

The background of the slide is a photograph of a desert landscape under a clear blue sky. In the foreground, several people are standing on the sandy ground. On the left, two men in white traditional robes and head coverings are looking towards the right. In the center, a man in a tan robe and head covering stands with his back to the camera. To the right, a group of women in various traditional dresses (some dark, some light) are gathered around a large white truck. The truck is heavily loaded with humanitarian supplies, including large white sacks, red plastic containers, and other materials. A sign with Arabic text is visible on the side of the truck. The overall scene depicts a humanitarian aid distribution point in a remote, arid location.

# LINKING THE *RAPID* RESPONSE MECHANISM TO THE PROVISION OF CASH ASSISTANCE AND WOMEN'S PROTECTION

YEMEN CASE STUDY

## KEY TAKEAWAYS

### Background:

Yemen remains the world's worst humanitarian crisis. Active conflict in multiple locations has displaced 3.6 million people across the country, accounting for more than 10 per cent of the population, and the fourth largest internally displaced population in the world. Women and girls account for more than half of those displaced, 27 per cent of whom are below age 18.

### Rapid Response mechanism:

The rapid response mechanism (RRM) aims to provide a minimum package of immediate most critical life-saving assistance for newly displaced persons who are on the move, in collective sites, hard to reach areas or stranded in the military frontlines due to man-made or natural disasters or sudden urgent needs; until the first line cluster response kicks in. This is led by UNFPA in partnership with WFP and UNICEF.

## Lessons from Yemen Experience

### RRM as an entry point:

The importance of RRM in Yemen goes beyond the distribution of RRM kits, as the immediate response triggers and facilitates the sequencing of other critical assistance modalities for the newly displaced families. Thus, the RRM serves as an entry point for the provision of multi-purpose cash assistance and to address incidence of gender-based violence (GBV) particularly among women and girls who are displaced.

### Referral to multi-purpose cash assistance:

The primary performance indicators for RRM are the timeliness of assistance and timeliness in the generation of referrals for multi-purpose cash assistance and general food distribution. Significant improvements in timeliness of RRM assistance have been reported in the districts where enrolment modalities have been introduced and mainstreamed during the first quarter of 2020.

The RRM Cluster has harmonized household level data collection and registration formats in order to speed up and improve the quality of referrals from the first line of RRM response to cash assistance, allowing real time referrals in locations where enrolment modalities have been successfully established and streamlined.

### Protection mainstreaming:

RRM implementing partners have the capacity to identify and refer cases of GBV, however to varying degrees better mainstreaming and referrals requires strengthening capacities, referral pathways and securing additional resources towards this.

RRM front line staffing needs to reflect a gender balance and ensure that women at risk of GBV are efficiently referred to GBV sub-national cluster partners. Additional resources are needed to allow efficient referral for general and specialized protection services in coordination with sub-national protection cluster.



Yemen remains the world's worst humanitarian crisis. The cumulative impact of more than five years of conflict, economic decline, and institutional collapse has left 24 million people – about 80 percent of the population – in need of humanitarian aid and protection. The conflict has resulted in widespread food insecurity and malnutrition, multiple outbreaks of preventable disease, severe economic collapse, and breakdown of essential public services. Active conflict in multiple locations has displaced 3.6 million people across the country, accounting for more than 10 percent of the population, and the fourth largest internally displaced population in the world. More than half of those internally displaced in Yemen have been displaced since the escalation of the conflict in 2015. Women and girls account for more than half of those displaced, 27 percent of who are below age 18.

Displacement decreases resilience and exacerbates existing vulnerabilities, resulting in higher needs and negative coping mechanisms leading to protection risks along with critical exposure to food insecurity and epidemic outbreaks. With limited shelter options, displaced women and girls tend to suffer most from lack of privacy, threats to safety, and limited access to basic services, making them even more vulnerable to violence and abuse. For instance, displaced girls are more likely to lose access to schooling as families with limited resources de-prioritize their right to education.

