UNFPA Deputy Representative to Yemen (khellenov@unfpa.org)
Annexes	<ol style="list-style-type: none"> 1) Content of Female Dignity Kit 2) UNFPA Emergency Reproductive Health Kits 3) UNFPA Coordination Responsibilities in Humanitarian Response in Yemen 4) UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies 5) Three Years Action Plan for Reproductive Health Supply Chain Management in Yemen 6) Performance Measurement Framework (PMF)

Background and context

People in need ¹	18.8 million
People in acute need	10.3 million
Targeted for assistance ²	12.1 million
IDPs	2.0 million
People lacking access to basic health care	14.8 million
People in need of protection including from GBV ³	11.3 million
Number of governorates affected	21 of 22

The situation in Yemen has strongly deteriorated after the escalation of violence and conflict in the country since March 2015. The conflict has significantly spread, affecting almost all of Yemen's 22 governorates. Figures of internally displaced people (IDPs) are at 2.2 million. As of November 2016, 18.8 million people were estimated to require some form of humanitarian or protection assistance, including 10.3 million who are in acute need. It is estimated that 14.8 million of the population are in need of health assistance, including access to reproductive health services. Medical supplies are in chronic shortage with only 45 per cent of health facilities functioning and only 35 per cent of these providing maternal and new-born services. As of October 2016, at least 274 health facilities had been damaged or destroyed in the conflict, 13 health workers had been killed and 31 injured.

People living in conflict-affected areas, especially women, are suffering from a lack of access to health services including life-saving emergency obstetric care services. This is caused by destruction of health facilities, the lack of supplies and the fact that many health workers have fled to safer places.

An estimated 11.3 million people are in need of protection including prevention and response to gender-based violence (GBV). However, the severity of needs varies greatly, as outlined in the 2017 Humanitarian Needs Overview⁴.

The UN declared a Level 3 (L3) humanitarian emergency for Yemen on 1 July 2015. The latest extension was in August 2016. The L3 status will be reviewed again in February 2017 by the Inter-Agency Standing Committee (ISAC).

In times of upheaval, pregnancy-related deaths and gender-based violence increase. Pregnant women affected by the crisis require maternal health services, including antenatal care, safe delivery services, post-partum care, and, for those who experience complications, emergency obstetric care services. Many women lose access to essential reproductive health services and give birth in poor conditions without access to safe delivery services and lifesaving care.

Generally in crisis, it is estimated that 25 percent of IDPs are women at reproductive age, four percent are pregnant women and even about to deliver. Limited or no access to basic services, be it antenatal care services or safe delivery, contributes to increased morbidity and mortality of both women and new-borns. Humanitarian interventions address such gaps with basic lifesaving services for the most vulnerable groups. Estimates based on the UNFPA Minimum Initial Service Package (MISP) for RH in

¹ Yemen 2017 Humanitarian Needs Overview, OCHA.

² Yemen 2017 Humanitarian Response Plan

³ Yemen 2017 Humanitarian Needs Overview, OCHA.

⁴ Yemen 2017 Humanitarian Needs Overview, OCHA.

emergency, suggest that approximately 264,000 pregnant women will face significantly greater difficulty in accessing antenatal and emergency obstetric care and nearly 52,800 pregnant women will face dramatically increased risks of death during childbirth in the next nine months. Another challenge is related to low community awareness to utilize the limited available services.

Preserving or restoring access to family planning services and supplies is especially important when health services have been damaged or destroyed. Neglecting family planning deprives 899,000 women who are using modern contraceptives and can have serious consequences, including unwanted pregnancies in unstable conditions and dangerous pregnancies that can threaten the life of the mother as well as the child.

The low status of women and girls in Yemen remains an issue and discrimination is embedded in social, cultural and legal practices. Women are subjected to different forms of violence including intimate partner violence, sexual violence, early marriage, forced marriage, deprivation of freedom of movement and of choice, forced pregnancy and FGM. Perpetrators are most frequently partners or other family members including guardians. Fourteen percent of girls in Yemen are married before the age of 15 and 52 percent before 18 years of age. In some rural areas girls as young as eight are married. The crisis has resulted in massive displacement and exacerbated the existing structural vulnerabilities of women and girls. The conflict-related sexual violence such as forced marriage, rape and sexual slavery by armed actors has been documented in the Secretary General's Report on Conflict Related Sexual Violence. Sexual violence occurring when walking long distances to collect water and firewood is a significant problem. Although sexual violence is mainly targeting women and girls, it also perpetrated against men and boys within the community.

In times of crisis, women and girls become more vulnerable to gender-based violence and exploitation as families and communities become dispersed and chaotic conditions contribute to a sense of lawlessness. Protection for women and girls from gender-based violence and other threats become critical.

By the end of December 2016, over 10,806 GBV cases had been reported for the year. Uneven reporting rates have been experienced particularly in the immediate post-crisis period.

Addressing the basic security concerns for women and girls will help to mitigate the risks related to GBV in conflict-affected zones. One of the "quick-win" approaches is provision of dignity kits to vulnerable women and girls including Abayas; as evidenced through experience, this reduces the risk of GBV.

In line with the strategic objectives of the 2017 Yemen Humanitarian Response Plan, UNFPA will assist Yemeni women and girls enhance their resilience, and that of their families, to cope with displacement within Yemen and help them on their journey towards normalcy.

Reproductive health indicators

Indicator		Estimated number ⁵
1	Number of women of reproductive age	2,200,000
2	Number of women of reproductive age who use modern contraceptives	660,000
3	Live births per year	352,000
4	Number of currently pregnant women (excluding the additional 15% of pregnancies that will end in miscarriage)	264,000
5	Number of pregnancies that end in miscarriage or unsafe abortion in the next 9 months (estimated as an additional percentage of live births)	52,800
6	Number of currently pregnant women who will experience complications in the next 9 months	39,600
7	Number of deliveries requiring a C-section in the next 9 months (max)	39,600
8	Number of maternal deaths averted in the next 9 months if MISP is fully implemented and all pregnant women have access to EmOC services	552
9	Number of cases of sexual violence, including rape (percent of women of reproductive age at risk of rape)	52,285

UNFPA response

UNFPA Yemen's response to the ongoing humanitarian crisis in Yemen responds to needs of women and young girls to reproductive health services, and to protection against gender-based violence, while engaging young people.

UNFPA will focus on provision of reproductive health services, GBV prevention and response services and address the needs of young people, focusing on Al Hudaydah, Al Jawf, Al Mahwit, Amran, Hajjah, Marib and Sa'ada in the north; Al Bayda, Ibb, Sana'a and Taizz in the central region; and Abyan, Aden, Al Dhale'e, Hadramaut, Lahj, and Shabwah in the south. UNFPA will consider including additional governorates in its response as the situation evolves in terms of needs and security.

These interventions are part of the Yemen Humanitarian Response Plan (YHRP) under two clusters; health and protection. The interventions complement and are coordinated with the work of other agencies under the YHRP and the respective clusters⁶.

In addition, UNFPA has been assigned the responsibility to lead coordination in reproductive health and gender-based violence under the IASC cluster system in Yemen.

Project objectives

The project aims to respond to needs in the targeted conflict-affected governorates through two main components – women health and women protection – under the following objectives:

1. Strengthening health systems to provide emergency obstetric and neonatal care and other integrated reproductive health services to reduce maternity mortality and morbidity.

⁵ UNFPA MISP calculator January 2017, based on targeted population of 8.8 million.

