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Independent Evaluation of the Aktion Deutschland Hilft (ADH) joint appeal on Yemen

Evaluation Report
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The content and findings of the report represent the evaluation team's point of view, and are not necessarily shared by ADH, its member agencies, and their partners.

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List of Acronyms

ADH	Aktion Deutschland Hilft e.V.
ADRA	Adventist Development and Relief Agency e.V.
ANC	Antenatal care
CHS	Core Humanitarian Standard on Quality and Accountability
CHV	Community health volunteer
CFM	Common feedback mechanism
CfW	Cash for Work
CGM	Community grievance mechanism
CMAM	Community-based management of acute malnutrition
CMC	Conflict Management Consulting
CP	Child protection
CVA	Cash and voucher assistance
FGD	Focus Group Discussion
HQ	Headquarters
HTR	Hard-to-reach
IDP	Internal displaced person
IMCI	Integrated Management of Childhood Illnesses
INGO	International Non-Government Organization
IR	Inception report
IP	Implementing partner
KEQ	Key evaluation question
KI	Key informant
KII	Key informant interview
MO	(ADH) member organization
MOPHP	Ministry of Public Health and Population
NGO	Non-governmental organization
OCHA	(United Nations) Office for the Coordination of Humanitarian Affairs
PIN	People in need
PNC	Postnatal care
PWDs	People with disabilities
PSEA	Prevention of sexual exploitation and abuse
PSS	Psychological support services
PWD	Persons with disabilities
RH	Reproductive health
SOP	Standard operating procedure
ToR	Terms of reference
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Executive Summary

Introduction

Humanitarian actors in Yemen continue to experience a challenging access environment, characterized by delays and denials of humanitarian activities and travel permits, interference in humanitarian activities by local authorities and humanitarian access constraints caused by an increased intensity of the armed conflict. Humanitarian access impediments across Yemen have continued to make it difficult for humanitarian actors to maintain regular, sustainable, and principled humanitarian activities in many geographical areas of the country.

According to the results of the Hard-to-Reach (HTR) analysis for 2021, led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), an estimated 10.1 million – 49 percent – of the 20.8 million people in need (PIN) across Yemen, are living in areas affected by access constraints, and the remaining (10.7 million, 51 percent) of people in need are living in areas which are comparatively more accessible.

Relatively few access limitations are directly caused by insecurity related to armed conflict or logistical impediments. The vast majority of limitations are related to bureaucratic challenges which mainly include denials of movement or access and delays of travel permits. All these contributed to the creation of a poor protection environment throughout the country, leaving civilians bearing the brunt of the conflict. In many cases, harmful coping strategies are adopted.

To address these humanitarian challenges, Aktion Deutschland Hilft e.V. (ADH) launched a joint appeal to support affected populations in Yemen in 2016. Since then, around 16.6 million EUR have been raised from which ADH member organisations (MOs) participating in the Yemen appeal can request funds for their humanitarian responses.

The eight participating ADH member organisations included in this evaluation have different experiences in Yemen, but most have been supporting the people in Yemen for several years already. As of today, the organisations continued providing humanitarian assistance, focusing on food security and health with supporting measures related to disease control and prevention or distributing essential drugs to health care centres. The operating environment, however, remains restricted and is characterized by challenges of humanitarian access and insecurity for all humanitarian actors.

ADH has commissioned this independent evaluation of ADH's joint appeal in Yemen. The evaluation includes projects that started in 2021. In December 2022, Conflict Management Consulting (CMC) was selected in a competitive process to conduct the evaluation.

This independent evaluation seeks a) to specifically assess different possibilities and approaches how ADH MOs and their implementing partner organisations (IPs) can work in Yemen, and b) to identify recommendations on most effective risk management practices to better support the planning of future programmes and projects in Yemen and possibly for civil war-like and fragile contexts more broadly.

Methodology

The methodology of the evaluation focused on existing risk management approaches of participating organisations, with special attention to protection, safety, and security issues. Specifically, the evaluation aimed to provide insights into a) the different approaches and possibilities for how humanitarian organisations can work in Yemen, b) good practice and proven concepts on risk management and risk transfer, c) the gaps and obstacles facing humanitarian actors in Yemen, and d) recommendations and “lessons learnt” for future programmatic planning to improve the work of ADH and its organisations.

The evaluation was implemented through a consultative, participatory, and inclusive approach, ensuring close engagement with key stakeholders and beneficiaries, including ADH staff, staff of participating organisations in both Germany and Yemen, beneficiaries of the joint appeal, as well as relevant government authorities and coordinating bodies, where this was possible. This was done to both triangulate data and obtain valid and useful findings and actionable lessons learned.

Conclusions and Recommendations

Overall, the evaluation found that ADH MOs and IPs mainstream the Core Humanitarian Standard on Quality and Accountability (CHS) on staff support to do their job effectively and equitably (#8) and strengthens local capacities (#3) in their projects. The MOs and IPs considered existing international recognised risk management guidelines and platforms.

The evaluation’s main conclusions and recommendations are:

No.	Conclusion	Recommendation
1	In conflict affected contexts, securing access is a key element for the effective and timely delivery of humanitarian assistance.	Building community acceptance is a main strategy for securing access, for MOs and IPs. This requires dedicated resources and sustained engagement with stakeholders along clear lines. Building acceptance was integrated into all the evaluated projects. This approach should be maintained for any future engagement.
2	Involving local authorities, community leaders and/or members during humanitarian delivery has the potential to improve communication and transparency and accountability. In addition, using local volunteers and local knowledge is considered by key informants (KIs) and the evaluators as a best practice to communicate with the community and design appropriate common feedback mechanisms (CFMs).	Community engagement and communication policies in particular should be developed to ensure appropriate community participation in the humanitarian response. It is also essential that all organisations ensure that their staff know how to address sensitive complaints, for example, about sexual abuse or exploitation, fraud, and corruption. Sensitisation for these topics for staff and also for community members, such as parents of schoolchildren, is integral to this process as well.

3	Clear rules of engagement with local authorities and strict principled projects are effective to sustainably gain access.	Community engagement and communication policies in particular should be developed to ensure appropriate community participation in the humanitarian response.
4	When operating in a volatile context, funding agility is required.	Flexibility in funding should be considered when designing interventions in volatile and conflict-affected contexts.
5	Partnerships with local organisations are an effective way to mitigate access constraints.	Partnerships with local NGOs should be considered in the project design and implementation. This should include specific capacity building support and a budget.
6	Risk management, including the very regular updating of the risk analysis, is an essential activity for successful project implementation.	Risk analysis should be an integral part of the project's monitoring system (as is the case with most projects already) and inform the project's management, including the risk management.
7	Different stakeholders are a window into building acceptances. This requires that the core humanitarian principles and standards are explained clearly to them.	Engage in regular refresher trainings on principled humanitarian actions.
8	Innovative approaches to overcome access constraints prove to be effective approaches for an effective implementation of interventions in conflict-affected areas.	Leveraging new technologies, online and social media, as integral part of programming is recommended, based on existing good practice and examples among ADH MOs.
9	MOs and IPs with more experience in CHS should support MOs with less experience to design projects with adequate budget lines and activities for CHS, such as for staff and for needs assessments.	Sharing of policies and experiences at country-level among MOs and IPs could be promoted.
10	Duplicating or overlapping CFMs may confuse crisis-affected people or create gaps. Better coordination is necessary to improve referrals between MOs and IPs and ensure that complaints are received by the right organization.	Foster coordination with other humanitarian agencies and relevant institutions in project locations to harmonize CFMs and raise awareness about them.
11	The approach of involving local focal points and local authorities proves to be effective in enhancing the communication and gaining access. However, this should not be the sole means of communication and for partnerships.	Increase the use of community meetings as a means of communication and community participation as additional approaches for information sharing and decision-making during the humanitarian response.
12	No post-training reports were reported or shared, which would also include judgment on understanding and availability of sufficient staff that are aware of CHS policies and processes, which indicates the need to increase trainings and create easy-to-understand materials for MOs and IPs' staff.	More awareness raising internally and with beneficiary communities on opportunities to participate in the response and on how the CFM works is recommended.

التقييم المستقل لـ " حملة ألمانيا تساعد ADH " المشتركة بشأن اليمن

تقرير التقييم - ملخص تنفيذي

مقدمة

لا تزال الجهات الفاعلة الإنسانية في اليمن تواجه ظروف وصول صعبة تتميز بالتأخير ورفض الأنشطة الإنسانية وتصاريح السفر والتدخل في الأنشطة والمشاريع الإنسانية من قبل السلطات المحلية بالإضافة للقيود المفروضة على وصول المساعدات الإنسانية الناجمة عن زيادة حدة النزاع المسلح. لقد استمرت معوقات وصول المساعدات الإنسانية في جميع أنحاء اليمن مما جعل من الصعب على الجهات الإنسانية الفاعلة أن تستمر في تقديم أنشطة إنسانية منتظمة ومستدامة ومبادئية في العديد من المناطق الجغرافية في البلاد.

وفقاً لنتائج تحليل صعوبة الوصول لعام 2021 ، والذي تم بقيادة مكتب تنسيق الشؤون الإنسانية (أوتشا) هناك ما يقدر بـ 10.1 مليون (49% من 20.8 مليون) شخصاً محتاجاً في جميع أنحاء اليمن، في مناطق متأثرة بصعب الوصول إليها، بينما يعيش 10.7 مليون شخص المتبقي والذي يقارب 51% في مناطق يسهل الوصول إليها نسبياً.

تُعزى البعض من معوقات إيصال المساعدات الإنسانية بشكل مباشر إلى انعدام الأمن المرتبط بالنزاع المسلح أو العوائق اللوجستية، أما الغالبية العظمى من المعوقات متعلقة بالتحديات البيروقراطية التي تشمل بشكل أساسي تقيدات الحركة أو الوصول وتأخير تصاريح السفر. لقد ساهمت كل تلك العوامل في خلق بيئة حماية سيئة في جميع أنحاء البلاد مما ترك المدنيين يتحملون وطأة الصراع ، وفي معظم الحالات تم تبني استراتيجيات موائمة مضرة.

ولمواجهة هذه التحديات الإنسانية ، أطلقت ADH نداءً مشتركاً لدعم السكان المتضررين في اليمن في عام 2016. ومنذ ذلك الحين ، تم جمع حوالي 16.6 مليون يورو حيث يمكن للمنظمات الأعضاء في منظمة ADH والمشاركة في حملة "نداء اليمن" أن تطلب تمويلاً لاستجاباتها الإنسانية.

ولدى المنظمات الثمانية المشاركة في هذا التقييم تجارب مختلفة في اليمن، حيث يعمل معظمها في دعم المتضررين في اليمن منذ سنوات عدة. حتى تاريخ اليوم تواصلت تلك المنظمات تقديم المساعدات الإنسانية مع التركيز على الأمن الغذائي والصحة بالإضافة للتدابير الداعمة المتعلقة بمكافحة الأمراض والوقاية منها أو توزيع الأدوية الأساسية على مراكز الرعاية الصحية. مع ذلك لا تزال بيئة العمل مقيدة وتتسم بتحديات إيصال المساعدات الإنسانية وضعف الأمن والحماية لجميع الجهات الفاعلة الإنسانية.

قامت ADH بإجراء هذا التقييم المستقل لنداءها المشترك في اليمن. يشمل التقييم المشاريع التي بدأت في عام 2021. في ديسمبر 2022 ، تم انتقاء "المكتب الاستشاري لإدارة الصراعات" للقيام بهذا التقييم من خلال عملية إختيار تنافسية.

يسعى هذا التقييم المستقل إلى:

(أ) تقييم الإمكانيات والنهج المتعددة التي تمكّن -على وجه التحديد- المنظمات الأعضاء في ADH والمنظمات الشريكة المنفذة من العمل في اليمن.

(ب) وضع توصيات حول الممارسات الأكثر فعالية في إدارة المخاطر لدعم التخطيط بشكل أفضل للبرامج والمشاريع المستقبلية في اليمن وربما للسياقات الهشة الشبيهة بشكل عام كسياقات الحروب الأهلية.

المنهجية

ركزت منهجية التقييم على مقاربات إدارة المخاطر الحالية للمنظمات المشاركة ، مع إيلاء اهتمام خاص لمسائل الحماية والسلامة والأمن، ويهدف التقييم على وجه التحديد إلى تقديم رؤى حول:

أ) المقاربات الإمكانات المختلفة التي يمكن للمنظمات الإنسانية تطبيقها في اليمن.

ب) الممارسات الجيدة / المفاهيم المثبتة حول إدارة ونقل المخاطر.

ج) الفجوات والعقبات التي تواجه الجهات الإنسانية الفاعلة في اليمن.

د) التوصيات و الدروس المستفادة للتخطيط البرامجي لتحسين عمل ADH ومنظماتها في المستقبل.

تم تنفيذ التقييم من خلال نهج استشاري وتشاركي وشامل ، مما يضمن المشاركة الوثيقة مع أصحاب المصلحة الرئيسيين والمستفيدين، بما في ذلك موظفو ADH وموظفو المنظمات المشاركة في كل من ألمانيا واليمن والمستفيدين من النداء المشترك، وكذلك السلطات الحكومية ذات الصلة و هيئات التنسيق حيثما كان ذلك ممكناً، وذلك للتحقق من المعلومات التي يتم الحصول عليها من تلك المصادر الثلاثة وكذلك للتمكن من استنتاج مخرجات مفيدة ودروس تطبيقية مستفادة ومؤكدة وقابلة للتنفيذ.

الاستنتاجات والتوصيات

التقييم أكد أن المنظمات الأعضاء والشركاء التنفيذيين يعممون في مشاريعهم تطبيقات متوائمة مع محتوى البند الثامن من المعيار الإنساني الأساسي الخاص بشأن الجودة والمساءلة في دعم الموظفين للقيام بعملهم بشكل فعال ومنصف، وكذلك البند الثالث الخاص بتعزيز القدرات المحلية، وأقر التقرير أيضاً أن نفس الجهات قد راعت محتوى الإرشادات والمنصات القائمة المعترف بها دولياً لإدارة المخاطر.

الإستنتاجات والتوصيات الرئيسية للتقييم هي:

التوصية	الاستنتاج	
بناء القبول المجتمعي هو استراتيجية رئيسية لتأمين الوصول للمنظمات الأعضاء وشركاء التنفيذ، وهذا يتطلب تخصيص موارد ومشاركات مستمرة مع أصحاب المصلحة وفقاً لمعايير واضحة.	في السياقات المتأثرة بالنزاع، يعد تأمين الوصول عنصراً رئيسياً في إيصال المساعدة الإنسانية بشكل فعال وفي الوقت المناسب.	1
يجب الحفاظ على هذا النهج لأية مشاركة مستقبلية.	تم التركيز على وإدماج القبول المجتمعي في جميع المشاريع التي تم تقييمها.	

