

This document contains two evaluations of the Integrated Emergency Response Project II for Yemen 2011/2012 – the first phase undertaken in February 2012, followed by the final evaluation carried out between March and May 2012.

Integrated Emergency Response Project II for Yemen 2011/2012

External Review

For

CARE INTERNATIONAL - YEMEN

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Acronyms

ADRA	Adventist Development and Relief Agency
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CP	Consortium Partner
CIUK	CARE International UK
DFID	UK Department for International Development
ECHO	European Community Humanitarian Office
EOP	End of project
EC	Executive Council
ER	Early recovery
EU	Executive Unit
GoY	Government of Yemen
HCT	Humanitarian Country Team
ICRC	International Committee of the Red Cross/Crescent
IDP	Internally Displaced Person
IERP	Integrated Emergency Response Programme
INGO	International Non-Governmental Organization
IRY	Islamic Relief Yemen
JRA	Joint Rapid Assessment
M&E	Monitoring and Evaluation
MdM	Médecins du Monde
MoE	Ministry of Education
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office for Coordination of Humanitarian Affairs
OXFAM GB	Oxford Committee for Famine Relief Great Britain
PCT	Project Coordination Team
PMT	Project Management Team
PMU	Project Management Unit
SCY	Save the Children Yemen
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
VfM	Value for Money
WaSH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Integrated Emergency Response Project II for Yemen 2011/2012

External Review

EXECUTIVE SUMMARY

Project Background Phase II of the Integrated Emergency Response Project II (IERP II) for Yemen is a one year emergency assistance and recovery project funded by the UK Department for International Development (DFID). The project is implemented by a consortium of five INGOs: ADRA, CARE International Yemen, Islamic Relief Yemen (IRY), OXFAM GB Yemen, and Save the Children Yemen (SCY). CARE is the contract holder through CARE UK. It targets the five northern governorates of Sanaa, Amran, Al Jawf, Hajjah and Sa'ada with activities focusing on the five sectors of health, water and sanitation (WASH), protection, education, and early recovery (ER). The overall goal of the IERP II is to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan by a) providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen, and b) contributing to the enhancement of local capacities for preparedness and resilience.

Review Methodology The overall objective of this review is to assess how well the consortium approach has improved the IERP II, its members' capacities (operation, cooperation), and lessons learned of relevance for the model and for future programming. It seeks to review and document the best practices, successes, challenges, and recommendations for strengthening the consortium's emergency response project with a particular view to a Phase III, as well as helping to promote learning and accountability. The methodology used is a) review of all relevant documents; b) interviews with senior consortium organization staff in Yemen and London, implementing partner leadership, field staff, government partners, and donors (including DFID); and c) conducting lessons learned session with partners.

Main Conclusions The management and coordination structure of Phase II of the IERP has shown considerable improvement over that of Phase I in terms of its ability to coordinate and harmonize the activities of the five participating agencies. It has fostered a cooperative approach in which agencies plan together, problem-solve, come to joint decisions, share expertise and information, and harmonize systems.

Fourteen management and coordination tasks and functions were described in the project proposal as being core tasks for this phase. The majority of these have been carried out to a greater or lesser extent. The Project Management Team (PMT) has been put in place, sectoral

leads have been designated, reporting and documentation has been harmonized, as has been the M&E system, human resource coordination has taken place, the designated financial flexibility mechanisms have been utilized, and a very impressive Joint Rapid Needs Assessment (JRA) has been carried out by the consortium partners. Some of these tasks were carried out only partially, or contained some weaknesses, but in general they were accomplished. Tasks not yet accomplished adequately are the design of common standards and approaches, advocacy, the writing of position papers, identification of Value for Money (VfM) indicators, and formal identification and measurement of integration mechanisms.

One key issue of concern is the relatively weak integration of Consortium Partner (CP) activities. While CPs actively coordinate their activities, some serendipitous integration at the field level takes place, and exercises during the planning stage identified and programmed away from overlaps and gaps, for the most part, CP activities are not integrated in a way which would have created strong synergies. This is partly due to the fact that the project document did not define nor measure integration, nor did it attempt to define or measure the added value of doing so.

Another key issue is the adequacy of the decision making structure of the consortium. As of three months before end of project (EOP), IERP is significantly underspent - between 34 and 65% per CP, and there are delays in achieving output results. Although it is important that we do not ascribe all delays solely to coordination and management arrangements (other more powerful reasons were the very challenging operational environment and the delay in project startup), some weaknesses in the management structure may have contributed to these delays. In particular, because the management model was based on consensus, the Consortium Manager had no authority to take action when, for example, under-spending became significant, tasks were not achieved on time, significant changes on the ground demanded action, or the PMT could not agree on a way forward. The consensus approach has a lot of value e.g. it encourages trust, respect, cooperation, and mutual learning, but in a situation of short time lines and with a rapid response mandate, timely decision making is of prime importance as well.

Third, the mechanism for budgetary flexibility in the face of a changing humanitarian and security situation was very useful, but not sufficient. This mechanism allowed for the transfer of funds between partners and activities when circumstances dictated. It was used effectively by the consortium partners. However, its use was limited by the fact that commitments to communities on the use of funds was made at the beginning of the project. In most cases it would have been damaging to relations to withdraw those funds for use in a different community or for another purpose, without a very powerful and visible reason to do so e.g. IDPs leaving the community to return back to their place of origin, security considerations making it impossible to continue programming in that area etc. Thus the ability of the project to respond to *new* needs e.g. as revealed by the JRA, was limited. Response to such needs would require a separate 'rapid response' fund, not only fund substitution.

The IERP was hampered by two factors, both largely outside its control. First, it was implemented during a period of high instability and security risk, creating a very difficult operational environment – an environment significantly more challenging than that of Phase I. International staff were evacuated, travel in-country was restricted or interrupted, petrol was restricted, electricity/internet/telephone services both in the field and in the capital were limited, and the government was either preoccupied with the overall crisis, or in the case of two of the five intervention governorates (Sa'ada and Al Jawf), had no presence. Second, project startup was delayed for three months due to delays in finalizing the project agreement, and CPs received project funds nearly six months late. Given the fact that the project was designed to be implemented over a one year time frame, this was an extremely serious delay.

All in all, the Consortium has shown a strong performance in difficult circumstances, and any existing weaknesses are within the ability of the CPs to solve in Phase III.

Recommendations for IERP Phase III Recommendations are based on an analysis of what is practically achievable within the current operational and institutional environment, and on the fact that the humanitarian situation existing in Yemen requires accelerated support. Core recommendations are as follows:

1. CARE, DFID and each of the partner agencies to place the highest priority on achieving an April 1st 2012 project startup for Phase III, so as not to be handicapped by a severely shortened project life, as was the case for Phase II.
2. Embed Phase III within a medium term consortium strategy in order to serve as a basis for a more strategic and ultimately more effective approach.
3. Partner agencies to engage in an exercise to agree *in advance* of the proposal writing on three fundamental points, in order that the next phase achieves greater integration, efficiency and added value. These three points of agreement to be on a) a common objective and clearly defined impact statement around which all CPs can build a common integrated strategy, b) the exact definition, added value, and mechanism of integration of CP activities, and c) the management arrangements of the consortium, particularly as regards decision making.
4. Use of a modified consensus approach to management in Phase III, one that encourages 'accountable consensus management'. Phase III should include a) a 'red flag' system in which burn rates or progress indicators of individual CPs below a certain level will signal the need for the Consortium Manager to take action; b) timely identification of needs on the ground through expanding the role of the sectoral and geographic leads to include regular monitoring of the sectoral and overall governorate situation, and for reporting to the PMT; c) improved support for financial officer in order to deal more effectively with forecasting, reporting and financial management issues; d) a joint strategy on improving recruitment and retention of qualified staff; e) additional oversight mechanisms; and f) revision of CP reporting deadlines.
5. Improve integration of CP activities for greater synergy. This will require pre-defining what type of integration should be achieved, specifying mechanisms of integration, setting measurement indicators, and including these indicators in the project log frame. Several suggestions for how to think about and achieve integration have been outlined in the recommendations section (section IV.B).
6. Strengthen the PMT through a) assigning it a leadership and technical role (not just an administrative role); b) assigning CP PMT members by name, not only by agency; c) including the sectoral and geographic leads formally within the structure of the PMT, with 30 to 40% of the time of sectoral leads, and 10-20% of the time of geographic leads dedicated to consortium tasks; and d) clearly differentiating the role of the core management team from that of the larger decision making body of the PMT.
7. The role of sectoral and geographic leads to be clearly defined by TORs, and strengthened, in order that they may lead technical integration, encourage rapid response, and improve the quality of IERP interventions for the consortium as a whole. Suggested roles are included in the recommendations section.
8. Limit geographic scope of the consortium to the five northern governorates or at most, expand into neighbouring Hodeidah governorate. Expansion into other areas of need (e.g. the South and the West) are beyond its present capacity, and if a consortium is needed to address these needs, a separate one should be formed, possibly with linkages to this one, and learning from its experiences.

9. Limit CP composition of the consortium to its present membership for at least the next phase, so as to capitalize on the trust and understanding already achieved.
10. Retain Phase II arrangements for budgetary flexibility in Phase III, but add an additional 'rapid response fund', which will allow IERP to respond to emerging humanitarian needs that are outside the already pre-defined areas of operation.
11. Expand the budget of Phase III in order to achieve integration of partner activities. Integration will require individual CPs to expand, to some extent, into areas where other CPs are working. It will also require greater sectoral and geographic input, and the inclusion of a rapid response fund, all of which will require additional funding. While an argument against expansion of funding is the (current) under-spending that occurred in Phase II, this review has argued that a large part of that under-spending was due to late project startup and specific management issues. Specific recommendations for dealing with these sources of delay can be found in the recommendations section (section IV.B).

I PROJECT BACKGROUND

The integrated Emergency Response Project II (IERP II) for Yemen 2011/2012 is an emergency assistance and recovery project funded by the UK Department for International Development DFID. The project is implemented by a consortium of five INGOs: ADRA, CARE International Yemen, Islamic Relief Yemen, OXFAM UK, and Save the Children. The above consortium members are operating in Yemen to respond to the needs of people affected by the on-going conflict in northern Yemen - both IDPs and host communities. Agencies are currently implementing the second phase of the programme (IERP II) 2011-2012. It is targeting the five northern governorates of Sanaa, Amran, Al Jawf, Hajjah and Saada with activities focusing on the five sectors of health, water and sanitation, protection, education, and early recovery.

The programme is a continuation from Phase 1. The 1st phase of IERP was funded by UK DFID and the Royal Netherlands Ministry of Foreign Affairs. It was implemented in 2010/2011. In their development of Phase I the Consortium Partners agreed that the Consortium IERP II should be stewarded by a fully dedicated and resourced lead agency. It was agreed that the lead agency would be CARE International Yemen for the IERP II, as it had been for Phase I.

The overall goal of the IERP II is to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan by:

- a) Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen, and
- b) Contributing to the enhancement of local capacities for preparedness and resilience.

II REVIEW METHODOLOGY

The overall objective of this review is to assess how well the consortium approach has improved the IERP II, its members' capacities (operation, cooperation), and lessons learned of relevance of model and projects for future programming. It seeks to review and document the best practices, successes, challenges, and recommendations for strengthening the consortiums emergency response programme with a particular view to a Phase III, as well as helping to promote learning and accountability. The specific objectives of this review are:

- 1) To assess performance of the consortium's Phase II response, amongst staff and implementing partners so as to identify achievements, challenges and areas of collaboration and synergies.
- 2) To identify strengths, weaknesses, opportunities and challenges and to make action-oriented recommendations to enhance the consortiums future emergency preparedness planning and response.
- 3) To ensure that lessons learned inform the design of a Phase III program.

The methodology used is:

- Review of documents pertaining to Consortium's activities, policies (code of conduct, gender, and environmental impact), SPHERE guidelines and assessments and reports on the situation and needs of IDPs;
- Review of the Consortium Proposal and other internal documents;
- Review of interim reports and M&E summary reports produced by the Consortium Partners at the time of the review;
- Review of the Consortium's Joint Needs Assessment;
- Review of any existing internal agency evaluations or reviews;
- Interviews with senior consortium organization staff in Yemen and London; implementing partner leadership; government partners; donors (including DFID); and others as determined;
- Conduct lessons learned session with partners.

The terms of reference (TOR), from which this and the former section are excerpted, can be found in Annex 3. A list of interviews conducted can be found in Annex 2.

III FINDINGS AND RESULTS

This section will first describe the management and coordination model of the consortium, its key elements, and the expected results, as described in the project proposal. Second, it will look at the context of project implementation. Third, it will look at the status of each of these elements and examine to what extent the structure has functioned as envisioned. Fourth, it will examine the functioning of the model from the point of view of the consortium partners, and other key stakeholders such as CARE UK management and the donor.

A. Description of IERP Coordination and Management Model

1. Coordination Mechanism

The coordination mechanism to be utilized between consortium partners (CPs), as outlined in the project proposal, includes the following key elements:

Project Management Team (PMT)

The PMT was to be responsible for coordinating and monitoring programme operations, to be formed out of one dedicated Consortium Manager, one M&E Officer, and one Finance Officer (all Lead Agency), as well as one dedicated Focal Point of each CP. A CARE Emergency Coordinator was also included in the team on a 50% basis. This creates a decision making team of 8-9 people. The PMT is jointly responsible to oversee and assist as required in the implementation of each CPs' activities. Likewise the PMT was to draft and endorse the project level reports, including the inception report, quarterly reports, and the final report.

Sectoral Leads

Each CP was to assume a sector lead role to assist at technical levels. Sector leads were to provide technical advice as to the suitability of relevant indicators, feedback on project performance and insight into qualitative analysis. Sector leads within the consortium were to include the following agencies:

- Health: ADRA (supported by Islamic Relief)
- WASH: OXFAM (supported by CARE)
- Protection: Islamic Relief
- Education: SCY
- Early Recovery: OXFAM (supported by ADRA)

Common standards and approaches across sectors

The M&E Officer under the PMT was to coordinate with above lead agencies to ensure common standards and approaches across sectors, taking the lead agency's sectoral expertise into account.

Human Resources Coordination

Under PMT leadership, CPs were to share staff and consultant advertisements and relevant resumes to improve candidate selection, particularly as related to common sectors or locations. Similarly, training opportunities were to be shared with partners and where possible opportunities for inter-agency training were to be established.

Under this arrangement, CARE International was selected as the Lead Agency and contract holder with DfID, and was responsible for co-ordinating with the donor. CARE International UK signed sub-agreements with each CP in order to ensure full accountability of all project partners. In line with the sub-agreements signed under this project, each participating agency was responsible for the achievement of the respective objectives and for reaching the indicators stipulated below. CARE International UK had the ultimate responsibility to ensure financial and technical accountability to the donor.

2. Activities

Key management and program activities to be coordinated by the PMT were as follows:

Reporting and Documentation

The CPs were to establish two levels of reporting. Under the "Partner Level Reporting", the CPs were to report to the PMT on a quarterly basis. The PMT was to review the reports, consolidate narrative and financial reporting and send a project level report to DfID every three months.

Monitoring and Evaluation

The Lead Agency was to coordinate the activities of the dedicated M&E staff of each partner through the PMT, in order to ensure common approaches and the obtainment of comparable data sets. A Consortium M&E workshop would be held with all CPs to re-examine the indicators for the project, to ensure their robustness and suitability, and emphasise the necessity of achieving Value for Money (VfM). Based on a joint needs assessment in the inception phase,

the CPs were to further improve the targeting of beneficiaries. M&E findings were also meant to inform the Consortium's joint process of learning and the sharing of lessons among CPs.

Financial Adjustment

The PMT was to have the role of advising the donor on necessary shifts between implementing partners or activities, should the capacities of the CPs or the conditions on the ground prevent the achievement of the stipulated objectives and indicators.

Joint Rapid Assessment (JRA)s

A JRA, as well as other assessments, was to be carried out to ensure that the program remains relevant to the reality on the ground. It was to include i) a desk review of contemporary assessments and reports, ii) a joint and rapid Basic Needs Assessment (BNA) in five project governorates utilizing the coverage and capacities of all CPs, and iii) a strategic proposal for a collaborative response, in which targeting, interventions, and approach are synergized.

Advocacy

The Lead Agency, led by the CARE Emergency Coordinator, together with the PMT, was to develop an Advocacy and Communication Strategy linked with program objectives. Advocacy issues were to be developed in consultation with DfID, clusters, OCHA and the Humanitarian Country Team (HCT), and communication outputs oriented to the advancement of identified advocacy targets.

Position Papers

The PCT was to agree on and write four position papers that would support the advocacy and operational aspects of the consortium's work.