⁶ The humanitarian needs indicated in this project have been clearly articulated in the MIRAs and other assessments..

2. Strengthening mechanisms that prevent violence against women and provide protection services to survivors of gender-based violence focusing on women and young girls, while ensuring specialized GBV services are accessible and women and girls' vulnerability to GBV is reduced.
3. Strengthening the enabling environment by generating evidence-based data for emergency planning, communicating with communities and engaging of young people in the humanitarian response.

Women health component

This component focuses on strengthening the health system in order to reduce morbidity and mortality rates among women at childbearing age.

Key activities:

- **Provide emergency RH kits and life-saving emergency obstetric care medicines and equipment to health facilities providing basic and comprehensive emergency obstetric and neonatal care services**

UNFPA will supply health facilities providing basic emergency obstetric and neonatal care services and those providing comprehensive emergency obstetric and neonatal care services with reproductive health kits that contain necessary equipment, supplies and commodities (including Caesarean sections equipment and blood transfusion sets). Primary health care centres providing prenatal, postnatal care and family planning services will be provided with reproductive health supplies. UNFPA will also provide clean delivery kits directly to pregnant women, which has proved to be a good tool to encourage pregnant women to use prenatal services. The procurement of RH kits will take place internationally and will be distributed through implementing partners of the UNFPA humanitarian programme as well as RH IAWG members; the kits will target health facilities and mobile teams in the affected governorates. Lifesaving medicines will be procured as needed and distributed to hospitals which have run out of supplies necessary to manage the complicated deliveries (antibiotics, IV fluids, magnesium sulphate, oxytocin, and hydralazine, etc.). Hospital maternity units, providing comprehensive obstetric and neonatal care services, will be equipped with solar panel units to ensure availability of regular power supply for maintenance of the cold chain for essential medicines and medical interventions including Caesarean sections.

- **Improve capacities of health providers in MISPP for RH**

To increase the efficiency of health professionals and effectiveness of the emergency RH kits training will be supported for doctors and midwives in the application of the Minimum Initial Service Package on RH, which includes modules on the usage and administration of emergency RH kits and commodities in emergencies.

- **Operating mobile medical teams and clinics to provide reproductive health services in remote conflict-affected areas**

The operation of mobile teams will be supported. The teams, composed of one doctor, one midwife and one lab technician, will be deployed to remote areas using the existing fixed health facilities to provide reproductive health services including referral of complicated deliveries. The mobile teams will be provided with emergency RH kits. In addition, vehicles will be provided for operation of mobile

clinics in areas where health facilities have been destroyed due the armed conflict. The vehicles will be equipped with the necessary equipment including a ultrasound and a laboratory. The mobile clinics will be conducted by a trained obstetrician, a skilled midwives as well as a lab technician to provide reproductive health and basic emergency obstetric care services including normal deliveries. The mobile teams and clinics will provide counselling for couples on RH/FP as well as community awareness on the available RH services in the respective targeted areas. Mobile medical teams aim to play a key role in raising the awareness of the population to better utilize available medical services. These mobile clinics will be operated in the field in a coordinated way within the health cluster and RH IAWG to ensure provision of a comprehensive integrated package of services and to avoid duplication. The UN agencies in Yemen are currently adapting a common approach for operating mobile clinics to ensure that mobile clinics are providing integrated primary health care services including reproductive health services.

- **Support referral between fixed health units and mobile clinics and hospitals offering comprehensive obstetric and neonatal care services**

Ambulances will be procured to transfer complicated deliveries to hospitals offering comprehensive obstetric and neonatal care services 24/7.

- **Provide contraceptives to health facilities and mobile clinics**

During displacement and emergency, unintended and/or unwanted pregnancies may present a great burden on a woman and may expose her life to the risk of pregnancy complications and even death. This situation is worsened in Yemen due to the weak health system and absence of accessible and affordable emergency obstetric and neonatal care services especially in remote areas. Provision of voluntary family planning services can contribute significantly to reduce maternal mortality and to improve the coping ability of the family during crisis. UNFPA will provide family planning commodities to prevent stock outs of the national family planning programme.

- **Support establishment of RH IMS during emergencies**

UNFPA will support the establishment of Reproductive Health Information Management System (RH IMS). RH IMS will assist in the management and planning of the national family planning and reproductive health programme. RH IMS will provide information on the number of beneficiaries reached disaggregated by gender and age; it will assess impact in real time; identify geographical gaps in the programme; and estimate needs at the national, governorate and districts level. RH IMS information will be used in designing the services and responding to needs. This information will be crucial for the Ministry of Public Health and information as well as the Inter-Agency Working Group on RH under the ongoing humanitarian coordination.

- **Support re-establishment of RH Supply Chain Management**

UNFPA will support the re-establishment of the Yemen supply chain management system for reproductive health commodities within the current humanitarian context and beyond. For this, in 2016 UNFPA has undertaken a special needs assessment and developed a costed strategic action plan for the re-establishment of supply chain management (detailed in Annex 5). UNFPA will align its support for the implementation of this action plan.

- **Support development of national RH Strategy 2017-2021**

The most recent national Reproductive Health Strategy was of the duration 2011-2015. UNFPA jointly with WHO and UNICEF is supporting the Ministry of Public Health and Population to develop a National Reproductive Health Strategy for the period 2017-2021 and a five-year action Plan for its implementation, taking into account the implementation status and achievements of the previous strategy and the current situation in the country. The new strategy has dedicated chapters on reproductive health in emergency, reproductive health commodity security and obstetric fistula, among others. A large part of the strategy development process was completed in 2016. Further support is required for its implementation.

- 1. Quick-win to the scaling up of needed human resources for the service provision at the community level**

Midwives are at the centre of all maternal health related interventions and programmes, in terms of service delivery and interaction with the community. This is why Yemen's national Reproductive Health Strategy considered the community midwife framework within the continuum of care concept. The supporting the unemployed midwives to establish private midwifery clinics⁷ will help quickly to fill the gap in the provision of timely support during home deliveries within the current humanitarian context. This also means there is no addition need to train more community midwives with the special 3-year training curriculum. Thus, this approach makes this interventions more cost effective. Moreover, it will be helpful in shifting gradually from home-based to facility-based deliveries during the recovery phase.

In particular, community midwives will undertake basic antenatal care, detection of danger signs of pregnancy and delivery and referring these cases to health facilities, support home-deliveries without complications and provide seven signals of basic emergency obstetric and neonatal care (BEmONC) in case of complicated deliveries before the transportation of pregnant women to the referral health facility.

Women protection component

This component focuses on enhancing comprehensive response to the survivors of gender-based violence though building capacity of implementing partners to handle the survivors and provide proper clothing and hygiene materials through distributing dignity kits, as well as health services and legal assistance.

Key activities:

- **Provide emergency GBV kits and supplies**

Medical supplies (medicines and equipment) including post-rape treatment kits will be procured and distributed to selected health government and NGO facilities to be used for GBV survivors in the clinical management of rape and treatment of sexually transmitted infections. Since some kits are used in both RH and GBV, the kits are managed together under the Women's Health component.

⁷ UNFPA supported the establishment of 118 clinics since 2012.