<p>يجب تطوير سياسات التواصل والتواصل المجتمعي على وجه الخصوص لضمان المشاركة المجتمعية المناسبة في الاستجابة الإنسانية.</p> <p>من الضروري أيضاً أن تتأكد جميع المنظمات من أن موظفيها على دراية بكيفية معالجة الشكاوى الحساسة، على سبيل المثال ، حول الاعتداء الجنسي أو الاستغلال الجنسي ، والاحتيال ، والفساد ، وما إلى ذلك.</p> <p>إن التوعية بشأن مثل هذه الموضوعات للموظفين وأيضاً لأفراد المجتمع ، مثل أهالي أطفال المدارس، هي جزء لا يتجزأ من هذه العملية أيضاً.</p>	<p>2</p> <p>إشراك السلطات المحلية وقادة المجتمع و/أو الأعضاء أثناء تقديم المساعدة الإنسانية له القدرة على تحسين الاتصال والشفافية والمساءلة، ويعتبر استخدام المتطوعين المحليين والمعرفة المحلية من قبل المعنيين ممارسة فضلى للتواصل مع المجتمع وتصميم آليات للتغذية الراجعة المشتركة والمناسبة.</p>
<p>يجب تطوير الإنخراط المجتمعي وسياسات التواصل على وجه الخصوص لضمان المشاركة المجتمعية المناسبة في الاستجابة الإنسانية.</p>	<p>3</p> <p>تعتبر القواعد الواضحة للتعامل مع السلطات المحلية والمشاريع المبدئية الصارمة فعالة في تأمين وصول إنساني بشكل مستدام.</p>
<p>ينبغي مراعاة المرونة في التمويل عند تصميم التدخلات في السياقات المتقلبة والمتأثرة بالصراع.</p>	<p>4</p> <p>عند العمل في سياق متقلب، فإن سرعة التمويل مطلوبة.</p>
<p>يجب مراعاة الشراكات مع المنظمات غير الحكومية المحلية عند تصميم المشروع وتنفيذه، ويجب أن يقترن ذلك بدعم محدد لبناء القدرات وميزانية مخصصة.</p>	<p>5</p> <p>تعد الشراكات مع المنظمات المحلية طريقة فعالة للتخفيف من قيود الوصول.</p>
<p>يجب أن يكون تحليل المخاطر جزءاً لا يتجزأ من نظام مراقبة المشروع (كما هو الحال مع معظم المشاريع بالفعل) وإبلاغ إدارة المشروع ، بما في ذلك قسم إدارة المخاطر.</p>	<p>6</p> <p>تعد إدارة المخاطر، بما في ذلك التحديث المنتظم لها ، نشاطاً أساسياً لتنفيذ المشروع بنجاح.</p>
<p>الانخراط في دورات تدريبية تنشيطية منتظمة حول مبادئ العمل الإنساني.</p>	<p>7</p> <p>أصحاب المصلحة والجهات المعنية المختلفة هم مدخل لبناء قبول المشاريع. وهذا يتطلب شرح المبادئ والمعايير الإنسانية الأساسية لهم بوضوح.</p>
<p>يوصى بالاستفادة من التقنيات الجديدة ووسائل الإعلام عبر الإنترنت ووسائل التواصل الاجتماعي كجزء لا يتجزأ من البرمجة ، بناءً على الممارسات الجيدة الحالية والأمثلة بين المنظمات الأعضاء في ADH.</p>	<p>8</p> <p>أثبتت الأساليب المبتكرة للتغلب على قيود الوصول أنها نهج فعالة للتنفيذ الفعال للتدخل في المناطق المتضررة من النزاع.</p>

<p>يمكن تعزيز تبادل السياسات والخبرات على المستوى القطري بين المنظمات الأعضاء والشركاء المنفذين.</p>	<p>9 يجب أن تدعم المنظمات الأعضاء والشركاء المنفذين الذين يتمتعون بخبرة أكبر في المعيار الإنساني الأساسي المنظمات الأعضاء ذات الخبرة الأقل لتتمكن من تصميم مشاريع ذات بنود موازنة مخصصة لأنشطة تخص المعيار الإنساني الأساسي.</p>
<p>تعزيز التنسيق مع الوكالات الإنسانية الأخرى والمؤسسات ذات الصلة في مواقع المشروع لمواءمة آليات التغذية الراجعة المشتركة وزيادة الوعي بها.</p>	<p>10 قد يؤدي تكرار أو تداخل آليات التغذية الراجعة الشائعة إلى إرباك المتضررين من الأزمة أو خلق فجوات، ويعد التنسيق الأفضل ضرورياً لتحسين الإحالات بين المنظمات الأعضاء والشركاء المنفذين وضمان تلقي المنظمة الصحيحة للشكاوى.</p>
<p>زيادة استخدام الاجتماعات المجتمعية كوسيلة للتواصل ومشاركة المجتمع كنهج إضافي لمشاركة المعلومات واتخاذ القرار أثناء الاستجابة الإنسانية.</p>	<p>11 أثبت نهج إشراك نقاط الاتصال المحلية والسلطات المحلية فعاليته في تعزيز الاتصال والحصول على إمكانية الوصول. ومع ذلك، لا ينبغي أن تكون هذه هي الوسيلة الوحيدة للاتصال والشراكة.</p>
<p>يوصى بمزيد من التوعية داخلياً ومع المجتمعات المستفيدة بشأن فرص المشاركة في الاستجابة وكيفية عمل آلية التغذية الراجعة المشتركة.</p>	<p>12 لم يتم الإبلاغ عن تقارير ما بعد التدريب أو مشاركتها، مما يصعب الحكم على فهم وتوافر عدد كافٍ من الموظفين على دراية بسياسات وإجراءات المعيار الإنساني الأساسي. وهذا يشير إلى الحاجة إلى زيادة التدريبات وإنشاء مواد سهلة الفهم والتداول للمنظمات الأعضاء وموظفي الشركاء المنفذين.</p>

2. Introduction

2.1 The Yemen context

During the period of this evaluation (2021-2023), humanitarian actors in Yemen continued to experience a challenging access environment, characterized by delays and denials of humanitarian activities and travel permits, interference in humanitarian activities by local authorities and humanitarian access constraints caused by an increased intensity of the armed conflict. Humanitarian access impediments across Yemen have continued to make it difficult for humanitarian actors to maintain regular, sustainable, and principled humanitarian activities in many geographical areas of the country.

Armed conflict has weakened the social networks that ordinarily help maintain peaceful relationships within the families and communities of Yemen. Since March 2015, Yemeni health facilities have documented 8,757 conflict-related deaths and over 50,610 injuries. A range of human rights violations have been documented – affecting women and children in particular – with begging, child labour and forced marriage reportedly increasing.

Natural hazards continue to aggravate the crisis, with torrential downpours, recurrent flooding, desert locust infestations and the depletion of natural water sources. COVID-19 also remains a health threat in Yemen, with only 2.1% of Yemen's population at least partially vaccinated by September 2022. Beyond the direct health and mortality risks posed by COVID-19, fears and stigma associated with the disease are reportedly also discouraging people from seeking treatment for other health concerns and from accessing other services.

Measures introduced to mitigate the spread of COVID-19 have caused interruptions to various vital services, including for nutrition, protection, and education. Substantial devaluation of the Yemeni rial contributed to the further worsening of Yemen's economy, driving up the prices of essential goods and services including food, fuel, and healthcare.

The violent conflict conditions create several security and access-related challenges to humanitarian, development, and peacebuilding agencies and international non-governmental organisations (INGOs), including, among others, restrictions of movement of their staff and goods, violence against their personnel, assets, and facilities, as well as interference in the implementation of their activities, including aid diversion. On the population side, challenges include obstructions impeding the population concerned from accessing life-saving services.

According to the results of the HTR analysis for 2021, which was led by OCHA and steered by humanitarian actors, an estimated 10.1 million – 49 percent – of the 20.8 million PIN across Yemen, are living in areas affected by access constraints, and the remaining (10.7 million, 51 percent) of PIN are living in areas which are comparatively more accessible. The 10.1 million PIN who are living in areas where access is more constrained, are located across 1011 sub-districts, 155 districts and 16 governorates in Yemen. The analysis identified that out of 2,148 sub-districts, challenges identified in 1,011 sub districts are related to bureaucratic impediments (86% of all mentioned constraints).

The next common constraint, representing five percent of cases, is a combination of security challenges related to intense armed conflict, combined with bureaucratic issues. There are three percent of the sub-districts that were affected by all three constraints.

Relatively few access limitations are directly caused by insecurity related to armed conflict or logistical impediments. The vast majority are because of bureaucratic challenges, namely denials of movement or access and delays of travel permits. All these contributed to the creation of a poor protection environment throughout the country, leaving civilians bearing the brunt of the conflict. In most cases, harmful coping strategies are adopted as a result.

In Yemen, there are 30 sub-districts with 367,000 PIN being affected by all three access constraints, those areas are as follows: Hajjah comes first with 16 affected sub-districts, 252,178 PIN, then Al Hodeida with 13 sub-districts, 103,541 PIN and finally, Ma'rib with one affected sub-district and 112,028 PIN.

Similarly, the governorates that are affected by both security-related and bureaucratic constraints, include locations where humanitarian operational planning has often been adapted to changes in the situation and conflict dynamics, to maintain or gain reach to people in need over the course of the year: Al Hodaidah, Taiz, Sa'ada, Al Jawf, Sana'a, Hajjah, Ad Dali' and Lahj.

Improving the access to people in these areas requires a tailored approach as part of the humanitarian response plans. It needs to be noted that, in violent conflict settings, the design and implementation of humanitarian, peacebuilding and development programming and interventions require a high degree of awareness and experience of negotiating, securing and safeguarding access to crisis-affected people, which is essential to ensure that aid reaches the most vulnerable and seriously affected populations.

2.2 ADH's joint appeal in Yemen

To address these humanitarian challenges, ADH launched a joint appeal to support affected populations in Yemen in 2016. Since then, around 16.6 million EUR have been raised from which ADH MOs participating in the Yemen appeal can request funds for their humanitarian responses.

The eight participating ADH MOs have different experiences in Yemen, but most have been supporting the people in Yemen for several years already. As of today, the organisations continued providing humanitarian assistance, focusing on food security and health with supporting measures related to disease control and prevention or distributing essential drugs to health care centres. The operating environment, however, remains restricted and is characterized by challenges of humanitarian access and insecurity for all humanitarian actors.

Nonetheless, ADH believes that humanitarian access must be based on agreed principles and standards: only by reaching crisis-affected people based on the humanitarian principles of independence, humanity, neutrality, and impartiality can assistance and protection be provided equitably to underserved populations and in areas suffering from physical access constraints while following a "do-no-harm" approach. This requires considering the CHS for ADH organizations and their partners to improve the quality and effectiveness of the assistance they provide. As a core standard, the CHS describes the essential elements of principled, accountable, and high-quality humanitarian action.

Therefore, to operate in Yemen and to implement humanitarian standards, an effective risk management is paramount both for local staff and for programme participants. It is a crucial element to uphold and continue project and programme activities and services in complex and challenging settings. Successful humanitarian security risk management allows greater access to and impact for crisis-affected populations through the protection of aid workers, programmes, and organisations, critically balancing acceptable risks with programme activities.

In addition, socio-cultural, economic, and political factors are of paramount importance and should be considered, applied, and implemented considering that these are key elements of a risk management framework.

2.3 Projects included in the evaluation

A total of eight ADH member organisations are involved in implementing the Yemen appeal that was reviewed. Each ADH member organisation selected one ADH-funded project that is included in the evaluation:

Member organisation	Project number	Project name	Project duration	Main project region(s) in Yemen
ADRA	940025	Basic medical care for those affected by the conflict in Al Hudaydah, Hajjah, Saada, Abyan, Lahj, Yemen (YEMA: Yemen Emergency Medical Assistance)	01.01.2021-31.12.2022	Al Hudaydah, Hajjah, Saada, Abyan, Lahj
arche noVa – Initiative für Menschen e.V.	51061	Women Empowerment Online Platform for Creating Improved Livelihoods	01.07.2021-31.12.2021	Online; whole of Yemen
CARE Deutschland e.V.	51062-03	Building the resilience of vulnerable groups and improving equal access to education, WASH, an income in the conflict regions of Taiz, Aden and Lahj Governorates, Yemen	01.11.2021-31.10.2024	Taiz, Aden, Lahj
Handicap International	51062	Comprehensive response to improve access to specific services for vulnerable persons affected by the conflict in Taiz governorate, Yemen	01.07.2022-31.12.2022	Taiz
Help – Hilfe zur Selbsthilfe e.V.	YEM 005-21	WASH lead agency project	01.08.2021-31.12.2023	Ku'aydinah District, Hajjah

HelpAge Deutschland e.V.	4544	Provision of integrated emergency food, WASH, and health assistance to the most at risk IDPs households included older headed households in Al Abr district of Hadramout governorate.	01.08.2021-31.10.2021	Hadramout
Islamic Relief Deutschland e.V.	760 015 01	Capacity building of local NGOs in Yemen	15.03.2020-30.11.2023	Aden, Al-muhra, Taiz, Hadramout, Abyan, Tarim, Marib
World Vision Deutschland e.V.	218944	Essential health and nutrition assistance to vulnerable and conflict-affected populations in Yemen	01.01.2022-30.09.2022	Al Madaribah District, Lahj Governorate

3. Evaluation purpose and objectives

ADH – Germany’s Relief Coalition, has commissioned this independent evaluation of ADH’s joint appeal in Yemen. The evaluation includes projects that started in 2021 and are implemented through eight participating organisations and their implementing partners. In December 2022, CMC was selected in a competitive process to conduct the evaluation.

The independent evaluation seeks a) to specifically assess different possibilities and approaches for how ADH organisations and their implementing partner organisations can work in Yemen, and b) to identify recommendations and examples for effective risk management practices to better support the planning of future programmes and projects in Yemen and possibly for other civil war-like and fragile contexts more broadly.

The joint appeal in Yemen was first launched in 2016 and has since then focused on food security and health, with supporting measures related to disease control and prevention and distributing essential drugs to health care centres. The operating environment, however, remains restricted and is characterised by challenges in terms of humanitarian access and insecurity.

To address these challenges the evaluation answers two Key Evaluation Questions (KEQs), along with six sub-questions as stated in the Terms of Reference (ToR) (see Annex). The two KEQs are:

- **KEQ 1:** What are the existing risk management approaches, focusing on protection, safety, and security issues, utilized within ADH member organisations and their partners?
- **KEQ 2:** To what extent does the current approaches, methods, and strategies in carrying out programmatic activities, address protection, safety, and security issues?