Impact & VfM Measurement

IERP M&E efforts were to develop Value for Money (VfM) indicators during the inception phase to assess economy, efficiency and effectiveness. In consultation with all CPs, this would include identifying indicators, as well as explaining how they will be monitored and their value in improving programme performance and demonstrating VfM. Additionally, the IERP was expected to include VfM assessments in the final evaluation that will be conducted at the end of the project.

Security Management

Security management was to be regularly coordinated, including synergies of acceptance strategies and trainings. Local staffing was to be utilized to strengthen security networks. Gender balance and increased participation of females was to be utilized, where possible, to reduce risks.

Integration and Added Value

As is evident from the name of the project; "*Integrated* Emergency Response Program", it was expected that the CPs would not only cooperate, but also actively integrate their separate projects into one cohesive program. It was expected that the project would achieve complementarities and synergies that would create a whole larger than each of its parts. This theme occurred throughout the project document as a central philosophy.

3. Expected Outputs

The expected output for the coordination mechanism (output 6.1 of the log frame) is to ensure quality and impact of the project through M&E and internal and external coordination, specifically to:

- Share lessons across the different project components and partner organizations;
- Provide analysis and advocacy on humanitarian issues;
- Ensure efficient and accountable management of project resources.

These outputs were measured by activity milestones. Milestones set for these outputs for December 2011 are as follows:

- Number of consortium meetings facilitated, including PMT meetings and meetings at field level (18);
- Number of joint learning exercises and exchanges between organizations facilitated (3);
- Number of analytic and advocacy materials distributed to external stakeholders (2);
- Number of donor reports submitted (incl. 2 Interim Reports, 1 External evaluation Report, 1 Final Report) (2);
- Joint Rapid Needs Assessment developed, coordinated and completed (1).

B. Key Issues Affecting Project Performance

Two issues unrelated to its management and coordination structure impacted heavily on the IERP's ability to reach its goals, and on the ability of the coordination structure to function completely according to plan. These are the shortened project life span, and the general instability in the country throughout the life of the project. These two issues are described up front in this section.

1. Shortened Project Lifespan

The IERP was designed as a one year project, but project life was shortened to nine months. This fact has had a major negative impact on the ability of the IERP to meet its technical objectives, and to strengthen its coordination structure.

Because the timing of the project needed to be in line with the DFID fiscal year, the project was planned to begin April 1st. However, given the requirement by DFID that Phase I be evaluated in April, post-Phase I, it became necessary to delay the start up date until the evaluation was completed, and a proposal could be formulated based on that evaluation. This delayed time line, in turn, delayed the release of funds to partners, because a process of revision of projections had to be carried out before funds could be responsibly released. The delay also meant that some agencies lost their Phase I staff because they were unable to forego a salary in the months intervening between the two phases. A process of recruiting and training new staff also took time. A time line elucidating some of the key landmark dates is as follows:

Time Line

March 31, 2011	IERP Phase I ended
April	Final Evaluation of Phase I, initial work on Phase II proposal
May	Proposal for Phase II finalized and submitted to DFID
May – June	Negotiations with DFID

July 1, 2011	Project agreement signed, Financial Officer in place
July 15	Project funding released by DFID
August 1, 2011	IERP Manager and permanent Emergency Coordinator in place
September 14	Project funds released to partners
September	M&E officer in place
Oct-Nov	M&E system designed and reviewed by partners
Dec-Jan	M&E system being utilized

2. Unstable Political Situation and Difficult Operational Environment

The operational environment in Yemen has deteriorated significantly between the end of Phase I and the beginning of Phase II, and has remained extremely challenging throughout the project life. Political insecurity and violence reached its peak in Sana'a in September, and resulted in a fresh wave of IDPs from the Hasaba neighborhood. In Sa'ada, the Al-Houthis took over the governorate in March 2011, and established a de-facto government, leading to the displacement of an additional 15,000 people. In Al-Jawf, May 2011, government authorities withdrew from the governorate, and like Sa'ada, a de-facto government was formed, composed of tribal leaders. The Yemen Government has no humanitarian presence in either governorate, and agencies deal with the Executive Councils (EC) set up by the de-facto governments there. Portions of Amran and Hajjah also experience instability and fighting. Everywhere communities are affected by the lack of basic services and the rising costs of basic necessities including food, water and transportation. Livelihoods are also affected by rising prices and the shortage of fuel, as well as the general instability, and the humanitarian crisis is growing.

This has of course affected the ability of agencies to work efficiently, with security risks necessitating evacuation of international staff from the country for long periods of time, with travel of all staff frequently restricted or interrupted for security or other reasons (airline strikes, lack of petrol), very limited electricity/internet/telephone services both in the field and in the capital, difficulty of recruiting staff to some of the governorates, and high staff turnover. The Consortium Manager was evacuated in September for more than a month, and many other partners' key staff had been evacuated earlier on. This made it extremely difficult to push forward some important tasks that the PMT had planned to do. The inefficiencies for each agency inherent in working under such conditions was magnified for the PMT, as it attempted to pull all agencies together for common decision making.

In addition, fuel shortages have become a challenge for humanitarian aid delivery. In Sa'ada, the relationship between the Al-Houthi EC and the humanitarian community has been tense, with the movement of agencies heavily restricted, and there has been significant interference in hiring policies and other internal agency affairs by the de-facto government, creating a slow down in aid delivery.

Even during the space of this consultancy, at a time when greater stability was returning to some parts of the country, all field trips for the consultant had to be cancelled. The field trip to Amran were cancelled because the city of Amran was closed off due to a tribal dispute. The field trip to Haradh could not take place because of an Arabia Felix airline strike. This situation is a microcosm of what the consortium had to deal with on a daily basis.

C. Current Status and Performance of IERP Coordination and Management

Of the fourteen management and coordination tasks and functions described in the project

proposal as being core tasks for this phase, the majority of these have been carried out to a greater or lesser extent. Some of these tasks were carried out only partially, and other tasks have not yet been accomplished. In general, achievement is good, given the challenges.

1. Coordination Mechanism

Project Management Team (PMT)

Three out of four of the administrative members of the PMT were in place by August 1, one month after the project officially began. The Consortium Manager, however, has now resigned (January 2012), and his tasks have been taken over by various staff at CARE Yemen with the support of a CARE HQ Emergency Advisor until a new Manager is recruited. The CARE Emergency Coordinator position became vacant in December, and a replacement has been identified who will join CARE in February after the elections. At present, some of his tasks are being managed temporarily by the Emergency Advisor, with support by the Program Coordinator and the Assistant Country Director for Programmes.

In addition, the management structure has been adjusted from the proposed structure, with a distinction made between the Project Coordination Team or PCT, and a Project Management Unit (PMU). The PCT is composed of the Consortium Manager, the M&E Officer, the Finance Officer, and the Emergency Coordinator. It takes on administrative tasks such as consolidation of financial and technical reports, communication with the donor etc. The PMU includes these four staff plus the designated focal points from each of the partner agencies. Those CP staff who attend PMU meetings vary from meeting to meeting, creating some potential inefficiencies in decision making. The role of the PMU is information sharing, problem solving, and decision making across partner agencies. For the purposes of this report, the terms 'PCT' and 'PMU' will be used to differentiate the bodies responsible for, respectively, administrative vs. decision-making tasks. 'PMT' will be used when describing the original coordination structure.

Sectoral Leads

The sectoral leads have been designated and are in place. It is important to note that the sectoral lead is, in three out of five cases, the only agency or one of only two agencies carrying out activities in that sector. For example, education activities are carried out by SCY only, WASH activities are carried out by Oxfam and CARE, and health activities are carried out by ADRA and IRY. Protection activities are implemented by CARE and IRY, but protection is a very broad cluster, and their activities and foci are quite different. Early recovery is implemented by three CPs; Oxfam, IRY, and ADRA.

In addition, a new category called "geographic leads" have been designated for each governorate. These leads were designated initially to be active during the JRA, and have not had a major role thereafter. Geographical leads are as follows:

- Islamic relief: Sa'ada
- SCY: Amran
- Oxfam: Hajjah
- ADRA: Al Jawf and Sana

The following table provides a summary of the geographic and sectoral spread of the project, and the lead sectoral and geographic agencies.

Table 1: Summary of IERP geographic and sectoral scope

Governorate	Agency	Sector (sectoral lead highlighted)	# Districts	Summary	Geogr. Lead
Al-Jawf	ADRA	Health	4	1 CP 4 districts 1 sector	ADRA
Amran	CARE	WASH/ Protection	6/5	3 CPs	
	Oxfam	Early Recovery	1	7 districts	
	SCY	Education	2	4 sectors	SCY
Hajjah	ADRA	Health	1	2 CPs	Oxfam
	Oxfam	WASH	2	2 districts 3 sectors	
Sa'ada	IRY	Protection /Health/Early Recov.	5	3 CPs	IRY
	Oxfam	WASH	1	8 districts 5 sectors	
	SCY	Education	3		
Sana'a	ADRA	Health/ Early Recovery	1	1 CP 1 district 1 sector	ADRA

Common standards and approaches across sectors

The development of common standards occurred primarily within the scope of the M&E system. In the M&E workshops, the CPs developed a shared understanding of basic concepts such as how to define beneficiaries, an agreed definition of 'children' and 'households', as well as shared standards based on cluster defined standards, and the Sphere and Good Enough Guides. CARE distributed manuals for these standards to all agencies. Also, agencies met to agree on shared approaches by sector. However, the PMU did not adequately document the agreed upon standards nor did it collect information to ensure that each partner was using what was agreed to. The M&E workshop took place around the time of increased violence in September, which seriously affected follow up on agreed standards.

Human Resources Coordination

The PMU informally shares CVs of applicants among agencies in order to facilitate timely recruitment of staff, but this occurs irregularly and there are no formal systems in place to do so. In two cases, one agency has invited the others to a training course they were holding.

2. Activities

The status of implementation by the PMT of key management and program activities is as follows:

Reporting and Documentation

A common reporting format has been designed this phase by the PCT, based on the common log frame. It was introduced and discussed with the partner agencies, and used for the quarterly financial and technical reports of the individual CPs, and for the summary report sent to DFID. Partners use a detailed form to record their data. They do not submit this form – rather it is

used as documentation in case verification of activities is required. CPs utilize this reporting format, as well as a common monthly indicator tracking sheet (tied to the requirements of the log frame) to submit progress reports to the PCT. The quarterly report sent to DFID is a summary report, consolidating the progress reports of each agency. Financial reporting includes all mandated information i.e. summary of expenditures, burn rates and projections. Financial data and projections necessary for calculating burn rates and for financial forecasting are also included in these reports, using a common template. The Consortium Manager of the PCT reviews the reports, consolidates narrative and financial reporting and sends a Project Level report to DFID, through CARE UK every three months, as required. Feedback on the reports is provided by the PMU. Two quarterly reports have been submitted to DFID by CARE UK to date, both complying with mandated deadlines. One ongoing problem has been that some agencies send in their data and reports to the PCT late, which creates difficulties in meeting reporting deadlines.

Both CARE UK and DFID have expressed concerns about pace of delivery of outputs, and possible under-spending by some agencies. The burn rate has improved in quarter 2 as compared to quarter 1, but because only two months remain in the project, the concern remains. The reporting and documentation are not considered transparent and detailed enough to provide a convincing explanation of the structural and other causes of delay, though it is important to note that these formats are the ones agreed upon in the project design phase. DFID has recently requested monthly tracking of financial expenditures.

Monitoring and Evaluation

A common log frame was designed during the project design phase, and is the basis of the M&E system. The M&E design process itself began only in September, with major landmarks as follows:

Sept 2011	M & E officer in place, workshops held with partners
Oct-Nov 2011	M & E system designed and reviewed by partners
Dec 2011-Jan 2012	M & E system being utilized

The M&E officer conducted two workshops in September reviewing lessons learned from Phase I. In these workshops, agencies agreed on the main issues to be monitored and on a common set of definitions so that the data sets among agencies would be comparable. Using collaborative methodologies, it was decided how to count and classify beneficiaries e.g. the estimation of beneficiaries of water filter distribution is based on a standard household size of seven people, or a real count of the household. The formula for each calculation is incorporated into the data sheet itself. During this process, agencies put their concerns on the table, it was decided how the IERP M&E system could be built on their existing M&E structures, and field staff were invited to comment on the system. In this way a harmonized M&E system based on the needs of each sector and each partner was built.

Agencies coordinated to design M&E templates by sector. Five types of interventions were agreed upon i.e. capacity building, awareness raising, infrastructure/rehabilitation/construction/civil works, and services (e.g. consultants, and distribution of materials). For each of these five intervention categories, monitoring templates were designed for measuring the outputs of each of the five sectors: early recovery, health, education, protection, and WASH. These forms are filled out for each activity or activity set implemented.

The M & E system includes an exit monitoring data sheet and methodology, which measures beneficiary satisfaction with a particular service. CPs have customized it to fit their activities.

The methodology is to sample 5-10% of beneficiaries in each target community with a set of basic questions post-activity.

Based on this initial design work, a unified M&E system was prepared for distribution. The system is being tested in December and January, with most agencies using it to a greater or lesser degree. Based on this testing phase, further revisions may be made. Further work is also required for designing a manual for its use, which includes instructions, definitions etc.

According to the M&E officer, all agencies now use the common M&E system, and some of the tools are being used by other projects of these same agencies e.g. CARE, IRY, Oxfam, thus leading to capacity and systems building. Exit monitoring has been carried out by at least one agency so far (SCY). At this stage, CPs use the beneficiary feedback internally. It has not been used at the consortium level to exchange lessons learned.

Thus this system has begun to create a more coherent data base, with common definitions of direct and indirect beneficiaries. The system does not yet attempt to unify the data base by name of beneficiary or community, and thus cannot provide information on which target groups receive multiple forms of assistance under this programme. Nether does it attempt to improve the targeting of beneficiaries. Thus far it is used for documentation and, to some extent, for planning by individual agencies. It is planned to integrate the M&E system into the planning and implementation process, but this has not occurred yet.

An 'M&E Framework Plan' was also designed, with implementation begun in December 2011. The M&E plan defines for each indicator the suitable means and frequency of data collection, and the person responsible to collect the data, as required in the project proposal. Thus far, only a few activities from this plan have been implemented. For example, the PCT was to visit project sites for the purpose of improving understanding by the PCT of field conditions, as well as for purposes of project oversight. Sana'a and Amran were visited, but other project areas were not, and these visits were not documented. This partial implementation was due to lack of time and the difficulty of gaining security clearance for travel, as well as the delayed design of the Framework Plan.

Financial Adjustment Procedures

While the PMT was to have the role of advising the donor on necessary shifts between implementing partners or activities, in the event that the capacities of the CPs or the conditions on the ground prevented the achievement of the stipulated objectives and indicators, this mechanism worked imperfectly. In two cases, one involving SCY, and one involving IRY and ADRA, budgets were amended to allow the shift of funds to different activities or different partners. In both cases, the CPs felt that the decision-making was timely, while retaining accountability. Such financial flexibility, however, has not prevented under-spending. The project as a whole is underspent and expenditure rates vary considerably by partner. Burn rate by partner between July and December 2011 is as follows:

- SCF 65%
- ADRA 57%
- PMU 49%
- Oxfam 47%
- CARE 44%
- IRY 34%

The variance has to do with capacity issues of the individual CPs and the particular circumstances of the operating environment of each. Given the consensus basis of decision-making, there were no clear mechanisms in place that gave the Consortium Manager the authority to make unilateral budgetary decisions, such as transferring the budget of a particular CP to another partner or activity. Such budgetary decisions were meant to be joint PMU decisions, the PMU being composed of representatives of all agencies.

Joint Rapid Assessment (JRA)s

In September 2011, the JRA was carried out by the consortium. Quoting from the JRA report, “the purpose of this assessment was to:

- Analyse humanitarian needs and response in the five northern governorates affected by the Al-Houthi-Government conflict in Sa’ada (Al-Jawf, Amran, Hajjah, Sana’a and Sa’ada);
- Utilize coverage and capacities of the consortium partners and strengthen their capacities in order to carry out the JRA process;
- Identify potential short-term and long-term collaborative response and ensure synergies in targeting, interventions and approach;
- Capture relevant learning from the JRA process that can be used to improve similar processes in future, both in Yemen or other countries.”

It focused on the IERP sectors of livelihood, food security, health, education, WASH, protection, and shelter. It also examined underlying “risk factors, including the overall governance situation, demographics, economic and socio-cultural contexts. Key beneficiary groups of the assessment include: Consortium Partners, donors, Government decision-makers, and the wider humanitarian and donors’ community.”

“The methodology for this assessment was agreed between ACAPS and CARE at the onset of the assessment process. The assessment included the review of secondary sources of information and available programme documents, consultations with consortium partners and humanitarian actors in Yemen, and the formation of 14 NGO assessment teams, with each team assigned to a specific district.