- **Provide dignity kits to most vulnerable conflict-affected women and girls**

Providing dignity kits during emergency is one of the 18 minimum standards for prevention and response to GBV in emergencies identified by UNFPA:

“Standard 9: Culturally relevant dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services.”⁸

In times of crisis, women and girls need basic items in order to interact comfortably in public and maintain their personal hygiene, particularly menstrual hygiene. Without access to culturally appropriate clothing and hygiene items, the mobility of women and girls is restricted and their health is compromised. Furthermore, without certain items women may be unable to seek basic services, including humanitarian aid, which may increase their vulnerability to GBV. Dignity kits typically contain standard hygiene items such as sanitary napkins, hand soap, toothbrushes, toothpaste and underwear, as well as information on available GBV services, including where and how to access those services.

In Yemen, the contents of dignity kits has been customized to meet the immediate hygiene needs of affected populations and to facilitate women’s mobility, particularly by adding Yemen women Abaya dress. The Abaya is very important as it decreases the risk of women exposure to sexual harassment. Abayas will be distributed particularly to women who have lost their houses and personal belongings after bombings. Production of information materials about the dignity kits as well as education materials about GBV for recipients of kits will be produced and distributed with the kits.

- **Support engagement of men and boys**

UNFPA will provide male dignity kits as an entry point to encourage men (partners) and boys’ engagement in combating GBV and support project interventions. Men and boys will be targeted in awareness sessions conducted in connection with mobile RH teams and clinics and distribution of dignity kits.⁹

- ***Comprehensive and specialised GBV services and support structures are available and functioning.***

UNFPA will support identification of GBV survivors, establish functioning referral pathways and assist local service providers in its adoption. A capacity-building plan for service providers will be prepared and implemented (training, supplies and equipment), while supporting the scaling up of multi-sectoral GBV service provision. The most vulnerable survivors will have access to cash assistance primarily to facilitate access to life-saving services (e.g. to cover travel cost to service provider, access safe house or a shelter, food or child care). In addition, GBV shelters already established in four governorates will be supported.

- ***GBV survivors and at risk women and girls to have improved capacities and safe access to resources, support services and livelihoods opportunities.***

UNFPA will implement the springboard programme developed in collaboration with the British Council. It aims to benefit survivors of GBV and women and girls at risk by rebuilding their inner strengths and supporting the fulfilment of their aspirations. Together with the targeted women,

⁸ Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA, November 2015.

⁹ These costs are an integral part of the activity on community awareness.

trainers will conduct participatory mapping of protection risks to economic participation and brainstorm on their business aspirations to assess needs in terms of vocational training, skills development and start-up assistance. Trainers will then conduct skills building and vocational training courses. Upon the successful completion of training, each trainee will be encouraged to develop and present a business idea. If assessed appropriate by the trainers mobilised by the British Council, the programme will support the financing of such ideas through the delivery of cash assistance. While applying what she has learned during the course to her life and her business, every trainee will avail the services of a coach or a mentor to resort to advice and support for two years after the training. She will also avail of a support network that the trainer will help establish among course participants. The network will increase every trainee's social capital and help her break free from the isolation that has engulfed her through violence. The network will keep encouraging her in sustaining the changes she has made to her life and in succeeding as a fulfilled person and a businesswoman.

- ***Awareness-raising and community mobilization identify key risks and address negative norms, attitudes and practices that perpetuate the social acceptance of GBV***

Awareness sessions for the affected communities in the targeted areas will be conducted during distribution of dignity kits. This will be informed by the GBV vulnerability and security risk assessment, including safety audits and risk mappings, conducted within targeted communities. These exercises will help to develop and implement a community engagement and outreach strategy on GBV prevention. It will involve the preparation and distribution of information, education and communication (IEC) materials including information on the hotline that will be available to communities to report GBV cases and seek help. In quarterly community outreach events, key messages will be delivered on the life-saving nature of GBV services. These will be complemented by focus group discussions on men's role in GBV prevention. In addition, support will be provided to communities to develop protection mechanisms and community based strategies for GBV prevention, including the identification of high-risk hotspots. Awareness raising sessions through religious leaders and mobile theatre plays will help in this. Engaging media actors and platforms on promoting GBV prevention will be important approaches in the delivery of this activity.

- ***Humanitarian actors mainstream GBV in their sectoral strategies and adaptation of GBV standard operating procedures by government***

This will require working at two levels. One, at the government level. Multi-sectoral GBV assessments and situation analysis will be conducted, and GBV coordination mechanisms in Aden, Al Hudaydah, Sa'ada and Ibb established (most required locations). On the other hand, the Inter-Agency Standing Committee (ISAC) guidelines on GBV prevention and response in Yemen will be rolled-out and support provided to develop sector-specific action plans including risk mitigations strategies across the Yemen humanitarian response. Enhancing the GBV-information Management System (GBVIMS) will be part of this delivery along with the development of an inter-cluster GBV monitoring and evaluation framework. Moreover, national standard operating procedures on GBV prevention and response will be drafted and a protocol on clinical management of rape will be developed and its adaptation supported.

Youth Engagement Component

This component aims to speak to the realities of the youth in Yemen and adopt innovative ways to address and engage them. A quick analysis of the conflict drivers in Yemen would indicate that youth, despite being potential agents of peace, are polarized to either group that is party to the conflict; this

is exacerbated by current socio-economic realities with lack of employment and other lucrative opportunities for young people.

Detailed project proposals will be provided for each component at the interest of the donor.

Key activities:

- **Rolling out ‘Compact for Young People in Humanitarian Action’**

The ‘Compact for Young People in Humanitarian Action’ recognizes the humanitarian responsibility to enable and protect the rights, address the specific needs and build on the strengths of all young people. It aims at creating an enabling environment so that young people are engaged in humanitarian response efforts.

The first component of the project would inform UN agencies in Yemen of key strategic and programming considerations for supporting young people’s participation in humanitarian responses. Specifically:

- Advance the understanding of inter-connected policy and programme considerations for more holistic support to youth in humanitarian actions and interventions.
- Offer a roadmap to enhance the effectiveness of policies and funding strategies of agencies supporting humanitarian interventions.

The second component will build young people’s skills, and provide resources to prevent, prepare for, respond to and recover from humanitarian situations.

- **Y-PEER: Empowering young people to empower each other**

The Y-PEER youth peer education is a network of organizations and institutions, working in the field of community service, as well as sexual and reproductive health. The network adopts peer-to-peer education using alternative methods of education (such as theatre-based techniques, role games, simulations, etc.). UNFPA continues to support the network through capacity building programmes and funds to conduct their activities.

- **Engagement and economic empowerment**

While many young people lack access to economic opportunities, militant groups offer them access to resources, influence and a sense of belonging. Without proper attention to youth’s aspirations, they raise the vulnerability in stimulating the continuation of the conflict. Therefore, this project aims at addressing young people’s need not only in economic terms but also socially through systematic approach that builds their skills and knowledge for positive development.

The project is divided into two phases:

Phase 1: Establishment of a youth incubator¹⁰ and completion of skills building training for youth

Phase 2: Grants scheme and setting up for community service oriented enterprise for trained youth

The goal is to leverage the potential of Youth as agents of peace, bringing about social stabilization through skills building, civic engagement and greater economic reliance mitigating possible radicalization.

¹⁰ Youth incubator is a start-up platform for young people who are passionate about creating a business and growing as entrepreneurial leaders.

- **Youth peace and security**

In December 2015, the importance of engaging youth in shaping lasting peace was recognized by the UN Security Council in a ground-breaking resolution 2250 on Youth, Peace and Security.

This project aims to contribute directly to all five pillars of this resolution, and bring about social stabilization through youth engagement, while laying the foundation for wider interventions on youth in peacebuilding.