4. Methodology

The methodology of the evaluation focused on existing risk management approaches of participating organisations, with special attention to protection, safety, and security issues. Specifically, the evaluation aimed to provide insights into a) the different approaches and possibilities for how humanitarian organisations can work in Yemen, b) good practice and proven concepts for risk management and risk transfer, c) the gaps and obstacles facing humanitarian action and actors in Yemen, and d) recommendations and “lessons learnt” for future programmatic planning to improve the work of ADH and its members.

The evaluation was implemented through a consultative, participatory, and inclusive approach, ensuring close engagement with key stakeholders and beneficiaries. For this, we made use of various information sources to generate diverse views on the performance and approaches utilized by the participating organizations and considered the local context, cultural sensitivities, and do-no-harm approaches.

The evaluation includes a wide range of stakeholders including ADH staff, staff of participating organisations in both Germany and Yemen, beneficiaries of the joint appeal, as well as relevant government authorities and coordinating bodies, where this was possible. This was done to both triangulate data and to obtain valid and useful findings and actionable lessons learned. The annex includes further details on the overall evaluation methodology and approach to data collection and the organization of field work in Yemen.

Limitations and Challenges

One limitation was the availability of interviewees for key informant interviews (KIIs). As some of the projects had already been closed before the evaluation, and their relevant staff have left their positions, the evaluators were referred to other KIs. Therefore, to ensure equal opportunity to all MOs and relevant IPs to participate in the evaluation, the data collection period was longer than initially planned and expected.

5. Evaluation findings

This section presents the main evaluation findings and responses to all evaluation questions. The evaluation questions are included *in italics* for orientation of the reader.

5.1 Policies and approaches used

What criteria were used to select the initial selection of communities?

The target communities for interventions were identified in full consultation with the Water, Sanitation and Hygiene (WASH), health, camps management, shelters, and protection Clusters. The processes for the selection of target communities included baseline surveys, situation and context analyses and needs’ assessments. Requests from official authorities, such as internally displaced persons’ (IDPs’) Implementation Units and offices of relevant ministries at district and governorate levels, to engage in specific relevant sectors and target governorates and districts, were also considered.

The initial set of communities were selected using several criteria such as accessibility, security, ADH MO's interests, and intra and inter-communal conflict in terms of frequency and nature. These sets of communities were then screened and prioritized in coordination with relevant clusters and authorities.

- In Hajjah governorate, the five targeted districts under Help's project, the WASH lead agency project, were classified as high risk to cholera. Therefore, the interventions are highly needed as described by a baseline survey and with the relevance of interventions reported by official authorities. This justified the selection of these districts.
- For the selection of shelters for interventions, the shelter cluster, camp management cluster and the implementation unit in the target districts agreed to specific IDP camps considering several standards. Those included: absence of previous interventions, age of people and needs assessment based on the provided list of IDPs with priorities given to vulnerable people. Primary groups of beneficiaries were then developed and validated for their selection. An example for this is the HelpAge project: the provision of integrated emergency food, WASH, and health assistance to the most-at-risk IDP households included older-headed households in Al Abr district in the Hadramout governorate.
- Disaggregated data to determine beneficiaries and to ensure that the most vulnerable groups are accounted for, was among the key selection criteria. However, this is not applicable for beneficiaries seeking primary healthcare services at supported facilities.
- Other vulnerability criteria included household composition, with target groups including women, children, and families facing heightened protection risks.
- Comprehensive support to health facilities and centres targeting children, women, vulnerable who are at risk of morbidity and mortality was provided in line with the Yemen Minimum Service Package (MSP), including
 - Integrated Management of Childhood Illnesses (IMCI),
 - vaccination services,
 - reproductive health (RH) services with antenatal and postnatal care (ANC and PNC),
 - community-based management of acute malnutrition (CMAM),
 - promotion of infant and young child feeding practices, and
 - the treatment of people with chronic diseases.
- Additionally, COVID-19 refresher trainings were conducted to establish safe triage and patient flow to enable critical services at health and nutrition sites.

- Medair, the implementing partner of World Vision has several policies, standards, guidelines, and mechanisms, for protecting project staff and beneficiaries while delivering the project with the required standards. These standards include integrity, impartiality, Sphere, and humanitarian standards as well as adherence to a code of conduct and core values. Medair reported that all these policies, standards and mechanisms are known and implemented by their staff (headquarters, international field personnel and community-based partners) and beneficiaries. For this, project and Medair staff are trained on a monthly basis including training on code of conduct, Sphere standards as well as other policies, standards, and mechanisms related to protection of staff and beneficiaries. Another example of good practice is the use of detailed databases on the beneficiaries to implement the intervention in an efficient manner. Because of this, beneficiaries do not need to prove their health conditions and their liability to receive the project's support. For example, diabetes patients, after their status is proved, are provided with IDs card containing all their health data. This ID card is then used for regularly receiving the allocated medicine.
- To mitigate the risk of acute malnutrition, the project included education and awareness interventions while enhancing the capacity of health facilities that the project worked with. This also included rehabilitation of WASH infrastructure and facilities which were appropriate to provide optimum services in the target governorates. In addition, ADRA has its own policies at headquarters (HQ) level and at the local level, with staff receiving ongoing training on these policies and standards. The purpose is for staff to fully understand the safeguarding policies of the organization and the commitment to beneficiaries. Other policies and standards reported include Sphere Standards, CHS, and the Fundamental Principles of the International Red Cross and Red Crescent Movement.
- ADRA showed strong awareness for the importance of communication about human rights and about preventing sexual harassment and abuse of beneficiaries and the project staff. For this purpose, a number of measures are in place and fully utilized. ADRA also has a hotline available for all beneficiaries as well as for community members to express their needs or complaints. Project staff is also made aware of these mechanisms when they receive their training from the M&E department. Budget is used for this mechanism, which is fully used.
- Islamic Relief reported that various project activities were implemented virtually because of the pandemic in order to protect the beneficiaries from both the health and security risks. However, beneficiaries were still given contact information to reach the complaint and feedback mechanism. , as well as the project coordinator.

Are the projects' activities designed to address specific types of conflict, security, and accessibility within communities?

In most cases, the projects were designed to address conflicts over resources and basic services, while other interventions addressed the impact of the ongoing violent conflict including, for example, needs of IDPs, providing shelter, protection, and education. Most importantly, the projects were designed to address the needs of the targeted communities by providing life-saving services while addressing conflicts over these services such as WASH, health services, shelter, and protection services.

In addition to situation analyses and ongoing assessment of existing levels of conflict, security, and accessibility in potential communities, which have been an ongoing process before and during the implementation of the interventions, OCHA's periodic classifications of humanitarian access were used by all MOs and IPs.

Key approaches to gain safe and sustained access to PIN and mitigate security risks are building acceptance among community members for the interventions. Three MOs stated that community acceptance is an important element of their risk mitigation strategy. This acceptance is created through quality work and through relevant interventions that are meeting communities' needs. Close communication with communities together with community dialogues also play a crucial role in building community acceptance. All MOs and IPs reported that sharing information and collecting feedback about their projects through CFMs and CGMs are an effective way to build acceptance, especially for being transparent and accountable. Another strategy to enhance access is through gaining approval from local authorities and acceptance from the local communities.

MOs have various degrees of involvement with their IPs. While some MOs retain teams on the ground, others oversee their projects remotely and implement indirectly through IPs. This indirect implementation is one of the main strategies used by MOs to gain consistent and sustainable access and to provide support to project areas. This approach is regularly more effective when IP's staff are from the targeted area.

For enhancing accessibility within communities, most of the projects had local focal points and involved well-established organizations with access to the targeted communities. Some IPs have been active on the ground since before the ADH-funded projects and because of that had pre-existing relationships that were leveraged for the new ADH-funded projects.

For including gender aspects, recruiting female staff was cited by most organizations as an important way to gain access to female household members.

Where the health facilities are hard-to-reach, MOs and IPs promoted access to services for all people regardless of age, gender, or disability in communities. Clinic staff were trained on the humanitarian principles of humanity, neutrality, impartiality, and independence. These trainings included formal training workshops, face-to-face specialized instructions, awareness, and refreshing workshops as well as on-the-job trainings. Formal trainings were facilitated by Ministry of Public Health and Population (MOPHP) trainers while on-the-job trainings were conducted by the staff members of the IPs and MOs. This also applied to training of community health volunteers (CHVs). CHVs were trained to identify people with disability for follow-up and referrals which were coordinated with other INGOs. The mobile teams and CHVs also covered beneficiaries that face difficulties in accessing health facilities due to the lack of financial resources for transportation.

How did the project assess the existing level of conflict, security and accessibility in communities when determining which communities to select?

The assessment of the level of conflict, security and access conducted by some of MOs and IPs, began during projects' design phase, as part of comprehensive situation assessment studies and analysis and baseline surveys. These assessment studies included conflict analyses of targeted areas and almost all of them covered assessments of the drivers of conflict, engines of peace, conflict factors, their manifestation, and impacts. However, due to the short period of some projects, no separate, stand-alone conflict assessments were conducted. Instead, a risk analysis was conducted.¹ An example of this is that the provision of integrated emergency food, WASH, and health assistance to the most-at-risk IDP households included older-headed households in Al Abr district in the Hadramout governorate. The project was also complementary to other previous interventions funded by other donors.

These conflict assessments were conducted to ensure that interventions are informed by the local context, and to maximize the probability of such engagements being effective and sustainable. Conflict assessments also helped in generating understanding of the conflicts that exist in the target areas and to identify relevant stakeholders, including those who may have vested interests in the outcome of conflicts. The conflict assessments that were conducted enabled MOs and IPs to address these issues and minimize the risks of interventions that may inadvertently intensify conflicts and thereby do more harm than good. It also provided the MOs and IPs with a better understanding of conflict drivers and with insights into peace drivers that need to be supported, enabling more targeted programming and more efficient use of resources.

It is worth mentioning that these analyses mainly addressed humanitarian needs. The assessment of conflict, security, and humanitarian access was not much more detailed, mainly because it is not acceptable for local authorities to mention conflicts and security in some of the targeted areas. However, OCHA's periodic classifications of humanitarian access were often used by all MOs and IPs.

In most cases, there is no conflict within the targeted communities that needs to be addressed within the activities of the projects. As for humanitarian access, the challenges exist and lie in the difficulty of geography and scattered populations. This has been addressed through the equal distribution of the projects' interventions and implementation using local focal points and staff members, together with Rapid Response Teams (RRTs) that covered all targeted districts. The interventions also included capacity building and training, continuous guidance to community members and providing both the staff and community members with necessary tools and material to carry out their tasks.

¹ Conflict assessments include an assessment of the drivers of conflict, engines of peace, conflict factors, their manifestation, and impacts. Risk analysis, on the other hand, include the identification of risks, and analyze their likelihood and potential impact.

5.2 Policies documented and in place within MOs and IPs

5.2.1 Existing risk management approaches

What are the existing risk management approaches of ADH member organisations and their partners, with a focus on protection, safety, and security issues?

The primary and secondary data collected suggests that there are diversified risk management approaches of MOs and IPs related to protection, safety, and security issues.

With regard to protection of humanitarian staff and targeted communities, all MOs and IPs developed and regularly updated their risk management plans, code of conduct and training plans for their staff in relevant areas.

All interviewed MOs and IPs reported that they maintain comprehensive lists of risks, risk registers or risk logs to document and manage risks to humanitarian assistance (including for local staff and for programme participants). Most of the MOs and IPs used general risk management plans/risk logs that include identification of risks, likelihood of risk and risk prevention and mitigation strategies. In most cases, risk management strategies and approaches included:

- For risks related to the security situation and how they might impact the project, the approaches included (i) monitoring of the security situation; and if conflict escalates significantly, reduction of activities or shift to lesser-affected districts. (ii) updating security plans and conducting routine simulations; (iii) some of MOs have detailed security systems in place, in which case the security situation is continuously monitored with the government and other stakeholders in order to respond appropriately.
- To reduce the risk of facing restrictions to operate in Yemen, including a potential blockade of the project by local authorities, MOs and IPs maintain strong and regular working relationships with relevant ministries and communities and work with existing local and community-based structures; and build additional capacity where and when needed. This included explaining the projects and the planned implementation modalities to stakeholders in kick-off meetings; close cooperation with local authorities and sensitization regarding the positive effects of IPs work; sensitization of beneficiaries and local authorities at project start, as well as creating feedback and question mechanisms.
- To avoid conflict between different community groups as a result of the intervention, the strategies and approaches included conflict analyses, leading to preventive measures and improvement of local feedback mechanism. For example, for the risk of creating conflicts over distribution of school materials or selection of Cash for Work (CfW) beneficiaries, the risk management approach included conducting needs assessments and considering market opportunities to ensure that the technical and vocational training offered is tailored to market realities and a politically permissible framework.

Training programs are also designed in a gender-sensitive manner to consider the different living conditions of women, men, and people with disability (PWDs).

- To prevent fraud and corruption, risk management policies included strict implementation of anti-fraud and corruption policies, documentation of all incidents, and monthly financial reporting. This also included the establishment of feedback, response, and complaint mechanisms for beneficiaries.
- For the prevention of sexual exploitation and abuse, MOs and IPs have and manage feedback and response mechanisms for beneficiaries. In addition, the approaches included training of all staff in child protection and Prevention of Sexual Exploitation and Abuse (PSEA) policies, as well as compliance with both policies under zero tolerance conditions.
- Further, all MOs and IPs reported regular safety briefings for their employees and strict implementation of their safety protocols. According to project staff and KIIs, these briefings used to take place when signing new job contracts, and on a weekly basis. Briefings are also conducted before the field visits, as well when relevant safety and security events took place.
- To counter the risk of low acceptance of project approaches to behaviour change and change of norms, risk management strategies and approaches of all MOs and IPs include sensitization of local authorities and leaders (men) on the importance of inclusive approaches, involve beneficiaries in developing activities and apply Do-No-Harm principles.

5.2.2 Policies, standards, and mechanisms in relation to protection of staff and beneficiaries

Which kind of policies, standards, and mechanisms in relation to protection of staff and beneficiaries are available at headquarters level and field level (community-based partners)?

For protection of the staff and beneficiaries, the following policies, standards, and mechanisms were employed by headquarters and local IPs:

- The principle of Do-No-Harm was applied to all interventions. Protection of beneficiaries and employees is seen as obligatory and represents the core of the work of all MOs and IPs. This is also reflected in their missions, visions, objectives, policies, mechanisms of work and projects at all levels.
- At policy and guideline levels, MOs and IPs developed and applied integrated policies and guidelines for the protection of staff and beneficiaries including security, safety, and access guides; protection policies in emergency situations; child protection policies; code of conduct; gender policies; and policies to prevent sexual exploitation and abuse.
- In most cases, the security, safety, and access manuals contain directions, information, instructions, and practical advice applicable to all situations in general and to the emergency situation in Yemen in particular.