The novel coronavirus (COVID-19) pandemic is placing further stress and suffering on vulnerable communities in Yemen. The COVID-19 response is placing additional pressure on Yemen's health-care system, which is operating at roughly 50 percent of its pre-conflict capacity. It is likely that the impact of COVID-19 will result in further deterioration of public systems and exacerbate negative outcomes related to food insecurity, water and sanitation, and public health, especially for those living in collective sites and informal settlements<sup>1</sup>

<sup>1</sup> Yemen Humanitarian Response Plan 2020 Extension, OCHA, June 2020

# RAPID RESPONSE MECHANISM



The rapid response mechanism (RRM) aims to provide a minimum package of immediate most critical life-saving assistance for newly displaced persons who are on the move, in collective sites, hard to reach areas, or stranded in the military frontlines due to man-made or natural disasters or sudden urgent needs; until the first line cluster response kicks in. This entails the distribution of immediate response rations provided by WFP, basic hygiene kits provided by UNICEF, and women's dignity kits provided by UNFPA, within 72 hours of receiving a displacement alert. Sudden displacement triggers a wide range of critical humanitarian needs for immediate assistance and medium to long terms support at individual, household, and community levels. The most critical immediate needs of the newly displaced persons are usually food and basic personal items for hygiene and dignity as families are forced to flee suddenly from their homes without having a chance to take their belongings with them.

The Rapid Response Mechanism was established in June 2018 by the Yemen Humanitarian Coordination Team in response to the large-scale displacement resulting from military escalation along the south-west coast of Al Hudaydah Governorate. Since October 2018, the RRM is led by UNFPA and includes UNICEF and WFP as supply agencies<sup>2</sup>. The RRM includes 16 partners, international and national NGOs, ensuring countrywide coverage in all the 22 governorates and 333 districts of Yemen.

UNFPA's leadership role in the RRM entails coordination with humanitarian stakeholders including local authorities through different coordination platforms; storing and prepositioning RRM kits to distribution points; managing and monitoring the RRM registration, verification, distributions for newly displaced persons. UNFPA's leadership also includes managing RRM registration and verification, and sharing the information with relevant partners for subsequent humanitarian response that includes multi-purpose cash assistance. UNFPA also leads resource mobilization efforts for the RRM operations.

Since June 2018, more than 3 million people have been reached through the RRM.

The in-kind RRM package which covers basic needs for five to seven days is unconditional and status-based assistance on a blanket basis to all those newly displaced. It is followed by multi-purpose cash assistance based on the verification of needs and by one-off emergency general food distribution.

<sup>2</sup> In October 2018, UNFPA, UNICEF and WFP signed a tripartite Memorandum of Understanding framing the management of RRM in Yemen and outlining roles and responsibilities.

## RRM Key Results January - December 2020



NUMBER OF  
INDIVIDUALS REACHED

609,434



NUMBER OF  
HOUSEHOLDS REACHED

87,060



2020 HRP MONITORING  
INDICATOR; NEW IDPS  
ASSISTED WITH THE RRM KIT

22

GOVERNORATES

267

DISTRICTS



NUMBER OF PEOPLE  
REACHED WITH  
MULTI-PURPOSE CASH  
ASSISTANCE

224,935

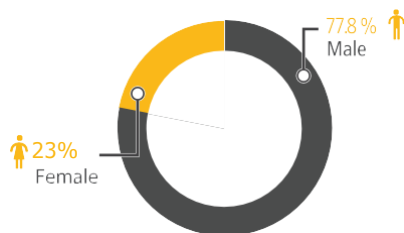


NUMBER OF  
HOUSEHOLDS REACHED  
BY MULTI-PURPOSE CASH  
ASSISTANCE

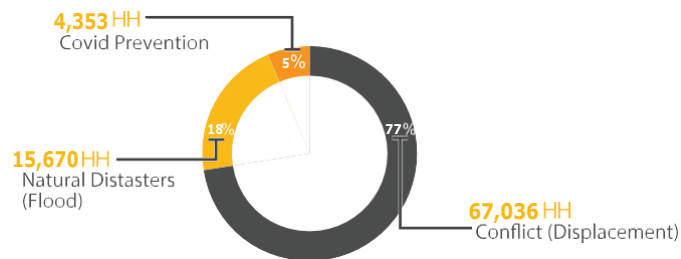
34,705

TARGET TYPE	TARGET	REACHED
INDIVIDUAL	840,000	609,434
REACHED/TARGET		73%

## RRM ASSISTANCE COMPOSITION



HEADS OF HOUSEHOLDS BY SEX(%)



