

Final Report

Evaluation

Islamic Relief Worldwide
Yemen Response and Recovery
Programme
2019 - 2022

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Submitted to Islamic Relief

By RMTeam International

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LIST OF ACRONYMS

ADCAP	Age and Disability Capacity Programme
AWD	Acute water Diarrheal diseases
CHVs	Capacity and Incentivization of Health Workers
CFA	Cash for Apprenticeship
CFM	Complaints and Feedback Mechanism
CHS	Core Humanitarian Standard
CMAM	Community Based Management of Acute Malnutrition
DDM	Distributed Data Management
DTCs	Diarrhoea Treatment Centres
ELFA	Emergency Life-Saving Food Assistance
EOCs	Emergency Operation Centres
FSAC	Food Security and Agriculture Cluster
FSLA	Food Security and Livelihoods Assessment
GARWSP	General Authority for Rural Water Supply Projects
HH	Households
IASC	Inter-Agency Standing Committee
IEC	Information, Education and Communication
IPC	Integrated Food Security Phase Classification
KII	Key Informant Interview
ORCs	Oral Rehydration Centres
FGD	Focus Group Discussion
FSPs	Financial Services Providers
HF	Health Facilities
HNO	Humanitarian Needs Overview
IDPs	Internally Displaced Persons

IR	Islamic Relief
IRY	Islamic Relief Yemen
IRW	Islamic Relief Worldwide
IYCF	Infant & Young Child Feeding
MoPHP	Ministry of Public Health and Populations
MCLA	Multi Cluster Locations Assessment
MOH	Ministry of Health
NCE	No-Cost Extension
NFIs	Non-Food Items
OTP	Outpatient Therapeutic Feeding Programme
PDM	Post-distribution Monitoring
PLW	Pregnant and Lactating Women
RDT	Rapid diagnostic test
SCMCHA	Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation
TSFP	Targeted Supplementary Feeding Programme
ToC	Theory of Change
ToR	Terms of Reference
OECD-DAC	The Organization for Economic Cooperation Development- Development Assistance Committee
WASH	Water, Sanitation and Hygiene
WMCs	Water Management Committees
WHO	World Health Organization

EXECUTIVE SUMMARY

RMTeam was commissioned by IR Worldwide (IRW) to conduct an evaluation of Islamic Relief's Yemen Response and Recovery Programme (2019-2022) portfolio in the areas of health, WASH, food security and sustainable livelihoods to assess the effectiveness of IR's response and recovery approaches with reference to realising planned outcomes and impacts as well as to draw lessons for future programming.

In order to assess the effectiveness and the degree to which the Yemen programme outcomes have been achieved, a sample of six projects were reviewed with consolidation of findings and recommendations, incorporating programme mapping, into one overall evaluation report. The evaluation was grounded in the OECD/DAC evaluation criteria to assess the performance of the selected programme against the overall programme outcomes and approach, and used the Core Humanitarian Standard (CHS) to evaluate the quality of the interventions and aspects of accountability.

The evaluation found that the interventions delivered by IRY were considered relevant to the wider context as well as to the needs of targeted communities. The evaluation confirmed that services successfully targeted and prioritized beneficiaries with special needs and other most vulnerable groups.

Flexibility and strong coordination with key stakeholders (e.g. local authorities, community beneficiaries, cluster actors) facilitated IRY's effective targeting and supported progress towards planned outcomes. Developing the capacity of targeted communities by promoting their meaningful participation (through community committees and training volunteers, etc.) was also an important aspect of the project supporting improved outcomes.

Throughout its programming, IRY has implemented interventions including durable solutions that promote longer-term impact and sustainability. In addition, WASH rehabilitation works demonstrated a high level of synergy with implemented health-related interventions. These activities were among the most effective and sustainable, particularly when accompanied by capacity-building activities related to operations, management and other key areas. Findings and feedback suggest that IRY continue to consult with key local actors, targeted communities, and health facilities to identify cost-effective rehabilitations that will support the improved health and safety of beneficiaries. In addition, awareness raising at the community level and trainings for healthcare providers and volunteers also demonstrated effectiveness in building and strengthening local capacities at the levels of households/communities, services providers, and local authorities.

Nevertheless, a range of factors had important implications for the effectiveness of activities beyond the immediate term. Most notably, the timeliness of interventions was impacted by long delays related to approvals and procurement challenges for essential equipment and items. Although in some cases, IRY was able to mitigate the impact of these challenges through intensive coordination with local actors, in other cases core components of interventions were not delivered. Overall, however, the assessment found that IRY programming demonstrated a strong consideration of contextual factors through its cohesive approach leveraging synergies between activities to promote flexibility, resilience and sustainability.

Lessons learned from the reviewed programming highlighted the high level of adaptability and contingency planning required to mitigate the impact of delays and the risk of non-delivery of support. Strong coordination with local actors and flexibility were important factors in IRY's ability to progress with certain activities when faced with delays and other challenges. In future

programming, IRY may consider planning and sequencing of activities that are likely to be permitted without official approval of the sub-agreements should significant delays occur.

1. INTRODUCTION

Yemen faces one of the world's largest and most acute humanitarian crisis as needs continue to increase in 2022 due to the escalation of hostilities, ongoing economic shocks, and decreasing humanitarian assistance. In Yemen, 23.4 million people needed humanitarian assistance. An estimated 4.3 million people remain internally displaced, the fourth largest IDP population in the world.¹ During the same year over 377,000 internal displacements associated with the conflict were reported, as frontlines shifted and hostilities intensified in Marid, Al Jawz, Shabwah, Taiz, and Al Hodeidah.² Economic collapse and waves of historically low depreciation of the Yemeni riyal have left an estimated nearly 80% of the Yemeni population living below the poverty line.³ Meanwhile, the government remains unable to pay salaries as fuel shortages and rising prices negatively affect livelihoods and drive up the prices of food, water, and other essential goods, for which labour wages are insufficient.

Between June 2022 and the end of the year, the number of people in need of food assistance is projected to reach to 19 million.⁴ Women and children comprise the most vulnerable groups, especially these in distressed conditions such as frontlines. Already 2.2 million children under five years of age suffer from acute malnutrition as five million Yemenis were on the brink of famine in 2021.⁵ High prevalence of child malnutrition, with rates in Yemen among the highest in the world, are associated with heightened risk of mortality. Estimates suggest that approximately 1.3 million pregnant and lactating women (PLW) will also likely suffer from acute malnutrition over the course of 2022.

Yemen, already highly vulnerable to climate change and one of the most water scarce in the world with the lowest water per capita globally, also faces severe WASH needs. Even before the start of the current conflict, water scarcity and poor water resource management have been enduring challenges. The disruption of public services, large scale spread of diseases such as cholera, and difficulty obtaining clean and safe drinking water severely compound these needs. The lack of essential health and WASH services fuels the spread of communicable disease outbreaks in over 70% of the country. In 2022, 17.8 million people require support to meet basic WASH needs, a 16% increase from 2021.⁶ Over the same period, the number of people with acute WASH needs increased by 28.7%, from 8.7 million to 11.2 million people. Approximately 5.3 million of those experiencing acute WASH needs are concentrated in Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Marib, Shabwah and Taiz governorates, including 2.6 internally displaced persons (IDPs).⁷

¹ Yemen Country Office. Humanitarian Situation Report: March 2022. UNICEF; Internal Displacement Monitoring Centre. 2022. Country profile: Yemen.

² Internal Displacement Monitoring Centre. 2022. Country profile: Yemen.

³ UNHCR Fact Sheet, 'Yemen', September 2021, p.2.; 'Yemen Food Security Outlook: October 2021 to May 2022', Famine Early Warning Systems Network, p.3.

⁴ Yemen Country Office. Humanitarian Situation Report: March 2022. UNICEF

⁵ UNOCHA. April 2022. Humanitarian Need Overview: Yemen

⁶ UNOCHA. April 2022. Humanitarian Need Overview: Yemen

⁷ UNOCHA. April 2022. Humanitarian Need Overview: Yemen

1.1. PROGRAMME OVERVIEW

This evaluation was conducted through a sample-based review (at the output to outcome and process levels) of the following sample projects which IR Yemen has implemented / is implementing:

Project 1: Emergency Support to Orthopaedic Physical Therapy Centre in Taiz – Yemen

Project Impact: Improved health status of the affected populations and reduced morbidity and mortality rates related to disability in Taiz and its surrounded governorate through supporting Taiz prosthetic centre.

Project outcomes: Targeted Orthopedic Centre will provide sustainable required health services in the field of orthopedics and prosthetics to affected population.

Project outputs:

1. Required machines and equipment necessary for the new technology of limb manufacturing and physiotherapy tools has been provided.
2. 1000 of individuals of different gender received artificial limbs (300 child ,200 female and 500 male).
3. 37 of health workers receiving incentives for 8 months
4. Capacity of the 4 prosthetic and physiotherapy service provider has been built on new technology of artificial limb manufacturing at Jonkoping University in Sweden and, to be an expert and train the remaining staff.
5. Workshops and training have been done for all the service provider in the centre by the 4 trained expert
6. Recruited one orthopedic specialist to be the most senior person and monitor the implementation of the prosthetic and physiotherapy new technology
7. Raised the awareness of the patient and their family through procedures on the artificial limb using and other issue important for the disabled patient like psychosocial support.

Target Number of Rightsholders: 1,000

Current Project Status: Project Completed

Project 2: Emergency Cholera Rapid Response For The Affected Populations In Yemen

Project Impact: To contribute to the reduction of mortality and morbidity associated with Cholera outbreak and reduce further spread of the epidemic in the targeted four high priority districts of Hodeida ,Aden, Amran and Hajah Governorates

Project outcomes:

1. Reduced mortality and morbidity associated with Cholera through early detection, case management, prevention measures and improved access to health care services in the targeted locations.
2. Improved skills and knowledge among health workers, Community Health Volunteers and community at large on case management and prevention of Acute Water Diarrheal

Project outputs:

1. Approximately 13,230 Acute Watery Diarrhea Cases (AWDs) properly managed/treated by the end of the project
2. All the targeted Health Facilities supplied with all the required medications, consumables supplies, Laboratory reagents, cholera rapid test kits.
3. A total of 12 Physicians recruited and posted to the 4 targeted DTCs.

4. Eight of the targeted centres (4 DTCs and 4 ORCs) equipped with crucial medical equipment/furniture, stationaries, Cholera Guidelines and Cholera Information, Education Materials (IEC) for proper functioning.
5. Twelve (12) latrines rehabilitated/repair with WASH facilities (Water trucking, proper sanitation facilities - drainage system, septic tanks).
6. Inpatient cases and their caregivers supported with meals during their stay at DTCs/Health Facilities.
7. 144 Health Workers provided with monthly incentives including cleaners and security guards
8. Referral system for the complicated cases activated as well as patients requiring secondary health care services
9. Targeted DTCs and ORCs provided with adequate safe and clean water for proper functioning of sanitation facilities.
10. A total of 120 Health Workers from the 4 targeted district DTCs and 4 ORCs trained on Case Management of Cholera at DTCs/ORCs.
11. 160 Community Health Volunteers provided with monthly incentives to conduct Cholera awareness sessions
12. A total of 125 Health Workers trained on Cholera Infection Control Procedures.
13. A total of 200 hygiene sessions regarding health and hygiene (domestic, personal and environmental hygiene) in the targeted locations
14. Eight tents procured and delivered to the targeted DTCs/ORCs.
15. A total of 13,230 Cholera Hygiene Kits procured and distributed to AWD Cases

Target Number of Rightsholders: 13,230
Current Project Status: Project Completed

Project 3: Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen

Project Impact: Contribution to a reduction in prevalence of acute malnutrition among children under-five years, pregnant and lactating women (PLW).

Project outcomes: Rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, pregnant and lactating women with infants less than 6 months in the targeted locations

Project outputs:

1. **312** Health Workers and **468** CHVs nominated/contracted and posted to the targeted HFs with clear Terms of Reference
2. A total of **47,887** MAM under-five cases identified and admitted into TSFP for treatment/rehabilitation using RUSF (Supplementary Plumy) and essential medications by end of the project.
3. A total of **24,140** moderately malnourished PLWs cases identified and admitted into TSFP for treatment/rehabilitation using RUSF (WSB) and essential medications by end of the project.
4. **156** health facilities provided with required medicines/medical supplies (type and quantities will be as per the need at implementation stage).
5. # of referrals (SAM cases with medical complications) facilitated to reach nearby Therapeutic Feeding Centres /Stabilization Centres for inpatient care by end of the project.
6. Governorate/District Health Offices Supported with District Health Information (DHIS2) electronics.
7. **156** health facilities provided with adequate nutrition supplies (Ready to Use Therapeutic Feed & Ready to Use Supplementary Feed RUTF/RUSF) throughout the project period till end of the project.
8. At least 720 sessions of health/nutrition awareness on malnutrition conducted by the end of the project.

Target Number of Rightsholders: 72,807
Current Project Status: Project Completed

Project 4: Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers

Project Impact: To contribute to enhancing food security and protection status of conflict- affected and most vulnerable population in the Aden, Yemen.

Project outcomes: Improved Safe, dignified and equitable access to food through cash transfer for 2600 conflict affected households

Project outputs:

1. 2600 of HHs received monthly cash assistant - These will be measured by Project monthly reports
2. 90 % of HHs satisfied with cash distribution process - This will be measured by PDM., DDM reports

Target Number of Rightsholders: 18,200
Current Project Status: Project Completed

Project 5: Strengthening the Livelihood of Vulnerable People In Yemen For Economic Recovery

Project Summary: The key interventions will comprise of providing employment opportunities to 1300 HHs through short-term Cash for Apprenticeship (CFA) activities. At the same time, the same 1300 HHs will get new skills through the apprenticeship program, which contributes to preparing them for the market demands. IRY, then, will provide 1050 HHs, out of 1300, with occupation-based kits to help them start freelancing in order to enhance their livelihoods. Also, 250 HHs, out of 1300, will be supported by small grants to create or develop their own enterprises in order to contribute to the economic recovery.

Project Impact: To contribute to reduced vulnerability and strengthened resilience of crisis-affected communities in Yemen through the creation of sustainable livelihoods.

Project outcomes: Crisis-affected communities are better able to resist economic collapse and shocks with improved stability and self-reliance.

Project outputs:

1. 1300 Vulnerable HHs received the vocational skills throughout 4 months apprenticeship.
2. 250 Vulnerable HHs have an immediate income for 4 months through cash for the apprenticeship.
3. 1050 Vulnerable HHs received small grants and Occupational-based kit for their developed and created micro and small enterprises.

Target Number of Rightsholders: 9,100
Current Project Status: Project Ends in April 2023

Review of this project has been done at the process level to assess progress, coherence and sequencing of interventions and feedback of sample target households and key informants on completed/planned interventions.

Project 6: Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates

Project Impact:

1. Restore or maintain sustainable water systems to improve public health and resilience. Provision of safe drinking water, rehabilitation and maintenance of water supply systems for affected populations
2. Provide emergency and lifesaving WASH and health assistance to the most vulnerable so as to reduce excess morbidity and mortality

Project outcomes:

1. Control spread of Acute water diarrheal Disease (AWD): Households at risk of cholera have improved access to safe water for the targeted households
2. Provision of clean drinking water to community

Project outputs:

1. Construction/Rehabilitation of 12 water sources, installation of solar system, Solar pumps, Construction of water tank
2. Conduct 12 water pumping test and water quality testing at water source level
3. Establish water management committees, training on O&M to ensure sustainability of the project
4. Awareness & Advocacy activities Reproduction Distribution Hygiene Promotion IEC Materials for protection of COVID-19 infection and cholera disease
5. Procurement and distribution of hygiene kits

Target Number of Rightsholders: 32,549

Current Project Status: Project Completed

1.2. PURPOSE AND SCOPE OF EVALUATION

RMTeam was commissioned by IR Worldwide (IRW) to conduct an evaluation of Islamic Relief's Yemen programme portfolio in the areas of Health, WASH, food security and sustainable livelihoods to assess the effectiveness of IR's response and recovery approaches with reference to realising planned outcomes and impacts as well as to draw lessons for future programming.

In order to assess the effectiveness and the degree to which the Yemen programme outcomes have been achieved, a sample number of projects were reviewed with consolidation of findings and recommendations, incorporating programme mapping, into one overall evaluation report. The evaluation used the OECD/DAC evaluation criteria to assess the performance of the selected programme against the overall programme outcomes and approach, and used the Core Humanitarian Standard (CHS) to evaluate the quality of the interventions and aspects of accountability. The focus of the evaluation was on:

1. Assessing the extent to which the range of planned outcomes have been achieved or are likely to be achieved using the OECD/DAC criteria for evaluating humanitarian responses including relevance, connectedness, coherence, coordination, effectiveness, efficiency, impact, and sustainability, and recommending priorities and changes to the approach for subsequent phases of the projects and future interventions.
2. Evaluating the appropriateness and extent of application of quality standards, with a particular focus on CHS commitments 2, 3, 4, 5, 7, 8, and 9.
3. Identifying lessons, innovations, and good practice from the overall Yemen response and recovery programme to inform IR and potentially the wider sector to help inform future programming in Yemen. The report will be externally published.

For each of the four Yemen programme thematic areas (WASH, Health, Livelihoods, and Food Security), the following outcomes were assessed to ascertain the degree to which they are being achieved.

<p style="text-align: center;">Livelihoods</p> <p>a. Crisis-affected communities are better able to resist economic collapse and shocks with improved stability and self-reliance.</p>	<p style="text-align: center;">Food Security</p> <p>a. Improved safe, dignified, and equitable access to food through cash transfer for conflict-affected households.</p>
<p style="text-align: center;">WASH</p> <p>a. Restore or maintain sustainable water systems to improve public health and resilience</p> <p>b. Provision of safe drinking water, rehabilitation, and maintenance of water supply systems for affected populations.</p> <p>c. Provide emergency and lifesaving WASH and health assistance to the most vulnerable so as to reduce excess morbidity and mortality.</p>	<p style="text-align: center;">Health</p> <p>a. Reduced mortality and morbidity as a result of early detection, case management, prevention measures, and improved access to health care services in the targeted locations.</p> <p>b. Improved skills and knowledge among health workers, Community Health Volunteers, and community at large on case management and prevention.</p> <p>c. Rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, and pregnant and lactating women with infants less than 6 months in the targeted locations.</p>

2. METHODOLOGY

As per the ToR, the tools used for the evaluation remained primarily qualitative in nature, employing FGDs, beneficiary interviews, and KIIs as well as site inspections. Respondents for KIIs were purposively sampled, while FGD participants and beneficiaries interviewed were selected using either stratified random sampling or purposive sampling, depending on the individual project requirements. RMTTeam relied on IR to provide beneficiary lists.

It must also be noted that permissions to conduct FGDs in the northern governorates in Yemen were not likely to be given due to the latest SCHMCA regulations. As such, RMTTeam had only planned for FGDs in Aden, based on the understanding that the ToR referenced Amran in the north, rather than in the south.

Where necessary, instead of FGDs in the north, RMTTeam had planned for beneficiary interviews with community members. Additionally, several of the governorates (Taiz, Hodeidah, and Sa'ada) are under the control of more than one authority, and as such, without further information on the areas of intervention within these governorates, it was not possible for all of the thematic specialists to be able to travel to all areas to conduct the site inspections.

All tools were finalized in close collaboration with IR.

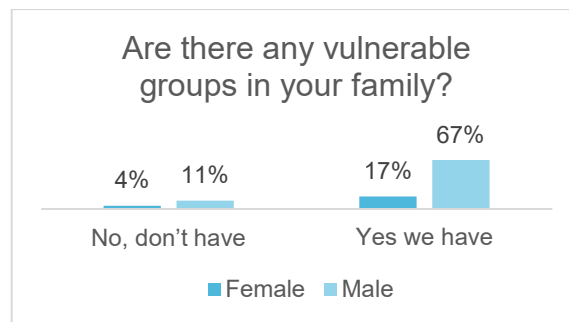
Beneficiary Interviews

Table 1 - Beneficiary Interviews Collected

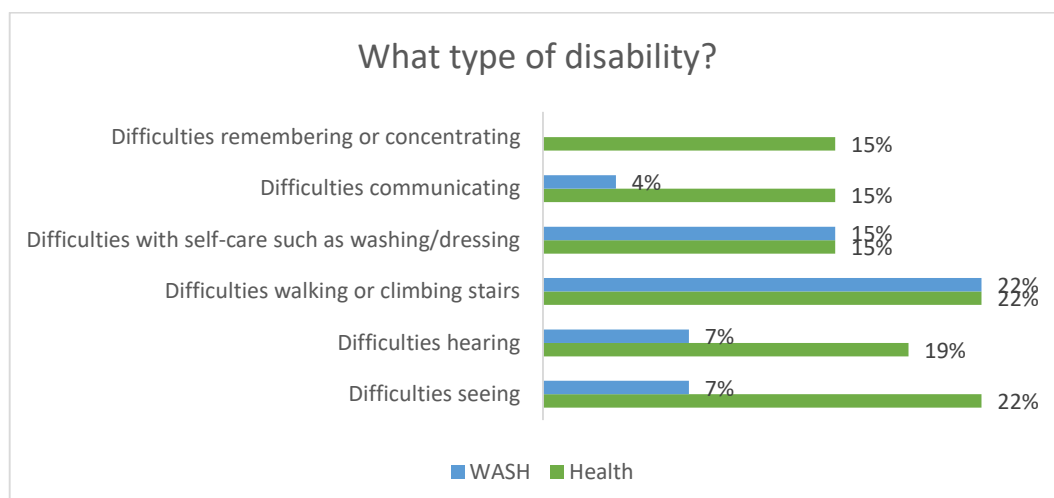
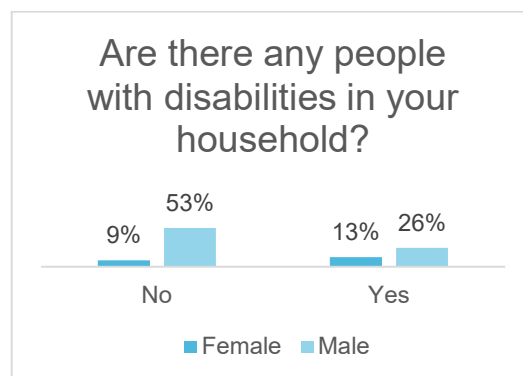
The beneficiary interviews were conducted remotely between the 6th and 18th of June 2022, with a total of 71 beneficiaries on IRYs' Health, Nutrition, and WASH programs in the north of Yemen.

Sector	Project	Respondents	# of BIs	Total # of BIs
Health	Emergency Cholera Rapid Response for the Affected populations in Hodeidah, Aden, Amran, and Hajjah governorates.	Children	8	24
		Community Members (F)	8	
		Community Members (M)	8	
Nutrition	Emergency Nutrition for Acutely Malnourished Children, Pregnant and Lactating Women in Yemen	Mothers of children identified and admitted to TSFP for treatments	8	15
		Community members who received health/nutrition awareness sessions (F)	3	
		Community members who received health/nutrition awareness sessions (M)	4	
WASH	Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada, and Dhammar Governorates.	Beneficiaries from Hodeidah	8	32
		Beneficiaries from Amran	8	
		Beneficiaries from Sade	8	
		Beneficiaries from Dhammar	8	
TOTAL				71

Among these respondents, approximately 20% identified as female while 80% identified as male. Regarding family composition, at least 50 respondents reported having between 5-10 family members. The majority of respondents (~80%) identified as host community, with followed by 16% who were IDPs and 3% who were returnees. Regardless of status, most respondents reported vulnerable groups in their families. Among surveyed health and WASH beneficiaries, the most commonly reported vulnerable groups were pregnant/lactating women followed by those with chronic diseases. Eighty-four percent of respondents indicated that at least one member of their household belonged to a vulnerable group.