- At the level of standards and mechanisms: Almost all standards and policies are adopted from and guided by relevant international standards, such as the Sphere standards, CHS, and the Fundamental Principles of the International Red Cross and Red Crescent Movement. In addition, all MOs and IPs are obliged to meet the Sphere standards. It was reported that, YFCA (an IP to HelpAge Deutschland e.V) is the focal point for Sphere in Yemen and implements all interventions according to these standards. Sphere standards and policies are also included in the contracts between the MOs and their IPs. For example, seven policies and standards related to the protection of the staff and beneficiaries are included in the Help-RMENA contract, including the general code of conduct related to child protection and rights, and a policy against exploitation.
- Policies and guidelines for humanitarian action issued by different clusters such as WASH, health, protection are referenced and implemented, including ToR for lead agencies in the WASH cluster; WASH cluster Standard operating procedures (SOPs) of AWD cases; managing and operating the Watery Diarrhoea DTCs for the World Health Organisation (WHO) and health cluster; and protection cluster manual to respond to cholera.
- For contracts and agreements with employees, suppliers/contractors and official authorities benefiting from the interventions, specific forms, policies, and conditions are included, including policies and standards of local IPs, MOs ADH, and humanitarian work standards of humanity, impartiality, independence, and neutrality. It is also included that target communities have access to safe and responsive mechanisms to handle complaints and receive appropriate and relevant interventions that are delivered effectively and timely. Capacities of local authorities should be strengthened, the interventions should be delivered by competent and well-managed staff and volunteers, and resources should be managed and used responsibly for their intended purposes.

In which way has the protection of international, national staff and/or local partners been ensured?

For ensuring the protection of international, national staff and/or local partners, staff sign safety and protection policies and other policies and standards, as parts of their contracts. They are also made aware of these policies through ongoing training and discussion sessions during which they are introduced to the policies, as well as to the consequences of not respecting them. All staff is required to apply these policies and the organizations monitor it.

Applying the above-mentioned policies and standards created acceptance, and promoted cooperation and support from local authorities, which in turn facilitated the access and implementation of the interventions. Field visits are conducted in full coordination with IDP Implementation Units that attend field events and inform the camps' managers and sector coordinators. During distributions, at field level, measures are taken to de-conflict the distribution sites and to avoid air strikes. For this, the operations are informed about the targeted sites and accordingly they are listed for de-confliction at the beginning of the interventions.

Post distribution, satisfaction assessments in terms of quantity, quality, relevance, distribution risks and times have been conducted. Protection desks are provided to isolate women and men. The beneficiaries are also informed about distribution at different times in order to avoid crowding.

Some MOs and IPs reported that they face challenges rather than risks in implementing their interventions. These include, for example, preventing them from distributing support to the beneficiaries in a specific location. Such challenges are addressed through different mechanisms such as involving local authorities and implementation units. If a solution is not possible, interventions are moved to other locations. In addition, security clearance is needed for field visits and travel by the staff or for transporting material to the target sites. Additional steps to ensure the protection of international staff, national staff and local partners include:

- Project teams are generally equipped with appropriate communication equipment, first aid kits, and essential supplies.
- In the event of active conflicts, MOs and IPs retain only essential expatriate staff in-country, with support functions covered online. This proved to be successful during Covid-19 travel restrictions also.
- In the event of increased tribal divisions that prevent the deployment of trained national staff to certain areas, MOs and IPs increase the use of short-term regional and international surge staff.

Were complaint mechanisms in place? If yes, in which way has staff been informed about them? Have they been used?

Complaint and feedback mechanisms: All MOs and IPs have complaints and grievances mechanisms. In general, MOs and IPs have policies for safeguarding, gender justice, accountability, as well as codes of conduct, guides to managing complaints, awareness raising material for PSEA, and presentations on humanitarian principles and mandates.

These complaints and grievance mechanisms take a variety of forms, including hotlines and SMS services mentioned visibly in all materials and sites, email addresses, static complaint, and suggestion boxes, help desks, in-person office visits, staff or complaint focal points, and surveys. Both beneficiaries and staff members are informed about the complaint and feedback mechanisms.

However, in some cases complaint response policies are not well-developed or incomplete, lacking, for example, the necessary level of detail, such as a time commitment to close the feedback/complaint loop and provide the complainant with a reply from the organization.

5.2.3 Extent to which these policies are known, being implemented, and being followed

For ensuring that these policies are known, being implemented, and being followed, a variety of mechanisms to receive and respond to complaints have been set by MOs and shared with and implemented by their IPs. Mechanisms include community meetings, suggestion/complaint boxes, complaint help desks at distribution sites during which awareness raising activities are also implemented, and hotlines (with phone numbers published in all materials and sites). M&E and project staff is also regularly speaking in-person with different community members or beneficiaries when visiting project locations. In some cases, MOs and IP staff have made their personal phone numbers available to communities to call in case of complaints or questions. M&E systems are sometimes also utilized to

gather feedback and complaints through assessments such as post-distribution monitoring and evaluations. Considering the (often low) local literacy levels, all MOs and IPs have developed and used illustrations to help people express their attitudes towards the interventions.

With regard to staff knowledge of the complaints and feedback policies, all interviewed MOs and IPs reported that they provided training to their staff to promote their policies internally. All M&E and other field staff interviewed reported that they had been trained on complaint and grievance mechanisms, communication, and participation. Roughly 90% of the interviewed field staff that received training on CHS topics felt very confident that they had sufficient knowledge to implement relevant principles in practice. The other 10% were only partially confident, and most mentioned “community engagement” as a topic for which they need more information/training.

Almost all the staff interviewed showed that they are well aware and could describe their responsibilities in meeting CHS commitments. This is applicable to the focal points, the M&E staff, and project staff interviewed. For the organisations that do not have hotlines, members of their staff shared their contact information with community members to call with complaints, questions, or feedback. Another example given by most of the IPs was that illustrations were used for illiterate people to express themselves, particularly their level of satisfaction with the interventions. All interviewed staff reported that they received or participated in training on policies, standards and relevant guidelines and assisted training community members on related topics.

Most of interviewees facilitated or attended community meetings for communication purposes. The evaluation shows that 70% of interviewed staff and KIs know their roles in implementing CHS standards and policies, while 30% of the interviewed staff did not know their precise role in implementing CHS. This, linked with the findings about organizational training and promotion of CHS, shows that more work could be done in these organizations to ensure the staff’s understanding of CHS policies.

For some of the organizations, complaint logs and feedback appears to be inconsistent. Evaluation interviews showed that they lack enough data to provide clear answers about their complaint mechanisms. Only six MO/IPs provided complaint logs for their projects, while one provided a sample of a monthly report of complaints. For the complaint logs seen by the evaluators, different tools were used to submit complaints, including suggestion boxes, mobile calls, WhatsApp, hotlines, and helpdesks. Some offered the recording of verbal complaints.

To what extent do the current approaches, methods, and strategies in carrying out programmatic activities, address protection, safety, and security issues?

Current approaches, methods, and strategies in carrying out programmatic activities do not systematically correlate with more effective implementation and addressing protection, safety, and security issues. While most MOs and IPs have strict monitoring and evaluation policies, two of them did not conduct monitoring of the policies and had beneficiaries unaware of their CFMs and/or project activities. On the other hand, one local partner organization does not have CHS policies and does not offer a helpdesk at distributions, due to the nature of the project interventions (arche noVa e.V. – Yemen Women Union - Women Empowerment Online Platform for Creating Improved Livelihoods).

Have organizations contributed to strengthening local capacities in protection?

The evaluation shows that all MOs and IPs contributed to strengthening local protection capacities through training employees, volunteers and workers nominated by official authorities such as health workers and WASH rapid response teams. This includes training on general protection, CHS, child protection, protection of women and vulnerable groups, and gender sensitivity, as well as protection from abuse and exploitation of beneficiaries.

Providing shelters, toilets and dignity kits for women contribute to their protection as these interventions have the potential to enhance women's health and provide them with basic items needed for their dignity.

For protection of the beneficiaries and staff, protection principles were considered as core values for promoting meaningful access, safety, and dignity in humanitarian aid, in line with the Yemen Protection Cluster and the Global Protection Cluster. This is applicable for all MOs and IPs. For example, most of the MOs and IPs considered protection issues when considering access to health care services for vulnerable groups, such as boys and girls and pregnant and lactating women (PLWs) who are among the most vulnerable to illness and death.

MOs and IPs involved in provision of health and nutrition support, reported that they ensured that vulnerable beneficiaries are both protected from unsafe situations and receive long-term health and nutrition care. They also reported commitment to the Do-No-Harm principle and are in most cases guided by the Accountability to Affected Populations (AAP) policy to ensure services delivered to communities do not exacerbate or create new vulnerabilities. For this, MOs and IPs gathered beneficiary feedback on services and other protection needs and conducted safety audits to inform risk mitigation strategies for vulnerable groups.

By improving access to and the quality of emergency health and nutrition services, as well as promoting sustainability through rehabilitation, behaviour change communication and building local capacities, the interventions contributed to strengthening local protection capacities.

Awareness raising through training and sharing of important messages about hygiene and health have the potential to promote community ownership, and to strengthen the capacities of communities to identify early warning health signals. This in turn has the potential to enhance resilience and coping mechanisms at the household, community, and health facility levels. On-the-job training and supervision of local health staff ensure quality service delivery beyond the projects. Rehabilitation facilities enable high quality health-care services and care for patients. For this, MOs and IPs worked with the MOPHP to promote building capacity of staff and supporting existing infrastructure, with the view of eventually handing the functioning facility back to the Ministry. This did not just contribute to strengthening local capacities but also increased the sustainability of interventions.

Gender sensitivities were considered and based on good practice guidelines e.g., the IASC Gender Handbook for Humanitarian Action. In one case, a project only targeted women, while in some other projects the percentage of targeted women exceeded those of men.

All projects' interventions are directly benefiting all populations, including men, women, families with low protection capacities, and other vulnerable groups. The evaluation did not find any evidence that the interventions contributed to exacerbating community tensions or expose vulnerable beneficiaries to additional harm risks.

Taken together, the approaches applied by ADH MOs and IPs, represent the actual application of CHS (#3): Humanitarian response strengthens local capacities and avoids negative effects.

The projects' implementation modalities, approaches and strategies are in conformity with protection principle 2: Ensure people's access to assistance according to need and without discrimination. The interventions aimed to assist people to recover from the physical and psychological effects of threatened or actual violence, coercion, or deliberate deprivation. These appear clearly in interventions related to mine action activities (such as the HI project included in this research), which can be considered as a practical application of the protection principle no. 3: Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion, or deliberate deprivation.

5.2.4 Elements of a risk management framework likely challenges, risks, and mitigation measures

What are the different elements of a risk management framework? How effective is it? What are likely challenges, risks, and mitigation measures when applying different risk management approaches and related techniques to deal with existing types of risks, when working on risk identification and analysis, risk assessment, monitoring and risk transfer (physical, reputational, quality, capacity development), when working directly with local partner organisations and/or local partners (such as in communities, with volunteers, programme participants, marginalized groups, local authorities).

Risk identification

The key elements of risk management frameworks included documenting potential risks and categorizing the actual risks. This was not limited to the existing risks but also included those that might emerge in the future. Almost all MOs and IPs documented and shared their risk management plans including risks' logs with relevant stakeholders. These plans also showed that the likelihood and potential impacts of the identified risks were analysed.

Transport costs, poor road infrastructure and insecurity, roadblocks, and active frontlines, as well as access challenges are among the key elements that complicate the overall security situation. Risk management frameworks included strategies that were built into activities to mitigate potential risks and to promote safety of staff, volunteers, and communities and to provide meaningful access, safety, and dignity in the interventions.

MOs and IPs took precautions to limit the risk posed to staff and volunteers, although this adds an additional burden to the implementation of the interventions. In such cases, MOs and IPs adjusted their procedures. Examples of mitigation measures include the rehabilitation of the existing facilities in other targeted districts and locations to mitigate access limitation to services. Another example is supplying three months of medication stock to HFs, to ensure programming can continue under ongoing conflict and access constraints.

Security is generally managed through the security staff that is also involved in building community acceptance. Most MOs and IPs have senior security and liaison staff that nurtures strong relationships with authorities and provides valuable insights into security and programming risks. These security staff officers are hired to take care of security issues only as their main responsibility. Almost all INGOs in Yemen are part of the warden group of INGOs in their respective governorates and also sit on INGO steering committees.² They have good access to information on security. Community acceptance is also built to manage security in project areas, together with a zero-tolerance policy for manipulation by individuals, sanctioned groups, or any other illegal organizations.

Six MOs and IPs reported that they worked since project start in close collaboration and coordination with the relevant local authorities and ministries and their offices in the target districts, for example, MOPHP through the local GHO and District Health Office (DHO), for obtaining permissions and access to the target sites, while following national guidelines.

For the selection of clinic health workers, CHVs, health facilities, vocational training facilities, shelters and protection facilities, MOs and IPs collaborated with the MOPHP, local authorities, and IDP implementation units. In addition, joint supervision visits were conducted to supported facilities, in some cases on a monthly basis and together with district health office staff, local authorities' representatives, and the implementation units. Project staff also regularly visits the supported facilities (e.g. every other day) to conduct on-the-job capacity building and supervision and coordinate with relevant offices for the provision of supplies such as training material, routine monthly reports, and treatment cards, and to avoid duplication of services.

Most of MOs and IPs reported compliance with reporting requirements through Yemen's Health Information System (HIS) and other monthly updates and reports, including on the movement of supplies and medications. All MOs and IPs also reported active participation in the different relevant clusters including health, nutrition, and other relevant clusters to ensure that they remain up-to-date on the appropriateness of their interventions.

Risk mitigation measures

The risk assessments conducted by all MOs and IPs provided extensive lists of potential risks with different likelihoods and impacts together with measures to mitigate these risks. Selected mitigation measures include:

- Regular monitoring of the security situation through security networks, staff, and local contacts.
- Development of good relationships and good lines of communication with key actors, including local staff, communities, and authorities to support mobilisation of communities in remote, hard-to-reach areas and to promote and maximise community acceptance.
- Transparency about the use of assets and supplies, encouraging community ownership and accountability and understanding that support can be withdrawn if there is theft or mismanagement.

² A warden is a member of a group regularly checking on the security and safety of staff members through telephone calls and/or other means of communication.