BREAKDOWN OF HOUSEHOLDS ASSISTED WITH RRM



## RAPID RESPONSE MECHANISM AS AN ENTRY POINT TO OTHER FORMS OF ASSISTANCE

The mechanism includes other critical components: (1) monitoring and triangulation of new displacement alerts; (2) outreach, verification, and registration of newly displaced persons, and (3) referral for the activation of RRM second phase and other clusters' first-line response, including emergency food assistance and multipurpose cash assistance. Therefore, the importance of RRM in Yemen goes beyond the distribution of RRM packages, as the immediate response is expected to trigger and facilitate the sequencing of other critical assistance modalities for the newly displaced families.



While the timely provision of RRM assistance remains a programmatic priority, heightened vulnerabilities and protection risks among displaced populations have shown the opportunity for the provision of multi-purpose cash assistance and comprehensive and systematic focus on protection mainstreaming throughout the different phases of the RRM cycle. For instance, as highlighted by different reports and analyses, more than 23 percent of displaced families reached by RRM are female-headed households.

Besides, the high proportion of new IDPs living in informal settlements and sub-optimal shelter is indicative of progressive exhaustion of their coping capacities. This points to the need for activation of additional humanitarian assistance beyond the provision of RRM kits.

## REFERRAL TO MULTI-PURPOSE CASH ASSISTANCE



In the context of the RRM in Yemen, enrolment refers to the process of identification of newly displaced individuals, the verification of their displacement status (place of origin and length of displacement), and the collection of primary household and individual level information for further provision of humanitarian assistance.

Since May 2020, IOM and the Cash Consortium of Yemen (CCY) took over the RRM multi-purpose cash assistance response coordination from UNICEF. The CCY aims to establish a cash transfer mechanism that provides first-line humanitarian response and supports the transition of the most vulnerable into safety net programming.<sup>4</sup>

Given the lessons learned from 2019 programming regarding the delay in the activation of multi-purpose cash assistance after the delivery of the first line of in-kind RRM assistance, the RRM cluster began to harmonize household-level data collection and registration formats to speed up and improve the quality of referrals from the first line of response to cash assistance.



The integration of MPCA assessment elements into the RRM enrolment form will allow a direct referral to the second line of response by providing more household-level data to inform the vulnerability scoring on which the cash assistance will be based. The integration between the two registration systems commenced in May 2020 for the districts where enrolment modalities had been mainstreamed (Al Dhale, Al Hudaydah, Hajja, Ibb and Taizz).

In collaboration with an information management service (IMMAP), an automated online system hosted by an IOM server has been tested and introduced in late September 2020 to enable real time RRM referrals from UNFPA to IOM and CCY. Multi-purpose cash assistance eligibility is based on a scoring system that prioritizes vulnerabilities associated and not limited to: (1) female-headed household, (2) presence of pregnant and lactating woman, and (3) children below five years of age. It also covers the protection needs of women and girls, including survivors of gender-based violence and those at risk of violence and abuse.

In locations where enrolment modalities have been successfully established and streamlined, **RRM partners have referred 87,060 newly displaced families to the IOM Cash Unit from January till December 2020. Some 35,000 households have benefited from one-off multi-purpose cash assistance entitlement of 65,000YER (approx. US\$260) upto December 2020.**

<sup>3</sup> Districts were selected on the basis of their high rates of newly displaced families reported by DTM and RRM during last quarter of 2020. 110 Districts are in Hudaydah, Hajjah, Taizz, Ibb, Al Dhale. Given the changed in the displacement trends in 2020, Marib, Al Bayda, and Abyan will be included in the scale up of enrolment modalities during the 2nd half of 2020

<sup>4</sup> RRM enrollment pilot were endorsed by HCT and ICCM in June 2018 and piloted in 20 districts in Hajjah and Al Dhale districts with 3 different implementing partners. In December 2019, HCT and ICCM has facilitate the approval of HPF for RRM cluster to support the scale up and roll out of the enrollment pilot into 130 districts (out of 333 in total nation wide). UNFPA RRM ENROLLMENT CONCEPT NOTE to HCT, June 2019.