The following tools were used for the field assessment:

- a) Qualitative interviews/discussions with Community Groups among the different target groups under the IERP;
- b) Structured, quantitative interviews with key informants within the affected areas.

Between 15 and 26 September 2011, 46 community group discussions were carried out in 16 districts, covering all four governorates affected by the Al-Houthi conflict. 50 key informants were interviewed, including a broad range of actors.” Limitations of the study included “geographic coverage; depth of research by sector; and, the extent to which the sampling scope is representative for the overall humanitarian situation in the affected regions. The amount of demographic data that was collected under this assessment is limited to key figures provided by primary sources (UN, local government, INGOs and LNGOs) at the locations assessed. “ In particular, the Executive Council of Sa’ada Governorate (also controlling the district of Harf Sufyan in Amran governorate) did not authorise the assessment teams to continue community group discussions after an initial 3 discussions were completed, and the geographic scope of the assessment was limited to those areas where the CPs were already operating, and some slight expansion beyond these areas. The survey findings were made available to all IASC

Clusters and Sub-Clusters to be further analysed through their particular prism of expertise and mandates.” It was also made available online and the findings were also used in the Yemen 2012 Humanitarian Response Plan put out by OCHA.

According to the Consortium Manager, the JRA was widely shared, in order that other agencies could use the assessment for more effective programming. The results of the JRA were discussed at a Consortium meeting, and each agency looked at how the results affected them and their programming. It was concluded that the needs addressed by the project were still relevant. However it became evident that other needs were unmet in these governorates, and needed to be addressed. Given the short time frame of the project, expanding to address the additional needs stated in the JRA was not deemed possible. In the design of Phase III, a meeting was held where each agency had reviewed the JRA plus other assessments. The objective of the meeting was to look at the overall humanitarian needs in Yemen, and discuss how the Consortium could address these. A matrix was developed to contrast the humanitarian needs in Yemen as per JRA, CAP and other assessments, with the suggested project activities for Phase III. The session also focused on developing a shared vision, trying to keep away from “business as usual”.

A review of JRA results by this consultant suggests that it has the following implications for IERP programming: i) the situation in the northern governorates remains very fluid, implying that emergency response needs to maintain flexibility and the ability to reprogram quickly when needed; ii) a high proportion of the humanitarian needs remain unmet by both the consortium and other agencies; and iii) the sectoral reach of programs is limited, with IERP districts sometimes having only a single sector operating in each geographic area.

Advocacy

An advocacy strategy was developed in the second quarter of the project, but the consortium did not carry out formal advocacy activities, according to the IERP Consortium Manager. This was due to shortage of time, and to the fact that it was “not possible to effectively engage with government departments on advocacy issues given the recent and on-going political instability and changes in Yemen.” (IERP QR Oct-Dec 2011). This was indeed a key challenge, given the sensitive political situation in the country. At the same time, CARE represented the Consortium at the HCT meetings, and raised issues there that had been raised by consortium members at PMU meetings. This was also done at the INGO Forum Emergency Response Group meetings. Issues were raised with OCHA as well. However, it was a challenge to agree on specific messages/advocacy papers, given both the political environment, and the differences among agencies in how to pursue some advocacy issues.

The CARE Emergency Coordinator was meant to head the advocacy and communication strategy. His absence affected the ability of the IERP to carry out advocacy. At present, some of his tasks are being managed on a temporary basis by the GRT Emergency Assessment Team Leader of the CARE Emergency Group. In addition, because of the late start of the project, CPs prioritized their project work over advocacy. Finally, there was a sense among some consortium members that advocacy was perhaps too ambitious a task, and that a ‘communication strategy’ was more appropriate for this particular mix of agencies.

Position Papers

This task was not carried out for reasons similar to the above. However, it was recognized by several consortium members that such position papers would aid the project in achieving its goals. An important example is taking a common position on how to deal with the situation of Sa’ada governorate, currently under the control of the de facto Al Houthi government.

According to the JRA; “There is a need for a common position on Al Houthis' constant requests for payments and incentives; and coordination on how to define need and area of operations. The Al Houthis government has presented its priority needs in nutrition, education, health and WASH which need to align with individual agency/cluster needs and priorities; the need to agree on the minimum operational standards concerning engagement with the Houthis.”

Impact & VfM Measurement

While IERP M&E efforts were to develop Value for Money (VfM) indicators during the inception phase, this did not happen. There is still the opportunity to include VfM and impact assessments in the final evaluation, as provided for in the project document. To date, only outputs and to some extent, beneficiary satisfaction have been measured. Impact is meant to be measured during the final evaluation. The M&E Framework Plan does not include any activities that measure efficiency or VfM.

Security Management

PMU and field level meetings are opportunities used by the consortium to keep each other abreast of security problems and responses. Staff utilized at the field level are Yemeni nationals, due to the decreased security risk for them in the field. It is unknown to what extent female field staff have been recruited to work at the field level in order to reduce risks.

Integration and Added Value

Integration was not defined in the project document (e.g. geographic vs. operational), and the outcome or added value of integration was not defined. Similarly, there were no pre-set mechanisms to facilitate integration, and integration was not measured in the log frame, nor was the added value of doing so. Given this, there was no strong basis for IERP partners to actively work to integrate their separate projects. Rather, each partner agency sought to implement its mandated activities in coordination with the others, both through the PMU mechanism and through field coordination meetings. In addition, the five agencies already had a presence in specific communities/districts in the northern governorates, and they targeted these same areas with their IERP activities. While this strategy has important advantages when considering issues of security, community acceptance and the capacity for rapid program start-up, such a situation can act to hamper integration because agencies are already tied to specific locations and sets of activities.

In addition, the way in which the project was structured, both in Phase I and Phase II, is that each agency signed a separate contract with CARE UK, obligating the agency to achieve certain outputs within a particular time frame. The contract does not refer to specific responsibilities of that agency related to integration with other consortium partners. While each agency is a member of the consortium and thus is held to the overall project agreement, there are no agency-specific responsibilities named related to integration, only coordination. For both these reasons, integration of CP activities was weak

Thus the consortium acted largely as five separate projects combined under one funding umbrella. These agencies coordinated their activities, shared knowledge and advice, made cross referrals to one another where appropriate, harmonized their M&E and reporting systems, and carried out some joint activities such as the JRA, but did not actually integrate in a way which created added value that could be measured. The exception to this general statement occurred during the planning phase, when the Consortium attempted to identify gaps, overlaps and potentials. For example, when developing the proposal for Phase II, CARE met with IRY and SCY to discuss areas of synergy in Amran for protection activities. A plan to achieve complementarity was agreed to, and then put in place in the field. Even though IRY has no

protection activities in Amran under IERP, they have a protection program funded by other sources. CARE specifically met with IRY and Save to coordinate. It would have been very difficult to do this if the agencies had not belonged to a common consortium. Similarly, the JRA and the common M&E system clearly had a value, though that value was not measured. It might be a task for the final evaluation to attempt to measure that value.

3. Outputs Achieved

Current status of the outputs for the coordination mechanism from the log frame, as compared to the milestones set for these outputs for December 2011 are as follows:

- Number of consortium meetings facilitated, including PMT meetings and meetings at field level (11 out of an expected 18) Note: additional meetings do occur at the field level but these are not specific to the consortium partners. Rather they are cluster and inter-agency meetings.
- Number of joint learning exercises and exchanges between organizations facilitated (2 out of 3) These include the M&E design exercise, and a sphere training organized by IRY to which other partners were invited. These activities were not noted in the outputs for QR Oct-Dec 2011.
- Number of analytic and advocacy materials distributed to external stakeholders (0 out of 2).
- Number of donor reports submitted (2 out of 2).
- Joint Rapid Needs Assessment developed, coordinated and completed (1 out of 1).

D. Partner Agency Perceptions on the value of Coordination Mechanisms

In general, the consortium approach was seen by all partner agencies interviewed as valuable. There is a strong feeling that through the consortium, trust, accountability, transparency, and understanding have been built, all of which are essential for taking the next steps for partnership building. The consortium approach is attributed with improving the use of sphere standards, encouraging learning across agencies by example and by sharing of tools and information, improving understanding of geographic needs, and encouraging attention to cross cutting themes such as gender (because such an approach was learned through example). It was also attributed with creating positive competition and motivating each partner to do as well as the other. In addition, it was seen as easier to access information and support from the consortium members than from other agencies, simply because of having a common goal.

However, there was a near universal feeling that while coordination was strong, complementarity and synergy among agencies was, at best, superficial. In addition, some agencies noted that the role of the consortium in facilitating learning and quality standards was mostly informal, and no progress has taken place on the development of quality standards, formal compliance with sphere, and capacity building. The perception of those interviewed on the functioning of the specific aspects of the consortium structure is as follows.

PMU

All five partner agencies interviewed have found the PMU coordination meetings useful for exchange of experience, communication of progress, coordination, and identification and problem solving related to challenges. Its leadership was seen as cooperative e.g. initially the Consortium Manager met with each agency individually and explained his role, which helped

create understanding and acceptance. Some felt that because the PMU focus is multi-sectoral, versus the cluster meetings, which are single sector, an added opportunity for learning and coordinated response at the central level was created. They found the consultative process followed by the Consortium Manager for decision making to be helpful and inclusive, and all agencies felt that they had a voice through the PMU. While decision making was not necessarily rapid, most partners felt that given the need for consortium members to each consult their own agencies and to have a unified response, the decision making time was reasonable, and the structure appropriate. SCF gave an example of how they had needed to reallocate their budget to a new area. They described how they coordinated with the PMU to develop a plan, including a justification and budget for reallocation of funds, and how this plan was submitted and accepted by DFID in less than one month. Not all issues brought to the PMU have been successfully resolved, however. Both ADRA and IRY described how it had not been possible to come to a decision in the PMU on establishing a common strategy for Sa'ada in order to resolve the implementation hurdles partners were facing there.

The PMU structure was seen as primarily an administrative and not a technical body. Some CPs believed that the PMU should provide strategic leadership. For example, it could carry out a strategic needs assessment in order to determine whether the needs of the southern governorates should be included in the consortium. It could also be used to resource additional humanitarian funding outside DFID.

Sectoral Leads

The concept of sectoral leadership was seen as potentially valuable. Both ADRA and IRY described how, as sectoral lead, ADRA shared beneficial health advice with IRY, and how sectoral designations provide a strong mandate to help one another. However, for many, the role of the sectoral leader was not seen as particularly well defined. Sectoral leads were seen to have no real technical authority, and there were no formal sectoral meetings to decide policy, standards, tools etc. Those agencies working in a particular cluster, such as education, were seen to have a natural advantage when giving advice on e.g. indicators for the M & E system, but they did not need to be designated the sectoral lead to take on that role. Similarly, agencies working in the same sector were also at a natural advantage to share information, strategies, etc. with one another but again, this advantage was not related to an agency's role as a sectoral lead. The role noted in the project proposal of 'providing technical advice as to the suitability of relevant indicators, feedback on project performance and insight into qualitative analysis' did not appear to happen.

Geographic Leads

Like sectoral leaders, the role of geographic leads is not well defined in any practical or strategic sense. This may be because geographic leads were meant mainly to be used during the JRA. An additional issue is that some geographic leads, such as ADRA, are the only agencies working in a particular governorate, such as Al Jawf, and thus have no one to 'lead'. Geographic leadership was usually seen by CPs as only *potentially* valuable. For that potential to be realized, mechanisms would need to be put in place that translate into practical functions.

Common standards and approaches across sectors

Interviews with CPs did not uncover any evidence of the design or use of common standards and approaches across sectors. Most commented that this had not taken place yet. The exception to this is the M&E system, which will be covered in another section. However, nearly every agency expressed the belief that a set of common standards would be useful for ensuring effectiveness, integration, and accountability.

Human resources coordination

CPs only mentioned two instances of human resource coordination. One was the ad hoc sharing of CVs among partners, and the second was the invitation by IRY to other consortium partners to attend a sphere training they were holding. In addition, two agencies maintained that the development of the common M&E system strengthened their own M&E capacity, given the trainings carried out, the information sharing with other agencies, and the common commitment to improved monitoring.

Human resource issues were listed by most agencies as being a major factor in their ability to implement effectively. Given the security situation, the work of international staff was heavily interrupted due to the security policies of their agencies, e.g. limits on the number of staff allowed in country at any one time which meant that staff had to work remotely, mandatory R & R cycles, and difficulties in recruiting staff to Yemen. Regarding local staff, the short term nature of the work did not encourage candidates to apply, and the time gap between Phase I and II meant that national staff had begun searching for new positions three months before the end of their Phase I contracts. This meant that new staff had to be recruited and trained, agencies not being able to retain the staff they had. A further problem was that the pool of national staff trained in emergency work is small, and capacity building is necessary. Finally, in Sa'ada, the Al Houthi Executive Council demanded that agency staff who had held government posts with the (former) government must be fired or the agency would not be allowed to function in that governorate. Compliance was mandatory by all agencies, thus greatly disrupting the work. In addition, it was difficult to find staff willing to work in war torn Sa'ada.

Reporting

All CPs expressed satisfaction with the reporting system, for both technical and financial matters. There were no suggestions for improvement.

Monitoring and Evaluation

CPs interviewed agreed that the M&E system has been designed in a highly participatory manner, and that it has been a useful training and harmonization exercise. The M&E officer is credited with providing valuable support. All agencies reported that they have begun to use the system for documentation. ADRA reports that it has begun to use it for planning purposes as well. Critical comments were that it was initiated late in the project cycle, and that it mainly measures outputs and beneficiary satisfaction rather than impact. It has not yet been used to share lessons learned, or to conduct shared planning sessions, though it is seen as having the potential to do so. It has been suggested by one CP that the forms may be too complicated at the field level, and that the system should be reviewed at the end of Phase II.

Financial adjustment procedures

CPs felt that the ability to shift funds from one activity or CP to another was a strength of the project. Such flexibility was considered appropriate for an emergency response project, and one in which the situation is continually changing, and where agencies will need to shift gear in response. As noted above, IRY transferred funds to ADRA for use in Al Jawf for immunization, when IRY was prevented from carrying out immunization in Sa'ada by the Al Houthi Executive Council. SCY also found the procedures and timely decision making reasonable. As mentioned in the previous section, they described how, in coordination with the PCT, they developed a memorandum of understanding consisting of a plan, justification and budget for the geographic reallocation of funds, and how it was submitted to the PMU and accepted by DFID in less than one month. No one described the refusal of legitimate reprogramming of the budget.

Flexibility was limited by factors other than PMU decision-making procedures, however. The first was the shortened project life, in effect 6 months for some CPs rather than 12, so that only when absolutely necessary (not just desirable e.g. in response to the findings of the JRA) was reprogramming of the budget requested or carried out. Second, most agencies engage directly with communities, and make commitments of support based on their allocated budget and historical presence in the area. Redesign of activities *out* of communities that are still needy is considered likely to erode trust and make future humanitarian programming in these areas difficult. It is unlikely that real budgetary flexibility is possible unless *additional* funds are provided for flexible emergency response, not just *substitution* programming. This factor also limited the ability of IERP to respond to newly identified needs e.g. those uncovered and documented by the JRA.

Joint Rapid Assessment (JRA)

The CPs were not interviewed on this topic. In retrospect, it would have been useful to know how each agency used the results of the JRA to redesign programming, since this was one of the purposes of the assessment. There is no evidence from the PMU meeting minutes that requests for reprogramming were made on the basis of the JRA. One DFID staff member described the JRA as “impressive”, and found it valuable that the results were published online, and made available for use of all agencies working in emergency response in Yemen.

Advocacy

It was acknowledged by the CPs that little advocacy at the level of the consortium was carried out. Most agencies, however, believed that advocacy would have been a valuable activity. Advocacy was considered to be an activity for which the consortium possessed a natural strength, because five organizations speaking in one voice could have more impact than a single organization. This strength was not well exploited. It was acknowledged that weak advocacy was related to time constraints, and to sensitivity of some topics, as well as difficulty engaging with government. A further complicating issue was that some consortium partners did not have an institutional mandate to carry out advocacy.

Position Papers

Similarly, there was a general consensus among partners that position papers would be a useful tool for both advocacy and programming. In particular, two agencies noted that a shared agreement and a position paper on how to engage with the al Houthi de facto government in Sa’ada would have been helpful. Such a paper outlining a common stance would have provided support and clarity to those agencies struggling to program in those areas, and could have been the basis for advocacy as well as communication with DFID. DFID also voiced concern that they had no independent verification of how the political context in Sa’ada affected project operations. A well documented position paper dealing with the realities of working in Sa’ada could have provided robust justification for delays or certain courses of action.

Impact & VfM Measurement

CPs were not interviewed on this topic since no such measures were included in the log frame or the M&E Framework Plan.