- In the event of low acceptance and cooperation by local authorities or community leaders, withdrawing from a project area and seeking support from other partners (e.g., I/NGOs, OCHA, national authorities) to resolve the issues are among the key options, as reported by all KIs.
- All MOs and IPs are involved in the Yemen coordination networks, including advocating for unfettered and sustained humanitarian access.
- Appropriate paperwork and permissions to accompany the transport of goods, equipment, and staff to the field.
- Effective coordination with relevant line ministries to ensure access and implementation of activities is not impeded.
- When the security situation is unsafe, alternative locations and programme options are discussed and considered.
- Procurement processes included continuous and active screening of potential suppliers and contractors, some of them via the BluJay system³ against local and international sanctions before committing to any expenses.

Risk Monitoring and Evaluation:

All MOs and IPs have M&E plans that were used in a systematic manner at all levels of their respective projects. This enhanced, in part, the timely delivery of relevant information and tracking of progress towards outcomes and outputs. It also allowed to make the necessary adjustments to projects' activities during implementation.

Data was collected from different resources, including supported facilities, outreach activities, and nutrition programming by relevant staff of MOs and IPs on a daily and weekly basis. Targeted facilities were visited constantly by project staff. Health facilities' staff and other national technical staff were trained on data collection tools and on how to prepare periodic activity reports; this information was compiled for monthly reports that are shared with relevant MOs.

How and to what extent are socio-cultural, economic and/or political contexts considered, applied, and implemented?

The current socio-economic and political context causes some of the most challenging humanitarian conditions experienced since the start of the conflict. Socio-cultural aspects, particularly those related to women, religion, and traditions, are key issues to be considered when implementing interventions. In most of the project locations, access of women and girls to interventions and relevant services is another key challenge. To address both men and women issues, the projects often have gender-balanced staff, with the female staff members facilitating the involvement of women and girls. During the distribution and provision of health and other services, there is a physical separation of women and men. This also applied to conducting this evaluation during which interviews with women and girls were conducted by a female field researcher, who also conducted female-only FGDs.

³ BluJay system: BluJay TMS provides a cloud-based platform for businesses of all sizes that takes care of supply chain planning, execution, and transportation settlement.

During project design, context assessments were conducted and considered socio-cultural, economic, and political factors. During the projects' monitoring and evaluation activities, MOs and IPs ensured considering the views and feedback of beneficiaries disaggregated by gender, age, and vulnerabilities. These were sought through various means, including feedback boxes at facilities, community leader meetings, FGDs, exit interviews at HFs, and through household visits. In consultation with communities, confidential feedback and complaint mechanisms were established for beneficiaries to provide any sensitive feedbacks directly to MOs/IPs' management through hotlines (phone calls or text messages), who addressed the received feedback in accordance with their code of conduct and accountability practices. This helped to inform project teams to know how the activities are perceived by beneficiaries, whether their needs are being met, and how MOs can improve and change their service delivery when needed. Where appropriate, findings from the feedback and complaint mechanisms are shared with relevant partner organizations and authorities.

With regard to most vulnerable / beneficiaries with special needs:

The services provided by MOs and IPs were made available to the most vulnerable populations in the targeted areas and they were given priority for interventions, where possible. This included IDPs and host communities, the elderly, people living with disabilities, people living in deep poverty, and people with other mobility limitations, including malnourished children (CU5) and pregnant and lactating women with malnutrition. Vulnerable groups included the poorest families, female-headed households, children under the age of five, elder persons, pregnant and lactating women, persons with disabilities, and people with chronic or critical illnesses.

During M&E processes, issues revealed by data analyses were fed back to relevant staff to allow continuous improvement of the quality of services provided. A combination of qualitative and quantitative data collection was used to better understand ongoing needs and gaps, as well as to identify barriers to humanitarian support. Evaluation activities especially considered the views and feedback of beneficiaries for that.

5.3 Effectiveness and efficiency of projects' implementation

How consistently and effective are these different approaches documented, in place and applied by ADH member organisations and their partners? Explore how security risks are understood, negotiated, and managed.

5.3.1 Adapting project management processes

MOs and IPs regularly monitor the evolution of the context, using a variety of sources and reacting and modifying their working methods on the basis of changing access, using a variety of sources including the media, and the monthly and other updates issued by OCHA. Although risk management planning was conducted by all MOs and IPs, in the volatile context in Yemen, preventive adjustments are difficult to anticipate. Therefore, adjustments were, mostly reactive and in response to changes as they occurred.

In the current context, and as MOs and IPs in the field are likely to be affected the most, the decisions are mostly made by them and at the field level. Local IPs were given enough space and authority to take decisions. This is also a common approach for the MOs based in Yemen.

In addition, MOs and their IPs share a common approach to risk management. This includes a common understanding of potential challenges to effectiveness and efficiency when operating fully or partially remotely. In general, engaging local IPs in project implementation has the potential to increase the capacity of MOs to monitor and respond to risks. This can be achieved directly through the organization team and indirectly through the IP. This is a crucial element in maintaining access in a frequently changing context.

The evaluation found that the projects were consistently monitored and evaluated through a comprehensive set of procedures. MOs and IPs used various M&E tools to monitor the quality and effectiveness of their activities. While all projects were monitored by the IP and MO, some projects included third-party monitoring. As a result, MOs and IPs were able to implement necessary changes based on monitoring data to achieve effective implementation of their projects.

Based on these findings, and considering the time allocated for the implementation of most of the projects, the evaluation shows that the humanitarian response of the eight ADH-funded projects is effective and timely. This is also reflected in enhanced access of communities to humanitarian assistance that meet their needs and priorities. The evaluation findings show that the projects were designed to address access constraints in the volatile context, and accordingly, the interventions are realistic. This, in addition to the well-established MOs and IPs and their collaborative arrangements, together with realistic planning and management approaches and strategies, helped with the timely and effective delivery of interventions, despite the constraints and challenges mentioned.

Effectiveness and efficiency of the interventions can be attributed largely to applying relevant standards and good practices, particularly those related to planning and assessment activities, as well as to conducting monitoring and evaluation to adapt programming, as needed.

5.3.2 Innovative approach and new technologies

Which (innovative) approaches, (new) technologies and proven (effective) practices can be identified and described?

Technology has been used to preserve access and to adapt project management processes. However, no interviewee or document reviewed revealed any “innovative” approach. Relevant examples are limited to the digitalization of CFM, CGM and MEAL activities. All MOs and IPs reported making use of technologies to support monitoring as well as complaint and feedback mechanisms. Feedback mechanisms were set up using WhatsApp or Facebook, hotlines, SMS, and mobile phones. MOs and IPs also used social media, for example, WhatsApp or Facebook, and online surveys and Management Information Systems platforms for monitoring activities. They partially also shifted a good deal of their activities to online modalities. For example, health, hygiene, and protection messages were sent through SMS. A number of meetings, events, and consultations were held online, also in response to the pandemic.

Technology has also been used to preserve access in times of COVID-19 and to adapt project management processes to remote modality. In addition to safety and protection measures including social distancing and health protection materials and tools, this included the digitalization of MEAL activities, as well as cash and voucher assistance. This could also be an option to gain or preserve access in volatile contexts.

For mine action, HI provided support for reducing unsafe behaviour of exposed populations towards explosive remnants of war for most at-risk populations living and working in highly contaminated areas. This included risk education at community level, and technical support to key and influential mine action authorities and community focal points to enable them to dispense life-saving messages and become advocates for the protection of their peers. Such interventions were built around the overall objective of contributing to the reduction of vulnerabilities of crisis-affected populations through improved access to specific services.

In which way are concerns addressed to overcome barriers to the implementation of relevant policies, procedures, and structures?

To overcome access constraints, MOs and IPs reported different approaches and strategies with different degrees of effectiveness. These included:

- Coordination and engagement with local authorities.
- Clarity of targeting criteria.
- Participation in coordination clusters and coordination groups.
- Making clear and explaining humanitarian principles for both the staff, beneficiaries, and relevant authorities.
- Staff recruitment mechanisms and quality.
- Building acceptance.
- Monitoring and evaluation.
- Flexibility in project design.

Being part of a coordination group is a common strategy to gain humanitarian access. For this, most of MOs and IPs are member of different clusters and are provided with OCHA assessment reports. Engaging with local authorities is essential for gaining clearance and authorization for access and implementation. These included relevant ministries and their offices in the targeted governorates, districts, and sub-districts, as well as IDPs implementation units, camp management units and other relevant authorities. All MOs and IPs mentioned actively coordinating with these authorities to address access and gain their support.

Explaining humanitarian principles to relevant authorities and stakeholders that control access, and also to beneficiaries, is an appropriate approach. This is reported by all project staff, government officials and even the beneficiaries during KIIs and FGDs. It demonstrates the importance of considering these principles during project design and implementation. This was underlined by all MOs and IPs and considered also as a key approach for sustainability.

Among the factors that enhanced building acceptance among community members and relevant authorities are the clarity of targeting and implementation as well as the quality of work aimed at responding to communities' needs. These strategies used by MOs and IPs are both an approach to gain access and to mitigate security risks.

While some MOs relied on their IPs to get approval from local authorities, some MOs and IPs have been active in targeted areas and in Yemen more broadly since before the ADH joint appeal. As such, they are well established and have longstanding relationships that could be leveraged for the new ADH-funded projects. IPs also had decision-making power in various communication forums. As a result, MOs and IPs built and shared a common risk management approach.

Staff recruitment strategies included recruitment of staff from the target areas, using health volunteers, local health staff and other field focal points in the target districts. These are appropriate approaches to gain better access. Recruitment of experienced and qualified staff and training them on different policies, strategies, procedures, and standards, are not only approaches for gaining access, but also to achieve effective and efficient implementation. This is especially true considering the short projects' duration and the effective and efficient implementation of these projects by their respective MOs and IPs.

Most MOs and IPs reported that recruiting female staff proved to be an appropriate strategy to gain access to women, girls, and female-headed households. Female staff are recruited through formal processes, including advertising the positions that are either allocated for women or for which women are especially encouraged to apply. Different methods are used including advertising on well-known sites, in the local authorities, and in local markets. The key challenges for recruiting female staff are local traditions, with some men not accepting that their daughters or wives go to school or have a job. Another challenge is the level of education and training of women and girls. However, when recruited, they receive on-the-job and other relevant trainings.

While effective targeting is among the key strategies for gaining access and achieving effective implementation, the relevant challenges, although rare, exist when some authorities try to influence the targeting geographically or even at household level.

5.3.3 Key aspects of good security risk management

What are the key aspects of good security risk management?

Adapting project management processes is a key aspect of good security risk management. For this to be effective and efficient, three elements were identified by evaluated MOs and IPs: 1) systematic, objective, and ongoing monitoring and evaluation of activities and the context and modifying working approaches where and when needed; 2) collaborative decision-making between MOs and IPs, together with a clear and shared risk management approach, as well as 3) training and capacity building of IPs in areas related to project management capabilities and adherence to humanitarian standards.

All MOs and IPs regularly monitored the evolution of the context, using a variety of sources. They were also agile enough to react and modify their working methods based on changing access. Different adjustment approaches were applied by different MOs and IPs, from a reactive (i.e., responding to the changes as they occurred) to a preventive (i.e., anticipating changes in the context) approach.

A variety of sources to stay informed on the evolution of the project's contexts were consulted, including project-internal and external sources. This allowed MOs and IPs to triangulate their sources and ensure that there were no information gaps. An important source of information is the field teams that provide regular information on changes in the project context and that monitor the situation on the ground. In addition, security teams conducted security assessments, as needed.

Project activities were coordinated with the respective clusters (e.g., WASH, health, shelter clusters) and OCHA's periodic classifications of humanitarian access, together with OCHA's situation reports were often used by all MOs and IPs.

Staff training on protection according to the Sphere Handbook is well known and appreciated by MOs and IPs, together with regular training on code of conduct and core humanitarian standards. MOs and IPs have policies in place that cover codes of conduct and child protection, and which take the prevention of sexual abuse and exploitation into serious consideration.

6. Conclusions and Recommendations

A response to each evaluation question is included in the previous section. Here, our overall Conclusions are presented. For each Conclusion, we propose one corresponding Recommendation for ADH and its members to consider. The Recommendations are in order of priority, as proposed by the evaluators.

Overall, the evaluation found that ADH MOs and IPs mainstream the Core Humanitarian Standard on Quality and Accountability (CHS) on staff support to do their job effectively and equitably (#8) and strengthens local capacities (#3) in their projects. The MOs and IPs considered existing international recognised risk management guidelines and platforms.

No.	Conclusion	Recommendation
1	In conflict affected contexts, securing access is a key element for the effective and timely delivery of humanitarian assistance.	Building community acceptance is a main strategy for securing access, for MOs and IPs. This requires dedicated resources and sustained engagement with stakeholders along clear lines. Building acceptance was integrated into all the evaluated projects. This approach should be maintained for any future engagement.
2	Involving local authorities, community leaders and/or members during humanitarian delivery has the potential to improve communication and transparency and accountability. In addition, using local volunteers and local knowledge is considered by key informants (KIs) and the evaluators as a best practice to communicate with the community and design appropriate common feedback mechanisms (CFMs).	Community engagement and communication policies in particular should be developed to ensure appropriate community participation in the humanitarian response. It is also essential that all organisations ensure that their staff know how to address sensitive complaints, for example, about sexual abuse or exploitation, fraud, and corruption. Sensitisation for these topics for staff and also for community members, such as parents of schoolchildren, is integral to this process as well.
3	Clear rules of engagement with local authorities and strict principled projects are effective to sustainably gain access.	Community engagement and communication policies in particular should be developed to ensure appropriate community participation in the humanitarian response.
4	When operating in a volatile context, funding agility is required.	Flexibility in funding should be considered when designing interventions in volatile and conflict-affected contexts.
5	Partnerships with local organisations are an effective way to mitigate access constraints.	Partnerships with local NGOs should be considered in the project design and implementation. This should include specific capacity building support and a budget.