<sup>5</sup> In 2019, the first line response of the RRM mechanism has been complemented with the secondline response of Multi-Purpose Cash Assistance(MPCA) provided by the RRM consortium, led by ACF and funded by UNICEF. Through 2019, the consortium reached 273,137 individuals from over 39,000 vulnerable displaced families with RRM multi-purpose cash assistance (MPCA) in conflict-affected areas in nine governorates across Yemen. MPCA provides the displaced families with the ability to meet immediate basic needs and offers the flexibility and dignity to choose how to cover their needs.



It is expected that 40 percent of those displaced and in need of assistance will receive multiple payments of up to three months. Furthermore, consortium partners will work closely with WFP to ensure that targeted households are referred to longer-term programming such as the general food distribution.

GOVERNORATES	NEWLY DISPLACED HOUSEHOLDS BENEFITTING FROM CASH ASSISTANCE AS OF DEC. 2020
Hajjah	10,291
Al Hudaydah	8,302
Abyan	108
Aden	1,494
Mahweet	228
Marib	12,229
Taizz	204
Al Dhale'e	1,781
Lahj	424
Ibb	125
Sa'ada	216
<b>Total</b>	<b>35,402</b>





## PROTECTION MAINSTREAMING THROUGH THE RRM

UNFPA has ensured that RRM partners have the capacity to identify and refer cases of GBV to varying degrees. Almost all implementing partners have undergone training on referrals and protection mainstreaming.

Trainings are conducted at the Training of Trainers level for protection focal points of RRM implementing partners to ensure safe programing of the RRM. This is done in coordination with the Protection Cluster under the leadership of UNHCR. The training is conducted twice a year (every six months) to keep partners updated.

This entails identification of the type of case, registration, evaluation, classification of the problem, ranking the risks according to priority, and referral to appropriate service providers (usually the UNFPA-supported women safe space or shelter).

CARE International, for instance, has a 70 percent female team on the ground during RRM delivery, which makes it easier to identify and refer GBV survivors, especially women and girls.

During 2019 and 2020, UNFPA conducted five post-distribution monitoring (PDMs) exercises. UNFPA also used the ECHO protection mainstreaming indicator in this regard. Most distribution partners conducted their own additional PDMs. The PDMs measure different indicators including those related to the safe, dignified, and satisfactory distribution. A consistent improvement was shown in these indicators. The PDMs have also helped UNFPA amend the content of the dignity kits in accordance with feedback from recipients.

However, a number of overarching challenges remain for the systematic mainstreaming of cases of protection, including for gender-based violence. These include:

- The stigma associated with reporting on GBV among Yemenis makes it increasingly difficult to identify cases of GBV.
- Lack of uniform capacity among implementing partners for the identification and referral of GBV cases during RRM delivery
- Lack of up-to-date service mapping and established referral pathways in all locations that allow for quick and easy referrals
- A restriction imposed by local authorities on the ground, including for the movement of IDPs make it difficult to ensure systematic case referrals



## FROM DISPLACEMENT TO RECOVERY



**Salwa** was a child bride, **married at 16**, to a man 15 years older than her. When the fighting intensified in her village Salwa and her husband ran for safer ground. Salwa was six months pregnant at the time. She began to bleed heavily while on the move. When they reached Aden Governorate, her clothes were soaked in blood and Salwa was almost unconscious. “It was the worst experience of our lives,” she recalls of the ordeal. They were provided emergency relief through the Rapid Response Mechanism, and referred immediately to a UNFPA-supported mobile reproductive health clinic, where a gynecologist evaluated her condition and quickly directed her to the Al Sha’ab Hospital in Aden.