Overall, approximately 40% of respondents reported that their households included persons with disabilities. Mobility related disabilities (i.e., walking, climbing stairs) and difficulties related to self-care (i.e. washing/dressing) were among the most common reported by both WASH and health beneficiaries. Among health beneficiaries, vision impairments, difficulties with memory or concentration, and difficulties communicating were also reported.



Semi-Structured Interviews

The semi-structured interviews were conducted with a total of 45 stakeholders between 28th of April and the 27th of July 2022. Interviews were conducted in both the north and south of Yemen. As further explained under “Challenges,” despite repeated follow up, some interviews with cluster coordinators and related stakeholders were not able to be conducted.

Table 2 - KEY INFORMANT INTERVIEWS CONDUCTED

Sector	Project	Respondents	# of KIIs	Total # of KIIs
Health	Emergency Support to Orthopaedic Physical Therapy Centre in Taiz – Yemen	IR Project Manager	1	5
		Physical Therapy Technician	1	
		Health Centre Manager	1	
		Health Worker	2	
	Emergency Cholera Rapid Response for the Affected populations in Hodeidah, Aden, Amran, and Hajjah governorates.	Community Health Volunteers	16 (4 M, 12 F)	30
		IR Project Manager	1	
		Local Authority	1	
		DTC Manager	4	
		ORC Manager	4	
		Health workers trained on Case Management of Cholera and/or Cholera Infection Control procedures	4	
Actor for the surveillance system e.g. Early Warning System	1			
Nutrition	Emergency Nutrition for Acutely Malnourished Children, Pregnant and Lactating Women in Yemen	Randomly selected health facility managers	2	7
		Randomly selected health workers	2	
		Randomly selected CHVs	2	
		Relevant local authority representatives	1	
WASH	Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa’ada, and Dhammar Governorates.	Acting WASH Coordinator	1	1
		Water Management Committee Representatives	4	
		Local Authority	2	
Cluster Coordinators		Nutrition Cluster	1	2
		Health Cluster	1	
		WASH Cluster	1	
		PSAC Cluster	2	
		National Representative	1	
TOTAL				45

This set of data has been collected by the field enumerators and informs on the perception of the project by the stakeholders, the changes observed during the project, personal experiences, changes in income and economic conditions and the expected impact.

The semi-structured interviews were conducted by the field enumerators, according to the interview templates. Notes were taken verbatim within the template, so as to ensure comparability of data. Deep interviewing techniques were used to ensure rich qualitative data. Interviews were held in confidence, to preserve anonymity. The interviewees were informed and asked for consent as to the potential collection of representative quotes for the final report.

Focus Group Discussions

Focus Group Discussions were conducted with beneficiaries of Health, Nutrition and Livelihoods programs. A total of 7 FGDs were conducted with male and female beneficiaries in 4 Governorates in Yemen (Taiz, Lahj, Abyan and Aden). Each focus group was stratified by sex and project component. Data was analyzed using a thematic approach guided by the evaluation matrix outlined in the ToR. s

Table 3 - FOCUS GROUP DISCUSSIONS CONDUCTED

Sector	Project	Respondents	Total # Reported Disability in HH	Total # of FGDs
Health	Emergency Support to Orthopaedic Physical Therapy Centre in Taiz – Yemen	<ul style="list-style-type: none"> • FGD (children U18) • FGD (males) • FGD (females) 	5 Children 2 M 4 F	3
	Emergency Cholera Rapid Response for the Affected populations in Hodeidah, Aden, Amran, and Hajjah governorates.	<ul style="list-style-type: none"> • FGD (males) • FGD (females) 	3 F	2
Nutrition	Emergency Nutrition for Acutely Malnourished Children, Pregnant and Lactating Women in Yemen	Mothers of children identified and admitted to TSFP for treatments	2 F	2
FSAC	Emergency Lifesaving Food Assistance (ELFA) through Cash Vouchers	Beneficiaries		4
Livelihoods	Strengthening the Livelihood of Vulnerable People in Yemen for Economic Recovery	<ul style="list-style-type: none"> • Females working under the Cash for Apprenticeship scheme • Men beneficiary received grants 		2
TOTAL				7

Site Visits

RM Team intended for conducted site visits on 9 construction and rehabilitation projects carried out by IRY. However, due to challenges notes below, only a total of 2 site visits were conducted.

Table 5 – SITE VISITS CONDUCTED

Sector	Project	# of Visits
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Health	Emergency Cholera Rapid Response for the Affected populations in Hodeidah, Aden, Amran, and Hajjah governorates.	2
TOTAL		2

Challenges:

RMTeam did not receive respondents' data information from IR until the end of April. At that time, three projects were not included:

- 1- Nutrition project #3. IRY reported that all beneficiaries' information would be available at the targeted HFs. IRY shared with RMTeam some HFs managers' numbers and requested we contact that HFs Managers to request beneficiaries contact information. However, the HFs were not cooperative and only four HFs managers provided some contact information.
- 2- Emergency Lifesaving Food Assistance (ELFA) through Cash Vouchers #4. IRY reported that the project had just started and there were no beneficiaries contact information available.
- 3- Strengthening the Livelihood of Vulnerable People in Yemen for Economic Recovery #5. IRY reported that the project had just started and there were no beneficiaries contact information available.

IR did not share any local authority stakeholders contact information. As a result, RMTeam faced challenges in reaching the planned number of KIIs for relevant local authority representatives.

Other Challenges:

- 1- IR Yemen requested from RMTeam to delay the data collection related to programming under the projects #4 and #5 (FSAC and Livelihood)s projects because of their delayed implementation. Likewise, the desk review for these projects was limited to the available proposals. As a result, the evaluation was not able to assess these projects to a large extent.
- 2- Limited reporting was also available related to the WASH interventions. As the final project report was not available, the Evaluation Team relied on available monitoring reports and beneficiary and project team feedback.
- 3- Some of the relevant local authority representatives refused to participate because IR Yemen hadn't informed them about the evaluation or because they were not aware of the IR intervention and had requested an official letter from SCMCHA.
- 4- SCMCHA didn't provide RMTeam with approvals for the Site Inspections field visits. RMTeam conducted the Cholera project DTC/ORC Site Inspections field visits in coordination with MoPHP however, RMTeam was unable to conduct the Site Inspections field visits to WASH selected locations due to the lack of approvals.
- 5- The Evaluation Team requested interviews with the previous IRY Country Director/Acting Country Director, and Nutrition and Food Security cluster coordinators/co-coordinators. However, after multiple follow ups due to limited or no response, these interviews could not be completed.

3. EVALUATION FINDINGS

The structure of the presentation of the evaluation findings is organized according to the evaluation dimensions of relevance, effectiveness, efficiency, coherence, impact and sustainability along with noted CHS commitments as described in in the ToR.

3.1. RELEVANCE

This section aims to assess the alignment of the programme interventions to existing strategies and policies and the extent to which the needs of the most vulnerable groups are addressed.

The evaluation finds all of the interventions delivered by IRY were considered relevant to the wider context characterized by the large scale of needs among the affected populations throughout the country and targeted areas. This analysis echoes feedback from IRY staff that all interventions were necessary in all locations and provided vital assistance to beneficiaries where delivered. The Humanitarian Needs Overview of 2022⁸ (HNO 2022) estimated that 23.4 million people – or 88% of Yemen’s population – needed some form of humanitarian assistance. IRY provided humanitarian assistance in nine governorates assessed as having the most severe need (Dhahran, Aden, Sa’dah, Al Hodeidah, Amran, Ta’iz, Hajjah, Raymah and Abyan) and provided significant support for the WASH, Health, Livelihoods and Food Security sector in which it was estimated 13 million people – more than three-quarters of Yemen’s population – needed assistance. In the nine governorates where IRY was operational during, it was estimated that between 77 and 100 percent of the population required humanitarian assistance and three of those governorates (Aden, Taiz and Hajjah) hosted some of the largest concentrations of internally displaced persons (IDPs) in Yemen.

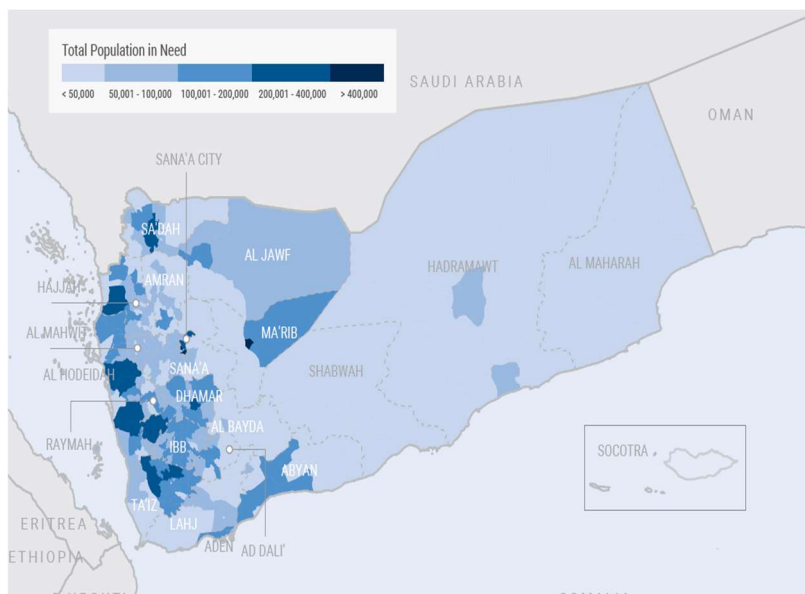


Figure 1 - Estimated Number of People in Need

3.1.1. Relevance by Sector

3.1.1.1. Livelihoods

The design of IRY’s livelihoods programming was highly relevant to the wider context, addressed the needs and highest priorities of the most vulnerable groups, and its design and objectives are aligned with the overall sector strategy. According to the results of the 2018 Multi Cluster Locations Assessment

(MCLA), livelihoods promotion is broadly seen as a key basic need that is rarely addressed in Yemen. Findings indicated that this lack of access to sustainable and regular livelihoods was the most prevalent and consistent worrying problem across all governorates in Yemen, with less

⁸ <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2022-april-2022>

than half of the total population having access to sustainable livelihoods. In the absence of macroeconomic stability, and without investment to support livelihoods opportunities and concerted efforts to reduce the conflict-induced inflation and rising costs and prices of imports into Yemen, the socioeconomic environment is expected to decline further in 2022.

To address the macroeconomic deterioration, IR Yemen outlined an integrated approach to expand employment and income opportunities and improve people's access to sustainable livelihoods. Overall, the project is designed to increase local capacities by equipping beneficiaries with the assets, skills and resources to establish and manage micro and small enterprises. During the implementation of the developed business plans, beneficiaries were intended to be accompanied by mentors to provide advisory services and necessary support. Through its implementation, the project also intends to indirectly support the capacities of those working on the whole supply chain of the enterprises, local investors, and local suppliers. IRY also plans to conduct a marketing exhibition for the most successful enterprises in order to establish a network between local investors and enterprises' owners.

As the project had recently begun implementation at the evaluation, the assessment focused on the intervention's design based on available information from the project proposal. The assessment found that the design as outline appropriately addressed sensitivities related to age, gender, protection and disabilities. The Cash for Apprenticeship (CFA) activities were tailored to be appropriate for both males and females with respect to cultural norms and capacities. Specifically, activities prioritize women and PwD in consultations to ensure their needs are met and to empower their position in the community. Likewise, the intervention prioritizes support to those micro and small enterprises led by women and PwDs.

3.1.1.2. Food Security

The design "Emergency Life-Saving Food Assistance (ELFA) through Cash Vouchers" project appeared highly relevant given the extreme basic key needs it addresses. According to the Integrated Food Security Phase Classification (IPC) analysis, food insecurity in Yemen has continued to deteriorate further, with 17.4 million people (IPC Phase 3 and above) in need of assistance in the first half of 2022, increasing to 19 million between June and the end of the year. Of these, some 7.1 million people are projected to face emergency conditions (IPC Phase 4) and 161,000 are expected to experience extreme hunger levels (IPC Phase 5 Catastrophe). Hunger levels may increase even further if additional conflict-induced or economic shocks occur. The situation was exacerbated by the global COVID-19 turndown which led to a sharp drop in remittances – the largest source of foreign currency and a lifeline for many families where 80 per cent of people live below the poverty line. As a result, millions more people cannot afford to meet their basic needs.

To address this, IRY, through its Emergency Life-Saving Food Assistance (ELFA) intervention, targeted the most food insecure and vulnerable groups facing IPC phase 3 and above through the track approach of "saving lives". The proposed strategy aimed to provide immediate life-saving emergency through cash assistance to the most vulnerable food insecure households allowing them to meet their basic food needs.

As the project has recently begun implementation, the evaluation focused its assessment on the intervention's design. Based on recommendations from the FSAC cluster and market working group, IRY intends to provide cash assistance in the amount of 90 USD for six rounds in order to cover their monthly food and basic needs as per the minimum food basket amount. IRY

targeted 2600 HHs (18200) from the most vulnerable families in Aden governorate with cash assistance which enabled them to meet their basic food needs.

Gender and conflict analysis reported in 2021 in Yemen found that female-headed houses are typically at higher risk of food insecurity given the relatively few work opportunities for women and their exclusion from economic transactions in local markets.⁹ Considering these vulnerabilities, the project's targeting criteria are designed to ensure inclusion and account for different needs in the community. As such, this support especially targets female headed households who represent 40% of the total households targeted. These include widow headed families. Households with people living with disabilities, those with malnourished children and households with no family head (i.e., orphans), and those households from muhamasheen groups are also prioritized.¹⁰

The project promotes protection in its design to provide safe and meaningful access to the support. Financial services providers in targeted districts will implement the distribution of cash assistance in locations no more than five kilometers from the beneficiaries' location. These distribution sites are selected based on protection criteria such that the locations are easy to reach and take into account women's and men's safety, dignity and ability to reach these sites. The sites themselves were also to be designed considering protection and safeguarding requirements to ensure dignified distribution and beneficiaries' queue.

In relation to the project's consideration of local capacities, IRY planned to establish community committees comprised of different members to include women, men, persons with disabilities, elderly persons, IDPs, host communities and marginalized groups in order to promote social cohesion and reduce the risk of conflict among different groups in the targeted areas. These committees would leverage and build the capacity of the community by ensuring a sustainable and transparent structure that is able to identify community needs by raising their awareness of humanitarian assistance and of accountability practices. To this end, committees were intended to receive training on complaint mechanisms and the mechanisms are included as part of the information reflected to the community and part of the community accountability.

3.1.1.3. WASH

Water, sanitation and hygiene (WASH) services continue to be severely lacking in Yemen, with 17.8 million people requiring support to meet their basic water and sanitation needs, including 11.2 million in acute need. Access to safe WASH services is available to fewer than a quarter of households in Yemen.¹¹ The countrywide Food Security and Livelihoods Assessment (FSLA) conducted by the UN found that some 19.5 million people in Yemen (61 percent of the population) are without access to safe water and 11.4 million (36 per cent) live with inadequate sanitation. As a result, people increasingly resort to negative coping strategies for meeting WASH needs, compounding malnutrition risk, and increasing WASH-related outbreaks of diseases, including COVID- 19, cholera and dengue. In terms of WASH needs, some 386,300 people living in 7 districts are projected to face extreme and catastrophic conditions in 2022. A further 9.4 million people in 317 districts are projected to be in acute need as they endure catastrophic WASH conditions during the same period.

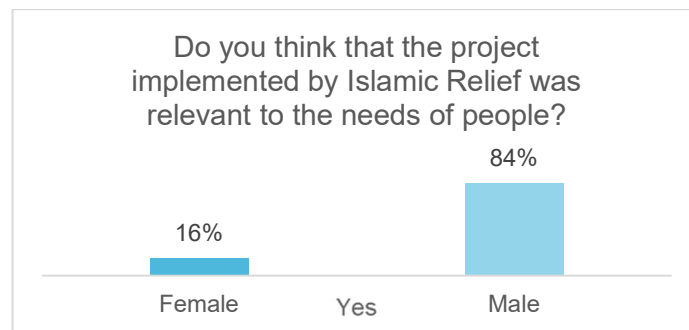
⁹ United Nations, Yemen. [Common Country Analysis \(CCA\), November 2021](#)

¹⁰ Al-Muhamasheen ('the marginalized ones') is the term that was adopted by members of the community itself to escape the derogatory term of 'Akhdam' ('servants') by which they are often referred. [Minority Rights, Yemen](#)

¹¹ <https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2022-april-2022>

As per the WASH clusters' Cholera Cases with Population and functionality of Water Source report, water sources in the targeted Governorate are non-functional in the targeted District and it notes as one of the factors which limited the efforts to control the current cholera outbreak and other water diseases. Emergency operation centres (EOCs) are operational in all Governorates. These EOC's and DTC's members are reporting to WHO/MOH about the new cases of acute water Diarrheal diseases (AWD). Health agencies and WASH cluster is focusing the WASH interventions for cholera preventions and identify the cholera cases through Rapid diagnostic test (RDT).

The WASH intervention implemented by IR Yemen aimed to prevent cholera spreading from unsafe water to “at risk” communities whereby the project rehabilitated non-functional water sources benefiting around 5,617 households while improving hygiene practices through IEC material in the target locations. All surveyed WASH beneficiaries (100%) agreed that the activities IRY implemented were relevant to needs in their community and 97% described the selection criteria for activities, which prioritized vulnerable groups, was fair.



To ensure the quality of work, effective implementation and sustainability in the WASH component, IR Yemen, in coordination with SCMCHA (Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation) established water management committees for each water supply system at community level. Each committee consisted of 8 members. Members were elected by the community in community meetings.. Each committee was provided training on water management to empower communities with management, technical, financial and institutional skills to manage their water systems in an effective and sustainable manner.

The design and implementation of the project considered the different barriers that people of different ages, genders and mobility face regarding access to WASH facilities and services. IRY ensured that the water sites and maintenance procedures were accessible for all, including those with limited mobility. The project also aimed to promote female representation in the Water Management Committees (WMCs) and the involvement of women and men in the maintenance of facilities and protection of surface and ground water. This report details the limitations of these efforts in respect of local culture, in Sa’ada specifically, in later sections.

3.1.1.4. Health

Health programming under the IRY portfolio aimed to improve access to and the provision of orthopaedic physical therapy, cholera management and infection control and emergency nutrition for acutely malnourished children, pregnant and lactating women. These interventions were highly relevant to the context and the needs of the most vulnerable groups.

Orthopaedic Physical Therapy

The planned orthopaedic interventions were very relevant to main needs of vulnerable groups in the community as they specifically targeted people with disabilities and the health workers providing them with needed services. The situation of people with disabilities is particularly dire as the most vulnerable group with the least ability to cope. Especially in emergency situations, disabled persons are typically neglected by services in emergency situations while the country and NGOs focus on food support and medication. Meanwhile, supporting an appropriately rehabilitated patient remains less costly than a disabled person completely dependent on government or NGO support.

Specifically, in Taiz, up to 90% of all disabled persons were largely neglected. A reported 60% of these injuries are the result of mines. These injuries have potentially deleterious consequences for the psychosocial and economic wellbeing of those who have had amputations as well as their families and communities.

The incentives to health workers were very relevant as they motivated these medical staff who are crucial to supporting these beneficiaries, although feedback suggested that increasing the amount of the incentives and including volunteers in this scheme would increase relevance given that many come from remote areas. Health workers also highlighted the relevance of the psychological support provided to beneficiaries.

In terms of considering and building local capacities, IRY has supported the Orthopedic Physical Therapy Centre since April 2018. Through this intervention, IR considered and aimed to strengthen the existing structures under the Ministry of Public Health and Populations (MoPHP). IR utilized the existing centre owned by the government as well as their health workers in the delivery of services. The project also provided support to technical and administrative roles within the hospital management to carry out their mandate of supervising the centre.

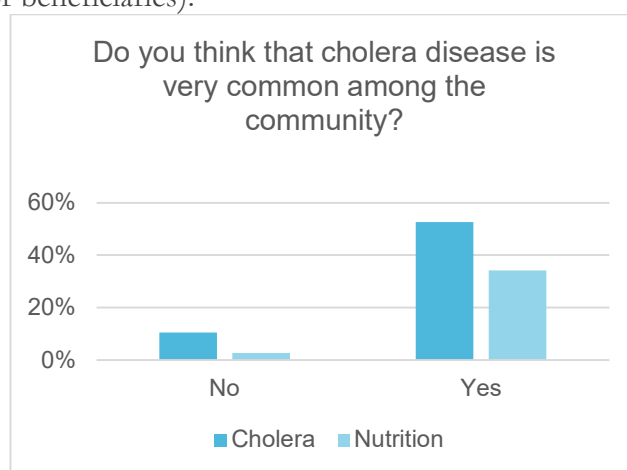
The planned support included providing raw material, medication, prosthetic and physiotherapy equipment, maintenance of the equipment, rehabilitation and construction of the building. A recent general assessment conducted by civil and medical engineers found that there is inadequate medical equipment crucial to improving the capacity of the centre. Equally, the Ministry of Health is unable to import the needed materials due to their associated high cost considering the deteriorating economic situation in the country. To address this need, IRY attempted to coordinate with the local authorities and the logistics cluster to import this equipment and transport it to the targeted centre in Taiz serving the three governorates of Taiz, Ibb and Hodeida. Nevertheless, as discussed in detail later in this report (See Efficiency), while the project's design was highly relevant, the inability to successfully implement these main capacity building activities (and related trainings for health staff) negatively affected the overall relevance of the intervention.

Emergency Cholera Rapid Response

IRY's interventions to support enhanced cholera response (management and prevention) with resource mobilization was considered vital to control the outbreak through integrated Health and WASH interventions. Project activities aimed to contribute to decreasing the mortality and morbidity due to cholera and its complications. These interventions were especially relevant in the context of the increased number of suspected cases in 2019 and gaps in Diarrhoea Treatment Centres (DTCs)/Oral Rehydration Centres (ORCs) in 147 priority districts. The four districts the IRY project targeted were likewise targeted by the MOPHP and Health cluster.

A central aspect of the Emergency Cholera Rapid Response project is its consideration and development of local capacities. Support to establish and equip at least one DTC in each district with one ORC worked to fill the gap in the four districts of highest priorities. To build the capacity of health workers to cope with cholera outbreaks, the project provided training and case management and infection control, recruited additional medical staff in each centre, and provided incentives to ensure their availability across different key functions (e.g., triage, management, infection control, surveillance and monitoring, etc.). Likewise, community health volunteers were also recruited and trained to increase their capacity to distribute key cholera messages and life-saving cholera kits.

In both FGDs, all male and female beneficiaries of the cholera response project confirmed the project’s relevance, highlighting the fact that the targeted community was in a rural area that did not have the available capacities to manage and treat cholera and the communities themselves did not have sufficient understanding of its prevention. These areas were not previously targeted by other organizations. In addition, surveyed beneficiaries of the cholera and nutrition interventions reported that cholera was very common in the community (in total 87% of surveyed Health sector beneficiaries).



Beneficiaries of the Emergency Cholera Rapid Response further explained that high rates of illiteracy informed the lack of understanding and attention among the elderly specifically and among society generally regarding cholera prevention. However, after the outbreak, more people began to pay attention to the awareness sessions and use the hygiene materials to limit the spread of the disease. The hygiene kits PDM reports in Lahj (December 2021), and Amran (November 2021) reported 3304 and 1654 beneficiaries respectively. The number of attendees of the hygiene promotion sessions was not available reporting.