Security Management

This topic was not addressed in CP interviews. However, minutes of PMU meetings showed a sharing of information and strategies related to security.

Integration and Added Value

As pointed out in the above section, integration, and the added value of integration, was not

defined in the project document. Most of the individual agencies believed the IERP was not adequately integrated, and that it was not good at creating synergies and complementarities. They pointed to the need for clarification of what type of integration had been intended for the project. They also pointed to the need for the partners to define for themselves the concept of integration in such a way that added value could be obtained. In addition there was not necessarily a common understanding among the partners of the humanitarian situation in Yemen in terms of where the priority needs lie geographically and sectorally, what should be the overall impact of humanitarian support, and what would be the most effective means of achieving this impact. A common analysis was seen by some as the basis for a rational integration of programs. Similarly, common positions and advocacy efforts on specific issues were seen to be important e.g. how to work to greatest effect in Sa'ada. The design of common standards and tools were also mentioned by the majority of CPs interviewed as facilitating integration, with the common M&E tool believed to be an excellent start. The consortium was seen as having a lot of potential for integration and added value which it was not using. For example, if it were to speak as one voice representing five powerful INGOs, it could have a major impact in influencing the government or other agencies on humanitarian issues. Others believed that the trust, transparency and cooperative spirit that was created in Phase II was a necessary underpinning for real integration in Phase III.

While most CPs were in favour of greater integration, most acknowledged that the political situation, with frequent evacuation of staff, made this very difficult. The difficulty experienced by each individual agency in planning was magnified for the PMU, which had to bring together all these actors in a situation where they were frequently not available.

According to DFID staff interviewed, the consortium concept fits with its humanitarian policy, its multi-sectoral policy, and its goal of reducing transaction costs and administrative burden for both DFID and partners. The consortium approach allowed DFID to deal directly with only one partner rather than five, significantly reducing its administrative burden. Added to this, DFID did not have a team in place in Yemen at the time they funded the project, and a consortium approach led by a single agency was seen as a way of improving accountability in the absence of a DFID presence on the ground. In addition, they saw the value of a consortium approach among INGOs as a way of fostering mentoring, sharing knowledge, and internal support among partners. Because DFID has not had a presence on the ground, another value they saw of the consortium is that the lead agency could have a verification and monitoring role. However this role was not actively taken by the lead agency, nor is it clear from the TOR that such a role was in fact assigned to the lead agency.

The value for the consortium partners were several. Though the administrative burden of writing quarterly financial and narrative reports was similar, they may have saved time liaising with DFID, and for those without fluent English speaking staff, the writing of reports may have been easier because all reports were consolidated by the PCT. On the other hand, the time demands of coordination were greater, both in relation to attending PMU meetings and for adopting the new M&E system. It is quite possible that quality of outputs was improved because of the learning and sharing among the CPs. Certainly there was a belief by many of those interviewed that they paid greater attention to issues new to them, such as gender issues, they utilized sphere standards more, and the quality of their work improved.

What still needs to be defined is the value for the beneficiaries, in terms of enhanced program efficiency, effectiveness, targeting and reach. While some of this may have occurred through the positive effects of information sharing among the CPs, this was neither conceptualized nor measured by the project.

Coordination at the field level

Special attention was given in this review to coordination at the field level. While mechanisms for coordination at this level were not specifically addressed in the project proposal, it is at this level that most integration has the best opportunity to take place. As will be shown by the discussion below, coordination of effort at the field level occurs, especially in Amran and Hajjah. However, this is not primarily due to the role of the consortium, but to the other coordination mechanisms already in place i.e. the inter-agency, Executive unit, and cluster meetings. Coordination is as likely to happen with non-consortium partners as with consortium partners.

a) Amran and Hajjah

In-depth discussions were carried out with field staff from Amran and Hajjah governorates on the added value of the consortium in terms of *coordination of effort* among consortium agencies. In both Amran and Hajjah governorates, UNHCR and the governorate level Executive Units for IDP Affairs play the major coordinating role for the overall multi-sectoral humanitarian effort. In Amran, both bodies hold meetings with partners twice monthly. UNHCR meetings include all international partners (UNICEF, WFP, ICRC, IOM, Oxfam, IRY, CARE, SCF), local NGOs (YWU, YRC), and government bodies (Executive Unit for IDP Affairs, Governor's Office, and sectoral bodies such as the Education Office). Within this forum, agencies share information on the status of their humanitarian effort, problems that demand mutual solutions are brought to the attention of the group, strategies for solving such problems are outlined, and commitments made. Problem solving often takes the form of one agency being able to step in and fill gaps identified by another. The sentiment of the field staff is that the forum is very effective in meeting needs.

In Haradh district, Hajjah governorate, the UNHCR meeting also brings together humanitarian actors, but only once per month. Partners attending these meetings are international humanitarian agencies (UNICEF, WHO, DRC, RI, Triangle, Oxfam, IRY, SCF), local NGOs (CSSW, Amal), and government bodies (Executive Unit for IDP Affairs, and sectoral bodies). These meetings are seen as effective in coordinating the various humanitarian partners in sharing problems, solving problems, and meeting needs.

The meetings chaired by the Executive Units (EU) bring together most of the same actors, but in addition, include pertinent government bodies, including sectoral offices. Such meetings are held twice a month in Amran, and once a week in Haradh. These meetings are complementary to the UNHCR meetings in that they have a somewhat different function. Like the UNHCR meetings, they review the status of humanitarian efforts, but they focus more on issues of security (Amran) and community relations (Haradh). The usefulness of these meetings is seen as minimal in Amran because of the tribal and conflict driven nature of the government institutions. In Haradh, however, such meetings are seen as even more useful than the UNHCR meetings because of the highly cooperative nature of this body and because these meetings help solve problems with the affected communities that the international humanitarian actors cannot.

In addition to these two types of meetings, both of which are multi-sectoral in nature, cluster meetings take place in both governorates. These meetings have no formal link to either the UNHCR or the EU meetings. However, the same education actors that attend the UNHCR and EU meetings also attend the Cluster meetings, and have a shared understanding of the sectoral situation as well as the overall humanitarian situation. In these meetings they focus on follow up of specific sectoral issues e.g. coordination across agencies of activities, mutual problem solving on meeting identified sectoral needs, referrals, etc. The Education Cluster meetings in

Amran take place twice a month, as do the Protection Cluster meetings, while the Gender Working Group meetings take place once per month. In Haradh, the Education Cluster meetings are terms 'Working Groups' and take place once a month, while Protection Working Groups take place twice a week at present. The cluster meetings may be regular or irregular depending on the leadership and participation within that sector, and the way they are organized is more fluid e.g. in Haradh both protection and education were dealt with in a combined working group, but now are separate. The experience of the field staff is that cluster meetings are valuable forums that allow agencies to work in a cooperative manner.

The relative effectiveness of the three types of meetings at the field level is good news, because it means that the coordinating bodies are functioning more or less as they should be. But it also means that there is no need for the consortium to play this role of inter-agency coordination in governorates where such bodies are functioning effectively. And in fact they do not. In Amran and Haradh, the consortium agencies do not hold special meetings.

In addition, it appears that the complementarity achieved through coordination is more the result of the UNHCR and cluster mechanisms than the consortium mechanisms. Some examples of complementarity between agencies are as follows:

- IRY identified 93 IDP children from two camps without school certificates and in need of school supplies, uniforms, and school books, and referred them to SCY, who in turn registered them in school and provided them with school supplies, uniforms, and school fees (Amran);
- SCY identified the need for latrines and water taps in target schools, which UNICEF met;
- SCF identified schools in need of health awareness, and Oxfam carried out the awareness raising;
- SCY and IRY coordinated their efforts on landmine risk training to avoid gaps and overlap;
- SCY carried out internal health referrals between its health project and IERP;
- UNICEF and SCF cooperated in identifying and prioritizing the schools requiring interventions, and both provide complementary services in these schools (Haradh);
- CARE and IRY agreed on protection activities in Amran when designing the project, and integrated protection activities in partnership with the Yemeni Women's Union (local partner). Examples of the partnership included conducting joint protection trainings and agreeing on a referral system for protection cases (cases were referred from IRY to the YWU).
- CARE and SCF cooperated in Amran integrating CARE WASH activities in SCF schools.
- Each agency builds on the information and surveys of the other in order to identify needs.

It will be noted from these examples that coordination of effort at the field level is just as likely between non-consortium and consortium members as between agencies belonging to the consortium. It depends more on natural complementarities and mutual sectoral interests than membership in the consortium. For example, the most important partner for SCY in Haradh is UNICEF, not one of the consortium members. In addition, two partners noted that their preferred partners are other projects in their own agencies, because of the administrative ease, and flexibility inherent in such cooperation. However, these same partners noted that if integration between the consortium partners becomes more effective, they would have the same natural advantage. Thus the added value of the consortium already achieved in terms of field coordination is not yet obvious, except in the case of the planning stage, referred to in an

above section.

b) Sa'ada

The coordination situation in Sa'ada is considerably less ideal than in Amran and Haredh. Like Amran and Haradh, inter-agency meetings take place, led by OCHA. But because of the more difficult circumstances in this governorate, until recently meetings did not take place regularly, and attendance by agencies has also not been regular. At present these meetings take place once every two weeks. Agencies attending are International NGOs (Oxfam, SCY, IRY, MDM, ICRC), UN agencies (UNHCR, WFP, WHO, UNICEF), and local NGOs (YWU, Amal). Every other week the same group meets with the al Houthi Executive Council (EC). The field staff member interviewed felt that these meetings are not effective coordinating mechanisms and there is poor follow up. Because agencies are restricted in their movement, there is not yet sufficient assessment data to understand all aspects of the situation in Sa'ada, and there is no common vision for how to operate emergency programs in Sa'ada.

Some of the cluster meetings do function (e.g. health, protection), but irregularly, and there is little coordination in terms of carrying out common assessments, inter-agency referrals, coordination of activities etc. Others, like the education cluster, do not function. The major function of the Sa'ada cluster and inter-agency meetings was to discuss problems, and share information, not to coordinate action. The IERP agencies did meet for the first time in a special consortium meeting in January 2012. The purpose of the meeting was to share information on progress and challenges.

c) Al Jawf

In Al-Jawf, only two agencies work on emergency relief issues. These are ADRA and IOM. Both work in health, and have agreed that IOM will work in the northern districts and ADRA will work in the southern districts. Due to the absence of other agencies, there are no inter-agency coordination meetings, nor does the Executive Unit (EU) of the governorate hold meetings with those agencies that do exist. Likewise, no cluster meetings exist. Since ADRA is the only member of the consortium that has a presence in Al-Jawf, there are of course no field level IERP meetings. Neither the EU, nor the two agencies that work in the governorate, nor any other body within the governorate is known to advocate to meet the needs of the IDPs and host communities. Thus the functions of coordination and advocacy are not addressed adequately in al Jawf.

d) Sana'a city

In Sana'a city, interagency coordination of humanitarian agencies has been weak until recently. Prior to the current period, ADRA, UNHCR and the EU formed a management team to discuss and coordinate action. However, in the last two months, in response to a request by the EU for assistance related to the new IDPs arriving from Hasaba and Arhab, a task force of humanitarian agencies has been formed. It is composed of UNHCR, WFP, ADRA, OCHA, IRY, Vision Hope International, and CSSW. A TOR for this task force has been drafted and is expected to be finalized soon. The role of the task force is, through support from the individual agencies, to document the IDPs living in Sana'a, to assess their needs, and to coordinate assistance. The task force meetings began in December 2011, and take place weekly.

Cluster meetings for protection, WASH, Shelter/NFIs, Health and ER take place regularly, between twice and once a month. The nutrition, and the 'non-cluster for refugees' clusters have been formed but do not meet. There are no IERP consortium meetings at this level, because ADRA is the only consortium agency programming in Sana'a city.

Identification and the meeting of needs at the field level

Each of the agencies of the consortium is currently in a good position to identify and verify the affected IDP and host community populations and their needs. This is especially the case in Amran and Haradh, where strong coordination mechanisms exist i.e. UNHCR meetings, Executive Unit meetings, and Cluster meetings. Agencies share data from their data gathering exercises, with the result that reasonably accurate estimates can be made of the needs. Field staff from Amran and Haradh were able to confidently provide estimates of education and protection related needs, based on survey results and verification procedures.

However, there is clearly a gap in meeting those needs. In Haradh, for example, SCF estimates that the number of IDP/host community/other vulnerable children between the ages of 6 and 12 years of age in need of education assistance is 40,000, encompassing 60 schools. Those actually served by SFC and UNICEF are 11,000, leaving 29,000 un-served. While the needs gap is known, no other agencies are stepping in to meet those needs. Similarly, in Amran, SCF carried out a needs assessment built on MoE and other surveys. SCF field staff estimate that they are meeting approximately 40% of the need in Phase II, up from 30% in Phase I. This need has been communicated to other agencies in the coordinating bodies in Amran, but there has been no adequate response. Thus 60% of IDP/host community/vulnerable children are not having their educational needs met.

Similarly, CARE field staff note that statistics agreed upon between UNHCR, IRY and other agencies indicate that the following number of IDP households are presently in need of protection services in Amran:

- 500-700 from Arhab
- 2000 from Sa'ada
- 175 from Hasaba

Thus far, CARE has been able to cover a limited proportion of these households, and has so far identified 57 cases in need of protection. CARE will not be able to cover all 2,800 of the enumerated households with protection services, and gaps will remain.

For Sa'ada, the information base is much more tentative. There appears to be a breakthrough currently, with the EC in favor of carrying out assessments by technical area e.g. WASH, health, education etc. and with each agency using a common analysis. Even so, it is expected that the unmet needs are large. The problem in Sa'ada is not only identifying and meeting needs beyond those programmed for within the current plans of the humanitarian agencies now in place, but more fundamentally, even able to *implement* those *current* plans.

For Al Jawf, like Sa'ada, there is a de-facto government composed of the different sheikhs of that governorate. It has an Executive Unit (EU) for IDP Affairs, which has stated that there are 24,191 IDPs in al Jawf, both those internally displaced from district to district, and others originating from Sa'ada. However, this number has not been verified and no lists of IDPs have been provided, nor have their exact needs been identified. Thus, of all the governorates, al Jawf has the poorest documentation of need, and registration of IDPs has not taken place. The JRA in 2011 documented the areas of need but could not provide an adequate assessment of size of need. It is clear, however, that only health related needs are being addressed in Al Jawf, while education, protection, ER, WASH, shelter etc. receive no support at all.

In Sana'a city, which is comprised of 10 districts, current estimates by the EU of number of IDPs is 33,000, from the following areas:

- 21,000 Sa'ada
- 10,000 Hasaba (internally displaced within the city)
- 2,000 Arhab and Nihim

Rough estimates by members of the ADRA team is that the percentage of need being met are:

Protection	60%
WASH	50%
Shelter/NFI	60%
Health	30%
Education	(no estimate)
ER	10-20%

Thus, like all other governorates, a high percentage of needs is not being met.

In summary, consortium agencies are well placed at the field level to understand the needs of target communities in their own sectors, but they do not necessarily have in their hands the mechanisms to meet those needs. This is a potential area where the consortium could play an important role. The role will be different in Sa'ada and Al Jawf from the other three governorates.

IV CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

The management and coordination structure of Phase II of the IERP has shown considerable improvement over that of Phase I in terms of its ability to coordinate and harmonize the activities of the five participating agencies. It has fostered a cooperative approach in which agencies plan together, problem-solve, come to joint decisions, share expertise and information, and harmonize some systems.

Fourteen management and coordination tasks and functions were described in the project proposal as being core tasks for this phase. The majority of these have been carried out to a greater or lesser extent. The Project Management Team has been put in place, sectorial leads have been designated, reporting and documentation has been harmonized, as has been the M&E system, human resource coordination has taken place, the financial flexibility mechanisms have been utilized, and a very impressive Joint Rapid Needs Assessment has been carried out by the consortium partners. Some of these tasks were carried out only partially, or contained some weaknesses, but in general they were accomplished. Tasks not adequately accomplished are the design/documentation of common standards and approaches, advocacy, the writing of position papers, identification of value for money (VfM) indicators, and formal identification and measurement of integration mechanisms.

While recognizing that there are areas for improvement, the consortium partners are generally very positive about their experience working together within the consortium. They feel it has created a sound mechanism for improved cooperation, and that it has made a solid advance over Phase I. Of the management and coordination tasks meant to be accomplished by the consortium, the following is a summary of the status of achievement.

