



Yemen:

Delivering an effective humanitarian response while strengthening social protection systems

Following the suspension of the Social Welfare Fund (SWF) – the government's national social protection programme – due to the escalating conflict in 2015, the Yemen Emergency Cash Transfer (ECT) project was launched in 2017. The programme is a collaboration between UNICEF and the World Bank, with UNICEF tasked with implementing the project and the World Bank's International Development Association providing financial and technical support. UNICEF established a Project Management Unit (PMU) within UNICEF Yemen Country Office to oversee all aspects of this comprehensive programme. The programme provides unconditional cash transfers to recipients of the SWF identified as the poorest and most vulnerable households. The PMU has conducted ten cash payment cycles reaching over 1.43 million people, implementing a range of innovative operational and systemic aspects to enable an effective humanitarian response. With COVID-19, a top-up of approximately 45 per cent of the base benefit was provided in the eighth cycle and increased to approximately 55 per cent in the ninth and tenth payment cycles. Several measures were taken to strengthen operational components of the response and to ensure the safe delivery of cash payments. The implementation of the programme is now being transferred to a national entity, the Social Fund for Development (SFD), with the long-term goal of handing back to the SWF when conditions are right.

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Khaled fled the conflict in Al Hudaydah with his wife and children. They now live in a tent made from pieces of wood and plastic sheeting in Aden. Life before the COVID-19 pandemic was already a struggle, but the pandemic has made things even more challenging, including the fact that Khaled is no longer able to find work.

However, Khaled was informed by a local Aquel (community leader) about the start of the payment cycle of the emergency cash transfer project. "Today, when I went to the payment site to receive the cash, I read the sign showing there was an increase of 45 per cent. I was happy. My dream is like any other person's dream, to live a simple life. My dream is to have a house and for my children to be happy, but under these circumstances it is impossible."

Source: UNICEF PMU Monthly Newsletter (July 2020)

Context

With the onset of the conflict in Yemen in 2015, the social protection support delivered through the government's Social Welfare Fund (SWF) was suspended, having severe consequences on the lives of more than nine million recipients. The programme had focused on the poorest and most vulnerable children and their families, and with the increasing spread of deprivation and poverty due to the war, the loss of this programme deepened the challenges faced by these vulnerable households. Yemen suffers from high rates of communicable diseases, severe acute malnutrition among children under 5 years, and limited access to essential services, including inadequate water, sanitation and hygiene systems.

In 2016, the World Bank approached UNICEF to jointly provide technical support and to secure delivery of cash transfers to the recipients of the SWF social assistance programme, to support them to meet their most basic needs and cope with the deepening crisis. In 2017, the Yemen Emergency Cash Transfer (ECT) was launched, providing quarterly cash transfers of 15,000 YER per quarter per household, on average. UNICEF established a Project Management Unit (PMU), a dedicated management structure, to oversee the operational components of the project, including risk identification, monitoring and mitigation. Funds and technical support were provided by the World Bank's International Development Association, with contributions from the UK's Foreign Commonwealth and Development Office and the United States Department of State - Bureau of Near Eastern Affairs, both through parallel funding and through the World Bank's Multi-Donor Trust Fund. The ECT Project is now UNICEF's largest managed cash transfer project across the globe. During the seventh payment cycle (March-April 2020), even before COVID-19 cases were reported in Yemen, protection measures were put in place to ensure service providers and recipients were safe. COVID-19 further disrupted the lives of children and their families who were already affected by years of conflict, but having a social protection system and management structure in place has proven to be a lifeline for the most vulnerable children and families.

UNICEF's Response and Results

Strengthened operational elements in place to respond to crises: UNICEF designed Yemen's ECT project by building on existing SWF parameters. This included maintaining the SWF recipient list, policies (including benefit amount) and legislation, with the aim of strengthening the national social protection system and ultimately enabling the government to eventually resume operations when conditions prove right. UNICEF relied on frequent communications with the national authorities through regular meetings with SWF, orientation of SWF staff, maintaining close engagement and envisioning a future when the initiative would be handed back to SWF.

In such a volatile environment, it was crucial to add critical system components to ensure effective cash delivery. A rigorous risk-informed management approach and operational adjustments are presented in Figure 1 below.