“Our society is considered an illiterate society in general. Therefore, at the beginning of the spread of the disease, the elderly and the majority of society did not pay proper attention to it. But after the spread of the disease, people began to listen to awareness sessions and use hygiene materials to limit the spread of the disease.” - Female beneficiary, Emergency Cholera Rapid Response, Lahj FGD

Emergency Nutrition Response

Nutrition activities were implemented by IRY to support the Ministry of Public Health & Population (MoPHP) to implement an integrated Community Based Management of Acute Malnutrition (CMAM) programme and Infant & Young Child Feeding (IYCF) in 156 Health

Facilities (HFs) from 12 districts in 6 targeted governorates with a broad objective of contributing to a reduction in prevalence of and prevent acute malnutrition among children under-five years and pregnant and lactating women (PLW) and other vulnerable population groups.

Nutrition activities aimed to provide specialized services for acutely malnourished children and pregnant and lactating women. Beneficiaries agreed that the interventions were very important, pointing to the previously widespread prevalence of poverty and malnutrition in their communities and previous lack of awareness of appropriate prevention and treatment. The intervention was also relevant given their reported difficulties in accessing medical services previously, as beneficiaries observed the improved health conditions in the community and increased access to needed services and information.

“Before the project, it was difficult to access medical services, but after the health center was built, the health situation in the area in general has improved.” – Female beneficiary, Emergency Nutrition Reponses, Abyan FGD

“The project was important to me because I am an uneducated woman, and all I learned about raising and feeding my children was through the transmission of information from my mother and grandmother, and I cannot say that this source was enough for me. Therefore, the project and the educational sessions were very useful for me.” Female beneficiary, Emergency Nutrition Response, Abyan FGD

When asked to evaluate the relevance of the project activities in responding to the needs of the community, health facility staff pointed to the high prevalence of malnutrition, inability of most people to afford care, and the large population the centres serve, which included IDPs. This feedback underscored the importance of the project’s provision of free services as well as the importance of considering the scale of needs in the populations HFs serve. In some locations, health facility staff also mentioned that relevance would be increased if the materials (e.g. medications, supplementary materials) and the number of health workers supported were increased. The Alafraïn HF Manager described level of support provided by the project as good but not sufficient, estimating that the centre provided services for up to 1300 beneficiaries per month. Meanwhile, activities were reportedly sufficient to support their relevance to the 120 beneficiaries served each month on average according to the Director of Al-Numan Health Centre in Al-Zahra district.

“[The project’s relevance] Good but not sufficient. The quality of materials and number of health workers supported must be increased. The centre serves a large population in addition to the IDP camps.” Alafraïn HF Manager

3.2. EFFECTIVENESS

This section assesses the extent to which programme outputs have contributed to the achievement of planned outcomes. The description of programme results is organized according to the programme objectives of the two sectors where the evaluation was able to assess the effectiveness of implementation. These assessments included an examination of assessment of the adequacy of IRY MEAL systems and adherence to technical and quality standards.

3.2.1.1. WASH

Final reporting and other key documentation to verify and assess results had not become available for the sampled WASH project as it was ongoing during the time of the evaluation. Based on the limited available reporting, project documents (e.g., proposal) and interview with the Acting WASH Coordinator, the evaluation assessed the likelihood that planned outcomes contributed to the achievement of IRY WASH programming objectives:

Outcome 1: Restore or maintain sustainable water systems to improve public health and resilience

Outcome 2: Provision of safe drinking water, and maintenance of water supply systems for affected populations

Outcome 3: Provide emergency and lifesaving WASH and health assistance to the most vulnerable so as to reduce excess morbidity and mortality

Under its WASH sector programming, IRY worked to restore or maintain sustainable water systems to improve public health and resilience and provide emergency and lifesaving WASH and health assistance to the most vulnerable in order to reduce excess morbidity and mortality.

The Acting WASH Coordinator reported that nearly all planned activities have been implemented without modification. These included:

- Rehabilitation of water sources, solar power and water tank, and provision of water points
- Conduct water pumping tests and water quality testing at water source level
- Establish water management committees, training on operation and management to ensure the sustainability of the project
- Procurement and distribution of hygiene kits
- Awareness and advocacy activities including the distribution of hygiene promotion IEC materials for prevention of COVID-19 and cholera.

A noted modification to the work plan included were the activities in Dhamar Governorate, which experienced some delays due to the failure of a pumping test in three water sources due to lack of water in those targeted sources. As a result, IRY selected alternative water source and requested a no-cost extension (NCE) from the donor with a revised work plan. For this reason, the number of pumping tests was exceeded. Regarding the indicator related to the number of installations of five taps stand per water scheme, these were not implemented in some water schemes where the water networks with household connection were available on the site and functional.

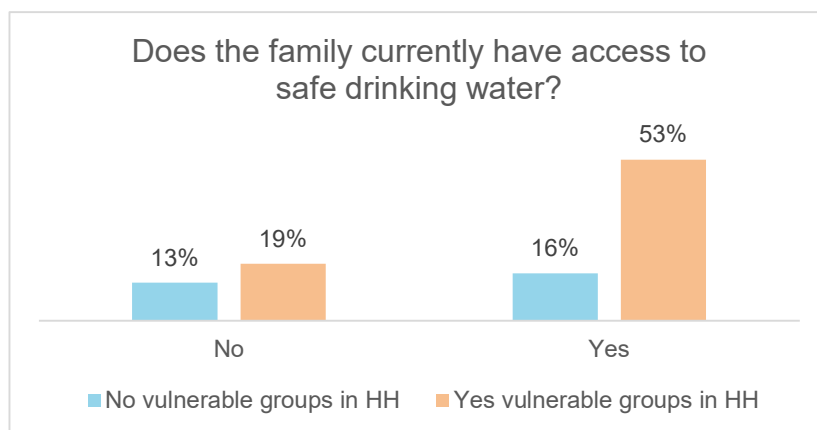
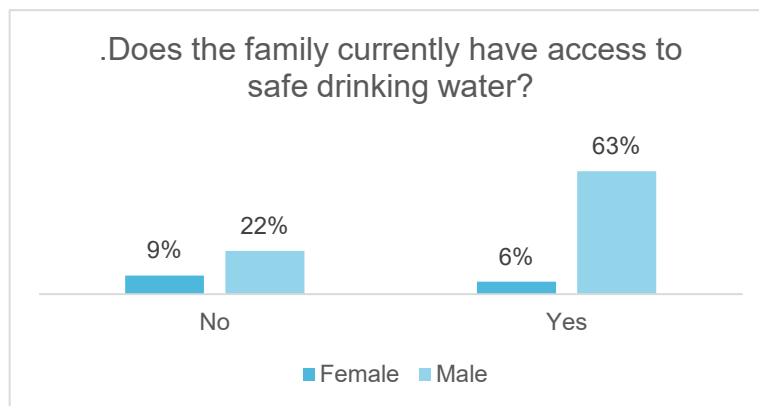
Coordination, Capacity Building and Community Participation

Flexibility and strong coordination with key stakeholders (e.g., GARWASP, local authorities, WMCs, and SCMCHA) facilitated IRY's effective selection and targeting supported progress towards all three outcomes. Aside from some deviations, targets were largely achieved as planned, according to the Acting WASH Coordinator. The total number of beneficiaries surpassed the established target after the number of beneficiaries was increased in some governorates and decreased in others. This ensured the project's targeting of the most vulnerable communities with the largest catchment populations who are in need for clean drinking water and where communities are suffering from water borne diseases and AWD.

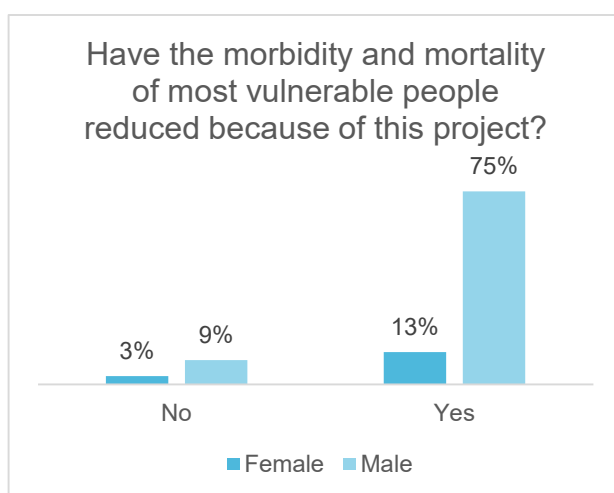
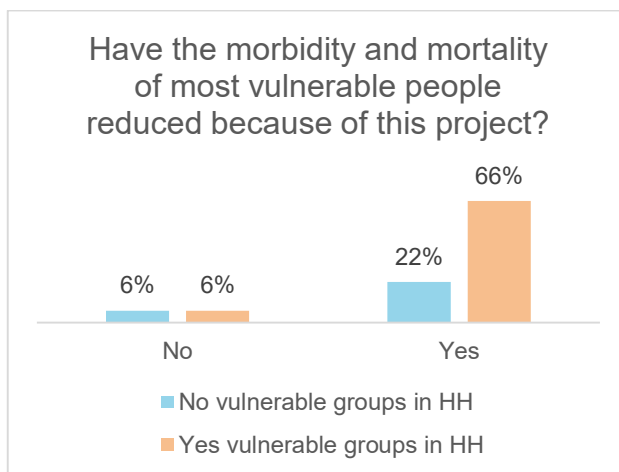
Project activities that worked to increase the capacity of local infrastructure (e.g., support local authorities) to provide safe drinking water and improve public health and resilience were successfully implemented (Outcome 1). Specifically, the rehabilitation of water infrastructure is a sustainable activity that increases the likelihood the durability of achieved results. Project reporting indicated that of the twelve planned rehabilitated water sources, at least seven had been rehabilitated (58% of target). Since the time of that reporting, based on reports from the WASH PM, the remaining water sources were rehabilitated.

Supporting Outcome 1 and Outcome 2, the available reporting from 12 months into the initial 16-month project period, indicates that regarding the proportion of households with access to an improved water source, the project exceeded its target of 75% by achieving 280%.

In terms of the type of support surveyed WASH beneficiaries received from IR to improve access, quantity and quality of water, 44% reported the provision of water storage tanks and 31% reported maintenance of water source network. One quarter of these beneficiaries (25%) reported receiving some other type of support. Of the 32 WASH beneficiaries interviewed, 28 reported that after the intervention their households' main source of water was an IR supported well. Nearly all (94%) WASH beneficiaries were satisfied with their existing water sources as a result of the support. In terms of quality and quantity of their water, beneficiaries also reported high levels of satisfaction. Nevertheless, when asked whether their household currently had access to safe drinking water, while most beneficiaries reported they could access safe water, approximately one-third said they could not, suggesting ongoing need.



All WASH beneficiaries believed that public health and resilience within the community had improved as a result of the project. Demonstrating progress towards Outcome 3, just under 90% reported observing reductions in the morbidity and mortality among the most vulnerable persons, with 13% reporting no such changes.



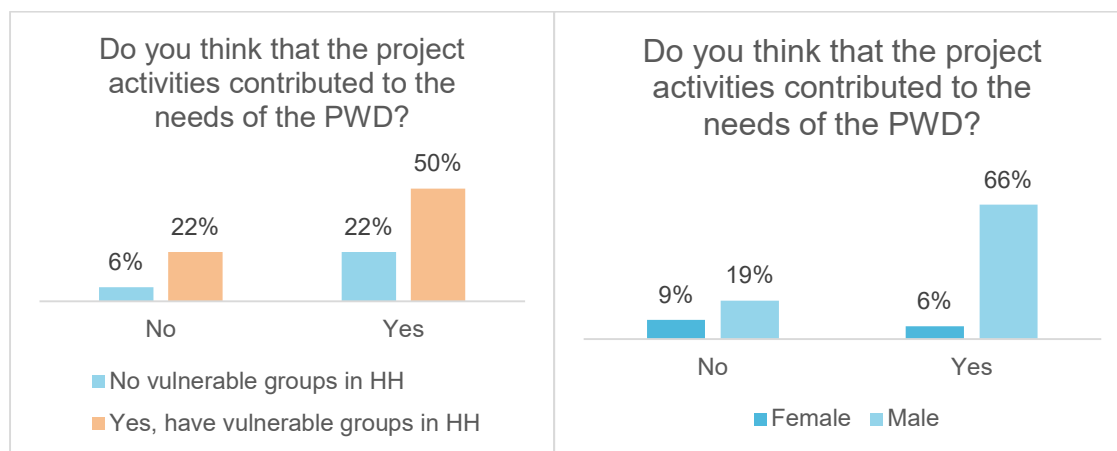
Developing the capacity of the targeted community by promoting their meaningful participation and raising their awareness was also an important aspect of the project supporting enhanced resilience and improved outcomes. To ensure quality of work and effective implementation of the WASH component, the project established water management committees (WMCs) for each water supply system at the community level. Each committee consists of eight members selected by the community. Through the establishment and training of WMCs, communities are empowered with management, technical, financial and institutional skills to manage their water systems effectively. The available WMC training evaluation report presented an overview of results in relation to the two-day training facilitated on November 15-16, 2021, in Al-Shyany, in which 24 males and 4 females (28 members in total) trainees participated.

The involvement of the WMCs throughout the project stages represented a key mechanism for accountability to the affected communities. During the water system design phase, WMCs were engaged in the selection of the project facilities locations. During the implementation, the WMCs were engaged in the supervision and inspection of project materials to ensure quality. Regarding the project's CFM, IRY has a system that is easily accessible to all beneficiaries, especially the most

vulnerable and marginalized groups. The IRY MEAL team conducted awareness sessions among beneficiaries and posted CFM posters in targeted areas. Through this mechanism, beneficiaries are able to submit complaints and provide feedback by directly calling or sending a text to a dedicated channel (toll-free phone number and WhatsApp number).

Inclusion and Equitable Access for Vulnerable Groups

IRY worked to ensure the inclusion of persons with disabilities, along with other vulnerable groups and minorities through adherence with humanitarian principles. These principles guided the selection of suitable and accessible distribution sites for NFIs. Likewise, the distribution points for water were designed to be suitable and accessible for all ages, genders and for those with disabilities. In respect of existing practices and community needs, in some cases IRY provided household connection points. Specifically, regarding PwDs, nearly three-fourths (72%) of WASH beneficiaries reported that the project had contributed to addressing the needs of this group.



Nearly all respondents who reported having some vulnerable groups within their households were satisfied with their water source as a result of the intervention. Approximately 97% of beneficiaries observed that the selection criteria for project activities prioritized vulnerable group in particular. In addition, 90% of interviewed WASH beneficiaries described selected distribution sites as safe and accessible.

Findings suggest areas for IRY to strengthen its consideration of the context as it also aims to respect local values and norms. In terms of access and participation of vulnerable groups, a challenge that stands out with the lack of inclusion of women in the community water management mechanisms specifically in Sa'ada due to the community's conservative norms and culture. The Acting WASH Coordinator explained that IRY tried to convince the community to allow for women's participation; however, at the end IRY respected the norms and culture. Further consultations with women in the community as well as community leaders may help IRY identify alternative means of promoting women's meaningful participation that are feasible in the context of the local culture and norms.

Technical and Quality Standards

IRY ensured the safety and dignity of beneficiaries and avoiding causing harm through adherence to humanitarian standards (e.g., Sphere, CHS) with respect and consideration of the norms, practices and culture in targeted governorates. IRY's implementation of hygiene promotion including access and use of hygiene items supported Sphere WASH Standards 1.1 and 1.2 (Hygiene promotion). Activities raised awareness in targeted communities of important WASH-related risks

and measures to reduce them. Community engagement and mobilization, through the establishment and capacitation of community committees were key components of the project's approach. Beneficiary feedback demonstrates that the implementation of activities to strengthen access to sufficient quality and quantity of water supported Sphere WASH Standards 2.1 and 2.2 (Water supply). Rehabilitation works and other activities supported the prevention of cholera and other outbreaks also supported WASH Standard 6 (WASH in disease outbreaks and healthcare settings) and were seen by healthcare staff as having an important impact on the general quality of and safety of service delivery.

IRY collected beneficiary data disaggregated by gender and disability in all targeted governorates except for Sa'ada Governorate due to the cultural norms there. Likewise, IRY considered female representation in the formation of the WMCs except for in Sa'ada, where since women could not be included in the WMC, IRY team emphasized the involvement of women and men in the community in the use and maintenance of the facilities.

In terms of safety, according to the Acting WASH Coordinator, the water of all of the water sources were safe for drinking without treatment except for one water source in Amran Governorate, for which IRY provided the appropriate treatment plan to ensure safe drinking water for the community. The details of the treatment plan were not provided. The rehabilitation materials are safe as IRY provided solar systems, which are environmentally safe and include safety instruments in all provided systems. WMC members were trained to ensure their capacity to manage the project. The NFIs materials were also safe and the selected distribution points were aligned with coordination with the deconfliction system (UNOCHA) through the IRY security department. With consideration of existing norms, water distribution points were designed to ensure accessibility to all ages and genders, including those with disabilities, in adherence to Sphere Protection Standards. To avoid causing or exacerbating any sensitivities, IRY coordinated with local authorities during the selection of targeted public water schemes taking into account the catchment population.

To ensure that the beneficiary selection process was fair and evidence-based, IRY selected the project beneficiaries based on the priority needs of the most vulnerable communities. The WASH project aimed to achieve a high level of transparency as GARWASP and local authorities provided the water scheme lists in the targeted districts, based on which IRY conducted field visits to assess and select the most vulnerable community which are the largest catchment population in the list in need for clean and safe drinking water. NFI beneficiaries were within the catchment population of water schemes and selected through the established criteria in coordination with WMCs, community volunteers, local authorities and SCMCHA to prepare the draft beneficiaries list. IRY team was also responsible for disseminating the beneficiary selection process for distributed support (e.g., kits, other items). IRY MEAL and WASH teams verified the NFI beneficiary lists to produce the final lists.

MEAL Systems

For this intervention the means of verification were sufficient to adequately verify project outputs and are clearly laid out in the LFA and proposal. The MEAL team led project monitoring activities, which including the production of DDM/PDM reports for hygiene kit distributions and field visit reports for water solar system implementation either during the inspection of materials or implementation of the system components. Pre- and post-training evaluations were also conducted in addition to regular field visits by the WASH team and programme management in the country office to some targeted areas. Based on the findings and lessons learned of MEAL activities, IRY made improvements such as increasing efforts to ensure awareness and access to CFMs.

3.2.2. HEALTH

In its review of the sampled IRY health sector programming, the evaluation assessed the extent to which the following planned objectives were achieved:

Outcome 1: Reduced mortality and morbidity as a result of early detection, case management, prevention measures and improved access to health care services in the targeted locations.

Based on its review of the sampled health sector interventions, the evaluation found that IRY projects contributed to reduced mortality and morbidity in targeted areas, through enhanced case management, prevention measures, early detection, and improved access to quality health care services. Interventions provided care equitably across age and gender, but especially targeted those persons with special needs to facilitate their improved access.

The implemented activities demonstrated a high degree of effectiveness in improving early detection, case management and prevention when conducted properly. These included training and incentives for health workers/CHVs, the provision of high-quality equipment and medicines, and rehabilitation of facilities. Nevertheless, a range of factors affected the effectiveness of the activities beyond the immediate term, which are further detailed in relation to efficiency in subsequent sections.

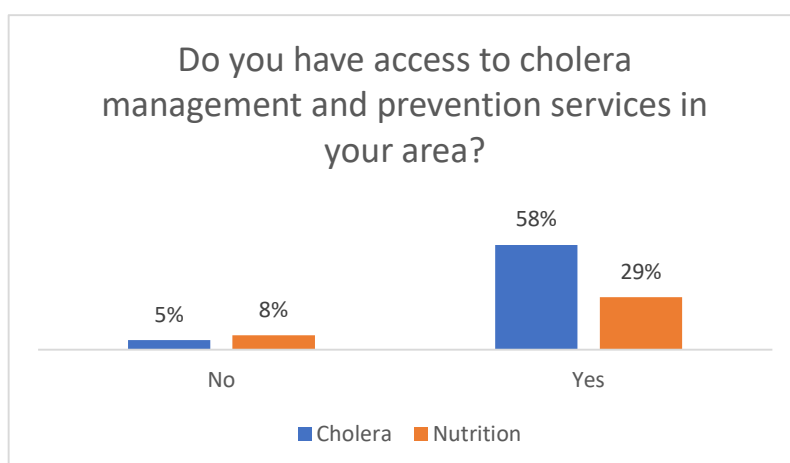
Key achievements towards this outcome include the following:

- 9,469 Acute Watery Diarrhea Cases (72% of the targeted 13,230 cases) were properly managed or treated.
- 16 health facilities (Target: 15) were supplied with all the required medications, consumables supplies, laboratory reagents, cholera rapid test kits
- 12 physicians were recruited and posted to the four targeted DTCs
- 100 inpatient cases (Target: 100) and their caregivers supported with meals during their stay at DTCs/health facilities
- 7 latrines (Target: 12) were rehabilitated/repared with WASH facilities
- 143 health workers (Target: 144) were provided with monthly incentives including cleaners and guards
- 1,654 Cholera Hygiene Kits (75% of target of 6,615 kits) were procured and distributed
- 358 Community Health Volunteers were provided with monthly incentives to conduct Cholera awareness sessions
- 113 Health Workers (Target: 120) from the four targeted district DTCs/ and four ORCs were trained on Case Management of Cholera
- 138 Health Workers (Target: 120) were trained on Cholera Infection and Control Procedures
- 653 hygiene sessions (Target: 200) regarding health and hygiene (domestic, personal and environmental hygiene) in targeted locations
- By incentivizing 310 HWs, the Targeted Supplementary Feeding Programme (TSFP), Outpatient Therapeutic Feeding Programme (OTP), and IYCF services (through IYCF Corners) remained functional in all the targeted 150 health facilities. The supported 393 CHVs were active in strengthening timely identification and referral of all the malnourished cases in their respective locations at a community level, defaulter tracking mechanisms, active and

passive screening for malnutrition, and dissemination of key CMAM/IYCF/Hygiene key messages.

- A total of 135 (77 males, 58 females) SAM cases with medical complications from IRY supported health facilities were referred to the nearby Stabilization Centres for further medical attention (with support from World Health Organization and UNICEF at Stabilization Centres).

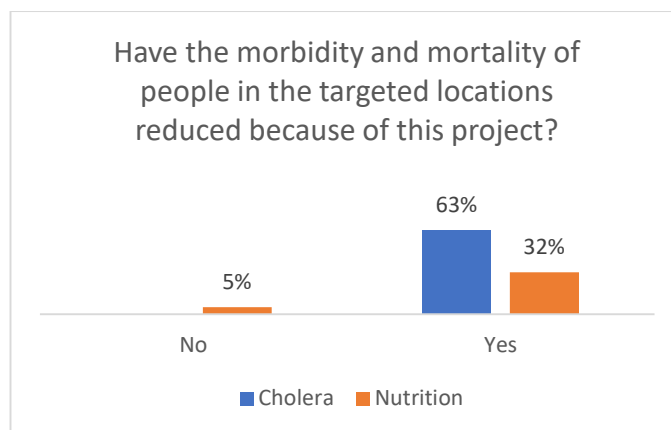
Findings demonstrate the cholera response intervention’s focus on prevention and management was highly effective during the implementation of the support. Among interviewed cholera and nutrition beneficiaries, 87% reported access to cholera management and prevention services in their area. The question regarding access to cholera management prevention services was asked to all surveyed health programming beneficiaries (i.e., Cholera and Nutrition). As such, this survey result suggests that increases were observed by beneficiaries who were not necessarily specifically or directly targeted by the cholera activities. The timeliness of these preventative actions was an important noted factor contributing its effectiveness. In both FGDs, all beneficiaries reported a decreased prevalence of the disease accompanied by a reduction in the cholera-related death rate in their targeted communities. They attributed this to the fact that IRY’s intervention had been provided in time to avoid dramatic increases in the spread of cholera in the community and its consequences.