6	Risk management, including the very regular updating of the risk analysis, is an essential activity for successful project implementation.	Risk analysis should be an integral part of the project's monitoring system (as is the case with most projects already) and inform the project's management, including the risk management.
7	Different stakeholders are a window into building acceptances. This requires that the core humanitarian principles and standards are explained clearly to them.	Engage in regular refresher trainings on principled humanitarian actions.
8	Innovative approaches to overcome access constraints prove to be effective approaches for an effective implementation of interventions in conflict-affected areas.	Leveraging new technologies, online and social media, as integral part of programming is recommended, based on existing good practice and examples among ADH MOs.
9	MOs and IPs with more experience in CHS should support MOs with less experience to design projects with adequate budget lines and activities for CHS, such as for staff and for needs assessments.	Sharing of policies and experiences at country-level among MOs and IPs could be promoted.
10	Duplicating or overlapping CFMs may confuse crisis-affected people or create gaps. Better coordination is necessary to improve referrals between MOs and IPs and ensure that complaints are received by the right organization.	Foster coordination with other humanitarian agencies and relevant institutions in project locations to harmonize CFMs and raise awareness about them.
11	The approach of involving local focal points and local authorities proves to be effective in enhancing the communication and gaining access. However, this should not be the sole means of communication and for partnerships.	Increase the use of community meetings as a means of communication and community participation as additional approaches for information sharing and decision-making during the humanitarian response.
12	No post-training reports were reported or shared, which would also include judgment on understanding and availability of sufficient staff that are aware of CHS policies and processes, which indicates the need to increase trainings and create easy-to-understand materials for MOs and IPs' staff.	More awareness raising internally and with beneficiary communities on opportunities to participate in the response and on how the CFM works is recommended.

7. Lessons learnt

- 1- Partnerships with local organisations are an effective way to mitigate access constraints. As IP staff members often come from the communities they serve, they are more familiar with local structures, which often leads to high acceptance among the beneficiaries and local authorities, and in turn, leads to increased access.
- 2- As all projects required engagement with local authorities, there should be clear rules of engagement with local authorities to sustainably gain access and especially also for situations, in which access is denied.
- 3- Community-based structures (including local focal points, local authorities, and committees) can play a key role in monitoring the quality and inclusivity of programmes and in providing feedback.
- 4- Building acceptance has been a key approach for MOs and IPs to be able to gain and sustain access as well as for mitigating risks.
- 5- The knowledge and experience gained by MOs and IPs in operating in Yemen's constrained environment was applied to implement good practice during the COVID-19 pandemic.

8. Annex (1): Methodology

8.1 Overall Approach

The evaluation approach focused on adapting the OECD/DAC Criteria to the needs and scope of ADH especially considering the OECD/DAC criteria of effectiveness and efficiency, while considering the Code of Conduct of the Red Cross/Red Crescent societies, the adapted ALNAP criteria and especially the Core Humanitarian Standards on Quality and Accountability (CHS) on staff support to do their job effectively and equitably (no. 8) and strengthen local capacities (no. 3). The approach moreover had a special focus on risk management, and how this can be mainstreamed into the program of the participating organizations while at the same time paying attention to crosscutting issues such as gender, protection, and accountability towards affected people.

8.2 Evaluation Questions

The evaluation sought to answer the following evaluation questions, proposed by the Terms of Reference, and confirmed by the evaluators. As requested by ADH, the focus was on the OECD DAC evaluation criteria of effectiveness and efficiency. To respond to each question, several different data sources were used. A more detailed questionnaire for interviewees is included in the annex of this report.

Evaluation Question	Data sources
Key Evaluation Question (KEQ) 1: What are the existing risk management approaches of ADH member organisations and their partners, with a focus on protection, safety, and security issues?	All data sources: document review, KIIs with ADH staff, ADH member organisation staff, implementing partners, FGDs with beneficiaries and online survey
KEQ 2: To what extent do the current approaches, methods, and strategies in carrying out programmatic activities, address protection, safety, and security issues?	All data sources: document review, KIIs with ADH staff, ADH member organisation staff, implementing partners, FGDs with beneficiaries and online survey
What are the different elements of a risk management framework? How effective is it? What are likely challenges, risks, and mitigation measures <ul style="list-style-type: none">• when applying different risk management approaches and related techniques to deal with existing types of risks,• when working on risk identification and analysis, risk assessment, monitoring, and risk transfer (physical, reputational, quality, capacity development),	KIIs with ADH member organisations and implementing partners; online survey

<ul style="list-style-type: none"> when working directly with local partner organisations and/or local partners (such as in communities, with volunteers, programme participants, marginalized groups, local authorities). 	
How and to what extent are socio-cultural, economic and/or political contexts considered, applied, and implemented?	Document review, KIIs with ADH member organisations and implementing partners; online survey; FGDs with beneficiaries
How consistently and effective are these different approaches documented, in place and applied by ADH member organisations and their partners? Explore how security risks are understood, negotiated, and managed.	Document review, KIIs with ADH member organisations and implementing partners; online survey
Which (innovative) approaches, (new) technologies and proven (effective) practices can be identified and described?	Document review, KIIs with ADH member organisations and implementing partners; online survey
In which way concerns are addressed to overcome barriers to the implementation of relevant policies, procedures, and structures?	Document review, KIIs with ADH member organisations and implementing partners; online survey
What are the key aspects of good security risk management?	Document review, KIIs with ADH member organisations and implementing partners; online survey

8.3 Methodology

The methodology of the evaluation focused on existing risk management approaches of participating organisations, with special attention to protection, safety, and security issues. Specifically the evaluation aimed to provide insights into a) the different approaches and possibilities humanitarian organisations can work in Yemen, b) good practices / proven concepts on risk management and risk transfer, c) the gaps and obstacles facing humanitarian actors in Yemen, d) “lessons learnt” for future programmatic planning to improve the work of ADH and its organisations, and e) propose individual recommendations for organisations participating in the evaluation.

The evaluation was implemented through a consultative, participatory, and inclusive approach, ensuring close engagement with key stakeholders and beneficiaries. In this, we will make use of various information sources to generate diverse views on the performance and approaches utilized by the participating organizations and take into consideration the local context, cultural sensitivities, and do-no-harm approaches.

The evaluation included a wide range of stakeholders in this evaluation, including ADH staffs, staffs of participating organisations in both Germany and Yemen, beneficiaries of the joint appeal, as well as relevant government authorities and coordinating bodies, where possible. This was done to both triangulate data and obtain valid and useful findings and actionable lessons learned. The following pages present the details on the evaluation approach to data collection and the organization of field work in Yemen.

8.4 Data collection tools

The evaluation, on the one hand, relied on a thorough desk review of all relevant documentation, and on the other hand these secondary sources were complemented by primary data based on two different types of **qualitative data collection methods** – focus group discussions (FGDs) and key informant interviews (KIIs) along with **quantitative data collection** through an online Survey.

- **FGDs**, were held with representative beneficiaries, health workers, and project volunteers in Sanaa and other governorates. The FGDs were split according to functions and be conducted gender-disaggregated, also reflected in gender of the FGD moderators. A total of five FGDs with 36 participants (gender-disaggregated, two females only, two males only and one males and female participants, were conducted.
- **KIIs** were conducted in person with 17 key stakeholders in Sanaa and remotely for key stakeholders in Hajjah governorate, Ku'aydinah District, Sa'ada, (North) and Aden, Abyan, Lahj, Hadramout, Almahara and Taiz governorates (South). CMC suggested this smaller sample to stay within the scope of the assignment.
- **Phone Survey/Interviews:** a phone survey was conducted with beneficiaries of the joint appeal in the eight locations. A total of 32 KIIs, with beneficiaries and government staff, either in-person (Sanaa) or online (outside Sanaa) were conducted, approximately four per organisation.
- **Online Survey:** a short online survey was distributed among some IPs staff and local authorities' staff to provide additional insights into the evaluation questions. The survey was distributed over WhatsApp. The online survey was requested from approximately 23 respondents. However, only 12 responses were received.

This mixed-method approach enabled the evaluation team to assess the work of the participating organizations and their risk management approaches in a comprehensive way and compile lessons learned and recommendations to inform future programming and interventions. State-of-the-art knowledge of program design and indicators was applied, as well as practitioners' and donors' research and knowledge about the design and impact of multi-sectoral humanitarian assistance. The team considered key strategies, approaches, and M&E tools and reports, as well as AADH member organisations' risk management guidelines and policies that have been developed, as well as relevant country strategies and response plans.

8.5 Conflict/Gender Sensitivity and Do-No Harm

In conflict-affected areas, emergency interventions and related M&E activities can unwillingly aggravate existing or potential conflicts. To avoid or mitigate any negative impacts on local and national conflict dynamics, and to **ensure the protection of beneficiaries**, the evaluation incorporated a **do-no-harm approach**, and gender and conflict sensitive approach, carefully assessing and avoiding any potential negative impact on conflict dynamics and ensuring that the evaluation results are not causing harm.

8.6 Quality Assurance, Technical Backstopping, and Data Protection

Senior experts at the CMC offices in Brussels provided **internal technical quality** assurance by routinely reviewing all deliverables to provide more independent, objective feedback and quality assurance. This is an important step in the evaluation process. CMC has developed internal systems to ensure the highest quality of deliverables. As standard practice, a Senior Expert at CMC, who is not working directly on that project, routinely reviews all deliverables to provide more independent, objective feedback and quality assurance. For this assignment CMC Managing Director, Maria Hrimech, carried out technical backstopping. This focused on consistency, referencing and structure.

For data protection and security, the evaluation team sought to ensure that only information necessary to the evaluation's purpose is collected and that any 'excessive' information was either not collected or deleted immediately. The evaluation team implemented data protection measures to ensure the protection and security of primary data collected during this evaluation.

8.7 Organization of Work

The implementation of the evaluation was conducted in three phases: an inception phase, a data collection phase, and a synthesis and reporting phase. This procedure focuses on (a) ensuring that the approach and methodology of the evaluation are designed and prepared in agreement with the ADH team, and (b) using methodologies that is most effective in delivering useful analysis that yield results and recommendations of breadth and depth. Each phase is described in more detail below.

Phase 1: Inception Phase

In the inception stage of the evaluation, we focused on **preparatory activities** which included in-depth discussions with the ADH team in the in-person kick-off meeting, with the aim to clearly respond to the objectives at hand. In many ways, we see the inception component as the most crucial part of the assignment, as it is during this period that the evaluation team and the client can ensure that there is a clear understanding of the evaluation intent and that the approach will respond to expectations. It particularly enables the evaluation team to familiarize themselves with the program, build the evaluation framework, and finalize the evaluation questions. Overall, there were several **critical tasks** in the inception phase:

- **Kick-off Meeting with ADH in Bonn** – At the launch of the evaluation, CMC had a kick-off meeting with ADH in Bonn to clarify expectations and pre-define evaluation priorities. In this, the program context and especially the evaluation questions to be explored as part of the assignment were discussed. The TL joined in person and the Senior National Evaluation Expert joined online.
- **Preliminary Desk review** – based on a review of selected relevant documents, the evaluation team gathered first insights and informed their evaluation methodology.
- **Finalisation of evaluation questions** – the team reviewed the evaluation questions and included a more detailed questionnaire for evaluation interviews in the annex.
- **Detailed work plan** – the proposed work plan along with roles and responsibilities for the next phases of the assignment was finalized and incorporated into a final time frame included below.

- **Inception report** – the work described above was pulled together into an inception report. In which, we presented the detailed work plan and evaluation questions.
- **Preparing field phase** – following the inception report the team prepared the quantitative and qualitative fieldwork, screeners and interview guides which were translated into Arabic and thoroughly checked by our Arabic-speaking staff.
- **Training** – concluding the inception phase the data collection tools were piloted and tested through realistic interviews with relevant stakeholders and the wording of questions were revised where applicable.

Phase 2: Data Collection Phase

Once the inception report and the evaluation methodology and quantitative and qualitative tools were approved by ADH, the data collection commenced. First the evaluation team conducted a desk review of relevant programme and project documents and reports, including proposals, assessments, project budgets, monitoring and assessment reports, organisations’ own evaluations, accountability policies, standards, and guidelines for Sphere and CHS, risk management guidelines and policies. Subsequently the TL conducted online *KIIs with high level staffs* from ADH HQ in Bonn and participating ADH member organizations Head Quarters in Germany. Here the TL gathered insights into the evaluation questions and some of the expectations, challenges, and opportunities for improvement from the side of the Head Quarters.

At this stage the *online survey* was rolled out through email and WhatsApp, to relevant stakeholder in the field implementing organizations in Yemen. In parallel, the Senior National Evaluation Expert conducted the *field work in Yemen*. Most of the field work was conducted with stakeholders in Sanaa as most of the local partners and the national offices are located there. In total eight ADH members are included in the evaluation, who are working either with local partners (5 organizations) or have national offices (3 organizations) in Yemen, or both (1 organization). As mentioned under methodology, to stay within the scope suggested by ADH, CMC suggested focusing mainly on stakeholders in Sanaa, as well as stakeholders from Hajjah governorate, Hodaidah, Ku’aydinah District (North) and Aden, Abyan, Lahj governorate, Taiz governorate (South).

To work within the scope of the ToR all interviews outside Sanaa were conducted remotely, using either phone or online tools. A small phone survey was rolled out for beneficiaries in the seven targeted locations outside Sanaa as well to gain insights into the implementation of the participating organizations protection and accountability policies in practice and to triangulate the findings reported by organizations’ staffs. In addition to KIIs with participating organizations in Sanaa, phone/online KIIs were conducted with staffs and governmental authorities in Hajjah governorate, Hodaidah, Ku’aydinah District (North) and Aden, Abyan, Lahj governorate, Taiz governorate (South). Extra attention was given to the areas where the participating organizations have local offices or local partner offices. In Sanaa the evaluation team conducted KIIs with the country offices from most of the participating members, such as ADRA, CARE, HelpAge, Help, Islamic Relief, World Vision, arche noVa, Handicap International. Lastly, CMC conducted four FGDs with beneficiaries (two females only, one males and one males and females). Please see Annex III, “Data Collection Breakdown” for additional details on the number of interviews.

Phase 3: Analysis, Synthesis and Reporting phase

Once data collection is completed, the evaluation team immediately started examining the empirical evidence with the clear aim towards answering the evaluation questions, gathering insights into the topical focus areas, and exploring the lessons learned for future joint appeals. Hereto, data from the different sources were triangulated, and the evaluation team sought to ensure that findings are backed by a combination of sources and methods. Data were primarily reported on a disaggregated level of gender, age, and regional characteristics of interest as well as participating organization, to examine differences perceptions on the joint appeal across socio-demographic groups, and the different localities. For all analyses, verification and triangulation of data were done through source and method triangulation. These approaches involve the correlation of data (a) from different stakeholders and groups of stakeholders, as well as (b) data obtained from different methods (desk review, survey, qualitative interviews, and focus groups). In analysing the data, the team further pursued the principle of inclusion, taking great care in ensuring that all data is reviewed thoroughly and from different perspectives to avoid 'cherry-picking'. In the analysis, the evaluation team further streamlined a particular focus on gender and protection topics. Based on the evidenced findings, the evaluation team produced a first draft of the evaluation report (max 35 pages). In producing this evaluation report, the evaluation questions and evaluation objectives were followed and clearly described findings, conclusions, and recommendations. After the draft evaluation report is submitted for review by ADH and participating organisations, a debriefing workshop was conducted at ADH's Bonn office. Here the TL participated and presented the draft findings of the draft evaluation report, facilitated a participatory discussion on substantive issues emerging from the draft report and finally gathered feedback on the findings and on recommendations. Following the debriefing workshop, the evaluation report was finalized integrating the feedback from the workshop.