Table 2: Summary of IERP status of achievement of tasks

	Mgmt & Coordination Tasks	Status of Achievement
1.	Project Management Team (PMT) in place	3 out of 4 members in place by August 2011, but a significant rate of turnover. PMT has had primarily an administrative rather than technical or leadership role.
2.	Sectorial Leads	In place but role not clearly defined. A separate category of geographic leads designated, primarily for use during JRA. Designation by agency, not by individual.
3.	Common standards and approaches across sectors	M&E system created a strong basis for establishing common standards and approaches. Design of common standards not yet fully in place nor documented.
4.	Human resource coordination	Informal sharing of CVs of applicants, and two cases of sharing of training opportunities.
5.	Reporting and documentation	Common financial and progress reporting format designed and in use. Concern by donor that financial reporting and progress not adequate. Some CPs submit reports late.
6.	Monitoring and evaluation	A harmonized M&E system designed and in place as of December 2011. Design based on participatory process.
7.	Financial adjustment procedures	Utilized effectively on 2 occasions. However, despite this mechanism being in place, the project remains underspent.
8.	Joint Rapid Needs Assessment (JRA)	Accomplished. Very useful document and widely shared. Used by individual agencies for planning purposes but not yet by consortium as a whole due to time and financial constraints.
9.	Advocacy	Strategy developed in Q2 but not implemented due to timing and staff constraints, as well as difficulties in engaging the GOY. Most CPs believe advocacy would have been valuable.
10.	Position papers	Not developed due to time and staff constraints. Most CPs believe position papers would have been valuable.
11.	Impact & VfM measurement	Project impact to be measured during final evaluation. VfM indicators not developed.
12.	Security management	Coordination occurred around security management.
13.	Integration and added value	Synergies to be gained from integration, and mechanism for integration not defined and not measured. However, coordination during project design and field implementation probably created some (unmeasured) synergies.
14.	Coordination at the field level	Excellent in those governorates where more than one CP was programming. But no added value of consortium meetings, as cluster and inter-agency meetings sufficient.

It is clear from the above that what the consortium has achieved is significant, yet it has not yet achieved all of its management and coordination tasks. Of particular concern have been the two issues of delays leading to under-spending, and the relative weakness of integration of CP activities. Regarding integration, as stated in an earlier section, the consortium largely acted as five separate projects combined under one funding and management umbrella. These agencies coordinated their activities, shared knowledge and advice, made cross referrals to one another where appropriate, harmonized their M & E and reporting systems, but (with some partial exceptions during the planning phase) did not actually integrate in a way which would have led to the creation of strong synergies. This is partly due to the fact that the project document did not define nor measure integration, nor did it attempt to define or measure the added value of

doing so. It also did not put in place mechanisms to achieve integration, only coordination. Finally, it did not incorporate integration tasks effectively into the log frame. It would have been helpful to have two interlinked log frames, one for integration and management tasks, and one for the technical tasks. This would have helped to give the integration tasks the priority and weight they required.

Regarding the issue of delays and under-spending, as of three months before end of project, IERP is significantly underspent - between 34 and 65% per CP. There are broadly four reasons for project delays and under-spending. These are:

- a. The three-month delay in signing the project agreement and the nearly six month delay in the receipt of funds by CPs. Given the fact that the project was designed to be implemented over a one-year time frame, this is an extremely serious delay.
- b. The extremely challenging operational environment, with security risks necessitating evacuation of international staff from the country for long periods of time, with travel of all staff frequently restricted or interrupted for security or other reasons (airline strikes, lack of petrol), very limited electricity/internet/telephone services both in the field and in the capital, the difficulties of dealing with a de facto Al Houthi government in Sa'ada, and high staff turnover.
- c. Probable capacity issues of some of the partners;
- d. Some inefficiencies related to the design of the project structure and coordination arrangements.

This review examines primarily the last point within the context of the first, second and third. It is important that we do not ascribe all delays solely to coordination and management arrangements. Other factors were, in fact, more powerful. In addition, the set of tasks was highly ambitious to be achieved within a one-year time frame, let alone the 6- 9 month time frame that resulted from the above mentioned delays.

Having said this, some weaknesses and inefficiencies in the coordination and management structure are apparent. In particular, because the management model was based on consensus, the Consortium Manager had no authority to take action when, for example, under-spending became significant, tasks were not achieved on time, significant changes on the ground demanded action, or the PCT could not agree on a way forward. The Consortium Manager had accountability but no authority. This was the basic source of management weakness. The only tools the Manager could use to encourage compliance were information sharing, exhortation, and advise. Thus, while rapid response is essential in humanitarian situations, such a capability was not built into the management model. On the other hand, the consensus approach has a lot of value. It encourages trust, respect, cooperation, mutual learning and partner initiative; and it allows organizations with different policies and agendas to find a way forward that is mutually acceptable. Consortiums have to find an effective balance between consensus and streamlined decision making in order to be effective.

Second, the mechanism for budgetary flexibility in the face of a changing humanitarian and security situation was very useful, but not sufficient. This mechanism allowed for the transfer of funds between partners and activities when circumstances dictated, and were properly documented. This mechanism was used effectively by three CPs. However, its use was limited by the fact that commitments to communities by CPs on the use of funds was made at the beginning of the project. In most cases it would have been damaging to community relations to withdraw those funds for use in a different community or for another purpose, without a very powerful and visible reason to do so e.g. IDPs leaving the community to return back to their place of origin, security considerations making it impossible to continue programming in that

area etc. Thus the ability of the project to respond to new needs e.g. as revealed by the JRA, was limited. Response to such needs would require a separate rapid response fund, not only fund substitution.

A number of other issues have been identified through the review process. These are described in the previous section, and will be discussed briefly within each of the recommendation points below. All in all, the Consortium has shown a strong performance in difficult circumstances, and any existing weaknesses are within the ability of the CPs to solve in Phase III.

B. Recommendations

The recommendations listed in this section are for implementation in Phase III, building on the lessons learned from Phase II. They are based on an analysis of what is practically achievable within the current operational and institutional environment, not a complete set of recommendations of what one would do in the ideal situation. They are also based on a commitment to meet the humanitarian needs existing in Yemen in the most efficient manner possible.

1. Ensure timely project start up: It is essential that CARE, DFID and each of the partner agencies prioritize an April 1st2012 project startup. The nearly six-month delay of receipt of funding by the CPs severely handicapped the Phase II project. Meeting this deadline should be possible because procedures on how to streamline the process are already agreed to with DFID, a CARE consultancy for proposal writing of Phase III is already planned for the month of March, and key agency staff are in country, making coordination easier. No improvement in IERP management or coordination can make up for the loss of nearly half the project life.
2. Embed IERP Phase III within a medium term strategy: It is recommended that Phase III be embedded within a medium term (e.g. three-year) consortium strategy. Given the fact that consortiums are demanding constructs, and that resolution of the humanitarian situation in the northern governorates is expected to take several years, such a time line will provide the basis for a more strategic and ultimately more effective approach. Each one-year phase will be a stand-alone project, but will be guided by a longer-term vision. This will allow the possibility of local capacity building in humanitarian assistance, well-designed early recovery strategies, and the opportunity to assess impact. It will also encourage step-by-step strengthening of the consortium model for greater impact.
3. CP exercise to agree on fundamental program issues: Partner agencies will need to agree *in advance* of the proposal writing on three fundamental points, in order for the next phase to achieve greater integration, efficiency and added value. This will require an extended discussion, preferably within a workshop environment. This should occur immediately after the Phase III concept notes of each agency have been shared. These three points are:
 - a. Agreement on a common objective and clearly defined impact statement around which all CPs can build a common integrated strategy, with the activities of each CP well defined and supporting the central objective. In Phase II, the expected impact measure was 'Percentage of IDPs, displaced from the 2009 conflict in the North, who have returned to their place of origin'. Given the lack of fit between this indicator and the activities of the project, this did not serve as an adequate guide for programming. Agreement on desired impact should take into consideration the chronic nature of the

humanitarian situation in the northern governorates. It should also take into account a defined medium term vision i.e. by the end of three years, what should be the humanitarian impact, and what capacities should local actors in these governorates have attained. It will, of course, be consistent with the Yemen 2012 Humanitarian Response Plan and the JRA.

- b. Agreement on the exact definition, added value, and mechanism of integration of CP activities. This will require a discussion of where synergies and complementarities can best be obtained, given the particular strengths of each partner, and the opportunities inherent in the combined efforts of five major INGOs. Without identification of synergies, it is unlikely that the consortium will achieve any added value over the alternative of each agency carrying out its activities under separate projects.
- c. Agreement on the management arrangements of the consortium, particularly as regards decision making. The Phase II management arrangement had many strengths, most of which should be carried through to Phase III. However, it contained some weaknesses regarding timely decision-making, a serious issue for a short term 'rapid response' project.

Each of these three points will be addressed in the sections below, but what is important for this recommendation is that *agreement* on these points takes place among partners early in the proposal writing process. It is ultimately the partners who must make these decisions.

4. Improvement of management capacity of the PCT: It is recommended that a modified consensus approach be used in Phase III, one that encourages 'accountable consensus management'. Phase III should include the following:
 - a. Decision-making: Put a 'red flag' system in place in which burn rates or progress indicators of individual CPs below a certain level will signal the need for the Consortium Manager to take action. While action will be taken in consultation with all affected CPs and with the PMT, the Manager will have the authority to take corrective action in order to ensure that the project as a whole does not suffer from under-spending or unmet objectives. Similarly, a decision making mechanism should be put in place to allow the Manager to act when significant changes on the ground demand action, or when the PMT cannot agree on a way forward for urgent matters e.g. the Sa'ada operations.
 - b. Timely identification of needs: Quarterly reports, or informal information sharing are probably not adequate means for supplying the PMT and the Consortium Manager with information of the situation on the ground - information that might be needed for reprogramming or other decision making. It is recommended that the sectorial and geographical leads be given an expanded formal role for regularly studying, respectively, the sectorial and overall governorates' situation, and for reporting to the PMT. Both types of leads should be designated by name, and be members of the PMT.
 - c. Support for financial officer: Given the high level of concern about financial reporting and burn rate, the financial officer should receive additional technical support on a regular basis from CARE-Yemen, CARE UK, and the Consortium Manager, in order to better problem solve and to, in turn, strengthen the financial management by those CP financial officers who require support. This will help ensure improved reporting and overall financial management, including forecasting.

- d. Addressing the issues of high staff turnover: The major reasons for staff turnover and delayed recruitment is the security situation, the high level of uncertainty in Yemen, and the fact of short term contracts of one year or less. This is a problem for all CPs. Given the fact that this situation is likely to continue for the foreseeable future, it will be useful to strategize around it at the consortium level. Possible solutions are to utilize recruitment web sites that attract regional staff who can perhaps adapt better to the local situation, utilize contracting mechanisms that contain an option to extend across phases wherever possible, and for all CPs to share successful recruitment strategies and options.
 - e. Oversight: Given the fact that DFID is unable to carry out field visits at this point in time, there may be a need to add an oversight function into the project design. However, the role of supervision or oversight would not be an appropriate one for the lead agency or the PMT to take on, because it would weaken the collegial trust-based way of working that is characteristic of the consortium. Rather, this function is best covered through a mid-term review or by periodic monitoring visits by an independent third party agency. Beyond such mechanisms, it is believed that the enhanced role of the sectoral and geographic leads (to be described below) will lead to greater clarity for the donor about IERP standards and performance, as well as the situation on the ground.
 - f. Late reporting. Late reporting by some agencies can be dealt with through requiring them to submit their reports one week earlier than required this phase.
5. Improvement of Integration to achieve synergy: Synergy, defined as “two or more things functioning together to produce a result not independently obtainable” is the whole point of the consortium. How can these particular five actors work together in a way that magnifies their potential as individual agencies, and thus improves value for money? Several possibilities are the following:
- a. Extending geographic reach: No agency works in all five governorates, and the consortium should consider ways in which the presence of one CP in a governorate can provide the institutional link to support coverage in that governorate by the other CPs and their sectoral programs. Al Jawf, the most under-served of all governorates, is currently reached only by ADRA and only in the health sector. Al Jawf is the most important case for CP geographic integration. Given ADRA’s excellent reputation in Al Jawf, it could play the role of intermediary and coordinator for all CPs, helping them establish field offices, introducing them to the communities in need and the authorities, and setting guidelines for how to work in that governorate. Without such a step, it is unlikely that Al Jawf’s humanitarian situation will be met. This expansion of reach need not be taken by all CPs at once, but can be phased.
 - b. Speaking with one voice: Five major INGOs working together can have a stronger voice than each one working separately. The on-the-ground presence of the IERP in five governorates in multiple sectors creates a potential for first understanding, and then influencing humanitarian policy and practice. The two most obvious ways in which a common voice can be used is through lobbying, and through combining expertise to come to a common stance on how to deal with key operational issues. An example of the latter is that, given the need to program more effectively in Sa’ada, and the fact that the different CPs each currently has a different analysis of how to work in Sa’ada, it would be valuable to study the situation and to agree as a consortium within a formal position paper on how to effectively program there. A second example relates to meeting

unmet needs in the northern governorates. Current donor funding and programming is insufficient to meet existing humanitarian needs. Using field knowledge to identify opportunities where additional funding could be used effectively, and then lobbying as a consortium to gain that funding would be valuable.

- c. Programming to achieve technical synergies: This is already being done to some extent through inter-agency coordination in the different governorates, both through consortium and non-consortium agencies. For example, in Amran, IRY identified IDP children from two camps in need of school supplies, uniforms, etc. and referred them to SCY, who in turn registered them in school and covered these needs. Such synergies are currently achieved mostly through serendipity, and are not planned in advance; they depend on whether or not the necessary complementary programs exist in a particular geographic area. The consortium could intensify the creation of such synergies by planning them into a technically integrated approach. This would have to be done wisely, however, in order that a program delay by one CP would not negatively affect the programming by another.
 - d. Design of common standards and approaches. At present, the tools, standards and approaches used by each CP are different one from the other. Designing common tools and approaches based on sphere standards and best practice of both consortium and non-consortium partners would add to effectiveness and efficiency of the consortium as a whole. Improved quality of the tools for each of the five clusters would be the outcome of such an approach. Each sectoral lead would take the responsibility for leading this exercise, based on a predetermined design process, and with full participation of all CPs working in that sector. Operational issues, such as the recruitment and retention of staff can also be addressed through design of a shared mechanism for tackling those issues that most seriously affect the recruitment and retention of good quality staff (see recommendation 4.d above).
6. Role of PMT: The PMT should continue with most of the functions it currently carries out, with the following modifications:
- a. The PMT should have a leadership and technical role, not only an administrative one. Such a role is consistent with the demands of the integrated response referred to above.
 - b. The agency staff assigned to the PMT from each CP should be assigned by *name* in order to ensure consistency and efficiency of coordination and decision making. Inter-agency decision-making is difficult enough without rotating or inconsistent membership.
 - c. The sectoral and geographic leads (to be discussed below) should be included in the structure of the PMT. This will effectively give each CP a specific and strong voice in the PMT, as well as greater responsibility. It will also strengthen the technical role of the PMT.
 - d. The TOR for the PMT should clearly differentiate the role of the core staff of the PMT (Manager, Coordinator, M&E Officer, Financial Officer) from that of the larger decision making team, which includes the Consortium Partners.
7. Field Coordination: There is no need for the consortium to require special consortium meetings at the field level, because this activity is redundant with the sub-cluster and inter-agency meetings taking place. Only in cases where such coordination meetings do not take

place should the consortium undertake special meetings. Any field level coordination between agencies should be guided by the needs of the integration model decided upon by the CPs (see 3.b above).