“We did not witness a high death rate because of the implementation of the project before the outbreak of the disease on a large scale. This led to avoiding a high death rate.” [Everyone agreed with this participant] - *Male Cholera Response Beneficiary, FGD*

Beneficiaries of all health interventions in targeted communities reported that the health situation (morbidity and mortality) in the area in general had improved as a result of IRY support. Specifically, 95% of these beneficiaries reported reductions in morbidity and mortality among people in targeted locations.

However, while beneficiaries in FGDs agreed with surveyed respondents that the intervention had limited the spread of cholera, they uniformly reported the shortage of sterilization materials upon the project’s closure. Beneficiaries anticipated a high likelihood of the re-emergence of the disease without the necessary tools.

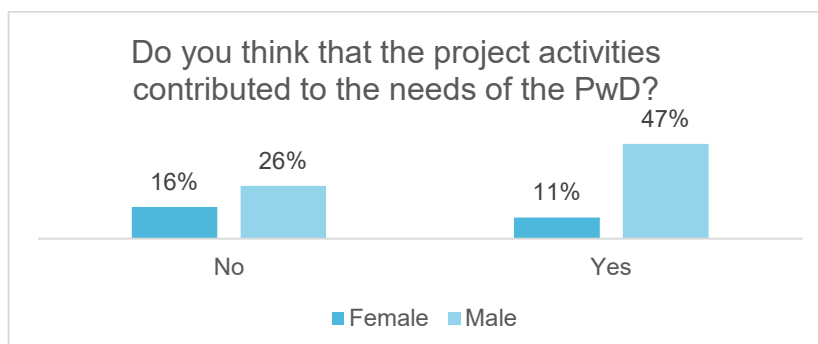


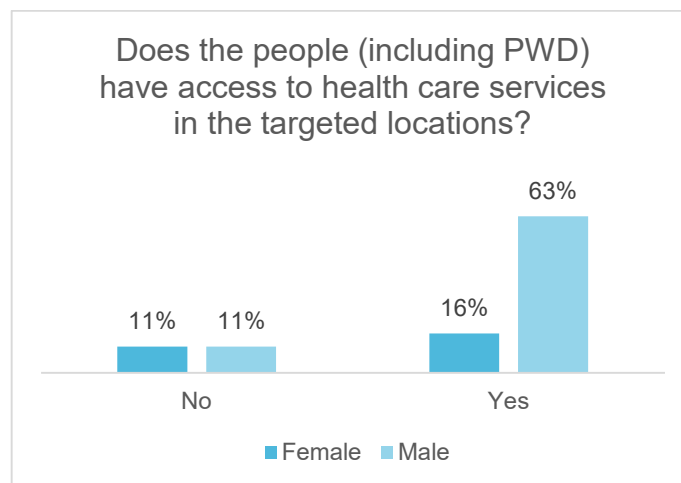
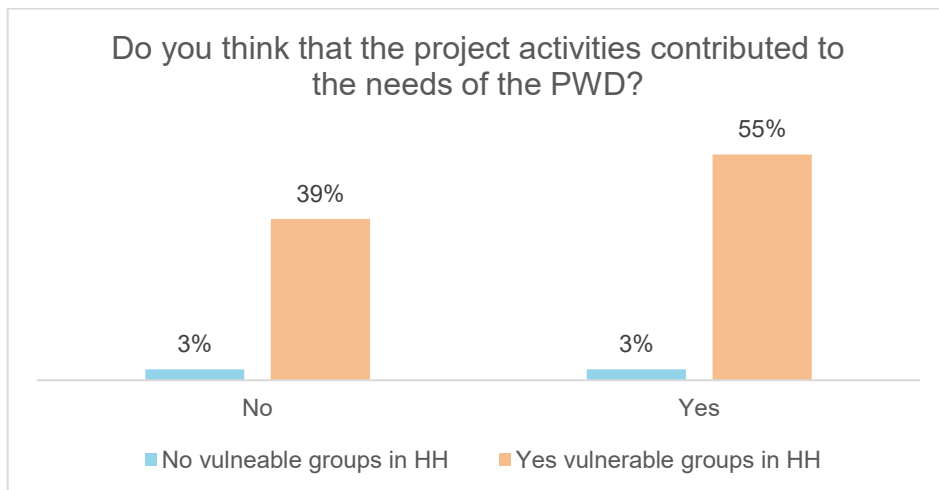
Improved Access for Vulnerable Groups and Challenges

Especially in reference to the Emergency Cholera and Nutrition projects, during the implementation of support, facilities were able to provide the needed, or at least basic, services in the area, which helped many beneficiaries relieve the stress and pressures of traveling to the city to receive medical care. Especially for beneficiaries in remote areas that government services do not reach, IRY interventions were critical in facilitating access to medical services, especially in locations where health centres were established with IRY. Significantly, interventions promoted improved access to health care services among people with special needs in particular. Supported health facilities provided services to everyone equally, but people with special needs and the poorest households were given priority.

Interventions were very concerned with the needs of PWS, especially those with disabilities. Regarding the provision of cholera and malnutrition services, health workers worked to ensure access by providing transportation or conducting home visits. However, while IRY’s support made health care more accessible to people with special needs, lack of available transportation and challenges traveling on difficult roads in some targeted areas were an important factor limiting their inclusion.

While 58% of health project beneficiaries (i.e., cholera and nutrition) believed that activities had contributed to the needs of persons with disabilities, 42% reported that the project had not achieved this contribution. When asked whether people (including PWD) have access to health care services in targeted locations, nearly 80% responded in the affirmative while just over 20% said reported a lack of access.





Beneficiaries of the Orthopaedic Therapy project also reported having observed reduced morbidity and mortality of people in the targeted locations as a result of the implemented projects, specifically targeting those with disabilities. This intervention targeted the Orthopaedic Centre to provide sustainable required health services in the field of orthopaedics and prosthetics to the affected population. A total of 37 health workers were provided with incentives. These health workers provided a number of services, including manufacturing prosthetic limbs, physiotherapy, and following up with the patients to ensure practicality and comfort of the limbs. However, the project’s contribution was described as insufficient to address the needs of beneficiaries. Compared to the target number, only a handful of patients received these services as a consequence of the procurement challenges detailed later in the report (See Efficiency).

Rehabilitation, Incentives and Recruitment

The effectiveness of interventions across locations varied based on the adequacy and consistency of the support they received. The implemented rehabilitation works were highly effective in promoting the enhanced health and safety of patients and staff in health centres, specifically through preventing the spread of diseases. Through these activities, health facilities were equipped with access to a supply of safe water with water networks with latrines and hand washing. Rehabilitation works were also effective in increasing the efficiency of health centres that

previously had to purchase water trucks, which cost more for a lesser quantity of water than they were able to access using the water network. As a result of the rehabilitation, those targeted centres were able access safe water and significantly reduce costs.

For those centres which reported receiving adequate high-quality medical equipment, furniture and rehabilitation of bathrooms and other key facilities (e.g., DTC Karish Centre, Az Zaydah DTC), these activities were very effective and supported sustainable impact. However, for other centres who did not receive adequate rehabilitations, received few medical machines, or only managed to receive medicines, or only an ambulance, the support was less effective in promoting access to adequate care and subsequent outcomes.

The support to health facility staffing was also important factors informing effectiveness of project activities. Incentives to promote the quality and consistency of their work were highly effective when those staff and volunteers received them. However, in general there was a shortage of qualified technical staff along with delays and reported inadequacy of the incentives, negatively impacted quality and access to services.

“[IRY support] Good but not sufficient. The quantity of materials and the number of health workers supported must be increased. The centre serves a large population in addition to the IDP camps.” - *Alafrain Health Facility Manager*

“The facility faces challenges including the shortage of health workers due to lack (delay) of incentives, fuel shortages, lack of support to conserve water, and the scarcity of providing essential medicines. We also face difficulty in delivery of services due to lack of specialized staff, equipment and furniture, which leads to the cases’ referral to the governorate and can result in death on the way.” – *Bait Hazeb HU Manager*

The inability to adequately provide many targeted centres with need rehabilitations, planned equipment, materials and other items were major challenges that affected progress towards this outcome. Notably, Emergency Cholera Response project reporting indicated that of originally 15 targeted centres (DTCs/ORCs), one had received crucial medical equipment/furniture, stationaries, cholera guidelines and cholera information, education materials (IEC) for proper functioning. Only four of targeted DTCs/ORCs (Target: 15) were provided with adequate safe and clean water for proper functioning of sanitation facilities.

“In our health facility, we saw nothing but medicines” – *DTC Manager*

Outcome 2: Improved skills and knowledge among health workers, Community Health Volunteers and community at large on case management and prevention.

The achievement of many key performance indicators was attributed to the recruitment, and incentivization of health workers and CHVs in regards to managing and following up cases and disseminating awareness messages. Programme results highlighted the improved skills and knowledge among health workers, CHVs and communities as important areas of achievement, especially in regards to the Emergency Cholera Response and Emergency Nutrition Response interventions.

Key achievements towards this outcome include the following:

- 113 Health Workers (Target: 120) from the four targeted district DTCs/ and four ORCs were trained on Case Management of Cholera
- 138 Health Workers (Target: 120) were trained on Cholera Infection and Control Procedures
- 653 hygiene sessions (Target: 200) regarding health and hygiene (domestic, personal and environmental hygiene) in targeted locations
- 1,654 Cholera Hygiene Kits (75% of target of 6,615 kits) were procured and distributed
- 358 Community Health Volunteers were provided with monthly incentives to conduct Cholera awareness sessions
- A total of 8,762 health/nutrition awareness sessions on malnutrition (causes, prevention and treatment) by CHVs, HWs and IRY Health/Nutrition Promotion Officers. The considerable overachievement is attributed to the CHVs' participation in conducting the sessions. In addition, IRY Health/Nutrition Promotion Officers conducted intensive sessions once the project sub-agreement was approved.

The evaluation found the programme's support to these workers and volunteers enhanced community participation in awareness outreach activities. Supported health workers and CHVs conducted field visits from house to house to provide awareness messages, educational materials and inform community members of the services. Health workers and CHVs also recruited the support of educated persons in the community first to enlist their help in spreading awareness. Community outreach activities were reportedly very effective as people also informed their neighbors and other relatives about the services and spread important information. According to health workers, as the communities are in need for the provided services, there is notable willingness to attend awareness sessions. Where feasible, health workers also conducted home visits for those not able to the sessions attend.

“The community understood that the lack of hygiene was one of the reasons for the spread of cholera, so people began to adhere to better hygiene practices, and cases of water diarrhea decreased.”- Lahj CHV

Beneficiary feedback supports the high level of effectiveness of awareness sessions and distribution of hygiene kits in increasing the knowledge and capacity of individuals and households to prevent and manage cholera. Those who directly participated in the sessions were well able to recall what they had learned in the sessions about preventing and managing cholera at home. Also importantly, findings demonstrate the effectiveness of this activity beyond the point or period of distributing items and information and this knowledge is effectively transferred throughout families and communities.

In the FGD, all female beneficiaries had participated in the hygiene and health awareness sessions provided by IRY. Discussing what they had learned from the sessions, they recalled learning how to prevent cholera, how to care for a sick family member at home. They had also received hygiene kits, noting the distribution of chlorine pills to sterilize water. Although many of the male beneficiaries had not themselves participated in the awareness sessions, they explained that another family member had participated and received the hygiene tools and transferred the knowledge and skills they had acquired to them. Male beneficiaries discussed what they had now understood about maintaining personal hygiene and the cleanliness of their living spaces, sterilizing water to make it safe for drinking, and using the cleaning kits containing sterilizers and hygiene tools.

Similarly, emergency nutrition support beneficiaries observed that previously malnutrition had been widespread in their communities, especially as a result of poverty, lack of awareness, and residing in remote areas without the necessary treatment methods available. Community beneficiaries highly appreciated awareness raising activities, observing that they had significantly contributed to improving the level of awareness in their communities. These included women with self-reported low levels of educational attainment who had only learned about raising and feeding their children from their mothers and grandmothers. These women explained that that this information had not been sufficient. As such, the project addressed critical gaps in knowledge, awareness and skills, with beneficiaries reporting that they had sufficient capacity to prevent cases of targeted illnesses and conditions as a result of the interventions conducted by health workers and CHVs.

“Yes, I have noticed that due to the project men and women are now more hands on when it comes to their children’s health. Not only that, men and women are now more aware of best practices to prevent malnutrition and other common illnesses.”- *Aldoriab Health Facility Health Worker*

“Before, I did not consider malnutrition to be a disease that should be treated, but after the project in the region, I became more responsive in following the treatment.” - *Emergency Nutrition Response Female Beneficiary, FGD*

“We do not have enough awareness to avoid malnutrition or knowledge of appropriate foods, but this changed after the awareness sessions.” -*Emergency Nutrition Response Female Beneficiary, FGD*

Despite these positive achievements and feedback, beneficiaries highlighted the low standard of living as a primary obstacle, given that they do not have the means to purchase therapeutic food provided by the project only for the duration of the support. After the end of the support, cases began to appear again. Likewise, after the project, cholera response beneficiaries and staff reported the reemergence of cases. Beneficiaries of both interventions explained that although they were trying to apply what they had learned during the conducted sessions, without the availability of other services and continued distribution of needed items, this was difficult to achieve.

Outcome 3: Rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, pregnant and lactating women (PLW) with infants less than 6 months in the targeted locations.

Progress towards achieving Outcome 3 was supported through the Emergency Nutrition Response intervention, although available project reporting did not include a measurement of final achievements in regards to the key outcome indicator targets of contribution to the reduction of malnutrition prevalence in the targeted locations by approximately 2%. According to IRY reporting, this is due to the fact that no SMART Survey was conducted during the project period (March 2020-May 2021). Nevertheless, the evaluation’s review found that key output indicator targets were achieved or exceeded, with few exceptions.

Key achievements based on IRY final reporting included:

- Regarding the percentage of children who were absent for two consecutive weighing, the project saw only a 5% defaulter rate. In total, 2,448 (1,120 boys, and 1,328 girls) MAM U5s cases were discharged as defaulters. This also fell well within the acceptable threshold of

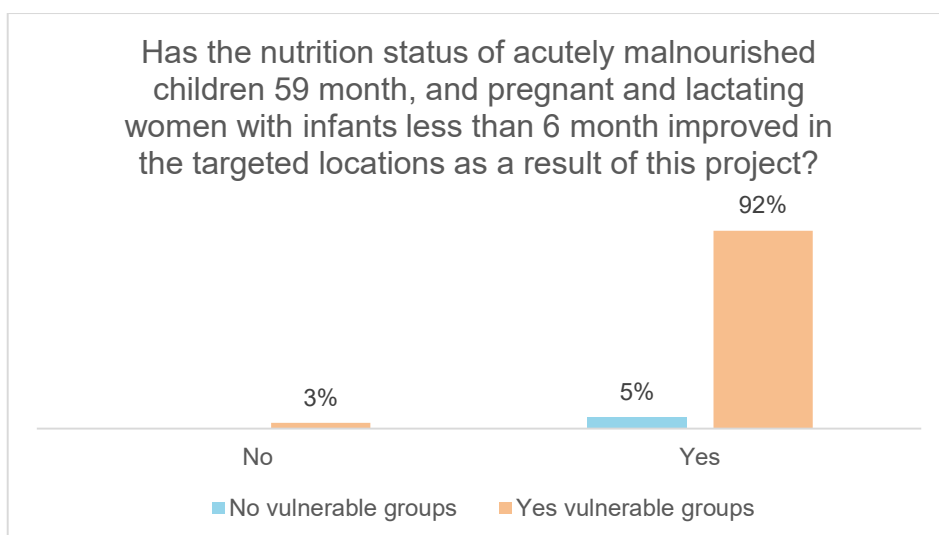
less than 15% according to SPHERE standards. A key factor in the low default rate was the effective defaulter tracing by the supported CHVs as they were incentivized throughout the project period.

- A total of 310 health workers (180 males, 130 females) and 393 CHVs (all female) were nominated/contracted and posted to the targeted health facilities with clear Terms of Reference. This achievement was somewhat less than the planned targets as several health facilities were dropped from this support. Also, in Sa'ada, IRY was not able to get a nomination of CHVs as GHO indicated. GHO wanted to recruit males instead of females, which is contrary to MOH guidelines.

By incentivizing 310 HWs, the Targeted Supplementary Feeding Programme (TSFP), Outpatient Therapeutic Feeding Programme (OTP), and IYCF services (through IYCF Corners) remained functional in all the targeted 150 health facilities. The supported 393 CHVs were active in strengthening timely identification and referral of all the malnourished cases in their respective locations at a community level, defaulter tracking mechanisms, active and passive screening for malnutrition, and dissemination of key CMAM/IYCF/Hygiene key messages.

- A total of 135 (77 males, 58 females) SAM cases with medical complications from IRY supported health facilities were referred to the nearby Stabilization Centres for further medical attention (with support from World Health Organization and UNICEF at Stabilization Centres). The support was in the form of transport allowances to the caregivers to ensure no life is lost due to lack of transportation means (due to the harsh economic times facing Yemenis/the caregivers). Upon return to their home, these cases were later on admitted to Outpatient Therapeutic Programme and TSFP for further treatment before being discharged as cured.
- The project provided 89 health facilities with required medicines and medical supplies. These were procured and distributed based on available funds and needs.
- 156 health facilities were provided with adequate RUTF/RUSF nutrition supplies (Ready to Use Therapeutic Feed & Ready to Use Supplementary Feed). Six of these health facilities were supported for a short duration (5 in Abyan and 1 in Raymah).
- A total of 8,762 health/nutrition awareness sessions on malnutrition (causes, prevention and treatment) by CHVs, HWs and IRY Health/Nutrition Promotion Officers. The considerable overachievement is attributed to the CHVs' participation in conducting the sessions. In addition, IRY Health/Nutrition Promotion Officers conducted intensive sessions once the project sub-agreement was approved.

Through the completed activities, the supported health facilities remained functional. As such, nutrition services were readily accessible to targeted beneficiaries (under-fives, pregnant and lactating women), and the overall project outcome (rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, pregnant and lactating women with infants less than 6 months in the targeted locations) was realized. Nearly all (97%) of health beneficiaries reported improved nutrition status of young children and pregnant and lactating women with young infants in targeted locations as a result of the project. As the report also concludes, most ToC assumptions were valid with the exception of timely and full approval of all proposed project activities by the local authorities (sub-agreement).



The reported successful outputs supported the achievement, and frequent overachievement, of selected outcome targets as summarized in the following table based on results at the time of IR reporting. In total, 74, 713 MAM U5s (35,917 boys, 38,796 girls) were admitted to TSFP for rehabilitation (Target: 47,887). In addition 76,354 MAM PLW were admitted into TSFP (Target: 24,140 PLW), with 51,385 PLWs discharged as cured. As the project was extended for an additional three months, it was able to increase coverage, hence the significant overachievement on this indicator. All the supported health facilities remained functional for the 15 months which promoted effective treatment of identified and admitted cases. Effective active and passive screening by health workers and CHVs also contributed to success in this area. The project achieved a 95% cure rate among children as 51,855 (24,792 boys, 27,063 girls) were discharged as cured. Likewise, the project exceeded its target regarding the cure rate among PLW as 98% (51,385) were discharged as cured. These achievements are well within the acceptable recovery rate performance indicator based on the Sphere standards.

Table 6 – KEY EMERGENCY NUTRITION RESPONSE RESULTS

Indicator No.	Indicators	Final Target	Reported Achievement	% Achieved
1.1	# of MAM under-five cases identified and admitted into TSFP	47,887	74,713	156%
1.1.1	# of moderately malnourished under-five cases cured	35,915	51,855	144%
1.2	# of moderately malnourished PLWs cases identified and admitted into TSFP	24,140	76,354	316%
1.2.1	# of moderately malnourished PLW cured	18,105	51,385	284%

MEAL Systems

MEAL activities were conducted to support progress towards project objectives by monitoring the implementation of the ongoing activities and evaluating them during the project lifecycle.

Based on IR reporting and MEAL plans, outcome level indicators were monitored on a monthly basis. These MEAL activities included conducting field visits to the targeted health facilities to monitor beneficiaries' awareness regarding the complaints and feedback mechanism and to interview health workers and manager to assess the problems and challenges they encountered. In addition, the MEAL team conducted monthly reviews with the project team to follow up on the IPTT and discuss challenges with the field team and verify reported achievements under each indicator.

Regarding the Orthopaedic Therapy intervention, IRY documentation reports that the project was not adherent to the requirements of the MEAL Framework because the project was designed in the previous template 2018, before the IRY Global MEAL Framework was approved. For this project, the MEAL team prepared a MEAL plan that consisted of the MEAL activities along with the main activities of the intervention. However, the MEAL team was unable to conduct all of the planned activities as the majority of the key activities were not implemented.

Technical and Quality Standards

The evaluation found that the design, implementation and results under IRY's health programming adhered to technical and quality standards, including relevant Sphere Standards (e.g. Health systems; Communicable diseases; Child health). Health programming under the cholera response intervention in particular aimed to increase access to healthcare and information to prevent communicable diseases as well as capacitate health systems and health staff (including CHVs) to prevent, respond and manage outbreaks (Sphere Standards 2.1.1-2.214). The implementation of activities to increase access and capacities within the community (beneficiaries, CHVs) and health facilities to decrease excess morbidity and mortality in relation to young children and PLWs were also aligned with these standards. In addition, as mentioned in aforementioned project results, performance indicators of key health services under the emergency nutrition component were aligned with SPHERE standards. These included recovery, defaulter and death rates among targeted children and PLWs.

Across programming, available evidence demonstrated that IRY has conducted a risk analysis including mitigation strategies. In terms of identifying, monitoring and mitigating protection risks, IRY includes affected communities as participants in all phases of the programme cycle such that they identify their protection risks, benefits, and self-protection mechanisms. IRY also applies an age, gender, and diversity lens to assessments, targeting, design, implementation, monitoring, and accountability, to ensure the identification of people with specific needs and protection risks. Among these risks, IRY considers personal data protection and the risks of sharing beneficiary data with the government and/or private sector, and incorporates data protection principles throughout the programme cycle. In addition, project staff are trained on the prevention of sexual abuse and exploitation and child safeguarding, including referral pathways to protection and psychological services.

IRY's mitigation measures are based in integrating the Sphere Protection Principles throughout the programme cycle. These principles have informed the definition of key areas of protection mainstreaming: safety and dignity; meaningful access; accountability; participation and

empowerment. Based on these principles, key measures include avoiding exposing people to further harm as a result of the action, ensuring people's access to impartial assistance, protecting people from physical and psychological harm arising from violence or coercion, and assisting people to claim their rights, access available remedies, and recover from the effects of abuse.

According to final reporting and collected feedback regarding the Orthopaedic Therapy project, the project adhered to technical standards, including WHO standards for prosthetics and orthotics guidelines published in 2017. Services were provided to all community members equally based on need regardless of sex, age and social groups. The project also supported the community's increased awareness to assist people in claiming their rights and promote community cohesion in respect to the context and different relations in the community.

Age and Disability Capacity Programme (ADCAP) standards were also considered in the design and implementation of the project to ensure the inclusion of older people and people with disabilities in the humanitarian response. Based on these standards, the project accounted for people's capacities and needs and affirmed their rights to access, safety and dignity. The project included adopted health assessment and monitoring tools, such as tools to collect and analyse data disaggregated by sex, age and disability. Physical barriers to such beneficiaries were eliminated as the centre is all located in one level and did not have stairs (no ramps were needed). According to the final report, throughout the centre, there were metal rails for support, including in the toilets where bowl toilets rather than the traditional Yemeni squat toilets. However, the evaluation team which visited the centre in May 2022 noted the absence of requirements for people with special needs and abilities, including handrails and grab bars.