Overall, the evaluation report has strongly focused on the element of learning and include all findings, lessons learned and recommendations, as well as methodological approaches and challenges. In this report, the findings are presented in an illustrative way and made use of graphs, tables, pictures, and qualitative evidence, e.g. in the form of call-out boxes and/or case descriptions where possible. All evaluation statements and recommendations are supported by existing data and information with all sources of information properly identified and listed in an annex. All recommendations are action-oriented, practical, and specific. The evaluation methodology and limitations to the evaluation are disclosed in the report, with particular attention to the limitations associated with the evaluation methodology. In addition to the evaluation report, the evaluation team developed individual recommendations for all participating organisations (max 1 page each), which will only be sent bilaterally to each organisation and not be included in the overall report. Both the evaluation report and individual recommendations followed the structure defined in the ToR.

8.8 Workplan

CMC Workplan for ADH

Independent Evaluation of the Aktion Deutschland Hilft (ADH) joint appeal on Yemen

Phase	Activity	2023																								Deliverable			
		January		February		March		April		May		June																	
INCEPTION PHASE	Kick Off Meeting in Bonn	16/01																								Kick-off (16.01.23)			
	Preliminary Desk Review, Refinement of Theory of Change, sampling framework, evaluation framework and evaluation questions																												
	Design of interview guides and survey questionnaires and finalization of evaluation methodology																												
	Write-up of draft inception report, including full methodology, stakeholder mapping, tools and work plan			27/01																							Draft Inception Report (27.01.23)		
	Review of draft inception report by ADH				06/02																							Inception Report (06.02.23)	
	Finalization and final submission of inception report																												
	Set-up of quantitative and qualitative fieldwork (logistics, venues, security, IT, recruitment, translations etc.)																												
Training of field staff and finalization of tested data collection tools (online)																											Training Report (25.01.23)		
DATA COLLECTION PHASE	Desk review of relevant programme and project documents																												
	KIIs with ADH and Partner staffs in Germany (online)																												
	Rollout of online survey to ADH and member organization staffs																												
	Field work in Yemen (Oversight and implementation)																												
	Data Management, transcription and translation																												
SYNTHESIS & REPORTING PHASE	Coding and analysis of the qualitative and quantitative data																												
	Write-up of draft evaluation report, and submission to ADH																											Draft Report (19.04.23)	
	Review of 1st draft report by ADH and participating member organizations																												
	Debriefing workshop in Bonn																											PowerPoint Presentation (08.05.23)	
Incorporate comments from ADH and finalization of evaluation report																											Final Report (07.06.23)		

8.9 Participating ADH Member Organisations

Following ADH Member Organisations were part of this evaluation:

- ADRA
- arche noVa – Initiative für Menschen e.V.
- CARE Deutschland e.V.
- Handicap International
- Help – Hilfe zur Selbsthilfe e.V.
- HelpAge Deutschland e.V.
- Islamic Relief Deutschland e.V.
- World Vision Deutschland e.V.

9. Annex (2): Questionnaires for interviews

The evaluation data collection will use semi-structured interview guides, based on the evaluation questions. They will be tailored to respondents' specific experience and knowledge of the project and the overall humanitarian situation Yemen. Not every interviewee will be asked all questions. But the following questions are considered relevant for the evaluation and the various stakeholders we will interview:

Questions	Interviewees			
	ADH	ADH Orgs., Project staff &/ IPs	Beneficiaries	Government officers ⁴
1. How long have you been working on or worked on the (Name of the project)? Please tell us about the nature of your role/s and responsibilities?	X	X		
2. What key outcomes was this project/s designed to achieve?	X	X		
3. How did you select the communities in which to work?	X	X		
a. What criteria did you use to select the initial set of communities? [<i>Probe: access, security, ADH/Partner Organizations' interest, frequency/nature of intra and inter-communal conflict</i>]	X	X		X
b. How did the project assess the existing level of conflict, security and accessibility in communities when determining which communities to select? [<i>Probe: what type of data sources informed the understanding of conflict, security, and accessibility levels in potential communities</i>]	X	X	X	X
c. Are the projects' activities designed to address specific types of conflict, security, and accessibility within communities?	X	X	X	X

⁴ This can include all levels of government, including deputy ministers, relevant general managers, and the operational level, such as health workers, managers of water supply etc.

4. Which kind of policies, standards, and mechanisms in relation to protection of staff and beneficiaries are available at headquarters level and field level (community-based partners)?	X	X		
5. To what extent are those policies, standards and mechanisms known and implemented by the staff (headquarters, international field personnel and community-based partners) and beneficiaries?	X	X		
6. Have you/your organization been contributing to strengthening local capacities in protection?	X	X		
7. In which way has the protection of international, national staff and/or local partners been ensured?	X	X		X
8. Were complaint mechanisms in place? If yes, in which way staff has been informed about? Have they been used?	X	X		X
9. Have international and national staff and/or local partners unintendedly been put at risk while carrying out their activities? And if so, to what extent	X	X	X	X
10. Were there specific activities to protect the people concerned from the fear of abuse or directly from abuse (especially preventing sexual exploitation and violence)?	X	X	X	X
11. Were complaint mechanisms in place? If yes, in which way beneficiaries have been informed about? Have they been used?		X	X	X
12. Have beneficiaries involuntarily been put at risk as a result from the activities of the organisation?		X	X	X
13. As part of implementing the project/programme interventions, have you/your organization engaged in certain protection-related practices or taken protection concerns into consideration? Are these related to protection of beneficiaries or protection of the staff? If the answer is yes; what is the nature of the protection interventions? please provide examples in terms of:		X	X	
a. the protection of beneficiaries e.g. to ensure that:				
b. They are not exposed to further harm because of the project interventions and activities;		X	X	X
c. They are protected from further violence and coercion resulting from the overall protection environment.		X	X	X
d. They are kept safe from the abuse and exploitation		X	X	

14. Have those who were confronted with protection concerns received support and counselling (i.e. 'duty of care'). Do you/your organization have Codes of Conduct for staff (including behaviour vis-à-vis beneficiaries). If so, have they been circulated internally? If not, do you have other specific mechanisms in place to support staff or volunteers who witness protection violations and/or who experienced difficulties themselves by supporting the target communities?		X		
15. What protection policies, standards, and mechanisms did your organization used? (e.g., Sphere standards, Core Humanitarian Standard, and the Fundamental Principles of the International Red Cross and Red Crescent Movement? Others? Please specify.		X		
16. What type of coordination to deliver the project interventions to avoid duplication and to ensure the humanitarian assistance is well coordinated with other actors?		X		X
17. How well coordinated has food distribution/Other activities (specific to each project) been, across the region, with what consequences?		X		
18. How can we reduce gaps in food security/health services/water supply (per organization) by the different agencies using water tankers?		X		
19. To what extent have the evidence from monitoring and evaluations used to adapt and improve the project/programme? Please elucidate?		X		
20. To what extent did the project/programme achieve its objectives, including the timely delivery of assistance? What changes can be made to improve further the achievement of objectives?	X	X	X	X
21. To what extent were the project outputs achieved, considering men, women, and vulnerable groups?	X	X	X	X
22. What factors contributed to effectiveness or ineffectiveness?	X	X	X	X
23. In which areas does the project have the greatest achievements? Why and what have been the supporting factors? How can the project build on or expand these achievements?	X	X	X	X
24. In which areas does the project have the fewest achievements? What have been the constraining factors and why? How can or could they be overcome	X	X	X	X
25. Gender lens Effectiveness:				
a. Did the intervention achieve its objectives and expected results in ways that contribute to gender equality? If so, how?	X	X	X	X
b. Were there differential results for different people? If so, how, and why? Were different approaches necessary to reach people of different genders? Was there sufficient monitoring and analysis of differential effects? Was the intervention adjusted to address any concerns and maximise effectiveness?	X	X	X	X

c. Was the theory of change and results framework informed by analysis of gender equality, political economy analysis and human rights? If so, to what extent?	X	X		
d. To what extent and why is effectiveness different for people of different genders?	X	X	X	X
26. Coverage: To what extent have (type/name of intervention) benefited the most vulnerable households? How can we ensure that marginalised groups and individuals also have access to (Name of intervention/assistance?)	X	X	X	X
27. (for project staff): What obstacles could you defined to accessing assistance and what steps have you taken to ensure that this assistance is provided based on needs and without discrimination		X		
28. How would you assess the overall accessibility to humanitarian assistance/services with particular the access for the elderly and people with disabilities?		X	X	X
29. Were you/your organization able to adapt your project management processes effectively and efficiently to situations of constrained access?		X		
30. How were you/your area selected to benefit from the project interventions?			X	X
31. What type/s of risk management approaches did your organization/partner approve/apply particularly those related to protection, safety, and security issues? How would evaluate these approaches?		X		
32. From your point of view what are the key challenges specific to humanitarian action in terms of conflict, access, protection, safety, and security issues? Please elucidate, can you give an example/s?	X	X	X	X
33. As a humanitarian actor, what approach/approaches did you apply to address these challenges regarding access and insecurity? How did you apply these approaches at different levels?		X		
34. What steps did you take to organize your risk management process and strategies for humanitarian assistance in Yemen? Please explain.		X		
35. Did you/your organization have /developed annual/project-wide Risk Management/Mitigation Plan (RMP) for humanitarian assistance in Yemen? If the answer is yes, what approach did you use to develop this plan?		X		
36. What are the different elements of your risk management framework?		X		
37. How often did you update the RMP? Did the update/s include all risk responses?		X		
38. Do you have a system to evaluate whether your responses successfully reduced risk/s?		X		
39. As part of these approaches, what type of security risk management systems did you use? And how did you apply it? <i>[Probe: the protection of aid workers, programmes, and organisations, and if balancing acceptable risks with programme activities]</i>		X		
40. Do you/your organization have a systematic process to identify, assess, and document related risks?		X		

a. Risk Identification:				
i. Do you have a standardized process for staff to identify and document risks?		X		
ii. Do you/your organization maintain a comprehensive list of risks (a risk register), to document and manage risks to humanitarian assistance (including for local staff and to programme participants)?		X		
b. Risk assessment:				
i. During the project design and implementation, did you conduct any type of risk assessment of potential courses of action in response to the increased bureaucratic conditions and interference? What about assessment of other risks?		X		
c. Risk response:				
i. Did you develop Risk Mitigation Plans in response to the identified and assessed potential risks? What were the proposed key measures to address/mitigate the potential risks?		X		
d. Risk monitoring:				
i. Did you develop a process to determine whether mitigation measures had reduced risks to an acceptable level or when additional measures would be needed?		X		
ii. How often did you monitor how risks are changing and if risk responses are successful? [probe: involving of regular checks or periodic risk reviews to determine if the risk response has the desired effect]		X		
e. Risk responding:				
i. Did you update your Risk Mitigation Plan regularly to incorporate all relevant risk mitigation measures? [Probe: ensuring the continued relevance and effectiveness of measures to address related risks]		X		
41. How and how often do the different approaches you mentioned documented? Do you have copy of updated risk management plan and its updates? To what extent are the identified approaches applied? [Explore how security risks are understood, negotiated, and managed]		X		
42. What are the key aspects of good security risk management? Which (innovative) approaches, (new) technologies and proven (effective) practices can you identify and describe? With focus on those applied by your organization.		X		
43. From your point of view, how effective were the approaches of risk management and mitigation used by you/your organization? Have they been successful? Please elucidate.		X		
44. Did your implementation approach/es vary based on the nature of conflict, and the existing security and accessibility levels as well as the identified and assessed risks in the community? If so, please share how?		X		

45. What challenges did you face?				
a. When applying different risk management approaches and related techniques to deal with existing types of risks,		X		
b. When working on risk identification and analysis, risk assessment, monitoring, and risk transfer (physical, reputational, quality, capacity development),		X		
c. When working directly with local partner organisations and/or local partners (such as in communities, with volunteers, programme participants, marginalized groups, local authorities).		X		
46. Can you describe the project's Theory of Change?	X	X		
a. What aspects of the Theory of Change for different activities of the project have held true based on your experience and based on your learning and M&E data? Why?		X		
b. Did the key assumptions of the Theory of Change hold? In case not, please describe.		X		
c. Are there aspects that need to be rethought? If so, which ones and why?		X		
47. In your view, what are the key challenges this project faced in achieving its planned outcomes at the intended scale and within the planned time frame?	X	X	X	X
48. What aspects of implementing this project/programme worked well, and which did not? What would you do differently if you implemented this type of project again? [<i>Probe: how suitable was the approach for the context in Yemen?</i>]		X	X	X
Efficiency:				
1. To what extent were the interventions/activities implemented as planned?	X	X	X	X
2. To what extent was the project management structure as outlined in the project document efficient in generating the expected results?	X	X		
3. Gender lens Efficiency: Were different resources allocated in ways that considered gender equality? If so, how were they allocated? Was differential resource allocation appropriate?	X	X	X	X
4. To what extent have project funds and activities been delivered in a timely manner?	X	X	X	X
5. To what extent do the M&E systems utilized by your organization ensure effective and efficient project management?		X		
6. From your point of view, what are the most affective risk management practice that prove to be successful and efficiently applied? Please give example/examples.	X	X	X	X
7. What do you think are the best practices of effective risk management in terms of protection, safety and security issues, the project applied and those you recommend for future programming?		X	X	X

8. How and to what extent are – among others – socio-cultural, economic and/or political contexts considered, applied, and implemented? Please provide examples.		X	X	X
9. How consistently and effective are these different approaches documented, in place and applied by your organization and your partners? [<i>Probe: how security risks are understood, negotiated, and managed</i>].		X		
10. For implementation of the risk management plans, have your organization assigned accountabilities and responsibilities at appropriate levels within the organization? Please give examples.		X		
11. Have the necessary resources allocated to risk management?		X		
12. How, if at all, did the project/programme adapt its approach based on what it learned during implementation? Please give specific examples regarding the protection safety and security issues?	X	X	X	X
13. How consistently and effective are these different approaches documented, in place and applied by ADH member organisations and their partners? [<i>Explore how security risks are understood, negotiated, and managed</i>].		X		
14. In which way concerns are addressed to overcome barriers to the implementation of relevant policies, procedures, and structures?		X		
15. Did your organization establish internal communication and reporting mechanisms to support and encourage accountability and ownership of risk? Please explain in terms of key components of the project		X		
16. Did your organization develop and implement external communication and reporting mechanisms and plan as to how it would communicate with external stakeholders? If so, please explain? If not, Why?		X		
lessons learnt				
1. What are key lessons that you can mention in terms of enhancing the quality in the planning of future programmes and projects, with specific focus on risk management practices?	X	X	X	X
Adaptive Learning and Management				
1. Did you adapt project implementation to learning from the project’s activity monitoring and assessment work?		X		
a. For example, did your use the findings from the relevant studies (e.g. the baseline study) and other data generated by your M&E and technical teams to guide implementation? Explain with specific examples.		X		
b. If not, why not.		X		
2. How, if at all, did you track gender and inclusion considerations across the activities?		X		

10. Annex (3): TORs

Terms of Reference (ToR)

Independent Evaluation of the Aktion Deutschland Hilft (ADH) joint appeal on Yemen

1. Introduction

Aktion Deutschland Hilft (ADH) – Germany’s Relief Coalition is an alliance of 13 renowned German aid organisations founded in 2001. Together they provide humanitarian aid in the case of large catastrophes and emergency situations.