- **Awareness raising**

Youth are among the often the most affected by the multiple and sometimes interlinked forms of violence bearing enormous and long-lasting human, social and economic costs. To address this and help young people in Yemen to cope better with the current humanitarian crisis, UNFPA will work to raise their awareness using the opportunity of the following UN Days:

- UN Youth Day
- International Volunteer Day
- UN Aids Day
- International Day for the Elimination of Violence Against Women
- 10 Days of Activism
- The International Day for Preventing the Exploitation of the Environment in War and Armed Conflict

Data in Humanitarian settings

UNFPA is committed to providing reliable population data for disaster preparedness, in the development of humanitarian response frameworks, transition and recovery plans.

Acquiring reliable spatially defined demographic and socio-economic data, disaggregated sex, and age, is essential for effective humanitarian response and national reconstruction. Moreover, reliable and disaggregated data helps highlight the specific and differential impact of a crisis on the most vulnerable groups in the community.

UNFPA jointly with Central Statistical Organization (CSO) is working on the prioritization of programme interventions in order to strengthen data collection, analysis and dissemination. For this UNFPA guidelines on Data Issues in Humanitarian Crisis Situations and CSO's emergency workplan for 2017-2018 will be utilized along with 2017 HNO and 2017 YHPR. Upon finalization of this process this sub-section along with the estimated budget will be updated.

Communicating with Communities

In times of humanitarian crisis, people need accurate information on where they can seek humanitarian assistance. This is more critical in the area of reproductive health and gender-based violence, where among a vast majority of Yemenis their understanding on reproductive health and gender-based violence is guided by misconceptions, myths and cultural taboos that often prevent people, particularly women and girls from seeking help and services.

Having an effective Communicating with Communities (CwC) approach supplements the reproductive health and gender-based violence response, by enabling communities' access to accurate, relevant, useful and useable information they can make informed decisions and reduce risk and vulnerabilities.

In addition, as CwC involves a two-way process it would facilitate dialogue, in understanding beneficiary needs, challenges in seeking assistance and their misconceptions, thereby allowing to

create a better and more accountable response.

The international Communication Specialist and national communication analyst will lead this component.

Detailed project proposals will be provided for each component at the interest of the donor.

Key activities:

- **Media campaign to improve people's understanding and access to reproductive health and gender-based violence services**

Given the high level of illiteracy among women and girls, suitable mediums of communication such as radio (widest reach to communities), television and mobile will be used to carry out a country wide media campaign providing accurate information on reproductive health and GBV and the services available. This will be supplemented by theatre drama in remote and hard to reach areas. This will also promote already existing information and services such as the GBV hotline and awareness raising sessions being carried out.

- **Engaging key information gatekeepers within communities**

An assessment on key gatekeepers who carry information to communities will be conducted. Based on this a series of trainings for gatekeepers, which includes local media, will be conducted. Communication materials, key messages on reproductive health and gender-based violence to support information sharing will be produced and disseminated. This would play a key role in helping to alleviate myths and misconceptions in the areas of reproductive health and gender-based violence.

- **Developing a systematic two-way communication channel among beneficiaries:**

Beneficiary and information gatekeeper feedback channels will be established. This will include, administered questionnaires and informal meeting spaces with beneficiaries. This would help to address their needs and challenges better and continuously update the CwC approaches and improve the flow of information.

UNFPA Role in Humanitarian Coordination

UNFPA is a full member of the global and national humanitarian system, through the IASC and the Humanitarian Country Team. In Yemen, UNFPA has been assigned the responsibility to lead coordination in reproductive health and gender-based violence under the IASC cluster system. Please refer to Annex 3 for more details.

Key activities:

- **Support humanitarian coordination in RH**

UNFPA chairs the Reproductive Health Working Group, also referred to as the Inter-Agency Working Group on Reproductive Health (RHIWAG). Members include government bodies, national NGOs, international NGOs and UN agencies. Support will be provided to the existing RH coordination mechanism, the Reproductive Health Working Group, under the Health Cluster to ensure that interventions among all partners are well interlinked and implemented according to plan and any gaps addressed. An international RH Coordinator will support and lead RH coordination at the national level as well as coordinate, manage and monitor the UNFPA programme. National Programme Coordinators, based in each UN hub will support RH coordination at the sub-national level. These staff

will also have an important role in carrying out programme coordination and monitoring as well as support programme implementation.

- **Support humanitarian coordination in GBV**

UNFPA Yemen chairs the IASC Sub-cluster on GBV, under the Protection Cluster. Members include government bodies, national NGOs, international NGOs and UN agencies. Through its partners, UNFPA supports GBV coordination at sub-national level in the North and the South.

Support will be provided to the existing coordination mechanism to ensure that interventions are well interlinked on the ground and implemented according the sub-cluster plan and any gaps are identified. Coordination meetings will take place at regional level in the North and the South as well as in the centre. These meetings will enable reporting of GBV issues and cases and in developing actions to respond to those issues and cases. In order to ensure that GBV Sub-cluster members are aware of their roles in addressing the GBV, UNFPA will organize training on the revised IASC guidelines.

An international GBV Coordinator together with a national Gender Programme Analyst will lead GBV coordination at the national level as well as coordinate, manage and monitor the UNFPA programme. National Programme Coordinators, based in each UN hubs, will support GBV coordination at the sub-national level. These staff will also play an important role in programme coordination, monitoring as and programme implementation. In the South, due to the particular nature of the crisis, UNFPA will place an international Programme Coordinator, who will contribute to GBV coordination leadership and programme oversight.

Geographical coverage

	Governorate	Conflict-affected	UNFPA support
1	Abyan	Yes	Yes
2	Aden	Yes	Yes
3	Al Bayda	Yes	Yes
4	Al Dhale'e	Yes	Yes
5	Al Hudaydah	Yes	Yes
6	Al Jawf	Yes	Yes
7	Al Maharah	Yes	No
8	Al Mahwit	Yes	Yes
9	Amanat Al Asimah (Capital City)	Yes	Yes
10	Amran	Yes	Yes
11	Dhamar	Yes	No
12	Hadramaut	Yes	Yes
13	Hajjah	Yes	Yes
14	Ibb	Yes	Yes
15	Lahj	Yes	Yes
16	Marib	Yes	Yes
17	Raymah	Yes	Yes
18	Sa'ada	Yes	Yes
19	Sana'a	Yes	Yes
20	Shabwah	Yes	Yes

21	Socotra	No	No
22	Taizz	Yes	Yes

Implementation arrangements and partnerships

The project will be implemented by UNFPA and its implementing partners:

- Ministry of Public Health and Population
- INTERSOS
- Yemen Family Care Association
- Yemeni Women Union
- British Council
- International Rescue Committee

Emergency RH kits and dignity kits will be distributed through UNFPA's own implementing partners as well as partners within the humanitarian coordination clusters. For this purpose, UNFPA will use its contracted logistic company and warehouses of implementing partners.

Monitoring, audit and reporting

Due to the difficult security situation in Yemen, UNFPA will rely on key partners to monitor the implementation of the UNFPA supported interventions. In addition, UNFPA is part of UN initiatives on remote and third party monitoring. UNFPA is contributing to the recently established Yemen Humanitarian Access Monitoring and Reporting Framework.

UNFPA will seek to do on-site spot checks as permitted by the security situation in different parts of the country. To ensure timely and adequate monitoring and reporting, the UNFPA Monitoring and Evaluation Analyst will be closely involved.