3.3 EFFICIENCY

The following section presents the assessment of IRY programming efficiency across the two sectors where interventions had been implemented at the time of the evaluation (i.e. WASH/HEALTH). Overall, the evaluation found that project resources were managed well and were directed towards their intended purposes. Intervention targeting promoted the equitable allocation of resources, especially regarding beneficiaries with disabilities and others among the most vulnerable.

Most notably, the timeliness of interventions was impacted by long delays related to approvals and procurement challenges for essential equipment and items. Although in some cases, IRY was able to mitigate the impact of these challenges through intensive coordination with local actors, in other cases core components of interventions were not delivered. In addition, health facility staff shortages were related to several difficulties including challenges of recruiting specialized and technical staff in this context and retention of health workers in light of delayed incentives. These difficulties informed reported subsequent drops in some health staffs' performance as well as the availability and quality of services.

Based on available information, it was unclear whether these challenges were reported to the donor through IRW or directly, although they were detailed in programme reporting and noted in requests for the NCE. In the case of savings as a result of sub-agreement delays, some of this was

directed to cover incentives for health workers in targeted HFs for additional months and for IYCF accessories (USCs).

During implementation, shortages of essential items such as including medicines, nutritional support items and hygiene kits were also important challenges. Likewise, the unavailability of these items following the end of implementation, which were critical to supporting progress towards key outcomes, suggests important consequences for the programme's impact and sustainability.

WASH

Findings suggest resources were used and managed properly, with running costs appropriately directed towards the implementation. Based on its review of the sampled WASH intervention and feedback from the Acting WASH Coordinator, most activities have been implemented efficiently and in line with the proposal work plan. Overall, the budget remained in line with the proposal and cluster standard and no revised budget was requested from the donor. In the case of savings, the funds were reinvested to support quantity or quality as needed; however, no examples were provided.

Adequate staff (i.e. Officers and Assistants) were recruited to supervise and support the proper implementation of the activities. Staff also reported that the procurement team had adequate capacity to manage the purchase of project materials. While the procurement delays did not appear to be within IRY control, the length and impact of the delays suggests that more capacity should be directed at consistent and intensive follow up with relevant authorities and stakeholders and the importance of anticipating such delays.

In terms of community feedback, approximately 90% of beneficiaries reported their satisfaction with the quality of the water they received. The same proportion of beneficiaries indicated they were satisfied with the quantity of they received as well.

Along with these areas promoting good efficiency, the project also encountered and sought to mitigate a number of challenges to the progress of the project activities. Based on available information, it was unclear whether these risks had been subsequently included in the risk register with mitigation strategies.

- A key overarching challenge to the programme's efficiency in this sector is the severity of the scale of WASH-related needs as per the 2021 GAP analysis which was reported by the WASH Cluster. IRY sought to account for these findings in its efforts to target those most vulnerable and in severe need of WASH-support.
- Similar to many projects implemented under IRY programing, the WASH intervention also faced delays in the signing of the sub-agreement. IRY attempted to cope with the delay with intensive coordination and follow up.
- Logistical issues also posed challenges to the transportation of materials and required suitable transportation equipment, particularly regarding accessing remote and hard to reach locations.
- The selection of feasible water sources in the targeted areas posed a challenge as most of the water sources were shallow wells containing limited quantities of water. Based on the project's IPTT, the selection process was informed by conducted technical assessments and technical survey by an engineer. However, some activities in Dharma governorate encountered some delays due to

the failure of the pumping test in three water sources, which required IRY to conduct further pumping tests in order to identify of alternative sources and request an NCE from the donor with a revised work plan.

- In Sa'ada, the unavailability of GARWASP's labs for water testing there was resolved by conducting the tests through NAWRA labs, which were available.
- The current security situation in the country is likely the greatest challenge programming faces, including the difficulties and restrictions on movement and travel. The rejection of applications for travel permits, particularly in Dhamar and Hudaydah, was also a key challenge. Mitigating these challenges required IRY to conducting meetings and follow up with SCMCHA to facilitate the approval of needed travel permits.
- Project staff also noted the lack of availability of some needed project materials in the local market, particularly after contracting with the selected vendor. In response to this issue, IRY conducted market assessments to identify alternative materials that were approved in the agreement consisting of the same quality or quantity, with some difference in the quality permitted if available at the same cost. The Acting WASH Coordinator mentioned a protocol was in place to guide this process, although no specific examples were mentioned. In addition, the Evaluation Team did not find evidence of any penalties imposed.

HEALTH

While there were many important areas of achievement across IRY health sector programing, including in regards to targeting and proper management and use of resources, findings point to a number of key issues that posed significant challenges and affected progress towards outcome achievement, although to varying extents across the sampled health interventions.

Extensions and Sub-Agreements

The multiple requests for extensions may suggest an important lessons learned concerning the need to consider approaches to allotting a specific duration for the sub-agreement process in order to allow for timely and adequate implementation. In some cases, projects were able to mitigate the impact of the delay by progressing with certain activities. However, some delays had significant implications for service delivery. Even with extensions, some project activities could not fully progress as planned.

Regarding the Emergency Cholera Rapid Response, the project period had to be extended as the SCMCHA sub-agreement was delayed in the beginning of the project. However, despite this extension, some activities could still not be conducted because the sub-agreement from SCMCHA was not extended. As a result, some indicators were not achieved, which the Cholera Response Project Manager noted had been reported to the donor in a timely manner. In this case, key activities such as the incentives for health workers and the delivery of equipment were still successfully implemented in coordination with SCMCHA and MoPHP.

The Emergency Nutrition Response intervention also experienced significant delays in getting the required sub-agreement approval by MoPHP and SCMCHA. These delays considerable impact on timely coordination with Governorate Health offices and the actual rolling out of all planned

activities as IRY was not permitted to implement many activities prior to the signing of the agreement on 23rd September 2020.

Although IRY was permitted to continue the support to health workers and CHVs, the most critical delay was the commencement of procuring the project supplies (medicines/medical equipment and District Health Information System- DHI equipment), data review meeting with health workers, and Joint Supportive Supervision with GHOs/DHOs. As a result of the delays, the implementation plan was amended. There were also savings in some related budget lines (Joint Supportive Supervision and data review meetings for health workers, project review meetings), which were reallocated to cover one additional month incentives for health workers.

Due to the delay in signing the sub-agreement, IRY requested a three-month NCE to make up for the lost period and realign savings from some budget lines. In this request, IRY added a budget line to support the procurement of IYCF accessories (USBs).

Procurement

Likewise, in relation to procurement, a key lesson learned related to the consideration of approaches to establishing an adequate time period for procurement processes to support timely and efficient implementation. At the time of the project's final reporting in September 2021, IR had not been able to successfully procure the required machines and equipment necessary for the new technology of limb manufacturing and physiotherapy tools. According to the final report, although the tender had progressed to the contracting stage, the amount allocated in the budget was insufficient to proceed. Based on IRY reporting, only just over a quarter of the budget (26%) had been spent on the incentives and running cost. As the procurement of the required equipment was not fulfilled all other dependent activities were likewise not fulfilled.

IRY encountered multiple challenges during the procurement of critical equipment for the Orthopaedic Physical Therapy project. Only two providers submitted tenders in response to the advertisement through the procurement unit in the HQ. The selected supplier did not quote the transportation costs up to the preferred destination (Taiz), and upon further engagement with the vendor, the quoted amount significantly exceeded the anticipated cost in the budget. A cost extension was submitted.

The inability to procure the required equipment had serious consequences for most key planned activities, which were not able to be implemented or received significant modification. Additionally, the centre also experienced a shortage of raw materials for the production of artificial limbs, which substantially affected reaching projected targets. The project planned to increase the capacity of the 37 health workers across the four prosthetic and physiotherapy service providers based on new technology of artificial limb manufacturing at Jonkoping University in Sweden. Through trainings to enhance enhanced capacity, these providers were intended to be experts and train other relevant staff. The trainings were planned to be conducted by the supplier who would provide equipment. However, this was not achieved as explained above. The workshops and trainings were planned to be conducted by four experts traveling from abroad. This activity was also not achieved.

In addition, an orthopaedic specialist was supposed to be recruited to lead as the most senior person and monitor the implementation of the prosthetic and physiotherapy new technology. As this was supposed to be achieved after the machinery was installed, this activity was not achieved. Awareness raising activities were planned to increase the knowledge of those disabled patients on the use of artificial limbs along with other important issues for this groups such as psychosocial support. The 730 recorded beneficiaries of awareness raising were reported in the last two months of the intervention (according to September 2021 final reporting). These patients were

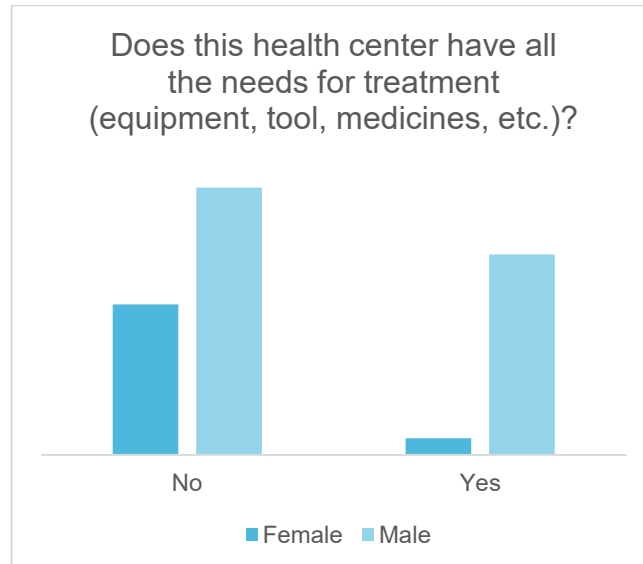
beneficiaries of the centre but for different services as this activity could not be achieved without the required equipment.

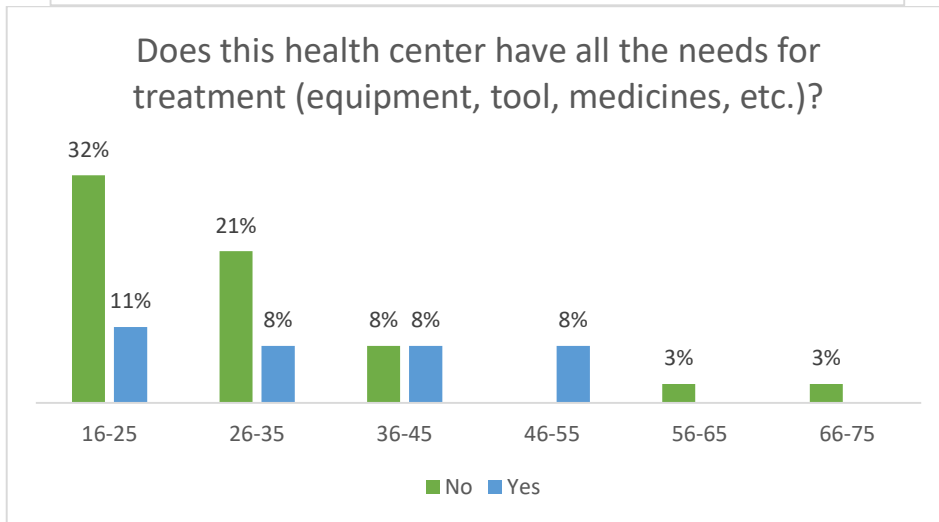
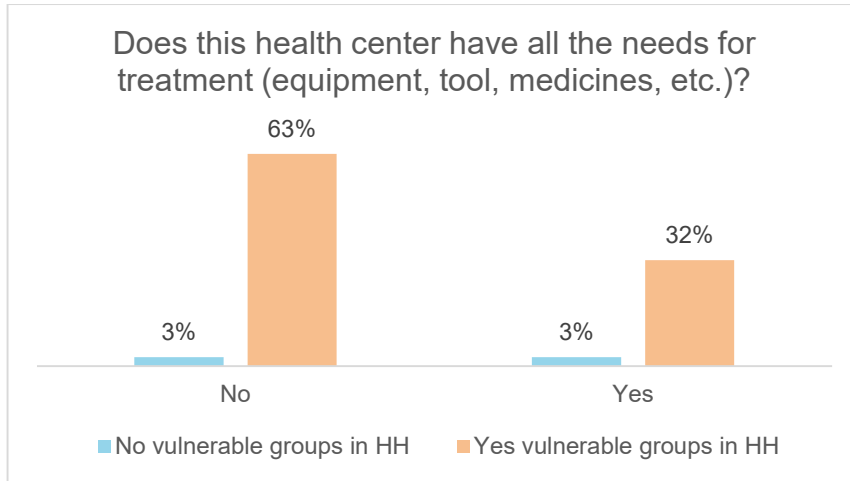
Likewise, while a few beneficiaries reported that their centre was equipped with the services and supplies to treat cholera, most beneficiaries disagreed. These beneficiaries explained that the centre did not have the capacity to provide all of necessary treatments, with some pointing to periods where there were shortages of the therapeutic solutions. This may refer to the shortages that occurred as a result of COVID-19 pandemic. Other beneficiaries noted that the centre lacked the necessary medicines and solutions to perform the required tests. Moreover, several centres did not have the modern equipment to conduct the tests.

Capacity and Quality of Support

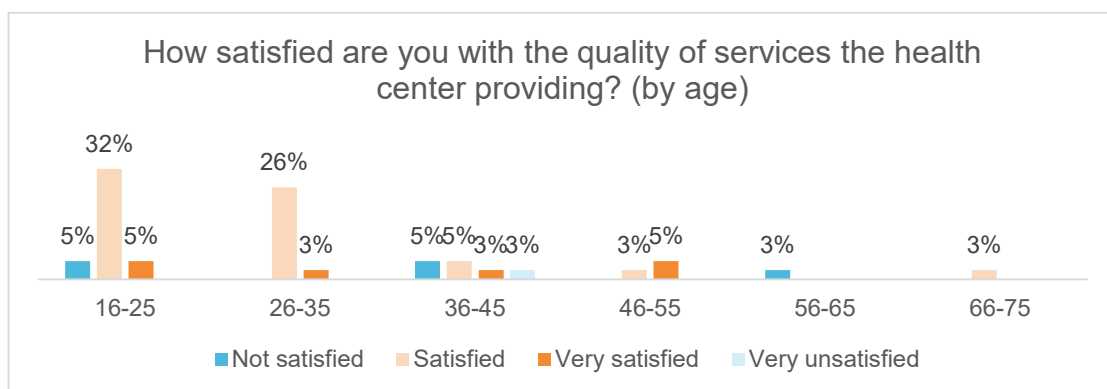
Other challenges programming faced in this area related to various gaps and shortages in human resources. As previously mentioned, this included difficulties in recruiting the needed specialists, identifying an adequate number of qualified medical staff, and the impact of delayed or insufficient incentives on performance.

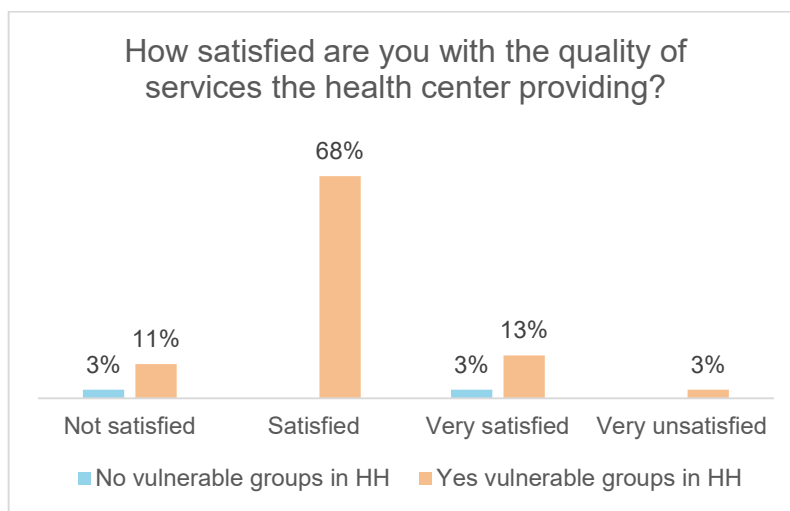
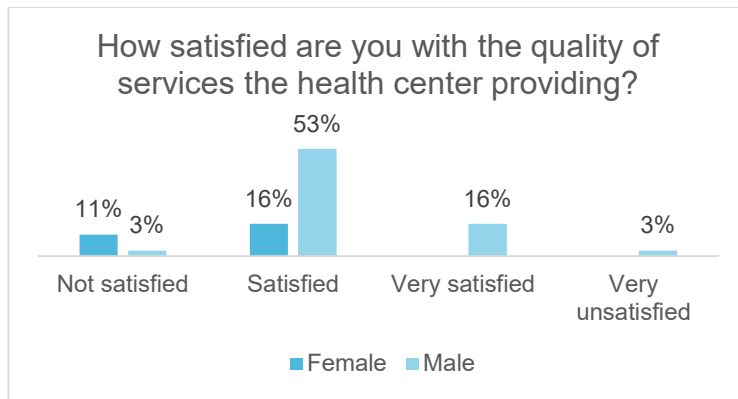
In general, health staff were committed and well-trained to offer quality services. Feedback suggests that the quality of IRY’s assistance and support was also supported by its inclusiveness in serving all categories of beneficiaries. Across IRY health programming, male and female beneficiaries on who participated in the FGDs were either very satisfied or satisfied with the quality of services provided by the targeted health facilities. However, a significant majority of survey respondents reported that their health center did not have all the needed supplies for their treatment.





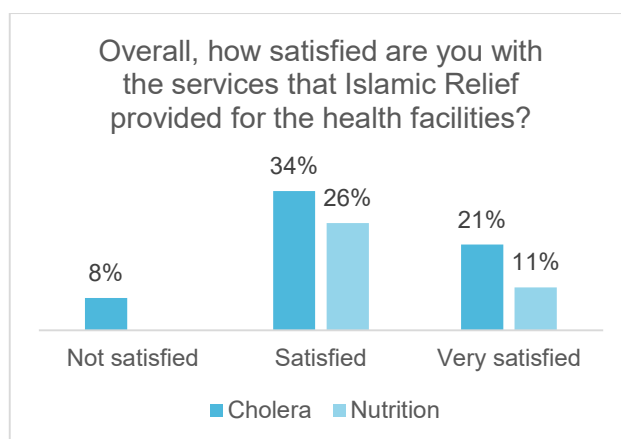
Despite over two-thirds of respondents reporting that their health centre did not have all of the required materials or supplies for treatment, approximately 85% of health beneficiaries were either satisfied or very satisfied with the quality of services they received at health centres.





Nevertheless, health staff observed the tendency for only incentivized staff to report to work while the rest searched elsewhere for paid employment, leading to gaps in capacity. In some cases, the impact of the gap on planned services was somewhat mitigated by identifying specialists in closely related areas of care. However, often the limited number of staff reporting to work subsequently limited to number of cases that could be addressed.

The Hajj City District Health Office Manager agreed that the quality of the teams of health workers, which the district and governorate health offices was very good. However, they also observed that there had been some gaps in terms of the level of performance of the DTC and ORCs as their quality of their service profession decreased as a result of the late transfer for the monthly incentives. Nevertheless, in terms of overall services and support that IR provided to health facilities, over 90% of respondents were either satisfied or very satisfied.



In other cases, the issue of the lack of qualified staff at other supported facilities presented the challenge. The Emergency Nutrition project supported a total of 150 health facilities, six fewer than planned. Of the initially targeted 156 health facilities, 16 health facilities were dropped off for varying reasons; however, across Sa’ada and Dhamar, 10 health facilities were dropped due to a shortage of qualified health workers, temporary and dilapidated health facilities.

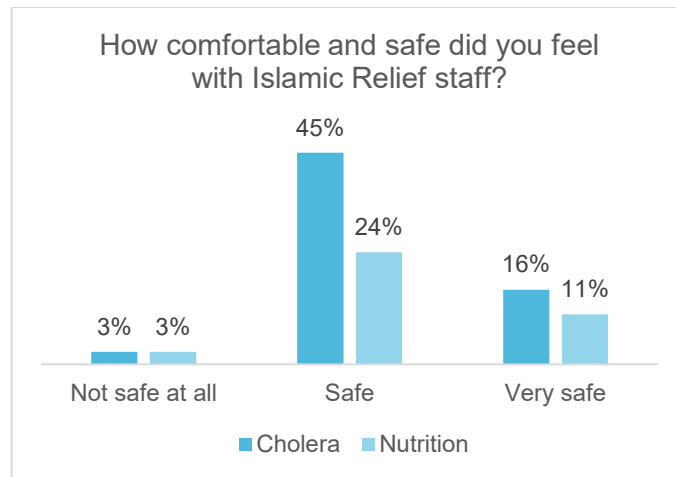
COVID-19

Outside of the scope of the programme itself, among the largest challenges was the COVID-19 pandemic, which contributed to a decrease in the number of beneficiaries reached and affected access to services. Due to the pandemic, IRY’s teams were also prevented from conducting regular field visits and there were delays in the implementation of certain project activities.

Specifically, regarding the Emergency Nutrition project, during the implementation period, there was a global shortfall on the production and availability of Wheat Soya Blend (WSB+) as a result of the increased demands due to the pandemic, further exacerbated by shipping challenges and delays attributed to compliance requirements related to mandatory quarantines. As a consequence, WFP faced delayed arrivals of expected nutritional commodities to Yemen. In response to this shortage, WFP recognized the imperative of sustaining the treatment programme and prioritized available stocks of treatment of acute malnutrition for PLWs.

Safety and Access

Beneficiaries appreciated IR and health facility staff responsiveness to their vulnerabilities and the challenges they sometimes in accessing the centre. Nearly all health interviewed beneficiaries (94%) stated they were comfortable and safe with IR staff and that female staff were present during project activities. Female beneficiaries in FGDs also reported that they felt safe and respected at the centre while receiving services. They especially highlighted how respectful the staff were in dealing with the elderly and disabled in particular. Male beneficiaries were agreed in their observation that all staff, whether in the centre or relief personnel, made them feel safe and that their behavior towards beneficiaries was respectful and demonstrated their commitment to providing these services.



Despite the observed successes of efforts to target the most vulnerable, managers, staff and beneficiaries continued to highlight logistical challenges as persistent barriers to access as many of their communities were in dire need of transportation. As a result they needed assistance to reach services, not being able afford their own as most people in the rural community are without any salary or income. The distance between scattered villages, mountainous terrain, rugged roads and other difficult conditions also pose significant challenges. When patients from these hard to reach areas are able to reach the centre, they often arrive to discover that some of the medicines they need are not available without adequate and continued support. Health staff described that it was very difficult to convince such patients to return to the centre when the medicines had become available, which has important implications for their related health outcomes.

Projects worked to ensure that people with disabilities were able to receive health care services in the targeted locations as the centres' staff were dedicated to targeting people with special needs, including those with disabilities, ensure their access. Beneficiaries all agreed that during the project period, IRY was especially focused on addressing the needs of people with disabilities and that the medical staff was keen to visit those patients in their homes in cases where it was difficult for them to come to the centre when feasible.

3.4 COHERENCE

The assessment found that IRY programming demonstrated a strong consideration of contextual factors through its integrated approach leveraging synergies between activities to promote flexibility, resilience and sustainability. The project's coherence was also ensured through coordination with relevant clusters and stakeholders, informing design and delivery of interventions. Overall, there were good levels of coordination which helped the programme to adapt to challenges and mitigate their effects on activities and beneficiary outcomes. Specifically related to the nutrition project, strong coordination was invaluable in addressing shortages and other challenges related to COVID-19.