The ADH Bonn office is commissioning an independent evaluation of ADH’s joint appeal on Yemen:

- a) to specifically assess different possibilities and approaches how ADH organisations and their implementing partner organisations are able to work in Yemen, and
- b) to draw recommendations to better support the planning of future programmes and projects in Yemen and possibly for civil war-like and fragile contexts in general.

2. Background

Yemen remains one of the world’s largest humanitarian crises. More than 7 years of armed conflict has caused tens of thousands of civilian casualties, displaced over 4 million people, and made around 23 of the 29.8 million Yemenis in the country depend on humanitarian assistance to survive.

Approximately 17.4 million people are affected by hunger. Of them, around 3.5 million children, women and men are acutely malnourished. Natural hazards continue to aggravate the crisis, with torrential downpours, recurrent flooding, desert locust infestations and the depletion of natural water sources. COVID-19 also remains a health threat in Yemen, with only 2.1% of Yemen’s population at least partially vaccinated by September 2022. Beyond the direct health and mortality risks posed by COVID-19, fears and stigma associated with the disease are reportedly also discouraging people from seeking treatment for other health concerns and from accessing other services.

Measures introduced to mitigate the spread of COVID-19 have caused interruptions to various vital services, including for nutrition, protection, and education. Substantial devaluation of the Yemeni rial contributed to the further worsening of Yemen’s economy in 2021, driving up the prices of essential goods and services including food, fuel, and healthcare.

Escalation of conflict, ongoing insecurity, embargoes, and a collapsed economy have pushed an estimated 80% of the population below the poverty line. The protection environment throughout the country remains dire, and civilians keep bearing the brunt of the conflict with an increased adoption of harmful coping strategies⁵.

⁵ Sources: <https://www.unhcr.org/yemen.html>; <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2022-april-2022>; <https://covid19.who.int/region/emro/country/ye> [Accessed: 19/09/2022]

In 2016, ADH launched a joint appeal to support the affected population. Since then, around 16.6 million EUR have been raised from which organisations could request funds for their humanitarian responses.

ADH member organisations have been supporting the people in Yemen for more than five years now. As of today, the organisations continued providing humanitarian assistance, while focussing on food security and health with supporting measures related to disease control and prevention or distributing essential drugs to health care centres. The operating environment – however – remains restricted and is characterised by challenges in terms of humanitarian access and insecurity.

For more information, refer to: <https://www.aktion-deutschland-hilft.de/de/hilfseinsaetze/hungerkatastrophe-jemen/> (German only).

3. Purpose, key evaluation questions and general aims of the evaluation

ADH aims to ensure quality in its work and thus builds on a strong culture of joint learning and lessons learnt. As such, ADH is committed to review its joint appeals through external evaluations.

3.1. Purpose of the evaluation

Working in Yemen remains very restricted and is characterised by extensive challenges in regard to access and insecurity for all humanitarian actors.

An effective risk management is therefore paramount both to local staff and to programme participants. It is a crucial element in order to uphold and continue project and programme activities and services in complex and challenging settings. Humanitarian security risk management allows greater access to and impact for crisis-affected populations through the protection of aid workers, programmes, and organisations, critically balancing acceptable risks with programme activities.

Despite the fact that all member organisations are aware of risk management approaches, there is still not enough information available on security risk management systems, successful approaches, lessons learnt, and best practices of effective risk management with a focus on protection, safety, and security issues.

The objective of the present evaluation is therefore to analyse how ADH member organisations, and their partners are able to work in Yemen while identifying and assessing different approaches and possibilities in carrying out programmatic activities. Lastly, recommendations will be drawn on the most effective risk management practices.

To enhance the quality in the planning of future programmes and projects the aspect of learning is of particular importance for this evaluation.

3.2. Main questions / relevant aspects to be taken into consideration in the evaluation

The evaluation will address two Key Evaluation Questions (KEQs).

KEQ 1: Identify existing risk management approaches focusing on protection, safety, and security issues within ADH member organisations and their partners.

KEQ 2: Assess the different use of approaches, methods, and strategies in carrying out programmatic activities to properly address protection, safety, and security issues.

Following sub-questions are conceivable but not exclusive:

- What are the different elements of a risk management framework?
Describe its effectiveness, probable challenges, risks, and mitigation measures:
 - when applying different risk management approaches and related techniques to deal with existing types of risks,
 - when working on risk identification and analysis, risk assessment, monitoring and risk transfer (physical, reputational, quality, capacity development),
 - when working directly with local partner organisations and/or local partners (such as in communities, with volunteers, programme participants, marginalized groups, local authorities).
- How and to what extent are – among others – socio-cultural, economic and/or political contexts taken into account, applied, and implemented? (provide examples)
- How consistently and effective are these different approaches documented, in place and applied by ADH member organisations and their partners? Explore how security risks are understood, negotiated, and managed.
- Which (innovative) approaches, (new) technologies and proven (effective) practices can be identified and described?
- In which way concerns are addressed to overcome barriers to the implementation of relevant policies, procedures, and structures?
- What are the key aspects of good security risk management?

The KEQs should be addressed with special, but not exclusive, consideration of the OECD/DAC criteria of effectiveness and efficiency.

As specific references

- existing international recognised risk management guidelines and platforms,
- the Core Humanitarian Standard on Quality and Accountability (CHS) on staff support to do their job effectively and equitably (#8) and strengthens local capacities (#3), and
- the 2018 Sphere Handbook should be taken into account.

Gender and protection as cross-cutting topics need to be especially discussed.

The KEQs listed above are to be considered as guiding questions only and the evaluation team is not limited to them. The refining and further elaboration of the questions should be done by the evaluation team, which will propose a matrix of detailed evaluation questions. The final evaluation questions will be discussed and agreed upon through consultation with the ADH Bonn office and the organisations participating in the evaluation.

3.3. General aims of the evaluation

The aims of this evaluation are to:

- better understand the different approaches and possibilities humanitarian organisations are able to work in Yemen,
- identify good practices / proven concepts on risk management and risk transfer,
- identify gaps and obstacles,
- provide “lessons learnt” for future programmatic planning to improve the work of ADH and its organisations,
- propose individual recommendations for organisations participating in the evaluation.

4. Evaluation approach and methodology

Around seven member organisations will participate in this joint evaluation; all are having projects in Yemen.

The evaluation team must adopt a consultative and participative approach to triangulate data.

This will include:

- Briefing by the ADH Bonn office, kick-off workshop (face-to-face workshop planned) and inception report
- Secondary information analysis
 - Desk review of relevant programme and project documents and reports such as proposals, assessments, project budgets, monitoring and assessment reports, organisations' own evaluations, accountability policies, standards, and guidelines for Sphere and CHS, risk management guidelines and policies
- Direct information analysis
 - Interviews with ADH Bonn office and in the participating organisations' headquarters in Germany
 - Interviews, focus group discussions and/or questionnaires with country/regional offices, local partners, security focal points, beneficiaries, governmental authorities, and other stakeholders (balanced mix of quantitative and qualitative methods required; ADH Bonn office will support the selection of adequate interview partners)
- Submission of a draft evaluation report to ADH Bonn office and the evaluated organisations for comments and feedback
- Debriefing workshop (face-to-face workshop planned) with ADH Bonn office and the evaluated organisations led by the lead evaluator to
 - present the draft findings of the draft evaluation report
 - discuss substantive issues emerging from the draft report
 - gather feedback on the findings and on recommendations
- Submission of final evaluation report
- Submission of individual recommendations for all participating organisations

The evaluation should combine evaluation methods and tools based on international standards and guidelines like the Code of Conduct of the Red Cross/Red Crescent societies, the adapted ALNAP and OECD/DAC criteria, the Core Humanitarian Standard on Quality and Accountability and the Sphere Minimum Standards in Humanitarian Response.

5. Deliverables and deadlines

5.1. Proposal outlining methodology and work plan (max. 4 pages)

The proposal outlines the methodology of the planned evaluation and its work plan. It is part of the documents to participate in the second stage of the tender (refer to Chapter 9). The proposal will be used as the basis for the inception report.

Deadline: 11 December 2022, only after invitation by ADH

5.2. Inception report (max. 10 pages)

The inception report sets out the planned approach to meeting the consultancy objectives, methodologies to be used and questions to be answered through reviews and planned interviews. It provides a description on how data will be collected and suggests possible data gathering tools such as questionnaires and interview guidelines.

Deadline: 3 days after the kick-off workshop

The inception report needs the approval of ADH Bonn office and the permanent working group on quality assurance prior to the start of the evaluation.

5.3. Draft evaluation report (for the structure, refer to point 5.4. Final evaluation report)

Deadline: Will be agreed at the kick-off workshop

5.4. Final evaluation report including a summary (max. 35 pages excluding annexes)

The report should include (but is not limited to) the following:

- Executive summary (max. 2-3 pages)
- Evaluation purpose, objectives, and scope
- Methodology (reflection and linking to the TOR and possible constraints leading to deviations from the TOR)
- Findings (related to the objectives of the TOR)
- Conclusions
- General recommendations
- Lessons learnt
- Appendices (including TOR, maps, questionnaires, list of interviewees, and bibliography)

Deadline: Will be agreed at the debriefing workshop

5.5. Individual recommendations for all participating organisations (around 1 page per organisation)

Around seven organisations will participate in the evaluation.

Deadline: Will be agreed at the debriefing workshop

Language

All documents should be written in English.

The evaluation team will directly report to ADH Bonn office.

They will be bound by ADH rules of confidentiality and data protection. All material collected during the evaluation process will be handed over to ADH prior to termination of the contract. The evaluation report and all background documentation will become property of ADH and will be published according to ADH rules and regulations.

The evaluation team will not be allowed to present any of the analytical results as its own work or to make use of the evaluation results for private publication purposes.

6. Expected timeframe

Activities	Deadlines
Call for motivation letter, CVs, references, and work samples of at least one report that was completed for a recent evaluation of a humanitarian programme	20 November 2022
Closing date for applications (only short-listed candidates)	11 December 2022
Recruitment of evaluation team	Until 18 December 2022
Kick-off workshop (face-to-face workshop planned in Germany)	12 or 16 January 2023
Inception report	3 days after the kick-off workshop
Evaluation phase including draft evaluation report	Mid of January – End of February 2023
Debriefing workshop (face-to-face workshop planned in Germany)	Will be agreed at the kick-off workshop
Finalisation and submission of evaluation report	Will be agreed at the debriefing workshop

The evaluation team lead is requested to immediately inform ADH Bonn office if serious problems or delays are encountered. Any significant changes to the evaluation timetable must be approved by the ADH Bonn office.

7. Budget

Offers should include a proposed budget for the complete evaluation, covering all consultancy fees, and any other costs incurred by the evaluation team.

The budget should present consultancy fees according to the number of expected working days over the entire period.

It is anticipated that the evaluation will last 33 – 35 days.

The evaluation team is responsible for its own travel arrangements and insurance.

ADH Bonn office and/or the organisations will support to establish contact with relevant persons (addresses etc.).

8. Qualification of evaluation team

The team should consist of minimum two evaluators and be appropriately gender balanced.

Given the difficult working context, a mix of an international evaluator working remotely, and a local evaluator working in the country is proposed.

ADH is open to other evaluation team compositions but expects a justification.

As a team, the evaluators should have the following skills and experiences:

- Very good understanding of risk management practices, the Core Humanitarian Standard on Quality and Accountability, the Sphere Minimum Standards in Humanitarian Response, and the adapted ALNAP and OECD/DAC criteria, as well as an appreciation of key challenges and constraints to their application in the relevant context.
- Experience in evaluations of humanitarian programmes in crisis, civil war-like, or fragile contexts.

- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations, and prepare well-written reports in a timely manner.
- Excellent writing and presentation skills in English.
- Considerable knowledge of German.
- Knowledge of Arabic (for at least one of the evaluators).
- Knowledge and prior experience of working in the context of the Yemen crisis is a plus.
- Knowledge of multi-methodological approaches (qualitative and quantitative methods) in humanitarian evaluation (as evidenced by recent publications).
- Experience in collecting data from vulnerable groups including adherence to data protection policies and standards.
- Demonstrated capacity to work both independently and as a team.
- Demonstrated cross-cultural skills.
- Knowledge and experience working with ADH is a plus.

9. Tender

Tenders will be accepted by consultants as well as from commercial companies, NGOs, or from academia.

ADH has a 2-stage recruitment process:

- **First stage:**
 - **This call for interest must include the following:**
 - Motivation letter explaining interest and suitability to carry out the requested work (max. 1 page)
 - Team composition and justification (up-to-date CVs of all evaluators proposed, at least two references for each of the proposed evaluators)
 - Work samples of at least one report that was completed for a recent evaluation of a humanitarian programme
- **Second stage:** Short-listed evaluation teams will be invited by ADH to submit a complete offer.
 - **This offer must include the following:**
 - Covering letter explaining interest and suitability for this position
 - Proposal outlining methodology and work plan (max. 4 pages)
 - Comments and suggestions on this TOR
 - Proposed evaluation budget

The final decision on tenders will be taken by ADH, following short-listing and possible interviews. Only short-listed candidates will be invited to submit a complete offer and will be contacted for the next step in the application process.

Deadline for motivation letter, CVs, references, and work samples:

Forward motivation letter, CVs, references, and work samples **electronically** to Markus Moke (moke@aktion-deutschland-hilft.de) and Sibylle Gerstl (sgerstl@aol.com) by **20 November 2022**.

Deadline for complete offers (after invitation by ADH only):

Forward offers **electronically** to Markus Moke (moke@aktion-deutschland-hilft.de) and Sibylle Gerstl (sgerstl@aol.com) by **11 December 2022**.

Postal address: Aktion Deutschland Hilft e.V., Department of Quality Assurance, Dr. Markus Moke, Willy-Brandt-Allee 10-12, 53113 Bonn, Germany