An international audit firm has been globally contracted by UNFPA to conduct annual audits of implementing partners that receive more than USD 100,000 from UNFPA or those at high risk.

According to UNFPA policies and procedures, UNFPA Yemen will prepare an annual narrative report. A certified financial statement will be submitted to the donor by UNFPA headquarters.

UNFPA programme and operations support

UNFPA will have capacity to provide programme and operations support at national level as well as at subnational level in the South and in the North.

At the sub-national level, from 2016, UNFPA will participate in regional hubs with common services including security to be established by the UN – in Aden in the South and Sa'ada in the North. Due to the prevailing security situation in the country, the timeline for establishing the UN regional hubs may be met with challenges and delays. UNFPA will have two national officers in each of the two hubs – for RH and GBV. In the South, due to the particular circumstances in Yemen, UNFPA will place an International Programme Coordinator.

At the national level, UNFPA will have international coordinators for RH and for GBV, to provide technical direction and management to the UNFPA programme as well as lead the coordination with

partners including in the context of IASC coordination, where UNFPA has lead roles in both RH and GBV.

Programme management and implementation is further supported by a UNFPA team consisting of national programme officers for RH, GBV and humanitarian response and support staff. An international Communication Specialist will provide support to communication, advocacy and donor relations. Other UNFPA staff will provide part-time support to the programme. Due to the situation in Yemen there are staff-related security costs.

Safety and security

Due to current security situation in the country, UNFPA programme has focused on life-saving activities based on a Programme Criticality Assessment conducted by the UN Country Team and the UN Department of Safety and Security. Safety and security is mainstreamed in all programming processes in line with the risk acceptance modality of UN Security Management System. An international Security Specialist will support all aspects of safety and security of UNFPA programme, operations, premises and staff, supported by a national Security Associate.

To ensure safety and good storage conditions of the commodities procured by UNFPA, UNFPA has contracted a specialized logistic company to do the custom clearance, warehousing and distribution. Moreover, UNFPA has put all commodities at the company's warehouse under a comprehensive insurance package that includes damages caused by bombing during armed conflict.

Project visibility

UNFPA will produce materials that will be used for project visibility such as posters and video documentary. An international Communications Specialist will provide support.

Donor funding arrangements

Contributions towards the above programme will be administered by UNFPA in accordance with UNFPA's Financial Regulations, Rules, policies and procedures. Contributions will be subject to a recovery for UNFPA's indirect costs in an amount of eight percent of the total expenses incurred from the Contribution. Contributions will be subject exclusively to the provisions on internal and external audit provided for in UNFPA's Financial Regulations, Rules, policies and procedures. Reporting to donors will be based on UNFPA guidelines and include periodic narrative progress reports prepared by the UNFPA Yemen country office and certified annual financial statements issued by an authorized official of UNFPA.

Budget

Estimated funding requirements in US dollars:

	Activity ¹¹	2017	2018	2019
A	Reproductive health			
1	Procurement of RH kits	750,000	500,000	250,000

¹¹ Staff costs are based on UNFPA standard staff cost estimator in addition to costs related to security and non-family duty stations.

2	Procurement of EmONC equipment		100,000	100,000	100,000
3	Procurement of EmONC medicine		2,000,000	2,000,000	2,000,000
4	Procurement of solar panels for hospitals	12	-	-	-
5	Training of health providers in MISP		50,000	50,000	50,000
6	Support mobile RH medical teams inc awareness		700,000	500,000	400,000
7	Procurement of vehicles for mobile RH clinics	13	-	-	-
8	Procurement of ambulances for hospital referral	14	-	-	-
9	Procurement of contraceptives		2,500,000	2,500,000	2,500,000
10	Support RH IMS in emergencies		100,000	100,000	100,000
11	Support RH Supply Chain Management		200,000	-	-
12	Support development of national RH Strategy		-	-	-
13	Scaling up of needed human resources for the service provision at the community level		283,261	283,261	283,261
14	Monitoring and audit		40,000	40,000	40,000
15	Communication and visibility		25,000	25,000	25,000
16	Reproductive health supply chain (Annex 5)		250,000	500,000	500,000
	Sub-total		6,998,261	6,598,261	6,248,261
B Coordination in Reproductive Health					
1	International RH Coordinator (P4)		295,026	298,813	302,462
2	National RH Coordinator, Aden (NOB)		87,165	88,785	90,438
3	National RH Coordinator, Al Hudaydah (NOB)		87,165	88,785	90,438
4	National RH Coordinator, Ibb (NOB)		87,165	88,785	90,438
5	National RH Coordinator, Sa'ada (NOB)		87,165	88,785	90,438
	Sub-total		643,686	653,953	664,214
C Gender-based violence					
1	Procurement of female dignity kits including abayas and scarfs	15	2,500,000	1,000,000	500,000
2	Procurement of male dignity kits		300,000	200,000	-
3	Support GBV services including community awareness		2,000,000	1,500,000	1,500,000
4	Support GBV survivors with livelihood activities		500,000	500,000	500,000
5	Capacity building for GBV service providers		200,000	200,000	150,000
6	Support GBV IMS		150,000	100,000	100,000
7	Monitoring and audit		40,000	40,000	40,000
8	Support communication and visibility		40,000	40,000	40,000
	Sub-total		5,730,000	3,580,000	2,830,000
D Coordination in GBV					
1	Support GBV coordination		400,000	400,000	400,000
2	Support training in IASC GBV guidelines		50,000	50,000	30,000
3	International GBV Coordinator (P4)		295,026	298,813	302,462
4	National GBV Coordinator, Sa'ada (NOB)		87,165	88,785	90,438
5	National GBV Coordinator, Aden (TA NOB)		84,246	85,808	87,401
6	National GBV Coordinator, Ibb (NOB)		84,246	85,808	87,401
7	National GBV Coordinator, Al-Hudaydah (NOB)		84,246	85,808	87,401
	Sub-total		1,084,929	1,095,022	1,085,103
E Youth Engagement					
1	Rolling out the 'Compact For Young People in Humanitarian Action'		50,000	75,000	50,000
2	Y-PEER networking and expansion		50,000	30,000	30,000
3	Engagement and economic empowerment		929,880	1,000,000	100,000
4	Youth, peace and security		500,000	800,000	500,000
5	Awareness raising		50,000	50,000	50,000
6	Youth Associate (GS6)		52,677	53,517	54,378

¹² An additional USD 100,000 could be utilized if funding available.

¹³ An additional USD 200,000 could be utilized if funding available.

¹⁴ An additional USD 250,000 could be utilized if funding available.

¹⁵ An additional USD 250,000 could be utilized if funding available.