Specific system components for Yemen's ECT project include:

- A robust one-time verification measure, using a project-approved photo ID as a pre-condition for receiving the payment.
- MIS system payment lists with protection measures, using flags to ensure payments are made to eligible recipients only.
- A grievance redressal mechanism, using a mobile app and toll-free number accessible to anyone who would like to file a complaint or ask for information, serving as a control measure against fraud and corruption.
- A third-party monitoring organization (TPMO), using quantitative and qualitative analysis to ensure that processes follow project protocols. The monitoring mechanisms allow UNICEF to ensure financial and legal accountability amongst service providers.
- Contract management and administration protocols, used to contract private sector institutions to support the facilitation, payment, third-party monitoring and fraud investigation components of the project, with embedded clauses to prevent the loss of project funds in case of fraud.
- Integration of a facilitation component, with continuous dialogue with the authorities in Sana'a and Aden to secure buy-in and access, and to ensure cash recipients were duly informed of the project parameters and protocols to mitigate the risk of social tensions.

Figure 1: Risk-informed management approach



Mobilizing operational components of the programme to effectively respond to COVID-19: As soon as the potential impacts of the COVID-19 crisis emerged, UNICEF conducted a rigorous exercise to identify the risks and mitigation measures needed to implement payment cycles

safely. Overcrowding was identified as a significant risk, and key adjustments were made to the cash delivery model to reduce the likelihood of crowding during every phase of delivery. These measures were first introduced in payment cycle 7 and strengthened in payment cycles 8, 9 and 10.

Figure 2: Percentage of targeted recipients reached in the tenth payment cycle

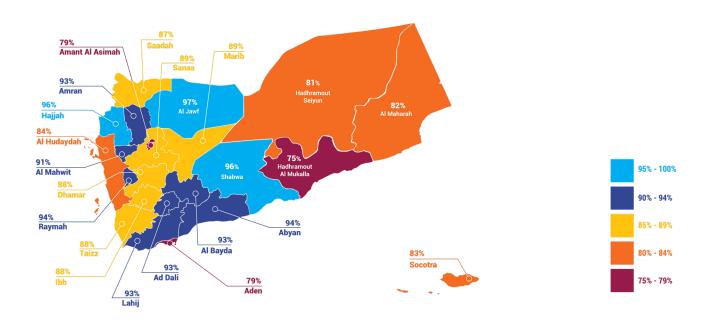


Figure 2 illustrates the percentage of targeted recipients reached in the tenth payment cycle. Measures taken in response to COVID-19 included:

- Top-up to the benefit amount: In payment cycle 8, a 45 per cent increase to the benefit amount for each beneficiary case was distributed to 1.43 million recipients to help them cope with the impact of the pandemic, with careful communication emphasizing that this was a one-time measure to manage recipient expectations. In payment cycles 9 and 10, additional funding was secured to enable the provision of a 55 per cent top-up to support families to mitigate the impacts of the pandemic.
- An extensive communication and outreach strategy: To reach the most vulnerable and affected communities, the PMU built on the existing outreach strategy used to communicate payment parameters and dates to the households to also deliver messaging on COVID-19 preventive measures and symptoms. In payment cycle 7, using the extensive ECT field operational presence, service providers distributed 253,000 leaflets and 1,300 banners in 49 districts, focusing on 31 urban districts, 18 rural districts and 48 IDPs shelters. These communication materials were developed by UNICEF Communication for Development (C4D) and the Ministries of Health in Sana'a and Aden and distributed at the payments sites as well as public areas. In payment cycles 8, 9 and 10, messaging was embedded in all outreach materials including 40,000 posters, 27,000 scheduling banners/posters, and 300,000 scheduling cards, as well as disseminated through other ECT outreach channels such as radio, SMS, and social media.
- New protocols and safety measures put in place for delivery of payments: COVID-19 preventative measures were embedded in the terms of reference for all service providers, becoming a contractual requirement. These measures included ensuring physical distancing between recipients at payment sites, as well as requiring the use of protective gear such as gloves and masks by service providers, provision of hand sanitizers for all cash recipients at all payment sites, adoption of measures to safely handle cash, and requesting all cash recipients cover their nose and mouth during

- interactions with staff. Other measures included strengthening the existing scheduling mechanism; limiting the number of recipients who could receive the transfer per cashier on a given day; increasing the number of payment sites; extending the working hours at payment sites; and implementing a token system to manage the queues where feasible. Additionally, clear guidance was provided for outreach activities to limit the number of participants in community meetings at village level and to encourage gatherings to be held outside.
- Delivery of a cash-plus programme: The 'plus' components of the programme, first launched in the sixth payment cycle, enhanced the response to the pandemic by linking recipients to additional services at the time of cash delivery through a needs assessment of each enrolled household. This includes monitoring children's weight; offering support to lactating women; providing food salt iodine tests, iron and folate supplements and deworming tablets; and offering micronutrients for children under the age of 5. Referrals were also made using the MIS system to alert health centres, and support was provided to help families receive birth certificates for their children.