She was told at the hospital that she had lost the pregnancy. Adding to the heartache, she was told that she had a condition that required treatment, otherwise she would not be able conceive again. “This news hit me like a storm,” she said. “I was afraid my husband would abandon me. He married me because he wanted children. I just went into a deep depression.”

Salwa was then referred by the hospital for psychosocial support to a UNFPA-supported women and girls safe space in the area. Salwa’s husband did not have a job, after being displaced, thus, Salwa was eager to learn a new skill and engaged in a business startup course. Within six months after fleeing their home, Salwa was able to start a small clothing business with her husband. She is also pregnant again. “We went through the worst time in our life, but we have a new life now, and we cannot wait for the arrival of our baby,” she told UNFPA.



# CHANGING LIVES THROUGH RAPID ASSISTANCE

**Safa'a**, a 28 year woman with three kids fled and a sick husband fled Majz District in Sa'ada Governorate when fighting erupted in the area. Displaced to Sa'ada City, Safa'a and her family found themselves with no money, food or basic necessities.

The Community Committee of the RRM identified the family and directed the RRM distribution team to register the family and provide them with emergency relief.

"When the fighting got worse in our area, we left our home with nothing but hope for a better life," said Safa'a. "Receiving this kit brought us a great sense of relief."

Assessing the situation of the family, and identifying that her husband's illness meant he could not work, the team immediately referred Safa'a for cash assistance and to a UNFPA- supported women and girls' safe space.

At the safe space Safa'a trained to make incense and perfumes. At the end of her training Safa'a received equipment and raw materials worth US\$500 to start a home-based incense and perfume making business. Safa's business now provides the family with a stable source of income that covers her basic needs.

"Through the help of this rapid response mechanism kit, our life has been changed. We have gone from a very difficult life to one where we can make a living with our small business," said a joyful Safa'a.





## LESSONS FOR IMPROVING PROTECTION MAINSTREAMING AND REFERRALS

Better mainstreaming and referrals require strengthening capacities, referral pathways, and securing additional responses towards this. RRM front line staffing needs to reflect a gender balance not only by dedicated and trained outreach human resources by RRM implementing partners but also by ensuring that women at risk of GBV are efficiently referred to GBV sub-national cluster partners.

Additional resources need to be deployed to allow efficient referral for general and specialized protection services in coordination with sub-national protection cluster to ensure the availability of up to date service mapping along with reliable referral pathways. While training and refreshment have been conducted quarterly, systematic coordination at the sub-national level between RRM field coordination and protection cluster and OCHA is necessary to enable fast track referral arrangements as soon as RRM engages with newly displaced families on the move (during enrollment and or registration).

Another area of concern is related to the potential exclusion of marginalized populations, such as the Muhamasheen community<sup>6</sup>, who are being displaced multiple times and systematically underserved due to their social stigmatization. Socially marginalized communities along with people with a disability required tailored outreach and assistance modalities for which UNFPA will engage closely with the Inclusion task force to design and implement a set of recommendations and programmatic adjustments to mitigate the risk of their exclusion from RRM assistance.

<sup>6</sup> Muhamasheen community suffers from caste-based discrimination and falls outside established Yemeni tribal and societal structures. Historically, the Muhamasheen have mostly lived in poor conditions in slum areas on the outskirts of cities. Many are unemployed, and those who do work are often confined to menial, low-paid jobs.



## Conclusion

The RRM has shown to be a critical entry point for all other humanitarian responses. The timeliness in response and richness of information collected through the RRM has shown to enhance the activation and effectiveness of other responses, in particular the provision of multi-purpose cash assistance. Revisions in RRM data collection tools to incorporate eligibility criteria of those newly displaced for cash assistance has meant the availability of information within 72 hours or less to allow for the efficient and timely provision of cash assistance.

The RRM has also proven to be a useful entry point for protection mainstreaming and referral to gender-based violence services. While challenges associated with stigma in reporting and lack of service mapping exist, the RRM remains a critical avenue to address the protection needs of displaced women and girls, particularly gender-based violence; which can be achieved by strengthening capacities, referral pathways, and securing additional responses.

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