7	Y-PEER Fellow (South)		20,000	21,000	22,000
8	Y-PEER Fellow (North)		20,000	21,000	22,000
	Sub-total		1,672,557	2,050,517	828,378
F	Communicating with Communities				
1	Media Campaign		80,000	70,000	65,000
2	Training of key information gatekeepers		30,000	20,000	18,000
3	Establishing two-way communication channels		20,000	15,000	12,000
4	Production of communication materials		25,000	15,000	10,000
5	International Communication Specialist (TA P2)		131,000	134,787	138,436
6	National Communication Analyst (NOB)		87,165	88,785	90,438
7	Graphic designer (IC contract)		20,000	21,000	22,000
8	Coordination assistant (IC contract)		20,000	21,000	22,000
	Sub-total		413,165	385,572	377,874
F	Programme support including security				
	International Programme Coordinator, South (TA P3)		205,760	208,515	211,516
	National RH/RHCS Programme Analyst (NOB)		87,165	88,785	90,438
	National RH Programme Analyst (NOB)		87,165	88,785	90,438
	National M&E Programme Analyst (NOB)		87,165	88,785	90,438
	National Security Associate (G6)		52,677	53,517	54,378
	Admin Assistant, South (G5)		48,336	49,180	50,041
	Driver, South (G2)		28,035	28,473	28,920
	Common UN premises cost-sharing, South (Aden)		15,000	15,000	15,000
	Common UN premises cost-sharing, North (Sa'ada)		15,000	15,000	15,000
	Armoured vehicle, South		-	-	-
	Resource mobilization and partnership support		50,000	40,000	30,000
	Sub-total	¹⁶	676,303	676,040	676,169
F	All components				
1	Total direct costs		17,218,901	15,039,365	12,709,999
2	UNFPA indirect costs (8%)		1,377,512	1,203,149	1,016,800
	Total costs		18,596,413	16,242,514	13,726,799

¹⁶ An additional USD 800,000 in total direct cost could be utilized if funding were available.

Annex 1: Contents of Female Dignity Kit

	Description	Unit	Quantity
1	Underwear (1 panty and 1 T-shirt)	Set	2
2	Washing powder	Pcs	2
3	Shampoo	Bottle	2
4	Tooth paste	Tube	2
5	Tooth brush	Pcs	2
6	Hand soap	Pcs	3
7	Towel	Pcs	1
8	Nail clipper	Pcs	1
9	Hair brush	Pcs	1
10	Flash light	Pcs	1
11	Cotton socks	Pair	1
12	Sanitary napkins	Pack of 10	2
13	Cotton under-scarf	Set of 2 pcs	1
14	Small fleece blanket	Pcs	1
15	Women Abaya (black color)	Pcs	1
16	Sewing kit	Kit	1
17	Textile carrying bag with UNFPA logo	Pcs	1

Annex 2: UNFPA Emergency Reproductive Health Kits

The Reproductive Health Kits can be categorized in three ‘blocks’. Each block targets a different health service delivery level:^{17 18}

Block 1: Contains six kits intended for use by service providers delivering reproductive health care at community and primary health care level. The kits contain mainly medicines and disposable items.

Kit 0	Administration / training supplies	To facilitate administration and training activities by community health workers and health personnel	Sufficient for the estimated needs of 10,000 people for 3 months	1 box
Kit 1 A & B	Condoms	To provide male and female condoms at community and at all health service delivery levels to potentially sexually active adult men and women	Sufficient for the estimated needs of 10,000 people for 3 months	4 and 1 box Can be ordered separately
Kit 2 A & B	Clean delivery, individual	Individual, clean deliveries, at home or in an under-equipped maternity unit, without skilled birth attendants Part A: Women who are more than 6 months pregnant Part B: Birth attendants	Sufficient for the estimated needs of 10,000 people for 3 months	4 and 1 box Can be ordered separately
Kit 3	Post rape treatment	Management of the immediate consequences of sexual violence against affected women and children	Sufficient for the estimated needs of 10,000 people for 3 months	1 box
Kit 4	Oral and injectable contraception	To respond to women’s needs for hormonal contraception	Sufficient for the estimated needs of 10,000 people for 3 months	1 box
Kit 5	Treatment of sexually transmitted infections	To treat STIs in people presenting with symptoms	Sufficient for the estimated needs of 10,000 people for 3 months	1 box

Block 2: Contains five kits, containing both disposable and reusable material, for use by trained healthcare providers with additional midwifery and selected obstetric and neonatal skills at the health center or hospital level.

Kit 6 A & B	Clinical delivery assistance	To perform normal deliveries; to suture episiotomies and perineal tears under local anesthesia; to stabilize patients	Sufficient for the estimated needs of 30,000 people for 3 months	2 and 5 boxes
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¹⁷ Source: Manual on Inter-Agency Reproductive Health Kits for Crisis Situations, 5th edition, 2011, UNFPA.

¹⁸ The following members of the Inter-Agency Working Group on Reproductive Health in Crisis Situations have been involved in the production of these Kits: CARE International, Family Health International (FHI), International Federation of Red Cross and Red Crescent Societies (IFRC), International Rescue Committee (IRC), International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI), Médecins sans Frontières Belgium (MSF), United Nations Children’s Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), World Health Organization (WHO), Women’s Refugee Commission (WRC).

		with obstetric complications (e.g. eclampsia or hemorrhage) For trained midwives, nurses with midwifery skills and doctors		Can be ordered separately
Kit 7	Intrauterine devices	To insert an intrauterine device (IUD) as a contraceptive method; to remove an IUD; to provide preventive antibiotic treatment	Sufficient for the estimated needs of 30,000 people for 3 months	2 boxes
Kit 8	Management of miscarriage and complications of abortion	To treat the complications arising from miscarriage (spontaneous abortion) and from unsafe induced abortion, including sepsis, incomplete evacuation and bleeding	Sufficient for the estimated needs of 30,000 people for 3 months	1 box
Kit 9	Suture of cervical and vaginal tears and vaginal examination	To suture cervical and high vaginal tears; to examine women who have been sexually assaulted	Sufficient for the estimated needs of 30,000 people for 3 months	1 box
Kit 10	Vacuum extraction delivery	To perform manual vacuum extraction	Sufficient for the estimated needs of 30,000 people for 3 months	1 box

Block 3: Contains two kits containing disposable and reusable supplies to provide comprehensive emergency obstetric and newborn care at the referral (surgical obstetrics) level.

Kit 11 A & B	Referral level kit for reproductive health	To perform caesarean sections and other obstetric surgical interventions; to resuscitate mothers and babies; to provide intravenous treatment (e.g. for puerperal sepsis or eclampsia)	Sufficient for the estimated needs of 150,000 people for 3 months	1 and 35 boxes Can be ordered separately
Kit 12	Blood transfusion kit	To perform safe blood transfusions after testing for HIV, syphilis, hepatitis B and C	Sufficient for the estimated needs of 150,000 people for 3 months	2 boxes (1 keep-cool)

Annex 3: UNFPA Coordination Responsibilities in Humanitarian Response in Yemen

Introduction

Humanitarian coordination involves bringing together humanitarian actors to ensure a coherent and principled response to any humanitarian emergency. Humanitarian coordination seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. Coordination involves assessing situations and needs; agreeing common priorities; developing common strategies to address issues such as negotiating access, mobilizing funding and other resources; clarifying consistent public messaging; and monitoring progress. The aim is to assist people when they most need relief or protection. Strengthening humanitarian coordination is one of the three pillars of Humanitarian Reform and an integral part of the Transformative Agenda.

The Transformative Agenda is focused on improving the timeliness and effectiveness of humanitarian response through stronger leadership, more effective coordination structures and improved accountability to meet the needs of affected people. The Cluster Approach assigns UN agencies (and in some instances NGOs) specific responsibilities to lead the coordination of protection and humanitarian assistance to affected populations in their respective areas of expertise.

At the global level, UNFPA and UNICEF have a specific mandate to co-lead the GBV Area of Responsibility (AoR) in emergencies. At the country level, this means working in partnership with national and local authorities and humanitarian actors to lead GBV coordination mechanisms, establish and strengthen national systems and ensure accessible, confidential and appropriate services for survivors. It also means consistently underscoring that prevention and response to GBV is everyone's responsibility. Coordination can promote a common understanding of GBV issues amongst key humanitarian actors, uphold GBV minimum standards, monitor adherence to GBV guiding principles, facilitate information sharing and best practice, and promote collective interagency actions to prevent and respond to GBV.