Partnerships

Since the launch of the ECT, the partnership between the World Bank and UNICEF has been mutually beneficial, supporting the implementation of a much-needed support system to the people of Yemen. The two organizations have a unified vision in terms of generating evidence and learning, ensuring flexibility in terms of project design, and making actual adjustments to meet the needs of the most vulnerable communities and mitigate emerging risks. Throughout the COVID-19 pandemic, the World Bank and UNICEF have continued frequent communication.

A unique aspect of the ECT project is that the PMU only uses private sector service providers engaged through a contracting modality, which enables the PMU to maintain tight control measures related to the protection of beneficiary data and the prevention of the loss of project funds.

Given the political situation in Yemen, donor requirements prohibit UNICEF from formally engaging with the government for implementation, but in the spirit of collaboration, UNICEF has used its own funds to maintain regular engagement with all government parties through consultative platforms. Given the fact that this programme cuts across the humanitarian-development nexus, it has also brought together various parts of UNICEF to collaborate to ensure effective implementation of the programme.

Lessons Learned

A swift and critical humanitarian social protection response was mobilized to support the most vulnerable families: Although the situation in Yemen is complex, the most vulnerable communities were able to access cash benefits. With a well-established and functioning system in place, UNICEF was able to swiftly respond through a vertical expansion of the transfer. Despite the disruption caused by the pandemic, the use of the SWF beneficiary list and other key innovative mechanisms allowed the system to respond effectively to mitigate the impact of the pandemic.

Addressing COVID-19 challenges contributed to system strengthening: The risk of COVID-19 spread due to overcrowding led UNICEF to further strengthen the scheduling mechanism and introduce a token system to help manage crowds. Both remote monitoring and online training were broadened and enhanced to limit the need for face-to-face interaction. Responding to these challenges therefore led to significant improvements in building the shock-responsiveness of Yemen's social protection system.

Close monitoring layers ensured programme accountability: PMU contracted a TPMO to conduct qualitative and quantitative monitoring of the programme's various components to ensure operational compliance and to strengthen transparency. The TPMO activities range from conducting spot checks and verifying transfer amounts to gathering feedback from recipients and investigating fraud cases. This comprehensive monitoring system allowed the

PMU to understand the implications of the pandemic on the project's operations. The monitoring tools provided real-time data on how effectively PMU and service providers was able to implement COVID-19 measures. TPMO activities were complemented by field monitoring carried out by UNICEF staff and consultants, deployed across the country to assess the payment process, as well as media monitoring.

Way Forward

Transferring knowledge and skills to national authorities: With the plan to hand back the management of the programme to the SWF, steps have been taken from the first payment cycle to ensure a smooth transition with little or no disruption to the recipients of the programme. UNICEF put specific components of the system in place, such as the development of a strong and effective MIS, to facilitate this transition process. To ensure the transferability of the system, the MIS was developed using open-source software. The MIS was also developed in-house to meet the specific requirements of the ECT project and was designed to be highly flexible and responsive to the needs of operating in a volatile context such as Yemen. During the COVID-19 pandemic response, this flexibility enabled the MIS to be quickly adjusted to include the top-up amount in addition to the base benefit amount.

Strengthening support through a genderresponsive social protection action plan: In a conservative socio-cultural context such as Yemen, the interaction between men and women is limited and not all aspects of society are accessible to women. Given the socio-cultural context in Yemen, to ensure female recipients could collect their entitlements, the ECT project incorporated several measures such as female-only payment sites, separate queues for women, female-only focus group discussions to raise concerns, trainings on genderbased violence (GBV) disclosure and referrals, and strengthening of grievance redressals. A critical area was strengthening the GBV response of the social protection system, and a series of assessments and workshops were held to bring clarity to risks,

in addition to formulating an action plan. The action plan, which is due to be rolled out in 2021, focuses on communication and outreach, training on GBV-related responses and ensuring the safety of female workers, as well as reviewing monitoring approaches.

Leveraging the PMU to establish a cash delivery model and protocols: Leveraging the risk-informed protocols and mechanisms developed for the ECT, UNICEF has supported a variety of cash and voucher initiatives. These include cash disbursement to

support teachers and school-based staff implemented in northern governorates, payment of incentives to temporary teachers in southern governorates, payment of salaries to female teachers in rural areas, provision of school grants, and payment of per diems to health public sector staff and community health and nutrition volunteers. The extensive operational knowledge and skills gained from the implementation of the ECT project can support a number of initiatives both in the region and beyond.

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Visual Communication Design Benussi & the Fish

Copy editing: Laura Evans