WASH

To promote cohesion and alignment with key stakeholders operating within the context, WASH activities were coordinated with relevant stakeholders, including the National Water Resource Authority, WASH cluster, and local community leaders. The available information and feedback suggests that the intervention design and delivery were in line with humanitarian principles regarding ensuring equitable access to water and NFI distributions across age, gender and disabilities. IRY has managed to avoid duplication or overlap of assistance through coordination with GARWASP, WASH cluster actors, and local authorities. Through this coordination, IRY has also aimed to ensure targeting of those most in need while maximizing the available resources.

As the Acting WASH Coordinator affirmed, it is IRY's responsibility to share relevant information to promote transparency as it coordinates with GARWASP concerning the selection process for water sources for rehabilitation and vulnerable communities for targeting. Upon IRY's requests, GARWASP also provides some technical services. At the cluster level, IRY engaged through established coordination channels with the WASH cluster and other local actors at the national and sub-hub level through attending coordination and technical meetings. IRY also submitted monthly reports to the WASH cluster online system.

To facilitate coordination, IRY has a designated WASH focal point in each governorate. The role of the Project Coordinator based in the country office was noted as especially instrumental as a key focal point for the project to ensure smooth implementation and coordinate with and support all field teams across all governorates in a timely manner.

At the community level, the project's coordination with WMC's, nearly all of which included male and female community members, during the water system design stage facilitated the selection of location for project facilities during implementation and promoted their involvement in quality assurance through the supervision and inspection of project materials.

HEALTH

Coordination for the Emergency Cholera Response project was conducted at the level of MoPHP, GHO, DHO and the Health cluster. Effective coordination with SCMCHA and MoPHP allowed for the implementation of the project's main activities, including the incentives for health workers and the delivery of equipment despite delays related to the sub-agreement. Nevertheless, the Hajj City District Health Office Manager described the coordination between their office and IRY as somewhat sufficient but not good. The Health Office Manager highlighted the non-implementation of some activities which were not discussed with their office. Likewise, the Health Office Manager mentioned that their office did not receive any response or follow up after meeting with project management regarding their suggestions for the reallocation of savings in the budget.

While this feedback mentions potential areas for strengthening coordination at the district level, final reporting suggests IRY's strong engagement with local authorities from the project's early stages. The proposal design phase included discussions with MoPHP about project objectives and activities, based on which MoPHP recommendations were incorporated. Also prior to implementation, IRY had submitted the sub-agreement to MoPHP and SCMCHA for review and approval. Upon approval, a communication was made to all governorate branches of SCMCHA and MoPHP to facilitate the implementation.

Coordination for the Emergency Nutrition Response project was likewise conducted among the appropriate nutrition official in the local health office, IRY nutrition staff and with the health facilities managers. The Head of the Nutrition Department based in Lawfar District explained that during implementation, the health office coordinated with IRY to provide recommendations concerning the areas in need of assistance, especially remote areas not served by other organizations. In addition to receiving updates and reports on the project's status, the office also coordinated with IRY to arrange field visits to confirm the implementation of activities.

"The cooperation between IRY and the local authorities is good as the local authorities are involved in most stages of project implementation." Head of the Nutrition Department, Lawfar District

Good coordination and follow up among IRY, MoPHP, WFP, Nutrition cluster, and key field-based teams (e.g. health workers, CHVs) were also positive factors that mitigated the impact of COVID-19 on key interventions. WFP, WHO, MoPHP, and the Nutrition cluster circulated guidelines on how to implement all nutrition (OTP/TSFP) activities in the context of COVID-19. Though limited to the Blanket Supplementary Feeding programme (BSFP), WFP provided a specific budget to purchase precaution materials. IRY nutrition field teams contacted beneficiaries to receive their food rations. IRY strictly adhered to COVID-19 mitigation measures to ensure the protection and safety of those beneficiaries who were willing and able to reach the targeted health facilities. IRY also conducted remote follow ups with health workers, CHVs, and governmental health offices during lockdown/quarantine periods to ensure smooth implementation and continuation of project activities.

As previously reported in these findings, the COVID-19 pandemic and subsequent global shortages of WSB also led to a significant supply chain break of key nutrition supplies, namely MAM supplies. Supplies shortages were communicated to the national Nutrition cluster and the respective sub-cluster forums to provide guidance and engage advocacy platform for funds mobilization in addition to advocacy to WFP and UNICEF to acquire adequate supplies. To mitigate the impact of the shortages, IRY closely monitored stock balances at the health facility-level and submitted at least two-month food requests and preposition them to all targeted facilities. While IRY had warehouses in all locations, IRY also prepositioned some contingency stock to ensure continuity in deliveries to targeted health facilities. As another mitigation measure, WFP announced directions to shift WSB meant for the BSFP to TSFP.

Areas for Strengthening Coordination

There were some areas where coordination with local authorities enjoyed less success, highlighting the need for continued advocacy and engagement at multiple levels of authority. In Sade, IRY was not able to obtain the nomination of CHVs as GHO insisted to only nominate males, which is contrary to MoPHP guidelines. At the field-level, IRY staff conducted several meetings with GHO to convey the role and importance of CHVs in the increasing the nutrition outcomes in the

community. At the country office, IRY raised the issue to MoPHP as well as the sub-national cluster.

Regarding the Orthopedic Therapy project, the consequences of the major delays and subsequent inability to procure key equipment suggest the need to consider efforts to strengthen relationships with key stakeholders. Specifically, based on the agreement IRY signed for the project with Taiz GHo and Taiz MoPIC Offices, local authorities anticipated the implementation of the planned series of interventions, including the provision of workshops on the manufacturing of prosthetics and other key topics related to service delivery in this area. Based on health centre staff feedback, the completion of the Orthopedic Therapy project without implementing these and other main activities has had significant and negative implication for IRY's relationship with key stakeholders, which has also affected ongoing and planned projects in the South.

Coordination and Communication with Affected Communities

Coordination and cooperation with communities were important aspects of enhancing their participation. CHVs mentioned a range of strategies and approaches to promote community participation in awareness outreach activities. These included targeting broad segments of the community and capitalizing on public gatherings to reach more people, with a particular focus on women and children. Regarding approaches to ensure the participation of women in the community, CHVs also described capitalizing any women's gathering to provide awareness sessions such as weddings and other special occasions.

In terms of communication with the community, health workers reported that targeted communities were cooperating with the centre to a large extent. The communities demonstrated a strong understanding and the problems the intervention sought to address and the importance of the services.

The recruitment of community figures with higher levels of educational attainment to help spread important messages in targeted villages also contributed to the dissemination of important information and community engagement. When targeting male and female students CVHs coordinated with schools. CHVs also coordinated with religious leaders to encourage people to attend and engage in the awareness sessions. Other strategies included leveraging social media networks and relationships with local councils.

3.5 IMPACT

Assessing the impact of humanitarian response is often challenging given the relatively short-term nature of emergency response interventions. Emergency life-saving assistance is often delivered in urgency such that outcomes and impact may not receive strong attention. However, in the context of the protracted emergency in Yemen, it has become important to consider how to assess the impact and sustainability of support provided by humanitarian partners.

Despite the challenges and delays, through the projects that were implemented within the scope of this evaluation, the evaluation found that the programme managed to achieve much of its expected outputs. The outputs delivered through completed activities have supported progress towards planned outcomes.

It is anticipated that the WASH project's final reporting will contain further findings relevant to the assessment of its impact. Nevertheless, throughout its programming, IRY has implemented interventions as durable solutions that promote longer-term impact and sustainability. These have included investing significant efforts into rehabilitation works and establishing solar systems/renewable energy infrastructure. These activities have also been accompanied by capacity building activities related to the operations and management of these systems. The synergies among output results suggest the potential for meaningful results and impact. Activities related to water quality surveillance also contribute the impact and sustainability of the intervention of its results and also support safe service delivery.

During the implementation period, the cholera and nutrition interventions were able to achieve their intended impact in the short/immediate term. These interventions also included components promoting sustainability such as capacity building directed towards health staff and facilities. There was broad consensus across project staff and beneficiaries that these two projects had significantly contributed to reduced morbidity and mortality in targeted communities, especially among women, children and PWS. Compared to other planned interventions that were extremely delayed or completed without the delivery of key activities, the cholera and nutrition projects were able to secure much of the needed equipment and items that were essential to output effectiveness and ultimately impact, although important gaps remained (e.g. rehabilitation, equipment).

“The impact was positive, because they provided free medical services to people and services were provided to everyone without exception, this is a positive impact. The project treated many cases, saved lives, and reduced the spread of cholera in communities. But the project has ended while we are still receiving cholera cases.” – Health Centre DTC GP.

Appropriate targeting contributed to project impact, as IRY targeted the largest number of beneficiaries possible as well as ensuring the targeting of the most vulnerable. Among the notable areas of impact was the targeting of persons with special needs, including disabilities, especially in light of the particular challenges these person encounter in remote and hard to access areas. In addition, the project's targeting and inclusion of women to leveraging their role and capacities within their households as well as within their communities was an important factor in the impact observed in both interventions.

“[A positive impact] Women understanding about hygiene importance and how to avoid disease epidemics.”- Amran, Almaqabil CHV

The specific impact of the Orthopedic Therapy intervention was considerably limited as the project closed without the delivery of core activities. Despite the project's demonstrated potential

for significant impact, the range of challenges largely related to efficiency as reported in previous sections would need to be addressed and accounted for in future programming.

“No, the contribution was not enough as the centre is in need of other assistance, such as: 1) Construction/rehabilitation of a new centre because the current centre is a steel hangar; 2) Training for technical staff; 3) Recruitment of additional staff to adequately manage the workload; 4) Modern equipment and machines for the workshop and physiotherapy; 5) Provision of operational allocations for the centre (e.g. transportation).” – Health Facility Manager

The Health Programs Manager mentioned that IRY planned to allocate a new fund to deliver the remaining activities that were expected by the stakeholders and the community. Given the high level of need and the negative affect the non-delivery of key services had on the relationship with key coordination stakeholders (e.g. local authorities), findings suggest the imperative of that identifying alternative strategies to implement those services to mitigate potential reputational risks. There was no information available on whether this was escalated or considered in terms of response and strategy.

3.6 SUSTAINABILITY

The assessment highlighted a number of key activities support the potential sustainability of the implemented interventions and their results. However, in light of major contextual factors (e.g. conflict-affected economy and infrastructure, poverty and poor living conditions, etc.), without continued support, the results of many components of the interventions and their result are largely temporary. Likewise, as many project staff observed, the emergency response (e.g. relatively short-term) nature of the programming itself has implications for the level of sustainability projects can achieve. Nevertheless, findings suggest sustainability was promoted through the activities that have demonstrated effectiveness in building and strengthening local and national capacities at the levels of households/communities, services providers, and local authorities.

In addition, findings suggest that increasing efficiency across IRY programming may promote a higher degree of sustainability of the interventions as well as their results. This may entail strengthening the programme's consideration of the context in terms of the scale of needs and challenges and planning adequate support for activities that have demonstrated cost-effectiveness accordingly. Furthermore, the impact of some key interventions requires the consistency and stability of the support provided.

As reported in the previous section (See Impact), although many key activities were highly effective, such as the incentives for health workers and volunteers, their results appears bound to the duration of support, which was typically for less than a year. Moreover, the effectiveness and impact of such activities relies on timely and consistent delivery of support. Similarly, the distribution of hygiene items was also highly effective along with the increased knowledge and capacity to use them. However, after the distributions ended, there was decreased likelihood of households being able to apply these effective practices to sustain results.

As previously noted, IRY's WASH programming included multiple aspects that supported the intervention's sustainability, including those related to capacity building at the community and government institutional levels in terms of awareness and skills, as well as key infrastructure.

- The sustainability of targeted water sources was ensured by conducting pumping tests. The productivity of the pumps was designed based on the demanded quantity of water of 15 liters per day per capita for the coming and future 10-15 years at least.
- The project materials were of good quality and sustainable such as the implemented solar systems.
- IRY increased the capacity of the community through the establishment, training and engagement of the WMCs. As a result of the intervention, WMCs were equipped with the knowledge and skills for operation and management of the water systems, a significant component supporting the project's sustainability. Moreover, the handover of the project to WMCs with the involvement and participation of GARWASP and local authorities also contributes to sustainability as it promotes local ownership and strengthened capacity across community and government stakeholders.
- Providing IECs materials and hygiene kits will raise communities' awareness of healthy hygiene practices, which will support positive behavior changes. As feedback demonstrated, however, the extent of the availability and continued distribution of these kits will inform communities' ability to continue applying the knowledge and practices acquired to sustain project results and positive public health outcomes.

Facility rehabilitation works, training health workers and providing laboratory equipment were also seen as sustainable activities related to targeted health outcomes. However, as the interventions

are emergency response actions, the duration is completed while high need for those services remain. In addition, uneven provision of key supports as a result of a range of factors and challenges negatively affects the likelihood of overall project or programme sustainability.

“The project provided training for the health workers to ensure that these skills are applied even after the project ends. Likewise, IRY provided equipment which will keep the HF’s functioning even after the project ends.” – Emergency Cholera Rapid Response Project Manager

“There is no sustainability because the intervention is emergency. We can say that training for health workers is sustainable support.” – Alafraïn Health Facility Manager

It is important to note that variance in the intervention’s sustainability across project locations, depending on the degree of support successfully provided. The challenges detailed through the report that affect the provision of various key support (e.g. medicine, equipment) had helped ensure some degree of sustainability in those locations. For the several others, the provision of sustainable forms of support was limited (e.g. only an ambulance, or only X-ray and CBC machines, or only medicines) or non-existent. Other managers pointed to the short duration of the project and lack of sustainable services.

4. CHS COMMITMENTS

In addition, IRW is a certified CHS agency and therefore seeks to integrate the CHS standard as the part of the evaluation criteria. This evaluation assessed how the interventions performed against each commitment indicated. The results are summarized in the table below.¹²

Table ## CHS Commitments and Project Performance	
CHS Commitments	Rating/ Score
<i>Commitment 2</i>	2
<i>Commitment 3</i>	2.5
<i>Commitment 4</i>	3
<i>Commitment 5</i>	2.5
<i>Commitment 7</i>	3
<i>Commitment 8</i>	3
<i>Commitment 9</i>	3

- *****CHS Commitment 2:** Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. Quality Criterion: Humanitarian response is effective and timely.

Against this criterion, the evaluation assessed the degree to which the programme's humanitarian interventions were effective and timely. Regarding the issue of effectiveness, the activities appeared well-planned and coordinated as many key outputs were achieved and supported progress towards planned outcomes (e.g. increased knowledge and skills, reduced morbidity, mortality).

However, the programme was challenged to provide timely response overall. Multiple difficulties related to approvals and procurement delayed key aspects of the project components or the delayed project implementation altogether. While in some cases, IRY was able to mitigate the effects of these delays by moving forward with certain activities awaiting the approval for others. However, in other cases, delays related to core activities had important consequences for the roll out and effectiveness of other planned activities. As a consequence, much of the anticipated support to vulnerable communities and groups was delivered later than expected or not at all.

¹² Following visual scoring code is used, reflecting information collected during the evaluation

Green (Score 3): The evaluation confirmed that the project and its activities appears to reasonably meet this criteria.

Yellow (Score 2): It is not clear whether the project and its activities reasonably meet this criteria; there are some concerns that it may not meet the criteria; or the project/activities appear to meet the criteria somewhat but not fully.

Red (Score 1): The evaluation confirmed that the project and the implementation of activities did not meet this criteria and is just starting in this area

Grey: No data was collected to assess this specific area/issue

- ****CHS Commitment 3:** Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action. Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.

Under this response program, IRY interventions aimed to strengthen the local capacities of the community, service providers, and local authorities. Rehabilitation works contributed to the increased capacity of health facilities, including their access to clean water to ensure the health and safety of beneficiaries by preventing the spread of disease. Rehabilitation activities also supported local authorities and communities in water supply and maintenance. With membership elected by the community, Water Management Committees were trained to operate and manage water systems and protect water supplies, in addition to the principles of humanitarian action.

For those health facilities that received essential equipment and furniture, these materials facilitated the provision of needed services and supported their continued functioning after the intervention. IRY's support to establish and equip DTCs/ORCs in targeted districts and train health workers on case management and infection control to cope with outbreaks. These skills and knowledge will continue to be applied after the project has ended.

Nutrition activities were delivered in support of MoPHP to implement an integrated CMAM programme and IYCF in health facilities in 12 districts across six targeted governorates to reduce the prevalence of acute malnutrition in young children and PLW. Capacitated and incentivized health workers and volunteers were essential to the identification, management and follow up of cases to support the achievement of key outcomes.

Beneficiaries demonstrated having retained key messages from awareness sessions and the ability to share knowledge about safe practices and how to prevent, manage and treat prevalent diseases and conditions. Such awareness may enable beneficiaries to continue to share this information and practice some mitigation measures to the extent possible even without the continued distribution of hygiene kits and materials.

These varied capacity building activities were essential components of the programme supporting its effectiveness and sustainability. As a result of these IRY interventions, communities were more prepared, resilient and less at-risk.

The evaluation did not find evidence suggesting IRY response resulted in any adverse effects on beneficiaries. The non-delivery of anticipated activities has strained IRY's relationship with some local authorities, which has had a negative impact on coordination for other projects. IRY staff also indicated that the organization is considering identifying other funding in to support the implementation of those activities to address this gap, which would likely help to strengthen these strategic relationships.

- ****CHS Commitment 4:** Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them. Quality Criterion: Humanitarian response is based on communication, participation and feedback.

Community participation and accountability were important pillars of the IRY response implementation and demonstrated good practices. IRY MEAL team conducted regular and

periodic visits and assessment to solicit community feedback. IRY also worked to ensure awareness and access to complaint and feedback mechanisms, which beneficiaries reported they felt safe contacting if needed.

IRY's coordination and collaboration with communities were important aspects for facilitating their participation. Through community-elected WMCs, community representatives were engaged since the early stages of the project, including the selection of the project facilities locations. WMCs a key accountability mechanism as they were engaged throughout the project's duration to ensure quality. In addition, WMCs were trained on the operation and management of water supply systems to manage them effectively upon the handover at the project's end.

The awareness raising activities were also an important mechanism for encouraging community participation as health workers and CHVs targeted broad segments of the community, especially women. The recruitment of community figures with the capacity to influence others (e.g. community members with higher education, community leaders, etc.) to help spread important messages also strengthened communication, participation and feedback. The successes of these activities in improving the community's knowledge and ability to prevent and manage disease supports the effectiveness of these approaches.

- ***CHS Commitment 5:** Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. Quality Criterion: Complaints are welcomed and addressed.

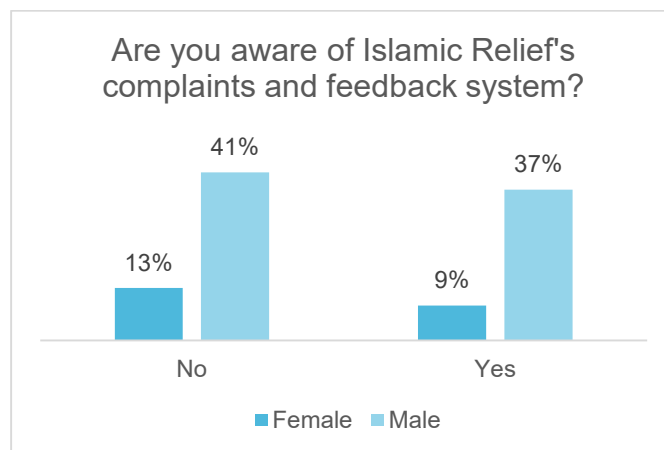
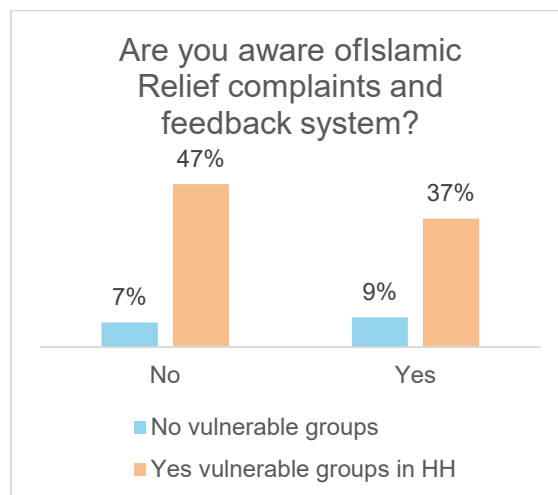
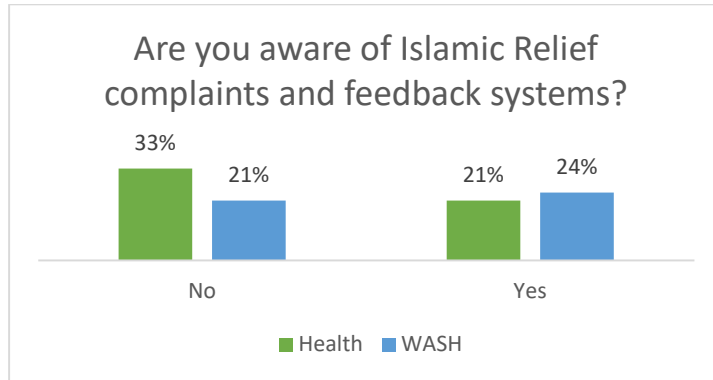
Across the programme, IR teams ensured community members' access to safe and responsive complaints and feedback mechanisms implemented to promote transparency and mutual accountability towards the targeted population. The findings suggests the community are aware of the expected behaviour of the project staff. Moreover, feedback demonstrated that IR has appropriately fostered a culture in which beneficiaries believe their complaints will be taken seriously and acted upon according to the established policies.

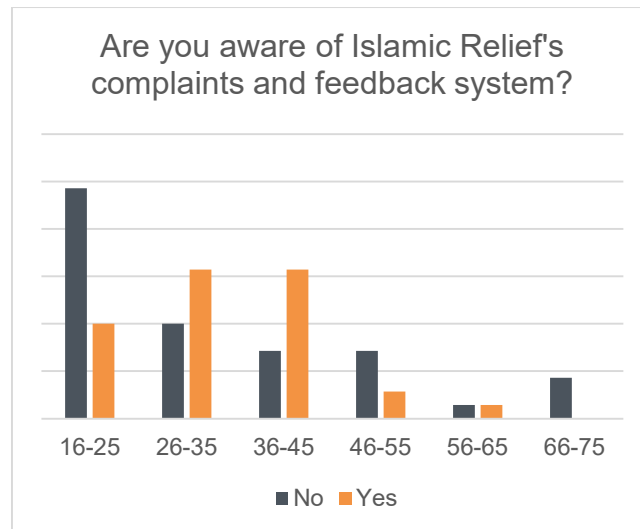
Throughout the programme, IRY MEAL staff monitored barriers to these mechanisms. Previous IRY reporting documented some notable gaps in beneficiary awareness of the mechanisms, and suggested approaches to improvements. The evaluation found that nearly all beneficiaries confirmed that they were aware of available complaints and feedback mechanisms, suggesting the effectiveness of IRY's efforts to address gaps in this area. Based on feedback from project staff and participants, there were very few complaints from the beneficiaries. Regardless of having submitted a complaint or not, beneficiaries were satisfied with the complaint methods that were available to them. In cases where there were complaints submitted, feedback indicated that IRY responded in a timely, fair and appropriate manner. Beneficiaries noted the ease with which they felt they could communicate with health workers, who were familiar with the community as members themselves. Likewise, everyone agreed that IRY project staff were very cooperative and that they did not feel any intimidation in regards to filing a complaint.

“The complaint number is distributed to everyone on posters that are pasted inside the centre and during sessions. We can also communicate health workers as they transmit our complaint” - *Male Cholera Response Beneficiary, FGD*

“We can also communicate with health workers easily, as they are residents of the area.” *Female Cholera Response Beneficiary, FGD*

Despite positive beneficiary feedback, findings also suggested potential areas for strengthening. Specifically, over half (54%) of interviewed beneficiaries reported not being aware of IR complaints and feedback systems. This finding is aligned with the results documented in IR monitoring reports on the moderate level of awareness among beneficiaries of these mechanisms.