Coordination of reproductive health within the health cluster and with other relevant sectors/clusters can improve efficiency, effectiveness and speed of response, enable strategic decision-making and problem solving and help avoid gaps and duplication in services. Coordination helps to deliver a standard package of RH services by setting up Minimum Initial Service Package (MISP) for RH in Crisis. It can generate a multiplier effect that results in expanded coverage and efficient use of resources and can compensate for any single agency's limited expertise, staff, resources or range of activities. RH coordination is one of the main components of Health cluster's responsibility. That's why from the beginning of the response in each humanitarian setting, the health cluster must identify a lead RH organization.

Globally, UNFPA in collaboration with partners have identified coordination as one of the key GBV minimum standards in emergencies, which states: *coordination results in effective action to mitigate and prevent GBV and promote survivors' access to multi-sector services*. The standard espouses the need for predictable, accountable and effective response and sustained collective, inter-agency and multi-sector actions.

Additionally, UNFPA recognizes that in order to effectively undertake this leadership in GBV coordination, there is a need to get competent and skilled staff. That's why UNFPA identified human resources as one of its GBV minimum standards in emergencies which states "*qualified, competent and skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies*". The standard espouses the need for dedicated and competent staff.

Whereas UNFPA is a full member of the global and national humanitarian system, through the Inter Agency Standing Committee (IASC) and the Humanitarian Country Team respectively, in Yemen, it has been assigned the responsibility to lead the Sub-cluster on Gender Based Violence of the protection cluster and the Reproductive Health Working Group, also referred to as the Inter-Agency Working Group on Reproductive Health of the health cluster at the national and sub national levels.

GBV Coordination in Yemen

UNFPA has been leading the GBV sub-cluster since 2010 when the cluster system was rolled out in Yemen. UNFPA and partners including national and local governments¹⁹ have been working to ensure well-coordinated GBV response that enables accessible, confidential and appropriate services for GBV survivors. Coordination is more united than ever in its commitment to ending sexual and other forms of gender-based violence. Coordination is to help to develop comprehensive programming for survivors and develop the efficient prevention strategies in different areas.

GBV coordination in Yemen has the following main elements:

1. Human resources:
 - Three key staff at the national level: International GBV Coordinator; National GBV Programme Analyst; National GBV IMS Programme Associate
 - National programme coordinators, based in each UN hubs, will support GBV coordination at the sub-national level (this may increase as more affected locations become accessible to humanitarian workers): National GBV Programme Analysts (North and South)
2. Coordination meetings at the national and subnational levels
3. Training workshops for rollout of IASC guidance on GBV in emergencies, UNFPA's guidance on Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, Guidelines for Integrating GBV interventions in Humanitarian Action, etc.
4. One comprehensive GBV strategy and one referral pathway for survivors
5. Joint needs assessments
6. Joint field monitoring visits
7. Publication of IEC materials, fact sheets with their translation to the local language, etc.

RH Coordination in Yemen

Since the escalation of the current humanitarian crisis in Yemen, the health cluster in Yemen has identified UNFPA as a lead agency for the RHIAWG, which responsibility requires dedicated competent staff to provide operational and technical support to the health partners and to ensure the prioritization of reproductive health and achieve effective coverage of MISP services. Other UNFPA RH coordination responsibilities include:

- coordinate, communicate and collaborate with the health sector or health cluster coordinator and actively participate in health coordination meetings, providing information and raising strategic and technical issues and concerns;
- support the coordinated procurement of reference materials and supplies;
- host regular RH stakeholder meetings at relevant (national and sub-national) levels to problem solve and strategize the implementation of the MISP and to provide MISP resource materials;
- ensure regular communication among all levels and report back on key conclusions, challenges requiring resolution (e.g. policy or other barriers that restrict the population's access to RH

¹⁹ Ministries of health, social, justice and the Women National Committee; Yemen Women Union, CSSW and Yemen Family Care Association; OXFAM, DRC, CARE, ADRA, INTERSOS and IOM; UNHCR, UNICEF and OHCHR.

- services) to the overall health coordination mechanism. Identify synergies and gaps and avoid duplication of efforts and parallel structures;
- provide technical and operational guidance on MISP implementation and audience-specific orientation sessions when and where feasible (e.g. for service providers, community health workers, programme staff and the affected population, including adolescents);
 - liaise with other sectors (protection, water and sanitation, community services, camp coordination, etc.) addressing RH-related concerns;
 - support health partners to seek RH funding through humanitarian planning processes and appeals in coordination with the health sector/cluster.

RH coordination in Yemen has the following main elements:

1. Human resources
 - Three key staff at the national level: International RH Coordinator; National RH Programme Analyst; National RH IMS Programme Associate
 - National programme coordinators, based in each UN hubs, will support RH coordination at the sub-national level (this may increase as more affected locations become accessible to humanitarian workers): National RH Programme Analysts (North and South)
2. Coordination meetings at the national and subnational levels
3. Trainings/ workshops for the roll out of MISP
4. Joint needs assessments
5. Joint field monitoring visits
6. Publication of IEC materials, fact sheets with their translation to the local language, etc.

Annex 4: UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies

Standard			Description
Foundational Standards	1	Participation	Communities, including women and girls, are engaged as active partners to end GBV and to promote survivors' access to services
	2	National Systems	Actions to prevent, mitigate and respond to GBV in emergencies strengthen national systems and build local capacities
	3	Social & Gender Norms	Emergency preparedness, prevention and response programming promotes positive social and gender norms to address GBV
	4	Collecting & Using Data	Quality, disaggregated, gender-sensitive data on the nature and scope of GBV and on the availability and accessibility of services informs programming, policy and advocacy
Mitigation, Prevention and Response Standards	5	Healthcare	GBV survivors, including women, girls, boys and men, access quality, life-saving healthcare services, with an emphasis on clinical management of rape
	6	Mental Health & Psychosocial Support	GBV survivors' access quality mental health and psychosocial support focused on healing, empowerment and recovery
	7	Safety & Security	Safety and security measures are in place to prevent and mitigate GBV and protect survivors
	8	Justice & Legal Aid	The legal and justice sectors protect survivors' rights and support their access to justice consistent with international standards
	9	Dignity Kits	Culturally relevant dignity kits are distributed to affected populations to reduce vulnerability and connect women and girls to information and support services
	10	Socio-Economic Empowerment	Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response
	11	Referral Systems	Referral systems are in place to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner
	12	Mainstreaming	GBV risk mitigation and survivor support are integrated across humanitarian sectors at every stage of the programme cycle and throughout the emergency response
Coordination and Operational Standards	13	Preparedness & Assessment	Potential GBV risks and vulnerable groups are identified through quality, gender-sensitive assessments and risk mitigation measures are put in place before the onset of an emergency
	14	Coordination	Coordination results in effective action to mitigate and prevent GBV and promote survivors' access to multi-sector services
	15	Advocacy & Communications	Coordinated advocacy and communications lead to increased funding and changes in policies and practice that mitigate the risk of GBV, promote resilience of

			women and girls and encourage a protective environment for all
	16	Monitoring & Evaluation	Objective information collected ethically and safely is used to improve the quality and accountability of GBV programmes
	17	Human Resources	Qualified, competent and skilled staff are rapidly recruited and deployed to design, coordinate and/or implement programmes to prevent and respond to GBV in emergencies
	18	Resource Mobilization	Dedicated financial resources are mobilized in a timely manner to prevent, mitigate and respond to GBV in emergencies