8. Role of Sectoral Leads: The role of sectoral leads should be clearly defined and strengthened in order to lead technical integration and improve the quality of IERP interventions for the consortium as a whole. Sectoral leads should be identified not only by agency but by name, and have the technical sectoral capacity to carry out design and evaluation functions. It is recommended that sectoral leads dedicate approximately 30-40% of their time to IERP inter-agency functions. They would have the following tasks:
 - a. Lead the design process for common tools, standards, and methodologies for their sector. Ensure consistency with M&E.
 - b. Using consortium experience as well as secondary sources, analyze the sectoral situation in each of the five governorates, and identify key challenges, opportunities, gaps and overlaps that would influence programming decisions of the IERP.
 - c. On a monthly basis (or more often in rapidly changing situations) gather information and update the PMT on any situations in the sector that require a rapid response or reprogramming.
 - d. Quarterly, write and present a brief update on the sectoral situation to the PMT, to be included in the quarterly reports.
 - e. Based on the above analysis, advise on the desirability of inviting other agencies to join the consortium.
 - f. Advise on the capacity building needs of governmental and non-governmental local actors in that sector.
 - g. Represent the consortium at the sectoral cluster meetings.
 - h. In coordination with the Consortium Manager, bring the issues identified by the analyses to the attention of relevant actors.
 - i. Coordinate with and provide support for other CPs who work in the same sector.
9. Role of Geographic Leads: Similarly, the role of geographic leads should be defined and strengthened. They should be identified not only by agency but by name, and have the capacity to carry out assessment functions. It is estimated that geographic leads would need to dedicate approximately 10-20% of their time to IERP inter-agency functions. They would have the following tasks:
 - a. Represent the consortium at the level of the governorate;
 - b. On a monthly basis (or more often in rapidly changing situations) gather information and update the PMT on any situations in the governorate that require a rapid response or reprogramming;
 - c. Carry out periodic situation analyses of the overall situation in the governorate e.g. number of IDPs, emerging needs, new actors, new challenges and opportunities;
 - d. Advise on strategies for the governorate;
 - e. Carry out periodic summary situation analyses that could be used for advocacy and funding;
 - f. Assist the Sectoral Leads in gathering data on the sectoral situation in their governorate;
10. Geographic Scope of the Consortium: In the most recent PMT meeting, most CPs stated their preference to continue to serve the currently targeted five northern governorates, or at most, expand into the neighbouring Hodeidah Governorate. In support of this, it is recommended that this particular consortium remain focused on these governorates. To

expand, for example, into the South or West, would require a major shift in strategy (because the humanitarian needs in these areas have a different character), operational arrangements, and perhaps even partners. Given that the needs in the northern governorates continue to increase, and that a major task of the consortium for at least the next year is to strengthen its coordination and management model, it is neither wise nor necessary to shift geographic focus. The emerging humanitarian situation in the south and west certainly requires action, and some of the same CPs already have other projects in these areas. But expanding this particular consortium beyond its capacity is not the solution in these governorates. Rather, it is recommended that a separate southern consortium be designed by those interested agencies to deal with the humanitarian situation in the south. Whether or not the IERP includes Hodeidah will depend on the strategic goal decided by the CP (see recommendation 3.a).

11. CP Composition: It is recommended that the consortium does not expand beyond its present membership for at least the next year. Depending on the strategic goal decided above (see recommendation 3.a) and the need to fill sectoral and geographic gaps, the inclusion of one additional partner could be considered, but not more than one. The reasons for this are pragmatic. The trust and understanding built among the current set of CPs, as well as their familiarity with common tools such as the M&E, lay an important foundation for further, and perhaps more difficult, coordination and integration of operations next phase. A new partner would not have this background. In addition, consortiums are demanding in terms of coordination of meeting times, operations etc. and each additional partner would add to the already considerable management demands of the consortium.
12. Flexibility of budgeting and rapid response: The Phase II arrangements for budgetary flexibility should be retained in Phase III. Where utilized, they provided an efficient means of shifting resources to higher need or operationally more feasible uses. In addition, it is recommended that the project contain an additional 'rapid response fund', which will allow it to respond quickly to emerging humanitarian needs that are outside the already pre-defined areas of operation of each CP. Because each of the agencies as well as the sectoral and geographic leads are ideally placed to identify needs on the ground as they emerge, the consortium can more efficiently respond to emerging needs than can a separate project or new agencies.
13. Expansion of budget in Phase III, and dealing with under-spending. It is recommended that the IERP be funded at a higher level. Without a larger budget, it will be very difficult to achieve integration of partner activities. This is because, for the most part, integration will require the agencies working in the same common geographic areas. In two out of five governorates, only one agency is currently programming, and integration demands some level of expansion of the other CPs into those governorates, bringing with them their sectoral expertise. This costs money. Similarly, some of the coordination and integration functions recommended above are more demanding of CP staff. For example, sectoral leads will need to devote 40% of their time to IERP integration functions. This requires additional funding. Also, inclusion of a rapid response fund will require additional funding. Finally, budgetary expansion is more feasible this phase because most partner agencies reported that they have improved their capacity in emergency response this past year, either through staff development, support from headquarters, or the addition of trained staff. An argument against expansion of funding is the under-spending that has occurred so far in Phase II and the worries about capacity to spend even the current amount of funding. However, this review has argued that a large part of that under-spending was due to late

project startup. Specific ways of dealing with other sources of delay that lead to under-spending can be addressed as follows:

- a. Institute the 'red flag system', described in recommendation 4a.
 - b. Make all possible effort to begin Phase III on April 1, and to make the funding available to partners within a month of that date (see recommendation 1)
 - c. For individual CPs who are particularly underspent in this phase, if the final evaluation shows the reason to be internal capacity issues, then MOUs should be signed with their UK (or other) head office rather than the Yemen office. This would provide the opportunity for these CPs to gain greater support from their own head offices. This of course, would introduce an extra layer of administration for these agencies, but this would hopefully be offset by the benefits.
 - d. CARE UK to consider devolving some UK decision-making roles to the CARE Yemen office, and in particular, to the IERP Consortium Manager. While CARE UK needs to retain its oversight role, there may be ways of transferring some responsibilities to CARE Yemen while retaining ultimate oversight. This will improve efficiency in decision making.
- 14 Incorporating Integration Objectives into Log frame: Phase III should incorporate the objectives of integration into its log frame, along with indicators of achievement that explicitly measure the added value of integration and value for money. Without this, it is unlikely that integration will be strengthened.
- 15 M&E System Development: Building on the excellent work carried out this phase, it is recommended that the M&E system be further developed in Phase III through developing feedback mechanisms for it to be utilized in the planning process, and through developing a manual for its use. The latter task may already be completed by the end of Phase II.

Annex 1: List of Resources

ACAPS, *Revised Secondary Data Review: Yemen July – August 2011*, 15 September 2011

Assessment Capacities project (ACAPS) in coordination with ADRA, CARE, SCY, Oxfam, Islamic Relief, *Joint Rapid Assessment of the Northern Governorates of Yemen, Sana'a*, 09 October 2011

CARE, ADRA, IRY, SCY, Oxfam, *Integrated Emergency Response Project for Yemen 2010, Proposal, submitted by CARE ADRA, IRY, SCY, Oxfam*, June 20, 2010

CARE International UK, *Lessons Learnt and Recommendations for Contract Management Aspects of the Humanitarian Consortia Approach in Yemen*, undated

CARE International UK, *Expenditure rates of IERP CPs at end of Q2*, internal document, January 2012

Care International UK, *Integrated Emergency Response Programme for Yemen 2011 – 2012, Proposal, Version – 10 June 2011*

CARE International UK Yemen, *Terms of Reference, Integrated Emergency Response Project II for Yemen 2011/2012*, January 25 2012

CARE International UK, *Integrated Emergency Response Project, Phase 2 2011/2012, Narrative Report, July to September 2011*, October 2011

CARE International UK, *Integrated Emergency Response Project, Phase 2 2011/2012, Narrative Report, July to December 2011*, January 2012

CARE ADRA, IRY, SCY, Oxfam, *Integrated Emergency Response Project for Yemen 2010, Proposal, submitted by CARE ADRA, IRY, SCY, Oxfam*, June 20, 2010

CARE Yemen, *Draft Accountability Strategy*, October 2011

CARE Yemen, *Draft Recommended Actions for CIY on Accountability*, 2011

DFID Yemen, *Assessment of Humanitarian Situation in Yemen – October/November 2011*

Doris Knoechel, Project Manager, *Profiling for IDPs and Returnees, Northern Yemen, Survey commissioned by UNHCR to DRC*, July-September 2010 (draft)

Helen Lackner, *Integrated Emergency Response Project for Yemen 2010, Final External Evaluation April 2011*, 3 May 2011

IERP II, *All Agency 2011-2012 Logical Framework*, 2011

IERP II, *Post Distribution Monitoring Checklist*, 2011

IERP II, *2011-2012 Consolidated Logical Framework*, 2011

IERP, *Integrated Emergency Response Project 2, Monitoring and Evaluation Activities Plan*, undated

IERP, *Sector and Geographical coordination Meeting Terms of Reference (draft)*, undated

IERP, *IERP 2 Advocacy Strategy*, 6 December 2012

IERP, *Minutes of PMU meetings, August 2011 – Jan 2012, handover notes from Consortium Manager*

IERP, *All agencies IERP 2 monthly activity report format*, undated

IERP 2, *Real Time Evaluation Guide*, November 2011

IERP 2, *Monitoring and Evaluation, Draft Capacity Building Monitoring Sheet, Health and Education*

IERP 2, *Monitoring and Evaluation, Draft Distribution Monitoring Sheet, Health and Education*, 2011

IERP 2, *Monitoring and Evaluation, Draft Infrastructure Monitoring Sheet, Health and Education*, 2011

IERP 2, *Monitoring and Evaluation, Awareness Raising Monitoring Sheet, Health and Education*, 2011

IERP 2, *Monitoring and Evaluation, Consultancy Services Monitoring Sheet Health and Education*, 2011

IERP 2, *Quality and Accountability in Humanitarian Action, IERP 2 Consortium, Power Point Presentation*, date unknown

OCHA, *Yemen Humanitarian Emergency Situation Report No. 13*, 30 December 2011, www.unocha.org

Office for the Coordination of Humanitarian Affairs (OCHA), *Yemen 2012 Humanitarian Response Plan*, 2012

The Sphere Project, *Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2011, www.sphereproject.org

World Food Programme, *Yemen Emergency Food and Nutritional Support to Conflict-affected Populations in Yemen*, Reliefweb.int 2011

Annex 2: Persons Interviewed

CARE International UK

1. Laura Brown, Programme Management Coordinator
2. Catherine Odada, finance officer

DFID

1. Joanna Reid, Head of DFID Yemen
2. Patrick Saez, Senior Humanitarian Advisor
3. Sam Rose - Humanitarian Adviser, UK
4. Jo Shayer - former Deputy Programme Manager with Yemen team
5. Simon Lee - Deputy Head (Policy)

ADRA

1. Miriam Watt, Programme Director
2. Anne Clare Bremard, Programme Assistant
3. Zafaran Saleh Alhaddi, Field Coordinator
4. Hussein Radman, Community Center Coordinator

Oxfam

1. Joy Singhal, Emergency Coordinator

SCY

1. Hossam Kasseb, Emergency Education Manager
2. Aftakar Al Shamiri, Program Officer, Amran
3. Ahmed A'fif, Program Assistant, Amran
4. Shaif Al Jabari, Program Officer Haradh, and Focal Point for Education, Sa'ada
5. Sami Sallam, M&E Officer
6. Ahmed Hussein Al Samiri, Project Assistant, Amran

Islamic Relief

1. Omar Fadil, Project Coordinator, IERP, Sa'ada Project
2. Zakharia, Program Support Project Officer

CARE International Yemen

1. Marta Colburn, Country Director
2. Lise Tonelli, GRT Emergency Assessment Team Leader, CARE Emergency Group
3. Alan Thomlinson, Consortium Manager, IERP
4. Taha Hussein Gairaman, Senior Accountant
5. Essam Masoud, Emergency Team Leader
6. Anis A. Noaman, Monitoring and Evaluation Officer
7. Walid Al Amrani, Protection Officer, Amran

Annex 3:
Terms of Reference
Integrated Emergency Response Project II for Yemen 2011/2012,
External Review

I. Background:

The integrated Emergency Response Project II (IERP II) for Yemen 2011/2012 is an emergency assistance and recovery project funded by the UK Department for International Development DFID. The project is implemented by a consortium of five INGOs: ADRA, CARE International Yemen, Islamic Relief Yemen, OXFAM UK, and Save the Children.

The programme is a continuation from Phase 1. The 1st phase of IERP was funded by UK DFID and the Royal Netherlands Ministry of Foreign Affairs. It was implemented in 2010/2011.

The above consortium members are operating in Yemen to respond to the needs of people affected by the on-going conflict in northern Yemen - both IDPs and host communities.

Agencies are currently implementing the second phase of the programme (IERP II) 2011-2012. It is targeting the five northern governorates of Sanaa, Amran, Al Jawf, Hajjah and Saada with activities focusing on the five sectors of health, water and sanitation, protection, education, and early recovery.

In their development of Phase I the Consortium Partners agreed that the Consortium IERP II should be stewarded by a fully dedicated and resourced lead agency. It was agreed that the lead agency would be CARE International Yemen for the IERP II.

Programme objectives:

The overall goal of the IERP II is to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan by:

- c) Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen, and
- d) Contributing to the enhancement of local capacities for preparedness and resilience.

II. Description of the Assignment

The five Consortium Partners (CPs) and DfID agreed that an external review should be conducted during February 2012, to inform Phase III of the project. The consortium is seeking a consultant to lead the review process.

II.1. Overall review Objective:

The overall objective of this review is to assess how well the consortium approach has improved the IERP II, its members' capacities (operation, cooperation), and lessons learned of relevance of model and projects for future programming.

Specific Review Objectives:

The objective of the consultancy is to review and document the best practices, successes, challenges, and recommendations for strengthening the consortiums emergency response programme with a particular view to a Phase III, as well as helping to promote learning and accountability.

1. To assess performance of the consortiums Phase II response, amongst staff and implementing partners so as to identify achievements, challenges and areas of collaboration and synergies.
2. To identify strengths, weaknesses, opportunities and challenges and to make action-oriented recommendations to enhance the consortiums future emergency preparedness planning and response.
3. To ensure that lessons learned inform the design of a Phase III programme.

The review will focus on answering the specific review questions of:

1. How **effective** is the current consortium approach, using a project coordination team, in:
 - Timely and appropriate decision making to ensure delivery of outputs and objectives, including – where relevant – in response to evolving humanitarian situation;
 - tracking and coordinating financial expenditure and delivery of results against the programme logframe; and
 - improving timeliness and coherence of the actions carried out and the emergency response of the consortium members?
2. What lessons have been learnt from the project to date?
3. How **cost effective** is the consortium approach (does it represent value for money) versus alternative models?

The evaluators should then set out in a report what lessons can be learned with practical recommendations to improve planned IERP III where appropriate. This should be produced in time to inform a project proposal for IERP III.

II.2. Methodology:

The methodology will be mutually agreed between the Consultant and CARE. The Consultant will share the methodology and tools with CARE for possible comment prior to use for this study.

Under the supervision of the consortium programme manager, the Consultant will be responsible for the following tasks:

- 1 Review of documents pertaining to Consortium's activities, policies (code of conduct, gender, and environmental impact), SPHERE guidelines and assessments and reports on the situation and needs of IDPs.
- 2 Review of the Consortium Proposal and other internal documents.
- 3 Review of interim reports and M&E summary reports produced by the Consortium Partners at the time of the review.
- 4 Review of the Consortium's Joint Needs Assessment.
- 5 Review of any existing internal agency evaluations or reviews.
- 6 Interviews with senior consortium organization staff in Yemen and London; implementing partner leadership; government partners; donors (including DFID); and others as determined.
- 7 Conduct lessons learned session with partners

Outputs:

- a. Debrief the Consortium at the end of the review.
- b. Review report including findings and recommendations for design of Phase III.

II.3. Consultancy Roles & Responsibilities

Scope of Consultant Services:

The Consultant will be responsible for the following tasks:

- a) Desk review: data collection and analysis;
- b) Write work plan and submit draft and final version to CARE;
- c) Primary data collection (including remote management of some parts where necessary) and analysis;
- d) Debrief of initial findings (at the end of each field visit, the Team will provide a brief of main findings collected during the visit).
- e) Write the review report and submit final version to CARE electronically. This document will be in clear English in Microsoft Word and should be produced with the knowledge that it will be translated and distributed to relevant stakeholders;

Support CARE will provide to the Consultant:

CARE will extend the following support for the consultancy:

- a) Provide transportation, accommodations and per diem while in the field as per CARE Yemen policy;
- b) Coordinate the logistics and administration support;
- c) Provide project proposal, interim report, M&E records, final narrative reports by Consortium Partners, relevant organization policies and other internal documentation to the Consultant as needed;
- d) Facilitate meetings with relevant stakeholders, other organizations responding to the IDP crisis and senior consortium staff. Including interpretation for a non-Arabic speaking consultant;
- e) Provide support in locating suitable local firms who can assist with fieldwork in hard to reach areas.

The Consultant will be responsible for any Travel Accident or other medical insurance he/she requires, and for any meals.

It is understood and agreed that the Consultant will not, without the prior written consent of CARE, have the right, directly or indirectly, neither to reproduce any work produced under this TORs except for purposes of this assignment, nor for personal use, nor to prepare derivative works based on such work, to distribute copies of such work to the public by sale or other transfer of ownership, nor to display the work publicly. All original data collected, questionnaires or focus group discussion notes will remain the property of CARE.

II.4. Consultancy Deliverables

- Draft review methodology and draft work plan
- Lessons learned workshop notes
- Report with findings and recommendations

The final report will be comprised of:

- 1 Cover page
- 2 Table of contents
- 3 Executive summary: two to three pages maximum, summarizing the key points of the review (purpose and methodology, main conclusions, recommendations for IERP Phase III, lessons learned)
- 4 Main report (about 10 pages): the main body of the report should start with the method used and should be structured in accordance with the specific review questions formulated under point I above, including: Review Methodology including limitations and lessons learned, Final review Results and Findings, Conclusion and Recommendations
- 5 Annexes (in English)
 - List of Interviews Conducted
 - Resources Consulted
 - Notes of lessons learned session with partners

III. Consultancy Requirements

Required skills and experience

- International evaluation consultant with experience in organizational assessments, including project management processes, structures and systems.
- Preferred knowledge of the key sectors, health, education, early recovery, protection and WASH planning and implementation in emergency response.
- Experience with DFID or INGOs.
- Well-experienced with program monitoring and evaluation.
- Experience in MENA region is preferable.