- ***CHS Commitment 7:** Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection. Quality Criterion: Humanitarian actors continuously learn and improve.

The evaluation examined what policies, practices and strategies IR has implemented throughout the programme to uphold the expectation within the targeted communities that they will receive assistance that has been, and will continue to be, improved based on lessons from the organisation’s experience and reflection. This includes that lessons learned and prior experiences would be considered in the programme design phases, and that adjustments and changes would be implemented based on monitoring and evaluation, as well as feedback and complaints. These key elements of organizational learning according to this quality standard require evaluation and learning policies and processes in place to improve practices. These mechanisms should record organizational experiences as well as facilitate access to this knowledge and information.

IRY project reporting (e.g. interim, final) documents challenges, mitigation strategies, and lessons learned. In reference to the documentation of lessons learned, reporting noted what went well and not well in the project, what should be done differently next time based on the documented experience and what should be replicated in future projects. IRY maintains learning products including a lessons learned log and lessons register for dissemination. Where feasible during the course of the implementation, lessons learned and stakeholder and beneficiary’s opinions, experiences, and complaints were considered, leading to some adjustments. These included efforts to increase awareness among beneficiaries of available health services, complaints and feedback mechanisms, and strengthening verification of the movement of medicines.

- *****CHS Commitment 8:** Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers. Quality Criterion: Staff are supported to do their job effectively, and are treated fairly and equitably.

The evaluation included an examination of how IRY ensures that communities receive support from competent, well-managed staff who are adequately supported to carry out their

roles effectively, and are treated fairly and equitably. The assessment found that IRY had adequate management and staff capacities to facilitate high-quality programme delivery. The programme implemented transparent, and non-discriminatory organizational policies and strategies to establish codes of conduct.

- ****CHS Commitment 9:** Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. Quality Criterion: Resources are managed and used responsibly for their intended purpose

According to this criterion, the evaluation included a review of the programme's compliance with standards for the responsible use of resources for their intended purpose based on IRY's policies and processes governing the use and management of resources. Under the WASH project in particular, the project also considered its potential impact on the environment (e.g. land, air, water). Technical assessments preceding implementation of water supply-works included environmental components. WMC trainings included a module on hygiene practices and prevention of environmental contamination. Likewise IEC materials also raised awareness on environmental hygiene.

Based on IRY staff feedback and reporting, resources were used only for their intended purposes. The programme followed IRW's robust standards for procurement and cost controls. IRY's had sufficient systems in place across various interventions to ensure the responsible use of resources and items (e.g. medications, supplies, etc.). IRY project documentation suggests that implementation of rehabilitation works and related activities were in aligned with BoQs and IRY procurement policies. Budgets were periodically reviewed as appropriate to consider any necessary adjustments considered.

5. RECOMMENDATIONS

1. Across the program, IRY faced a number of delays related to the signing of sub-agreements with local authorities largely due to the challenging nature of the administrative environment. IRY reporting indicates that for future interventions, a period of at least four months will be allocated to this process; however, given the length of the delays, a longer period may warrant consideration (e.g. seven months).
2. IRY encountered major challenges faced in terms of the procurement of critical items. The evaluation findings support IRY's intention to conduct procurements locally to the extent possible to mitigate the risk of delays and support the local market. IRY reporting also indicates that a specific duration should be allocated accounting for the likelihood of high risk delays. Given the length of the delays, a longer period may warrant consideration (e.g. seven months). Process for pre-qualification and comprehensive market analysis for effective and efficiency delivery should be considered as well as how coordination efforts with other actors could support these processes.
3. Lessons learned from the reviewed programming highlighted the high level of adaptability and contingency planning required to mitigate the impact of delays and the risk of non-delivery of support. Strong coordination with local actors and flexibility were important factors in IRY's ability to progress with certain activities when faced with delays and other challenges. In future programming, IRY may consider planning and sequencing of activities that are likely to be permitted without official approval of the sub-agreements and strategies to maintain or make up progress in key areas. Future programming should also consider the extent of intensive follow up and coordination is required with relevant authorities and actors, the high degree of contingency planning for alternative models of service delivery and flexibility and plan to allocate sufficient resources to support these critical activities.
4. IRY's support made healthcare and services more accessible to people with special needs and other vulnerable groups. Nevertheless, lack of available transportation, associated costs of transport and fuel, and difficult roads in some remote areas were important factors limited the inclusion of these groups. When patients from these hard-to-reach areas are able to reach the centre, they often arrive to discover that some of the medicines or supplies they need are not available, after which it becomes difficult to convince them to return. Future programming may consider how to increase the capacity of HFs and health services to reach those beneficiaries, potentially through the provision of transport (e.g., vehicle) for priority or urgent cases and referrals.
5. Based on health centre staff feedback, the completion of the Orthopedic Therapy project without implementing these and other main activities has had significant and negative implication for IRY's relationship with key stakeholders, which has also affected ongoing and planned projects in the South. Findings and feedback support IRY's reported efforts to identify alternative funding to support the implementation of those incomplete activities as planned. In addition, IRY should consider other approaches to restoring trust and strengthening those relationships, also to mitigate the risk of further negative impact on other projects.
6. WASH rehabilitation works demonstrated a high level of synergy with implemented health-related interventions. These activities were among the most effective and

sustainable, particularly when accompanied by capacity-building activities related to operations, management and other key areas. Findings and feedback suggest that IRY continue to consult with key local actors, targeted communities, and health facilities to identify cost-effective rehabilitations that will improve the health and safety of beneficiaries.

7. Rehabilitation works and related activities demonstrated important potential to increase the quality of healthcare services. Future programming should consider additional rehabilitation works to enhance the health facilities structure and accessibility. Likewise, findings suggest that IRY should assess the availability of requirements for people with disabilities, including handrails and grab bars.
8. Without the availability of key services and continued distribution of needed items, the sustainability of many the project's important results is unlikely to be sustained beyond the immediate term. Despite the project's positive achievements and feedback, beneficiaries and project personnel pointed to the low standard of living as a primary obstacle to achieving sustainable impact. After the end of support, cases of malnutrition began to increase again. Likewise, cholera response beneficiaries and staff reported the reemergence of cases.
9. Overall, IRY promoted good coordination and communication with stakeholders, including cluster actors. IRY's strong engagement with the Nutrition Cluster, (e.g., presenting the project in terms of successes/challenges, exchanging lessons learned, and seeking guidance from cluster and wider membership, etc.) demonstrated good practice which should be replicated or adapted across other projects.
10. Projects generally operated in close coordination with the relevant local authorities, including regarding targeting and beneficiary selection, ensuring essential buy-in and alignment. Their engagement from the early stage was a positive factor contributing to key successes. In addition, this level of coordination also supported the strengthening of these institutions' capacity to manage or support the provision of basic services.
11. As cluster stakeholders mentioned, it is also important to ensure that ultimately targeting is primary determined by needs as demonstrated by assessments and evidence. Strengthened coordination with cluster actors may help ensure the appropriateness of targeting and selection of locations. Nevertheless, in terms of the reviewed interventions, the evaluation found that projects' targeting was inclusive and very effective in reaching the most vulnerable and underserved.
12. There were some areas where coordination with local authorities enjoyed less success, highlighting the need for continued advocacy and engagement at multiple levels of authority. In Sa'ada, IRY was not able to obtain the nomination of CHVs as GHO insisted to only nominate males, which is contrary to MoPHP guidelines. At the field-level, IRY staff conducted several meetings with GHO to convey the role and importance of CHVs in the increasing the nutrition outcomes in the community. At the country office, IRY raised the issue to MoPHP as well as the sub-national cluster.
13. IRY may also consider further advocacy and consultations with women in the community or community leaders to identify alternative means of promoting their participation that are feasible given the norms and culture.

14. Future IRY programming should strengthen efforts to ensure that beneficiaries are aware of the feedback and complaint mechanisms and how to access them, considering potential barriers to access such as illiteracy.
15. The support, recruitment and retention of qualified healthcare staff/workers, including CHVs were important factors in promoting the project's effectiveness. On the other hand, findings highlighted that shortages of qualified technical staff along with delays and reported inadequacy of the incentives, negatively impact quality and access to services. Future programming should reconsider approaches to recruitment, capacity building and incentives (in terms of adequacy of amount and the timeliness of delivery).
16. Awareness raising sessions and related activities were very effective in promoting community participation and increasing the knowledge and skills of the community to prevent and manage diseases. This progress should be further built on to target influencers in the community and expand strategies to include women, the elderly, and PwD. Considering the high prevalence of illiteracy, ensuring sufficient supply of visual materials and leaflets may increase effectiveness.
17. The challenges encountered by the Evaluation Field team in accessing targeted sites/facilities, key project personnel (e.g., HF managers) and stakeholders (e.g. local authorities, cluster actors) may suggest a need for IRY's strengthened active engagement during the evaluation process to inform project staff of the importance of their cooperation and introduce the team to local authorities.

ANNEX I – TERMS OF REFERENCE

Tender document of a consultancy for the evaluation of Islamic Relief Yemen's response and recovery programme, December 2021



Islamic Relief
Worldwide

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Registered Charity No. 328158 Company No. 2365572

Islamic Relief is an international aid and development charity, which aims to alleviate the suffering of the world's poorest people. It is an independent Non-Governmental Organisation (NGO) founded in the UK in 1984.

As well as responding to disasters and emergencies, Islamic Relief promotes sustainable economic and social development by working with local communities - regardless of race, religion or gender.

Our vision:

Inspired by our Islamic faith and guided by our values, we envisage a caring world where communities are empowered, social obligations are fulfilled and people respond as one to the suffering of others.

Our mission:

Exemplifying our Islamic values, we will mobilise resources, build partnerships, and develop local capacity, as we work to:

Enable communities to mitigate the effect of disasters, prepare for their occurrence and respond by providing relief, protection and recovery.

Promote integrated development and environmental custodianship with a focus on sustainable livelihoods.

Support the marginalised and vulnerable to voice their needs and address root causes of poverty.

We allocate these resources regardless of race, political affiliation, gender or belief, and without expecting anything in return.

Islamic Relief Worldwide (IRW) has consultative status with the UN Economic and Social Council, and is a signatory to the International Red Cross and Red Crescent Code of Conduct. IRW is committed to the Sustainable Development Goals (SDGs) through raising awareness of the issues that affect poor communities and through its work on the ground. Islamic Relief are one of only 14 charities that have fulfilled the criteria and have become members of the Disasters Emergency Committee (www.dec.org.uk)

IRW endeavours to work closely with local communities, focusing on capacity-building and empowerment to help them achieve development without dependency.

Please see our website for more information <http://www.islamic-relief.org/>

Islamic relief YEMEN

After more than six years of intense conflict 24.1 million people in Yemen need humanitarian aid to survive – more than in any other single country in the world. The tragedy has reached epic proportions, with a child dying every 10 minutes from preventable causes like diarrhea, breathing infections and malnutrition. More than 3.3 million people are internally displaced, humanitarian access is difficult, and the government has not been able to pay salaries.

Islamic Relief Yemen (IRY) has been active in the country since 1998, implementing large humanitarian interventions, as well as long term and development related projects. IRY formally established its country office in Sana'a after registration with the ministry of international development in 2004. Islamic Relief Yemen works with multiple donors, including WFP, UNICEF, UNHCR, OCHA, EC, DFID, Sida and Islamic Relief Partners.

Islamic Relief Yemen has substantial experience in implementing humanitarian interventions both in emergency and non-emergency settings. Key sectors of IR Yemen includes food security, livelihood, WASH, nutrition and health. IR Yemen is also a regular member of UNOCHA led inter-cluster coordination forums and its interventions are strongly coordinated with the clusters to increase the relevancy, efficiency and effectiveness of the humanitarian responses. Under the current crisis in Yemen, IRY has provided emergency lifesaving humanitarian assistance to more than 2.5 million people in sixteen governorates in the country. These interventions have covered WASH, health, nutrition, food security, and education.

IRY is an active member in the country humanitarian entities including the clusters, IRY play key role as chair for some technical working group. IRY humanitarian interventions have been implemented in 17 governorates out of Yemen's 21 governorates. This is in coordination with all stakeholders which eases our access despite the ongoing conflict.

OBJECTIVES OF THE EVALUATION

This evaluation has been commissioned by Islamic Relief Worldwide (IRW), in line with our commitment to learning and accountability to communities and partners. The purpose of this assignment is to evaluate our Yemen programme portfolio in the areas of Health, WASH, food security and sustainable livelihoods to assess the effectiveness of IR's response and recovery approaches with reference to realising planned outcomes and impacts as well as to draw lessons for future programming.

In order to assess the effectiveness and the degree by which the Yemen programme outcomes have been achieved, a sample number of IR Yemen projects, as listed further below, should be reviewed with consolidation of findings and recommendations, incorporating programme mapping, into one overall evaluation report. This evaluation should take into consideration the OECD/DAC Evaluation Criteria to assess the performance against the overall programme outcomes and approach, as well as use the Core Humanitarian Standard (CHS) to evaluate the quality of the interventions and the aspects of accountability.

The focus is on:

1. Assessing the extent to which the range of planned outcomes have been achieved or likely to be achieved using the OECD DAC criteria for evaluating humanitarian responses including assessing for relevance, connectedness, coherence, coordination, effectiveness, efficiency, impact and sustainability and recommend priorities and any changes to approach for subsequent phases of the projects and future interventions.
2. Evaluating the appropriateness and extent of application of quality standards, with a particular focus on CHS commitments 2,3,4,5,7,8 & 9.
3. Identifying lessons, innovations and good practice from the overall Yemen response and recovery programme to inform IRW and potentially the wider sector to help inform future programming in Yemen. This report will be externally published.

PROJECT SAMPLING

This evaluation should be conducted through a sample-based review (at the output to outcome and process levels) of the following sample projects which IR Yemen has implemented / is implementing:

1	Emergency support to Orthopaedic Physical Therapy centre in Taiz - Yemen	020_003305	15/11/19 – 30/06/21 (18 months)	Disaster Response
2	Emergency Cholera Rapid Response For The Affected Populations In Yemen	020_003131-04	15/08/19 – 31/12/21 (2+ years)	Disaster Response
3	Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen	020_003348	01/03/20 – 31/05/21 (15 months)	Disaster Response
4	Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers	020_004025	01/08/21 – 31/07/21 (12 months)	Food Security
5	Strengthening the Livelihood of Vulnerable People In Yemen For Economic Recovery	020_003791	01/03/21 – 30/04/23 (2+ years)	Sustainable Livelihoods
6	Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates	020_003683	01/12/20 – 31/03/22 (15 months)	WASH

Project 1: Emergency Support to Orthopaedic Physical Therapy Centre in Taiz – Yemen

Project Impact: Improved health status of the affected populations and reduced morbidity and mortality rates related to disability in Taiz and its surrounded governorate through supporting Taiz prosthetic centre.

Project outcomes: Targeted Orthopedic Centre will provide sustainable required health services in the field of orthopedics and prosthetics to affected population.

Project outputs:

1. Required machines and equipment necessary for the new technology of limb manufacturing and physiotherapy tools has been provided.
2. 1000 of individuals of different gender received artificial limbs (300 child ,200 female and 500 male).
3. 37 of health workers receiving incentives for 8 months

4. Capacity of the 4 prosthetic and physiotherapy service provider has been built on new technology of artificial limb manufacturing at Jonkoping University in Sweden and, to be an expert and train the remaining staff.
5. Workshops and training has been done for all the service provider in the centre by the 4 trained expert
6. Recruited one orthopedic specialist to be the most senior person and monitor the implementation of the prosthetic and physiotherapy new technology
7. Raised the awareness of the patient and their family through procedures on the artificial limb using and other issue important for the disabled patient like psychosocial support.

Target Number of Rightsholders: 1,000

Current Project Status: Project Completed

Project 2: Emergency Cholera Rapid Response For The Affected Populations In Yemen

Project Impact: To contribute to the reduction of mortality and morbidity associated with Cholera outbreak and reduce further spread of the epidemic in the targeted four high priority districts of Hodeida ,Aden, Amran and Hajjah Governorates

Project outcomes:

1. Reduced mortality and morbidity associated with Cholera through early detection, case management, prevention measures and improved access to health care services in the targeted locations.
2. Improved skills and knowledge among health workers, Community Health Volunteers and community at large on case management and prevention of Acute Water Diarrheal

Project outputs:

1. Approximately 13,230 Acute Watery Diarrhoea Cases (AWDs) properly managed/treated by the end of the project
2. All the targeted Health Facilities supplied with all the required medications, consumables supplies, Laboratory reagents, cholera rapid test kits.
3. A total of 12 Physicians recruited and posted to the 4 targeted DTCs.
4. Eight of the targeted centres (4 DTCs and 4 ORCs) equipped with crucial medical equipment/furniture, stationaries, Cholera Guidelines and Cholera Information, Education Materials (IEC) for proper functioning.
5. Twelve (12) latrines rehabilitated/repair with WASH facilities (Water trucking, proper sanitation facilities - drainage system, septic tanks).
6. Inpatient cases and their caregivers supported with meals during their stay at DTCs/Health Facilities.
7. 144 Health Workers provided with monthly incentives including cleaners and security guards
8. Referral system for the complicated cases activated as well as patients requiring secondary health care services
9. Targeted DTCs and ORCs provided with adequate safe and clean water for proper functioning of sanitation facilities.
10. A total of 120 Health Workers from the 4 targeted district DTCs and 4 ORCs trained on Case Management of Cholera at DTCs/ORCs.
11. 160 Community Health Volunteers provided with monthly incentives to conduct Cholera awareness sessions
12. A total of 125 Health Workers trained on Cholera Infection Control Procedures.
13. A total of 200 hygiene sessions regarding health and hygiene (domestic, personal and environmental hygiene) in the targeted locations
14. Eight tents procured and delivered to the targeted DTCs/ORCs.
15. A total of 13,230 Cholera Hygiene Kits procured and distributed to AWD Cases

Target Number of Rightsholders: 13,230

Current Project Status: Project Ends in December 2021

Project 3: Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen

Project Impact: Contribution to a reduction in prevalence of acute malnutrition among children under-five years, pregnant and lactating women (PLW).

Project outcomes: Rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, pregnant and lactating women with infants less than 6 months in the targeted locations

Project outputs:

1. **312** Health Workers and **468** CHVs nominated/contracted and posted to the targeted HFs with clear Terms of Reference
2. A total of **47,887** MAM under-five cases identified and admitted into TSFP for treatment/rehabilitation using RUSF (Supplementary Plummy) and essential medications by end of the project.
3. A total of **24,140** moderately malnourished PLWs cases identified and admitted into TSFP for treatment/rehabilitation using RUSF (WSB) and essential medications by end of the project.
4. **156** health facilities provided with required medicines/medical supplies (type and quantities will be as per the need at implementation stage).
5. # of referrals (SAM cases with medical complications) facilitated to reach nearby Therapeutic Feeding Centres/Stabilization Centres for inpatient care by end of the project.
6. Governorate/District Health Offices Supported with District Health Information (DHIS2) electronics.
7. **156** health facilities provided with adequate nutrition supplies (Ready to Use Therapeutic Feed & Ready to Use Supplementary Feed RUTF/RUSF) throughout the project period till end of the project.
8. At least 720 sessions of health/nutrition awareness on malnutrition conducted by the end of the project.

Target Number of Rightsholders: 72,807

Current Project Status: Project Completed

Project 4: Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers

Project Impact: To contribute to enhancing food security and protection status of conflict- affected and most vulnerable population in the Aden, Yemen.

Project outcomes: Improved Safe, dignified and equitable access to food through cash transfer for 2600 conflict affected households

Project outputs:

1. 2600 of HHs received monthly cash assistant - These will be measured by Project monthly reports
2. 90 % of HHs satisfied with cash distribution process - This will be measured by PDM., DDM reports

Target Number of Rightsholders: 18,200

Current Project Status: Project Completed

Project 5: Strengthening the Livelihood of Vulnerable People In Yemen For Economic Recovery

Project Summary: The key interventions will comprise of providing employment opportunities to 1300 HHs through short-term Cash for Apprenticeship (CFA) activities. At the same time, the same 1300 HHs will get new skills through the apprenticeship program, which contributes to preparing them for the market demands. IRY, then, will provide 1050 HHs, out of 1300, with occupation-based kits to help them start freelancing in order to enhance their livelihoods. Also, 250 HHs, out of 1300, will be supported by small grants to create or develop their own enterprises in order to contribute to the economic recovery.

Project Impact: To contribute to reduced vulnerability and strengthened resilience of crisis-affected communities in Yemen through the creation of sustainable livelihoods.

Project outcomes: Crisis-affected communities are better able to resist economic collapse and shocks with improved stability and self-reliance.

Project outputs:

1. 1300 Vulnerable HHs received the vocational skills throughout 4 months apprenticeship.
2. 250 Vulnerable HHs have an immediate income for 4 months through cash for the apprenticeship.
3. 1050 Vulnerable HHs received small grants and Occupational-based kit for their developed and created micro and small enterprises.

Target Number of Rightsholders: 9,100

Current Project Status: Project Ends in April 2023

*** Review of this project can be at the process level to assess progress, coherence and sequencing of interventions and feedback of sample target households and key informants on completed/planned interventions. ***

Project 6: Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates

Project Impact:

1. Restore or maintain sustainable water systems to improve public health and resilience. Provision of safe drinking water, rehabilitation and maintenance of water supply systems for affected populations
2. Provide emergency and lifesaving WASH and health assistance to the most vulnerable so as to reduce excess morbidity and mortality

Project outcomes:

1. Control spread of Acute water diarrheal Disease (AWD): Households at risk of cholera have improved access to safe water for the targeted households
2. Provision of clean drinking water to community

Project outputs:

1. Construction/Rehabilitation of 12 water sources, installation of solar system, Solar pumps, Construction of water tank
2. Conduct 12 water pumping test and water quality testing at water source level

3. Establish water management committees, training on O&M to ensure sustainability of the project
4. Awareness & Advocacy activities Reproduction Distribution Hygiene Promotion IEC Materials for protection of COVID-19 infection and cholera disease
5. Procurement and distribution of hygiene kits

Target Number of Rightsholders: 32,549

Current Project Status: Project Ends in March 2022

*** Review of this project can be at the process level to assess progress, coherence and sequencing of interventions and feedback of sample target households and key informants on completed/planned interventions. ***

SCOPE OF THE EVALUATION

This evaluation will assess and evidence the degree of timeliness, relevance, effectiveness, coherence, efficiency, impact and sustainability of the IR Yemen programme in general as well as the level of adherence to indicated CHS Commitments, based on a qualitative review of a sample set of projects across a range of sectors. The evaluation will also provide an assessment of the capacity of IR Yemen MEAL systems and other operational systems and functions to assure the quality, accountability and integrity of project delivery and reported output and outcome data.

The evaluation findings and recommendations should be on the overall programme, evidenced on the basis of a review of the sample projects, with illustrative triangulated examples in the findings from the reviewed projects. Relevant findings from the rapid review of specific projects should be provided as an annex to the report highlighting any methodological limitations on the validity of the findings, if relevant.

EVALUATION CRITERIA AND QUESTIONS

For each of our Yemen programme thematic areas (WASH, Health, Livelihoods and Food Security), the following outcomes should be assessed to ascertain the degree to which they are being achieved:

1. WASH

- a. Restore or maintain sustainable water systems to improve public health and resilience.
- b. Provision of safe drinking water, rehabilitation and maintenance of water supply systems for affected populations.
- c. Provide emergency and lifesaving WASH and health assistance to the most vulnerable so as to reduce excess morbidity and mortality.