Annex 5: Three Years Action Plan for Reproductive Health Supply Chain Management in Yemen

Ref	What	Activities	2017	2018	2019-2021	Budget
Strategic						
1	Re-instate the Drug Fund	Make this a priority in the Yemen Health Strategy				By national bodies
		Advocate for this in the advocacy activities that accompany the Yemen Health Strategy				
		Create a costed plan to re-instate				
		Find funding, implement, monitor				
2	Give the re-instated Drug Fund more responsibility than in the past	Study and understand similar bodies in Sudan, Kenya and Nigeria				LoE : 20 days each for 2 consultants 40,000 USD
		Develop a proposal for a model for Yemen				
		Get proposal approved				
		Find funding, implement, monitor				
3	Develop a supply chain strategy with the vision of designing an integrated health supply chain (including system redesign including transport/distribution, reverse logistics and warehouse placement, HR capacity, LMIS, overall costing, KPIs). However, given the fact that supply chain is currently not functioning well, it is necessary to first strengthen the capacity of the supply chain governance. A staged approach would be best considered, assimilating one parallel supply chain after another and improving, until all vertical/parallel supply chains are integrated into one functioning supply chain. This vision should be "Yemen National Integrated Public Health Supply Chain" .	Assess the current situation, including all parallel supply chains and all levels				LoE : 20 days each for 2 consultants 50,000 USD
		Develop a 5 year supply chain national strategic plan including specifically road maps for coordination/governance, distribution and warehousing system redesign, warehousing renovation, HR capacity, outsourcing activities to private sector, and LMIS implementation				LoE : 20 days each for 2 consultants 50,000 USD
		Get approval and coordinate harmonization of donors' funding, implement, monitor				
5	Clarify leadership/governance of the country supply chain, define	Fully understand the current roles and				Included in 3A

	roles and responsibilities of Governorates, Districts, Health Facilities, Regional Distribution Centres and a renewed Drug Fund	responsibilities of the current stakeholders				
		Develop options for the best governance/leadership and get agreement from stakeholders				LoE : 20 days each for 2 consultants 50,000 USD
		Find funding and implement				

Ref	What	Activities	2017	2018	2019-2021	Budget
Tactical						
6	Create a national supply chain guidance that supports best practices for management of products and storage	Conduct audit of current practices				LoE : 35 days each for 2 consultants 80,000 USD
		Develop guidance and get agreement in a workshop				
		Train staff for good use				
		Set up collaborative supervision				
		Advocate for funding and implement				
7	Meet critical leadership skills gaps through development of leadership core group with a view to this group training, supervision, on the job training – this to include “soft” skills such as Motivating People, Demonstrating Leadership and Managing Poor Performance	Define competency gap				LoE ²⁰ : 25 days for 1 consultant 35,000 USD
		Develop leadership soft skills through professional short courses and mentoring				
		Follow up for workplace change, monitoring				
8	Purchase new computers for key members of the supply chain (e.g. central forecasting team)	Define specifications for IT hardware in line with strategic plan				USD 3,000 per PC
		Purchase				
		Operationalize				
9	Investigate how leakages are addressed in other health supply chains	Develop TOR				LoE : 25 days each for 2 consultants 60,000 USD
		Conduct stock leakage analysis				
		Implement recommendations				
10	Advocate for the continuation of donor funding	Define funding requirements for the strategy, its implementation and other activities				By national bodies
		Develop advocacy plan to engage donors				
		Enact advocacy plan				
11	Define mechanisms to improve mutual transparency of use of funds – government and donors	Conduct a transparency audit of current of current donor financial systems				LoE : 20 days each for 2 consultants 45,000 USD
		Implement recommendations				
USD 410,000+ Computers. Please note that costs do not include flights and accommodation and training costs as that will depend on location and number of staff to be trained. The estimated total cost will be USD1,000,000						

²⁰ Level of effort

Annex 8: Performance Measurement Framework (PMF)

Title		Saving Lives of Mothers, Women and Girls in Yemen			
Country/Region/ Institution	Yemen	Budget	\$42,717,375	Duration	36 months (Jan 2017 – Dec 2019)
Overall objective :Strengthening existing mechanisms for the provision of life-saving reproductive health services to mothers; and multi-sectoral prevention of and response to gender-based violence, while engaging young people as agents of peace				Baseline (2016)	Target (2019)
Women's health component					
Key intervention 1: Expansion of UNFPA presence out of Sana'a: deployment of dedicated RH staff in UN hubs					
Indicator 1	No. of dedicated RH staff, working in UN hubs			1	5
Key intervention 2: Enhance the capacity of RH service providers and organizations					
Indicator 2	No. of trained service providers			140	500
Key intervention 3: Further support mobile teams and clinics to provide reproductive health services in selected governorates					
Indicator 4.	No. of women and girls served by mobile teams/clinics			10,000	30,000
Key intervention 4: Support referral between fixed health units and mobile clinics and hospitals offering comprehensive emergency obstetric and neonatal care services					
Indicator 5	No. of referred cases due to complicated pregnancy and/ or delivery			300	3,000
Key intervention 5: Provide emergency RH kits and life-saving emergency obstetric care medicines and equipment to health facilities providing basic and comprehensive emergency obstetric and neonatal care services					
Indicator 6	No. of direct beneficiaries			130,000	200,000
Indicator 7	No. of health facilities that are provided with RH kits and medical supplies			50	150
Women and Girls Protection Component					
Key intervention 1: GBV IASC guidelines rolled out, referral pathways established, and partner's capacities strengthen in GBV case referral					
Indicator 1	National pathway established and functioning			0	1
Key intervention 2: Strengthen the capacity of GBV service providers in implementing multi-sectoral and reintegration services to survivors of GBV					
Indicator 2	No. of trained service providers			100	1,200
Key intervention 3: Promote positive coping mechanisms and reduce vulnerability of most affected women and girls through increased ability and access to livelihood opportunities and resources					
Indicator 3.	No. of GBV survivors received multi-sectoral services			10,000	30,000
Key intervention 4: Strengthen GBV coordination and leadership at the governorate and national level					
Indicator 4	No. of dedicated GBV Coordinators, working in UN hubs			1	5
Youth Engagement Component					
Key intervention 1: Rolling out 'Compact for Young People in Humanitarian Action'					
Indicator 1	No. of clusters adopting youth-lensed approach			0	4
Key intervention 2: Y-PEER: Empowering young people to empower each other					
Indicator 2	No. of new trained members			150	140
Key intervention 3: Engagement and economic empowerment					
Indicator 3.	No. of youth incubators built			0	4
Key intervention 4: Youth peace and security					
Indicator 4	No. of young people engaged in peacebuilding activities.			0	50
Key intervention 5: Awareness raising					
Indicator 5	No. of direct beneficiaries			0	3,000
Communicating with Communities					
Key intervention 1: Media campaign					

Indicator 1	# of people reached with media campaign	0	1,000,000
Key intervention 2: Engaging key information gatekeepers within communities			
Indicator 2	# of information gate keepers trained	0	500
Key intervention 3: Two-way communication channels established			
Indicator 3	# of two-way communication channels established	0	50



United Nations Population Fund Yemen

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