The Consultant must be capable of demonstrating common sense and independence in its judgment during the mission. He/she must be able to produce a direct and precise answer to each point of the terms of reference avoiding a theoretical or academic language.

IV. Time Frame (proposed)

Key activity	Days required	Timing	Responsible
Desk review, review methodology	3	Jan 28-30	Consultant
Sana'a - Data collection and analysis, interviews	3	Jan 31-Feb 2	Consultant
Data collection, analysis and interviews in 2 governorates.	4.5	Feb 4-7	Consultant
De-brief session and travel back to Sana'a	1	Feb 8	Consultant
Lessons learned session with partners	1	TBC	Consultant
Preparation of draft review report	3	Feb 9-11	Consultant
Submission of draft review report to CARE		Feb 12	Consultant
Presentation of report preliminary findings and recommendations	0.5	Feb 13	Consultant
Feedback to consultant on draft report		Feb 15	CARE/Consortium partners
Incorporating comments after circulation of full draft report and re-submitting	2	Feb 16-17	Consultant
Submission of final report		Feb 19	Consultant
Total	18 days		

V. Consultant Compensation

The consultant will be paid as per the following schedule:

- 25% will be paid upon receipt of First Draft report
- 75% will be paid upon receipt of the final report and an invoice for payment.

Final Evaluation of the Integrated Emergency Response Project II in Yemen



Prepared for ADRA, CARE International in Yemen, Islamic Relief Yemen, OXFAM GB,
and Save the Children

March – May 2012

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List of Abbreviations

ADRA	Adventist Development and Relief Agency
CAP	Consolidated Appeal Process
CP	Consortium Partner
CIUK	CARE International UK
CO	Country Office
CSP	Conflict Sensitivity Principles
DFID	UK Department for International Development
EC	Executive Council
ER	Early recovery
EU	Executive Unit (for IDP's)
GoY	Government of Yemen
HCT	Humanitarian Country Team
ICRC	International Committee of the Red Cross/Crescent
IDP	Internally Displaced Person
IERP	Integrated Emergency Response Programme
IMS	Information Management System
INGO	International Non-Governmental Organization
IRY	Islamic Relief Yemen
JRA	Joint Rapid Assessment
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MoE	Ministry of Education
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office for Coordination of Humanitarian Affairs
PMT	Project Management Team
SCY	Save the Children Yemen
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
YWU	Yemen Women Union

Section 1: Executive Summary

This report is the external evaluation of the Integrated Emergency Response Project II (IERP II) for Yemen. IERP II was an emergency assistance and recovery project funded by the UK Department for International Development (DFID) and implemented from 1st July 2011 – 31st March 2012 with a budget of GBP 5,468,988. The project was implemented by a consortium of five INGOs: ADRA, CARE International in Yemen, Islamic Relief Yemen (IRY), OXFAM GB, and Save the Children Yemen (SCY). The Consortium Partners (CPs) implemented project activities in the five northern governorates of Sana'a, Amran, Al Jawf, Hajjah and Sa'ada in the five sectors of health; water, hygiene and sanitation (WASH); protection; education; and early recovery (ER).

IERP II faced some serious challenges during the project life cycle. These included the late start up of the project, political instability, increasing insecurity in Yemen and the broader food security crisis unfolding in the country. The complex and dynamic context in which the project took place had an impact on the management processes and implementation of some of the project activities. However, generally speaking, the project did contribute quite effectively to the Yemen Humanitarian Response Plans (2011 and 2012) by providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen, and contributing to the enhancement of local capacities for preparedness and resilience.

The project was relevant to the context but the appropriateness could have been enhanced by clearer beneficiary targeting and stronger participatory and accountability mechanisms to the project beneficiaries. The M&E system was much improved from Phase I and the gains made during Phase II need to be capitalised upon in terms of the systemising the M&E processes and generating genuine learning for the project rather than simply data. It would be of overall benefit to any future phase if there was a balanced approach to reaching not only quantitative targets but also ensuring quality interventions by measuring on qualitative indicators too.

The Project Management Team (PMT) and the overall management coordination systems were challenged by a rapid turnover of staff, a weak institutional memory for the project, some CP absences necessitated by evacuations, and insufficient authority for the Consortium Manager to take rapid decisions. These issues are explored briefly in this report since a previous external evaluation was conducted earlier in 2012 which was tasked specifically with reviewing these issues. Transforming the PMT from a fire fighting body to a strategic leadership role should be the priority for a future phase of IERP. The adjustments required to make this transition are recognised and well understood by the Consortium Partners. A more fundamental question is whether the CPs can identify significant common interest in the consortium approach to evolve the project into a longer term programme with a medium term strategy and a plan to diversify future funding.

Despite the difficult operating context, the project was largely successful in achieving the project outputs as they related to the five sectors. Synergies between the CPs both intra and inter sector was observed in Amran and Hajjah. This indicates the potential for further effectiveness of the consortium

operating approach in the future. However, it is strongly recommended that greater effort is placed on developing learning and sharing mechanisms amongst the CPs so that the project can better capitalise on these achievements and also be better prepared to adapt to challenges experienced during the implementation phase. The effectiveness of the sectoral interventions could also be enhanced through developing a clear role for technical oversight in each sector.

The project log frame was only measured at output level. It could be questioned how much medium or long term impact can be reasonably expected on an emergency project executed within such a short time frame. Despite this fact, the Evaluation Team found that the project had initiated positive change in the five sectors on both an immediate and in some cases, longer term basis. The opportunity for any future project phase will be to sustain some of these changes and invest in longer term sustainability mechanisms such as increasing partnerships with local implementing partners.

Section 2: Introduction

2.1 Background to the IERP II

The Integrated Emergency Response Project II (IERP II) for Yemen was an emergency assistance and recovery project funded by the UK Department for International Development (DFID). The first phase of IERP was funded by DFID and the Royal Netherlands Ministry of Foreign Affairs. Phase II was implemented 1st July 2011 – 31st March 2012 with a budget of GBP 5,468,988. The project was initially intended to begin in April 2011 and the shortened lifespan of the project did have an impact on the implementation. This issue is explored in further detail Sections 4 and 6 of this report and in the previous external evaluation of IERP II in February 2012.

The overall goal of the IERP II was to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan by 1) Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen; 2) Contributing to the enhancement of local capacities for preparedness and resilience.

Map 1: Project Implementation Governorates in Northern Yemen



The project was implemented by a consortium of five INGOs: ADRA, CARE International in Yemen, Islamic Relief Yemen (IRY), OXFAM GB, and Save the Children Yemen (SCY). The Consortium Partners (CPs) implemented project activities in the five northern governorates of Sana'a, Amran, Al Jawf, Hajjah and Sa'ada in the five sectors of health, water, hygiene and sanitation (WASH), protection, education, and early recovery (ER). The rationale of a consortium approach was to maximise aid effectiveness through streamlining administrative management for DFID through one INGO and enhancing the synergies of response and recovery activities of five large INGO's in Yemen.

Throughout Phase I and II, the CPs agreed that the Consortium should be stewarded by a fully dedicated and resourced lead agency. It was agreed that the lead agency would be CARE International in Yemen, with support from CARE UK.

2.2 Context within which the Project Took Place

In 2011-2012 Yemen was marked by mutually reinforcing crises in the political and humanitarian spheres. It is important to recognise that the overall instability during this period did significantly impact on the project. Section 4.8 of this report will consider whether appropriate risk mitigating strategies were pursued during the project life cycle by the CPs.

2.1.2 Political context

In February 2011, thousands of Yemenis took to the streets in major cities to protest against President Ali Abdullah Saleh's intention to stand for re-election. Increasingly bloody protests gripped Yemen throughout 2011, finally leading to the signing of the Gulf Cooperation Council's initiative (GCC) in November 2011. Progress to implement the GCC began with the appointment of a national unity government in early December 2011 and the February 2012 election of Abed Rabo Mansour Hadi as President. However, serious political challenges remain including weak governance, severe economic challenges, and security sector reform (SSR).

The impact of this political volatility and decreasing security on the project was manifest in three ways. Firstly, the evacuation of a number of expatriate CP staff did reduce continuity and coordination of the project implementation and management. Secondly, the context and unaccompanied posting made it quite challenging to recruit and retain qualified international staff. This was particularly the case for CARE and for the critical appointment of the Consortium Manager. Thirdly, the operational capacity of the project was reduced due to restrictions on internal travel, acute petrol and electricity shortages, and minimal telecommunication services throughout the country.

2.2.2 Conflict context in northern Yemen

Yemen is experiencing acute insecurity owing to a myriad of conflicts taking place in the country. International headlines are dominated by Al-Qaeda in the Arabian Peninsula (AQAP). In 2011 and early 2012 the activities of AQAP were reported to be predominantly impacting on southern Yemen. However, the majority of respondents in Al-Jawf also cited AQAP as one of three major challenges that they are facing at the moment. In fact, the overlapping patchwork of tribal conflicts, Islamic extremist groups and international covert influence makes any conflict analysis on Yemen extremely difficult which partly explains why one recent contextual analysis observed that "few programs directly address conflict issues in Yemen."¹ The lack of accurate information and analysis on the context in Yemen is a serious challenge to development programmers and implementers.

The ongoing Huthi rebellion in the North has oscillated between a low and medium intensity conflict since 2004, killing thousands and displacing hundreds of thousands of Yemenis from their homes. In early February 2010, at the end of the sixth war, the Huthi's and the government signed a ceasefire agreement, which has reduced the conflict within Huthi controlled areas (with the exception of the ongoing Huthi-Salafi conflict in Damaj). However, the Huthis have expanded into adjacent areas in parts Hajjah, Amran, al-Jawf and Ma'rib. This expansion has not only been through military means, but also through the purchase of land, co-opting local sheikhs, conducting community mobilization and recruiting among local populations and even tacit agreement with some government forces.² According to one recent contextual analysis, "it is anticipated that the Northern areas will remain volatile and clashes between Al-Huthi and Salafist will continue, as will clashes between tribes."³

¹ Marta Colburn, "Context Analysis of Yemen," (Sana'a February 2012), p.3

² *Ibid*

³ *Ibid* p.3

IERP II sought to address this complex humanitarian situation in northern Yemen. However, Huthi control of Sa'ada governorate during the project period resulted in serious challenges for the CP's operating in this governorate. Despite SCY, OXFAM and IRY achieving some level of negotiation with the Huthi's, project activities were disrupted and some activities by SCY and IRY were transferred to other governorates.⁴

2.2.3 The humanitarian context

In 2011 Yemen was ranked 154 on the Human Development Index (HDI out of 187), declining from its previous rank of 133 (out of 169) in 2010. In 2011, the number of internally Displaced Persons (IDPs) was estimated to be 463,452⁵. IDP's live both in camps and with host communities. Host communities are also suffering from economic deprivation and so are relatively more stable areas of the country. The inflation rate is estimated by the IMF to be 23%, there is massive unemployment (according to the IMF approximately 1 million jobs were lost and unemployment could be up to 40% among youth), crippling shortages in basic and services, and alarmingly high levels of food insecurity⁶ and malnutrition⁷. Therefore large sections of the population are in acute need.⁸

The unfolding food security crisis has impacted subtly on the IERP project. The increasing recognition by the CP's of the enormity of this crisis has meant that the focus on target IDP and host communities has sometimes shifted to a broader concept of need in the wider community (however, this has not been uniform across sectors and implementing partners). Generally speaking, the complex humanitarian situation in northern Yemen has become an emergency within a wider emergency. The recognition by the Consortium of this fact is the planned expansion of activities into Al-Hudaydah governorate in Phase III.

2.3 Objectives of the Evaluation

The overall objective of the final evaluation is to assess the impact of the project against its overall objective for future programming. A further eight specific questions were outlined in the Terms of Reference (ToR):

- 1 Did the Consortium members implement the project activities in a coherent, coordinated and timely fashion?
- 2 Generally speaking, did the project design and implementation represent value for money?
- 3 To what extent were the project objectives achieved?
- 4 Within the context, what were the major enabling or disabling factors resulting in the achievement/non-achievement of the objectives? Describe any unintended consequences (both negative and positive) of the project.

⁴ OXFAM activities were ECHO not DFID funded.

⁵ Governorates & numbers of IDPs are: Sana'a 35,598; Amran 40,452; Hajjah 102,346; Al-Jawf 24,491; Sa'adah 110,000; Aden 101,737; Abyan 23,726; Lahj 20,802; Shabwah 2,108; Hadhramout 1,233; Al-Bayda 959. UNHCR December 2011.

⁶ According to WFP Yemen is ranked as the 11th most food-insecure country globally with one in three Yemenis suffering from acute hunger (www.wfp.org/countries/Yemen/Overview).

⁷ According to UNICEF in Yemen 58% of children are stunted with the 2nd highest rate of chronic malnutrition among children in the world. Acute malnutrition affects as many as 30% of children in some parts of the country (www.unicef.org/infobycountry/media_61408.html).

⁸ Marta Colburn, "Context Analysis of Yemen," (Sana'a February 2012), p.1

- 5 How has this project affected the lives of the beneficiaries (positively and negatively)?
- 6 How relevant were the outputs of the project? Compare and contrast beneficiary support from the different Consortium members.
- 7 How likely are the outputs of the project to make a **sustainable** difference to the lives of the beneficiaries?
- 8 Did the project account for risk and mitigate any risks in a timely manner?

The evaluation was designed to answer these questions but also to take into account how much the project met ‘Good Enough’ principles and the six Sphere Core Standards. The evaluation was conducted on OECD DAC guidelines: - 1) Efficiency; 2) Effectiveness; 3) Impact; 4) Sustainability and; 5) Relevance. The evaluation has taken into account the fragility of the context in Yemen and takes a realistic rather than idealised approach as to what was reasonably possible to achieve given the context.

The outputs from this evaluation are three-fold. First, a participatory presentation and discussion on the main evaluation findings was delivered by the Evaluation Team to the CP staff on 16th April. The second output was a de-briefing session with DFID in London on 20th April. This report constitutes the third and final output. The key audience for this report are DFID, CP agencies and partners. It is intended that the evaluation will help inform future programming on emergency and recovery in Yemen. A full ToR is attached in Annex 1.

2.4 Methodology

The evaluation was conducted over a twenty-one day period in Yemen (27th March – 17th April, 2012). The team was comprised of Natalie Hicks (Team Leader), Horia Aleryani (National Consultant) and Hussein Saleh Ali Saeed (National Consultant). This assessment was preceded by another external evaluation that was conducted in January – February 2012. The overall objective of that review was to assess how well the consortium approach has improved the IERP II, its members’ capacities (operation, cooperation), and lessons learned of relevance for the model and for future programming. That evaluation serves as an important bench mark for this review. Some of the same findings and recommendations will be found in both evaluations but there were also areas of divergence, particularly in relation to the findings on the M&E systems in the IERP II.

The Team conducted the evaluation in four governorates (Sana’a, Al Jawf {three districts}, Hajjah {one district} and Amran {three districts}). Figure 1 shows the sectors covered for each CP during the evaluation. For the most part, the sampling was purposive with beneficiaries and stakeholders being identified by CP project staff. However, in Amran and Al-Jawf, the national consultant was able to conduct some interviews on a more random basis with community members (both IDP and host communities). In Sana’a, the interview sample aimed to eliminate some level of bias by interviewing respondents suggested by the CP staff and also interviewing relevant people who were thought appropriate by the Evaluation Team. A meeting list is provided in Annex 2. Due to security constraints, it was not possible to conduct research in Sa’ada. Although remote interviews were held with key stakeholders in Sa’ada and CP project staff responsible for Sa’ada were met in Sana’a.

Figure 1: Sector and geographic sampling during the evaluation

Consortium Partner	Sector	Location
ADRA	Health	Al-Jawf

	Health	Sana'a
CARE	Protection	Amran
	WASH	Amran
SCY	Education	Hajjah
	Education	Amran
IRY	Early Recovery	Amran
	Protection	Amran
OXFAM GB	Early Recovery	Hajjah
	WASH	Hajjah

A set of semi-structured survey sheets was used for all the interviews with beneficiaries, stakeholders and field-level project staff. The survey sheets were designed to capture information in a manner that would allow for maximum participation of the interviewees, given the short time frame in the field locations. Perception ranking and some closed questions also provided sets of data that could be compared between different geographic locations and project sectors. All fieldwork was conducted based on the DFID code of ethics and with conflict sensitivity principles in mind. The survey sheets are attached in Annex 3. At all stages of the review, information was triangulated through further meetings and referencing to project and context documentation.