2. Health

- a. Reduced mortality and morbidity as a result of early detection, case management, prevention measures and improved access to health care services in the targeted locations.
- b. Improved skills and knowledge among health workers, Community Health Volunteers and community at large on case management and prevention.
- c. Rehabilitated/improved nutrition status of acutely malnourished children 6-59 months, pregnant and lactating women with infants less than 6 months in the targeted locations.

3. Livelihoods

- a. Crisis-affected communities are better able to resist economic collapse and shocks with improved stability and self-reliance.

4. Food Security

- a. Improved Safe, dignified and equitable access to food through cash transfer for conflict affected households.

The evaluation should respond to the following evaluation questions and any others deemed appropriate by the evaluation team, supported by evidence, triangulated data and views of key project participants and relevant wider stakeholders in relation to the outcome areas outlined above.

Relevance:

- Was the design of the intervention relevant to the wider context?
- Is the intervention in line with the needs and the highest priorities of the most vulnerable groups (men and women, boys and girls)?
- Was the design and implementation of interventions age, gender, protection and disability-sensitive?
- Is the intervention design and objectives aligned with the overall sector and cluster strategy?
- Did the design and implementation of the intervention consider and build on available local capacities?

Coherence:

- To what extent were context factors (political stability/instability, population movements, etc.) considered in the design and delivery of the intervention?
- To what extent was IRW's intervention coherent with policies and programmes of other stakeholders and service provider operating within the same context?
- To what extent was the intervention design and delivery in line with humanitarian principles?
- What have been the synergies between the intervention and other IRW interventions?

Effectiveness:

- Were relevant technical and quality standards for interventions in a humanitarian context followed and met?
- Was there adequate MEAL systems and processes to assure and verify reported outputs and outcomes?
- Were planned outcomes achieved or are they likely to be achieved?
- What major factors influenced the achievement or non-achievement of the outcomes?
- Were there any unintended (positive or negative) outcomes arising from the intervention for participants and non-participants?
- Were results delivered equitably for men, and women, boys and girls, person with disability and from different age groups?

Efficiency & Timeliness:

- Were interventions implemented in a timely way? Were there any significant delays which could have been avoided or which impacted negatively on communities? What could be done better to avoid such delays in the future?
- What were the alternative options and was the intervention and key components of the project implemented efficiently, with due consideration of value for money, compared to alternatives?
- Did the targeting of the intervention result in an equitable allocation of resources?

Impact:

- Has there been or are there likely to be any long lasting or transformational effects of the intervention on participants' lives (intended and unintended)?
- Did a specific project or part of the intervention achieve greater impact than another?
- Were there any age, disability or gender-specific impacts?
- Are there any positive or negative long-lasting impacts at the institutional or wider systems level?

Sustainability:

- To what extent did interventions consider sustainability, such as capacity building of national and local government institutions, communities and other partners?
- To what extent **were** interventions sustainable, providing on going benefit to individuals and communities?

In addition, IRW is a certified CHS agency and therefore seeks to integrate the CHS standard as the part of the evaluation criteria. This evaluation should assess how the interventions performed against each of the following commitments:

- *****CHS Commitment 2:** Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. Quality Criterion: Humanitarian response is effective and timely.
**
- ****CHS Commitment 3:** Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action. Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.
- ****CHS Commitment 4:** Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them. Quality Criterion: Humanitarian response is based on communication, participation and feedback.
- ***CHS Commitment 5:** Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. Quality Criterion: Complaints are welcomed and addressed.
- ***CHS Commitment 7:** Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection. Quality Criterion: Humanitarian actors continuously learn and improve.
- *****CHS Commitment 8:** Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers. Quality Criterion: Staff are supported to do their job effectively, and are treated fairly and equitably.
- ****CHS Commitment 9:** Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically. Quality Criterion: Resources are managed and used responsibly for their intended purpose.

methodology and approach

We would like the evaluators to outline their proposed methodology and requirements for this consultancy and welcome any alternative proposed methodologies which may be deemed more suitable and efficient. The consultant should consider appropriate qualitative methods and if appropriate,

quantitative methods, in the design of their review and evaluation methodology. The overall review should also assess the extent of rightsholders (beneficiary) involvement throughout the project cycle.

We are looking for an evaluation team/consultant to meet the above objectives and scope through a robust qualitative approach, including but not limited to:

- Desk review of secondary data and IR Yemen project documentation.
- FGDs with communities and rights holders – with proportionate sampling.
- Key informant interviews with IR staff, peer agencies, public and private service providers and technical agencies, UN and relevant authorities (local and national).
- Review of Programme and MEAL data, MEAL systems and other assurance mechanism of IR Yemen
- Facilitate a lessons learned workshop with IR Yemen staff.

*** Whilst the evaluation findings and recommendations should be on the overall programme based on a review of the sample projects, the consultant should set out and propose an appropriate sampling frame for the FGDs and KIIs related to each sample project to be reviewed – whilst mindful of the overall number of days envisaged for this evaluation and remaining budgetarily efficient. ***

1	Emergency support to Orthopaedic Physical Therapy centre in Taiz - Yemen			
2	Emergency Cholera Rapid Response For The Affected Populations In Hodeida ,Aden, Amran and Hajah Governorates			
3	Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen			
4	Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers - Aden			
5	Strengthening the Livelihood of Vulnerable People In Yemen For Economic Recovery			

6	Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates			
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A provisional list of sample projects to be included as part of the portfolio review is provided in this TOR. However the specific projects to be reviewed can be adjusted in consultation with IRW based on accessibility to the locations and community; or following the desk review identifying other projects which may be more relevant or provide a wider perspective on the overall response and recovery programme. Where these changes result in reduction in the number of proposed FGDs, KII or days required, the overall budget for this assignment will be proportionately adjusted down.

Consultation with staff, communities and wider stakeholders is expected to include an assessment of the overall IR Yemen response and recovery programme in country and not just the specific project being reviewed.

ANNEX II – PROFILE OF EVALUATION TEAM MEMBERS

PROPOSED TEAM

For this project, RMTeam proposes a bi-lingual (Arabic and English-speaking) team of Yemeni national and international experts to conduct this evaluation, consisting of a Lead Evaluator, two Operations Leads, three thematic specialists, a Quantitative Data Analyst, and a Quality Assurance Advisor. The bulk of the work will be undertaken by the Lead Evaluator, Operations Leads, and thematic specialists. The Lead Evaluator, based in Turkey, will hold responsibility for the overall evaluation, partake in the design of the data collection tools and data collection, and write the reports, while the Operations Leads, based in the north and south of Yemen, will manage the fieldwork in the north and south of Yemen, contribute to data collection, conduct qualitative data analysis, and support the reporting. All three thematic specialists will support the development of the data collection tools, while the Health and WASH specialists, both based in Yemen, will collect data through site visits and KIIs. The Quantitative Data Analyst and Quality Assurance Manager will support with any quantitative data analysis and ensure quality respectively. 3-4 locally-recruited field enumerators will support data collection efforts. Where travel restrictions may limit the specialists' ability to conduct site visits, RMTeam will use local specialists.

Lead Evaluator: Şenay Özden (Turkish national, fluent in Arabic, English, and Turkish – based in Istanbul, Turkey)

Şenay is RMTeam's Head of Programs and the organisation's lead expert in the technical design of research and evaluation projects, including methodology development. A senior researcher in cultural anthropology (MA Cultural Anthropology, Duke University) with over 15 years' professional experience, her research areas include the politics of humanitarian aid and migration and refugees in the Middle East, and she has numerous published articles and reports on Syrian refugees in Turkey which were greatly aided by her fluency in Arabic, work in Syria pre-2011, and specialisation in Syrian politics and society. Since 2013, she has been working as a research-informed consultant for various national and international organisations and research companies, and has amassed wide thematic and geographical expertise. For this project, Şenay will oversee the entire evaluation, partake in the design of data collection tools, conduct KIIs remotely, undertake data analysis, and write the final report.

North Yemen Operations Lead: Yasser Motee (Yemeni national, fluent in Arabic and English – based in Sana'a, Yemen)

Yasser is an experienced data collection lead with over 20 years' experience in the humanitarian field – seven years' working in consultant companies and 13 years within INGOs. Yasser's thematic expertise lies in Health, Food Security, WASH, and Agriculture, having provided health programme consultancy services for Vision Hope International and having held various management positions (programmatic, country level, and finance) for the same organisation. With his many years of experience exclusively in Yemen, Yasser has in-depth understanding of the local context and conflict dynamics, and has built an excellent understanding of leadership and programme management in a complex, challenging, and unstable environment. Currently, Yasser manages all RMTeam evaluations in north Yemen as its Sana'a Representative, and has played important roles in all of RMTeam's projects conducted in the country, most recently undertaking the role of Data Collection Team Manager for the evaluation of the Rapid Response Mechanism for UNICEF. For this project, Yasser will act as the overall coordinator of in-country operations and will lead in the field on evaluation operations in the north Yemen areas of intervention, conduct KIIs, conduct qualitative data analysis, and contribute to reporting.

South Yemen Operations Lead: Maroa Al Katheri (Yemeni national, fluent in Arabic and English – based in Aden, Yemen)

Maroa, RMTeam's Aden Office Representative, is skilled in leading data collection field teams, data analysis, and report-writing. Her experience lying in the international development sector as well as in project evaluation, she most recently worked as a Team Leader for the Norwegian Refugee Council, and has amassed food security, nutrition, and protection experience working on evaluations in Syria and Iraq for RMTeam. A Yemeni national with both international and national experience, she understands how to work safely and effectively in insecure operating environments. For this project, Maroa will lead the evaluation operations in the south Yemen areas of intervention, will conduct FGDs, will support the qualitative data analysis, and will contribute to reporting.

Health Specialist: Dr. Ehab Fatehi Ahmed Al-Sakkaf
(Yemeni national, fluent in Arabic and English – based in Sana’a, Yemen)

Ehab is a general physician with extensive experience working with government-run health facilities, INGOs, and the UNDP, both as a medical doctor and project/programme manager. A Yemeni national currently completing his master’s degree with the Yemen Field Epidemiology Training Programme and working as a National Emergency Doctor for the UN Clinic in Sana’a, Ehab understands the contextual nuances of operating in insecure emergency environments and is well-versed in the technicalities of emergency medicine. During his work with Vision Hope International as a Health Programme Manager, Ehab developed a detailed field work plan, created curricula and training materials, nurtured and expanded contact with local partners, authorities, and community leaders, developed and implemented a quality assurance system in health facilities including morbidity and mortality reviews, ensured analysis of medical data, and ensured the timely achievement of the project’s activities, goals, and objectives. Ehab was also the researcher and Team Leader for a Sana’a University paper on the ‘Prevalence of Acute Malnutrition among Children Under Five in Bani Al-Harith District, Sana’a City, Yemen, 2016’. For this project, Ehab will support the development of the data collection tools and provide valuable contextual and operational guidance with regards to in-country health systems. He will also conduct KIIs with health staff and on-site inspections as necessary.

WASH Specialist: Sakhr Mohammad Ahmen Alarashi
(Yemeni national, fluent in Arabic, strong command of English – based in Yemen)

Sakhr has over 5 years’ experience working as a WASH/civil engineer in various areas of Yemen, and has worked on several projects for the WHO which have included the construction and/or rehabilitation of DTCs and health facilities, as well as an emergency health response project for Vision Hope International. Indeed, Sakhr is deeply familiar with working conflict settings and fragile contexts, as well as in remote operations, and has a strong understanding of SPHERE minimum standards and tools. He has undertaken extensive training relevant to emergency and humanitarian WASH response, including in water project management, environmental sanitation, and emergency hygiene, water CAD, and sewer CAD. Possessing strategic development skills, he can translate concepts easily into practical actions, and is a self-driven individual with practiced leadership skills. He also has demonstrable ability in report-writing, and excellent planning, organizing, guiding, directing, monitoring, and evaluation skills. For this project, Sakhr will support the development of the data collection tools and provide valuable contextual and operational guidance with regards to WASH systems. He will conduct on-site inspections as necessary.

Food Security and Livelihoods Specialist: Alaa Nanaa
(Syrian national, fluent in Arabic and English, proficient in Turkish – based in Paris, France)

Alaa holds over 6 years’ experience in the field as a Food Security and Livelihoods Expert and is skilled in providing technical and managerial support for rapid responses. She has strong experience managing projects for major donors including USAID, DFID, ECHO, Irish Aid, and OFDA, and effectively designs and implements monitoring and evaluation systems and integrated responses. Alaa also designs and releases technical guidelines, SOPs, Operational Strategies, and IECBCC materials. As a Food Security and Livelihoods Consultant for RMTTeam, she designs monitoring and evaluation tools, needs analyses, and activities, and conducts data analyses and trainings, writes reports, and provides quality control and support solving technical challenges. This work builds on her previous experience holding FSL and nutrition managerial and officer positions for (I)NGOs. writing, and excellent planning, organizing, guiding, directing, monitoring, and evaluation skills. For this project, Alaa will support the development of the data collection tools, provide valuable contextual and operational guidance with regards to Food Security and Livelihoods, conduct qualitative data analysis, and contribute to reporting.

Quality Assurance: Marwa Bouka
(Dual Syrian and Turkish national, fluent in Arabic and English – based in Istanbul, Turkey)

Marwa is the Deputy Managing Director of RMTTeam. Her 18 years of experience, including 10 years within UN agencies, have allowed her to integrate service-oriented programmatic knowledge and development expertise into a formidable combined skillset that has been central to the emergence of RMTTeam as a trusted and reliable third party research company in the MENA region. Marwa has worked in a wide range of senior roles focused on humanitarian assistance to food insecure and vulnerable communities, including in emergency contexts, with the United Nations World Food Programme in Libya, Tunisia, Egypt, Syria, Iraq, East Timor, South Sudan, and Lebanon. She has directly managed or provided quality assurance and technical support to over 120 projects in Syria, Iraq, Jordan, Yemen, Lebanon, and Turkey, including 30+ evaluations across a broad range of sectors and thematic areas including food security and livelihoods, health, education, social cohesion, gender, and protection. Recently, she has undertaken the role of Team Leader of the RMTTeam-led consortium monitoring EU-FPI stabilisation projects funded by the

Instrument contributing to Stability and Peace (IcSP) in Syria and another RMTeam-led consortium monitoring EU DGNEAR-funded non-humanitarian projects inside Syria, and is also currently the Team Leader for the third party monitoring mission for UNICEF's Conditional Cash Transfer programme for Education of Refugee Children in Turkey. In her previous roles, she oversaw the implementation of CBT programmes in Syria (electronic voucher distribution to Iraqi refugees as part of a 2006–2007 emergency response), distribution of vouchers to vulnerable groups in Libya from 2011 to 2012, setting up of cash transfers for CFW in Tunisia through a local mail agency, and setting up return packages to South Sudanese in Juba from 2021 to 2013. For this project, Marwa will hold a quality assurance role.

Quantitative Data Analyst: Amer Marzouk
(Dual Syrian and Swedish national, fluent in Arabic, English, and Swedish – based in Istanbul, Turkey)

Amer Marzouk is a highly skilled professional who provides data insights and creates data collection tools and methodologies for rigorous and reliable quantitative and qualitative data collection. Amer has a proven track record in conducting quantitative and qualitative surveys, data processing, data cleaning, and analysis, and is competent in the visualisation of data to present in-depth insights and findings. In addition to his experience as a Data Analyst, Amer has worked as Project Manager where he liaised effectively with all core team members and field staff to ensure coherent data collection. Amer has two master's degrees in Applied Data Science and Computer and Systems Science from the University of Gothenburg and Stockholm University respectively. Amer's role in this project will be to conduct quantitative analysis where needed.

ANNEX III - TIMELINE

Timeline

RMTeam proposes that the evaluation run for a total of 30 working days from 9th February until 24th March 2022. RMTeam anticipates the consultancy to begin on 24th January with the kick-off meeting, as per the ToR. The timeline below has been prepared according to the Yemen working week (Sunday to Thursday).

Calendar Week	23 rd – 29 th	30 th	6 th –	13 th –	20 th –	27 th	6 th –	13 th –	20 th –
	Jan	Jan –	12 th	19 th	26 th	Feb –	12 th	19 th	26 th
		5 th	Feb	Feb	Feb	Feb –	Mar	Mar	Mar
		Feb				Mar			

Inception Phase¹³

Kick-off meeting (0.5 days, Mon 24 th January)	X								
Desk review and review of data, systems, and other assurance mechanisms ¹⁴ (3 days)	X								
Meeting to obtain feedback on, and answer questions about, desk review findings. (0.5 days)									

¹³ As per the deliverables table in the ToR, the Inception Phase includes some weekends.

¹⁴ Given the level of methodological detail required of the Inception Report, RMTeam considers it more practical to conduct the desk review prior to submission of the inception report. This will allow RMTeam to understand the projects in more detail and to adjust the methodology accordingly, in consultation with IR.

Development and submission of Inception Report, work plan, and security and COVID-19 risk assessment. (1 day, Mon 31 st January)		X							
Development and submission of data collection tools (4 days)		X							
Review of Inception Report by IR (7 days)		X	X						
Incorporation of feedback into, and submission of, revised Inception Report (1 day)			X						
Review of data collection tools by IR (2 days)		X							

Calendar Week	23 rd – 29 th Jan	30 th Jan – 5 th Feb	6 th – 12 th Feb	13 th – 19 th Feb	20 th – 26 th Feb	27 th Feb – 5 th Mar	6 th – 12 th Mar	13 th – 19 th Mar	20 th – 26 th Mar
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Incorporation of feedback into, and submission of, revised data collection tools, leaving 1.5 days for final approval. (1 day)			X						
Training of field enumerators. (0.5 day)			X						

Evaluation: Data Collection Phase¹⁵

Calendar Week	23 rd – 29 th Jan	30 th Jan – 5 th Feb	6 th – 12 th Feb	13 th – 19 th Feb	20 th – 26 th Feb	27 th Feb – 5 th Mar	6 th – 12 th Mar	13 th – 19 th Mar	20 th – 26 th Mar
Data collection (12 days ¹⁰)			X	X	X				

Evaluation: Analysis and Reporting Phase

Calendar Week	23 rd – 29 th Jan	30 th Jan – 5 th Feb	6 th – 12 th Feb	13 th – 19 th Feb	20 th – 26 th Feb	27 th Feb – 5 th Mar	6 th – 12 th Mar	13 th – 19 th Mar	20 th – 26 th Mar

¹⁵ As per the deliverables table in the ToR, RMTeam considers the evaluation the period from 9th February onwards. ¹⁰ In order to keep to the 1st March submission deadline and to make full use of the 30 working day allocation, RMTeam proposes collecting data at the weekend as well.

Data analysis and preparation and submission of draft report. (6 days)					X	X			
Initial presentation of findings (0.5 days)						X			
Review of draft final report by IR (5 days)						X	X		
Incorporation of feedback into draft report and submission of final report. (5 days)							X	X	
Final presentation with IR key stakeholders x3, including IRUSA. (1.5 days)									X

ANNEX IV – DOCUMENTS CONSULTED (DESK REVIEW)

01. Emergency Support to Orthopedic Physical Therapy Centre – Tiaz

- 020_003305 - Final narrative report- 09.09.2021 Mazen
- 020_003305 - Final report annexes 09.09.2021
- 020_003305 Interim Report 14.4.2021
- 020_003305_NCE
- Annex 1_Technical Need Assessment Report_4.10.2019 (1)
- Annex 2_Risk Assessment_6.10.2019
- Annex 3_Implementation Plan_6.10.2019
- IPTT of 020_003305
- Proposal_Health Response_Orthopedic Centre in Taiz_IRUSA_Final
- SLA
- Health field visit
- Health Project- field visit
- Incentive PDM - Taiz
- Performance report

02. Emergency Cholera Response in Yemen

- 020_003131 IR USA NCE 4 Approval Email
- 020_003131_01_IR Netherlands NCE 4
- health centres under Cholera project 3131
- Interim Report_ 020_003131 15.3.2021
- IPPT of 020_003131 -December.2021
- Proposal_Emergency Cholera Response_IRY 1M USD_IRUSA_26.5.2019
- PSM - Cholera project - 30_003131
- Satisfaction Report - Multi donor
- 020_003131_Hygiene Kits_Amran PDM Report
- DDM Report for CKs' Distribution-Amran-003131
- DDM Report for Medication Distribution-Amran-003131 - rv- MS
- Field Monitoring Visit-Alsoud-Amran-020_003131
- Incentive PDM Report-Alsoud Hospital-003131- Amran
- Medications PDM
- Rehabilitations Monitoring Visit Report-Amran-MultiDonor-003131
- Report Monitoring Field Visit Of Isolation Centre Of COVID- 19 (PIN 020_003495) in Zabid districtHodeida Gov 9 Sep2021
- Report Training Cholera HVs(020-003131) 15 April, 2021
- Report Training Cholera HWs (020-003131) 25 Mar, 2021
- 020_003131 hygiene kits PDM Report Lahj
- 020_003131_DDM Report HKs
- Field visit for water trucking activity cholera project 020_003131
- Field visit-30-05-2021 -programme feedback
- Incentive PDM - Lahj 055_003131 -Aymen
- M&E Training Evaluation Report

03. Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen

- 020_003348 Final Narrative Report Re-Comments - AMA 28.9.2021(1)
- 020_003348_NCE 1
- 020_003348_SLA
- 020-003348 Periodic Narrative Report IRUSA_30.11.2020
- Annex 1_Risk Analysis_Emergency Nutrition Response_17.2.2020
- Annex 2_Monitoring Plan_Emergency Nutrition Response_17.2.2020
- Annex 3_Implementation Plan_Emergency Nutrition Response_17.2.2020
- Annex 4 Log Frame_Emergency Nutrition Response_17.2.2020
- Attachement A - Proposal
- IPTT of 020_003348
- Amran filed visit report _IR USA Nutrition Project- Mazen
- DDM Report HF (Kedf Abduh Hadi HF) Nutrition IRUSA-020-003348 in 26 Jan 2021
- DDMREP~1
- Dhamar filed visit report _IR -USA Nutrition Project-2
- Dhamar filed visit report _IR USA Nutrition Project-2-1 (002)
- Dhamar filed visit report _IR USA Nutrition Project-2
- Field Visit Report Dhamar_020_003348_IR USA- DDM
- Nutrition Facilities Monitoring Report-Amran-IR USA

04. Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers

- 020_004025_IRUSA_ IPTT_JAN
- Proposal-ELFA through Cash Vouchers in Aden

05. Strengthening the Livelihood of Vulnerable People In Yemen

- 3. IRUSA _ Proposal _ 020_003791
- 020-003791-IRUSA-IPTT_Jan

06. Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates

- 1st 020_003683 Interim Financial Report - Funded by IR USA
- 020_003683 _ MEP IPTT - IR USA_ Dec
- 020_003683 2nd_Interim Financial Report Funded by IR USA
- Project Proposal
- WMC Evaluation Report

ANNEX VII – BIBLIOGRAPHY

01. Emergency Support to Orthopedic Physical Therapy Centre – Tiaz

02. Emergency Cholera Response in Yemen

03. Emergency Nutrition Response for acutely malnourished children, pregnant and lactating women in Yemen

- <https://www.nutritioncluster.net/country/yemen>
- Final_Yemen_HRP_2021.pdf

04. Emergency Life-saving Food Assistance (ELFA) through Cash Vouchers

- <https://islamicrelief.org.au/wp-content/uploads/2020/12/Yemen-Annual-Report-2018.pdf>

05. Strengthening the Livelihood of Vulnerable People In Yemen

- <https://reliefweb.int/report/yemen/yemen-humanitarian-response-plan-2022-april-2022>

06. Emergency WASH Response for Affected Population in Hodeidah, Amran, Sa'ada and Dhammar Governorates

END OF FINAL