A wide scope of project material was also reviewed including, *inter alia*, financial reports and donor reports, needs assessments, M&E reporting systems, strategy documents from the CPs and broader material relevant to the context such as the Yemen Humanitarian Response Plan, 2012.

This evaluation was operated under the principles of an external evaluation; as such the evaluation was conducted in an objective, sensitive and independent manner with varied and balanced consideration of both positive/negative aspects and areas in which significant improvements are required. It has to be underlined that the findings and recommendations of the evaluation reflect the views of the Team Leader/Evaluation Team based on the evidence collected during the evaluation period. The CPs have been provided with two opportunities to propose certain corrections, if factual errors were contained in either the de-briefing presentation or the draft report. The Evaluation Team/Team leader is responsible for the content of the report and its recommendations.

2.5 Constraints

The evaluation was constrained by factors relating to both the operating context and the project specifically:

1. The security situation meant that the international consultant was not granted permission to leave Sana'a. This had implications on the quality control of the research conducted in Amran and Hajjah. The initial research collected in these governorates was not of a

satisfactory standard to provide a fair and true sample of the CP implemented activities. It was therefore decided by the Team Leader and CARE management to conduct a second phase of research in these two districts after the Team Leader had left Yemen. Although this process delayed the evaluation process, it provided the required rigour to adequately assess the project outputs in Hajjah and Amran.

2. The project finished three days after the evaluation started. This meant that some of the Consortium staff were no longer employed and were unavailable to meet the Evaluation Team either at a national or field level.
3. The documentation relating to the IERP II project was scattered and at times confusing and contradictory. There were many versions of one document and it was difficult to know which version was the most current (or accurate). This added a greater level of complexity to the evaluation. It is recognised that this was partly due to a high turnover in staff working on the IERP project which created a weak institutional memory. This issue will be addressed in a more substantive manner later in the report and in the Recommendation Section.
4. In the case of IRY, since the Team was unable to go to Sa'ada, IRY activities in Protection and ER were only covered in Amran. It is now understood that a significant amount of IRY activities were transferred from Sa'ada to Sana'a as well as Amran. It may have been useful to have been provided this information at the early stages of the evaluation when field locations were being discussed. Access to up to date activity reporting for all the CPs for the final quarter would also have helped to mitigate this issue.

3. Relevance and Appropriateness of the Project

3.1 Relevance to the Yemen Humanitarian Response Plan

The IERP II project was implemented during the Yemen Humanitarian Response Plans (YHRP) for 2011 and 2012. The IERP II has evolved in a consistent fashion with the YHRP which in 2012 outlined an intended “more comprehensive humanitarian response beyond the current focus primarily on IDPs and conflict-affected people in the north and south.”⁹ The overall objectives of the IERP II are 1) Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen and; 2) Contributing to the enhancement of local capacities for preparedness and resilience. These objectives are also consistent with the Humanitarian Country Team’s (HCT) key objectives for 2011 and 2012. Interviews with beneficiaries, stakeholders and partner staff in the four governorates indicate that the needs are overwhelming. It is clear that the IERP II has contributed to responding to these needs but there are far more coordinated efforts and inputs required from international organisations contributing to the YHRP.

3.1.1 Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen

The humanitarian crisis relating to conflict and displacement in northern Yemen has been more of a slow, rather than rapid onset emergency. One project staff member observed that they are now operating an “end of emergency programme.” However, given the very short duration of the project life cycle and increased instability, it proved difficult to implement a number of the project activities in all of the sectors and geographic locations. Overall, the beneficiaries and stakeholders viewed the project inputs as relevant and appropriate. This was particularly the case for health, WASH, education and protection interventions but less so for ER activities. This issue is examined in more detail in Section 5.

3.1.2 Contributing to the enhancement of local capacities for preparedness and resilience

It is difficult to over-state the relevance and importance of this objective. The majority of respondents across all geographic locations and sectors recommended that a greater focus could be placed on capacities for resilience. This specifically related to the request for more focus on WASH and health awareness campaigns to promote overall well-being and prevent the spread of disease. Resilience was also overwhelmingly associated with access to livelihood opportunities but more in terms of job provision rather than the interventions provided in ER activities in the IERP II.

3.1.3 Contributing to the cluster mechanisms

The sectoral and geographic clusters are an integral part of the YHRP. They have a key role in 1) conducting needs assessments; 2) developing cluster specific project activities and indicators and; 3) monitoring, reviewing and reporting. All the CPs in the IERP II participated to some extent in these clusters. It should be noted that there is also an INGO Forum with a dedicated Emergency Response Group. It is recognised that there are some issues in regard to the cluster approach. The Government lead on the education cluster is not satisfied and believes that some INGO’s are not planning in

⁹ Yemen Humanitarian Response Plan: 2012, p. 1.

accordance to the needs assessments or priority areas identified in the clusters. It will be important in the future for the Consortium to continue to plan and work closely in the clusters.

3.2 Identification of Beneficiaries and Accountability to Local Needs

3.2.1 Accountability to local needs and community participation

Accountability to local needs and community participation are central elements to both the Good Enough Guide and the Sphere Core Standards. Both of these elements remain critical at all stages of the project life cycle from planning and design phases to the final evaluation. Taking these factors into account on an iterative basis is both ethically appropriate and helps ensure that any interventions are relevant to the context, beneficiaries and stakeholders.

People receiving project support in all the IERP II sectors were asked whether they had been involved in any discussions or processes to identify their own needs. The majority of respondent's did not identify any participatory processes where they had been asked to identify their own needs/solutions. However, the beneficiaries and stakeholders offered some constructive insights as to how they thought their needs could be met to achieve a number of positive outcomes in each sector. Many of these suggestions are viewed as constructive since they relate to sustainable interventions that are appropriate to the context rather than general expectations for food and NFI's.

It is recognised that the short term nature of the IERP and security context did not create a straightforward operating environment. However, it is reasonable to suggest that in future phases of this project, far greater efforts and attention could be paid to beneficiary participation at all stages of the project life cycle.

3.2.2 Targeting beneficiaries and identifying the most marginalised

At a management level in Sana'a, the targeting of beneficiaries was not clear and the CP's did not share a common vision of who should be targeted, despite the fact that the Phase II proposal clearly identified IDP's, returnees and host communities as the primary target groups. In Al-Jawf, ADRA chose not to specifically target these groups but rather to focus on general needs. ADRA staff explained this decision in terms of an organisational approach to conflict sensitivity programming. CARE management explained that it was not possible to deploy sophisticated tools for identifying the most marginalised and that targeting was in line with who is most food insecure.

A level of further complexity relates to when some CP activities such as protection and early recovery were swapped from Sa'ada to Amran and Hajjah. It remains unclear to the Evaluation Team who or why new target groups were chosen in these areas. Again, it would seem that the emergency within an emergency unfolding in Yemen led to the different ways each CP developed their targeting strategies.

At a field level, the identification of beneficiaries appears to have been quite efficient. Project and partner staffs at the field level were asked what strategies they employed to identify and reach out to the most vulnerable in the communities. The charts in Annex 4 show the different methods of identifying beneficiaries and the groups considered by project staff and partners to be the most vulnerable in Al-Jawf, Amran and Hajjah. These charts suggest that at the field level at least, efforts are

in line with a priority recommendation from the Joint rapid Assessment that the “most vulnerable target groups need to be identified and further assisted, including female-headed households.”¹⁰

3.2.3 Strategic use of needs assessments

The IERP II project conducted two needs assessments in October 2011 and March 2012.¹¹ Although there are some minor contradictory results between both reports, they are of a good quality and clearly signpost the areas of greatest need. The most obvious need identified in the reports is access to livelihoods.

The problem of the needs assessments is that they were conducted too late to be of good strategic use to the on-going project. A reoccurring theme throughout the project is a failure to maximise the information available for strategic purposes. It is however, understood through conversations with the CPs, that the needs assessments were used for strategic purposes in the planning of Phase III.

3.3 Quality Assurance Mechanisms

A point of continuity between Phase I and II was a keen focus on reaching numerical targets rather than on smaller, quality interventions. Given that this has not been a rapid onset emergency, it is questionable whether this approach is entirely appropriate. There is assertions from senior-level GoY partners that some INGO’s are only interested in “quick and easy solutions to big and complex problems.”

The project log frame was designed and measured on numerical targets and involved less attention to quality assurance mechanisms. Planning and measuring on numbers alone seems to negate the Sphere Core Standard of a people-centred humanitarian response. Although the Evaluation Team did observe some efforts at quality assurance through the use of exit surveys, these activities seemed to be on an *ad hoc* basis and did not contribute in a meaningful way to project learning and adaptation. Technical quality assurance may require a more systematic approach. In the case of WASH in Amran, the CARE WASH technical expert provided valuable technical input into CARE’s implementation and activities in this governorate.¹² There is a need for any future project phases to include quality assurance mechanisms in the project design, such as the use of sectoral technical specialists to monitor project activities.

3.4 Conflict Sensitivity

Conflict sensitivity principles (CSP) were not mainstreamed adequately in the design of IERP II. Despite conflict sensitivity training and initiatives undertaken by IRY and CARE more broadly, there was a varied understanding on CSP amongst project and partner staff. This resulted in two issues observed by the Evaluation Team. The first issues relates to transparency. In Harradh and Amran, many of the beneficiaries did not clearly understand why they had been chosen as beneficiaries and not others. They observed that this was creating further tensions in an already fragile community. In Al Jawf, the situation is very complex and there is an existing environment of mistrust to external interventions. Some ADRA beneficiary and stakeholder respondents perceived that project funds were being misused and this was

¹⁰ Joint Rapid Assessment of the Governorates of Northern Yemen.” (ACAPS: October, 2011), p.7

¹¹ “Protection Needs Assessment in Amran,” (Waleedh Sahkir, April 2012); Joint Rapid Assessment of the Governorates of Northern Yemen.” (ACAPS: October, 2011).

¹² CARE WASH Technical Advisor, Field Visit Reports: Amran, December 2011 and March 2012

generating a degree of mistrust in regard to the project in the wider community. However, this perception needs to be contextualised within the specific context of this governorate. Both of these examples indicate a need for greater attention to core standards and Good Enough Guidelines relating to iterative transparency and feedback processes in the project.

The second issue relates to mitigating conflict that is driven directly by resource allocation. For example, in the WASH sector in Amran, CARE recognised that the distribution of water tanks and other hardware was causing negative competition between the beneficiaries and host communities (who were not receiving the hardware). The project adapted to this problem by stopping open distribution and issuing cards for beneficiaries to collect the hardware themselves at a workshop outside of the community. This is a good example of a quick fix project adaptation but does not systemically address how to mitigate conflict more broadly. It is understood that emergency programming requires quicker action and thus more risks than traditional development programming. However, a better understanding of conflict sensitivity principles by project and partner staff can enable them to better plan, mitigate and manage the inevitable risks of conflict driven by resource distribution.

4. Coordination, Efficiency and Institutional Arrangements

4.1 Background to the Consortium

As mentioned previously, the Consortium grew from a belief by the INGOs and DFID, that this approach would provide greater efficiency and effectiveness. The previous external review of IERP II in February 2012 explored to what extent the 14 management and coordination tasks identified in the project proposal were accomplished. The previous review concluded that “the majority of these have been carried out to a greater or lesser extent.”¹³

It is worth briefly mentioning here two general but inter-related questions that were not explored in the previous evaluation. The first question is how much the CPs had a shared vision of the project? The Evaluation Team would suggest that there are some conceptual differences between the CPs in terms of who should be targeted and even which emergency is being responded to. A more fundamental issue is whether the Consortium is simply a marriage of convenience which is held together by a shared need to access limited funding sources. It is recommended that the CPs have a frank evaluation of why they are working in a Consortium. Identifying a consensus of commitment to the Consortium approach will generate the appropriate environment for the CP’s to move forward on evolving the project to a programme with a longer term vision and diversified funding sources.

The previous external review highlighted areas where the Consortium had been challenged by the need for more significant modes of integration. However, this evaluation would question whether integration is a realistic goal given the very different nature of the INGOs in this Consortium. Including the term “integration” in the project title has created a semantic expectation that is difficult to achieve. A more realistic and rational goal could be to aim to achieve good coordination on some clearly identifiable management and operational indicators.

4.2 Coordination at the Management Level

IERP was led by a Project Management Team (PMT). It was responsible for the following tasks: Coordinating and monitoring programme operations, to be formed out of one dedicated Consortium Manager, one M&E Officer, and one Finance Officer (all lead agency), as well as one dedicated Focal Point of each CP. A CARE Emergency Coordinator was also included in the team on a 50% basis. This created a decision making team of 8-9 people. The PMT was jointly responsible to oversee and assist as required in the implementation of each CPs’ activities. Likewise the PMT was to draft and endorse the project level reports, including the inception report, quarterly reports, and the final report.

The issues relating to the PMT are already well-documented by the previous evaluation. This evaluation highlights three main areas for concern with the PMT. The first was that it seemed to be primarily involved in fire fighting rather than strategic issues. Secondly, emphasis was placed on consensus management which did not enable the PMT and specifically the Consortium Manager, to take timely corrective action if the project was not on track; this was particularly problematic for financial tracking and management. The final challenge was that it was not clear to the Evaluation Team who the CP focal points were and there was a revolving door of CP staff involved in project-level meetings in Sana’a. These three challenges can be explained and attributed to some extent, to the security context which led to difficulties in recruiting and retaining good PMT staff and remote management by some senior CP

¹³ Integrated Emergency Response Project II: External Review (Sharon Beatty: February 2012), p.3

focal points.

4.3 Coordination at the operational level

The previous external review observed that there was some “serendipitous integration at the field level.”¹⁴ Again, the term ‘integration’ may be misleading but this evaluation certainly did observe synergies between the CPs working in Amran and Hajjah. For example in Amran, IRY referred protection cases to CARE. In Amran, CARE provided WASH facilities in some of the SCY schools. The Evaluation Team also found in Hajjah and Amran that different intervention sectors were targeting the same beneficiary groups and thus providing a more holistic approach to relief and recovery. Naturally, no synergies were observed in Al-Jawf since ADRA is the only CP working in this Governorate.

The problem is that due to the fire fighting rather than strategic nature of the project, these experiences were not widely shared and understood among the Consortium. A more rigorous M&E system and reflection process in the project could have generated valuable lessons learned as to how to capitalise on these synergies and generate further coordinated work at the field level.

4.4 Financial, administrative and HR management

In Phase I, CARE (with CARE UK) was identified as the lead agency to manage these issues at the project level. At that time it is understood by the Evaluation Team, only CARE or SCY had the capacity to take on this role. However, CARE experienced a rapid change in the Country Office (CO) from 2010-2012 with the budget increasing two-fold and the CO staff doubling in size. This did put significant strain on the programme support structure in the CO. In this context, there is a case as to whether CARE UK could have taken on a more comprehensive role in supporting CARE Yemen with the financial and administrative management of the IERP II.

The Evaluation Team observed a number of challenges in terms of the financial systems and management of the IERP II. The first was the late transfer in funding tranches to the CPs which meant that activities were funded almost on a ‘beg and borrow basis’ until the funding was received. This naturally generated difficulties on financial reporting. The second challenge was that CP reporting to the lead agency was often late and sometimes provided in an inaccurate format. Worryingly, even at the end of the project it appears that there was not a common understanding on the agreed exchange rate to report on between the lead agency and one of the CPs. The third challenge was that the Evaluation Team did not observe a close alignment between the programme support and the Consortium management team in CARE on this project. This created a dislocation between reporting on budget-linked programme activities. The linkages between the indicator tracker and the financial reporting were opaque.

Generally speaking, this evaluation found that the financial paper trail of consolidated reporting was extremely difficult to follow and verify against the tracking system. The three challenges highlighted here are not insurmountable. They can be addressed by 1) Better integrating the programme and financial management departments in the lead agency; 2) Generating a clearer understanding of the financial reporting procedures before the start of any future phases and; 3) Generate much clearer linkages between budget and activity tracking. It is proposed that the ‘rapid response fund’ recommended in the previous external review is not initiated until the financial systems and management are improved.

¹⁴ Integrated Emergency Response Project II: External Review (Sharon Beatty: February 2012), p.4

There should be redoubled efforts in any future projects to ensure that HR recruiting is a responsibility that is fully shared among the CP focal points. The difficulties in recruiting and retaining high quality national and international staff in Yemen has already been highlighted and joint efforts in this regard would help surmount these difficulties. For the critical role of Consortium Manager who will likely receive greater responsibilities in any future project, it is imperative that all CP members take a collective responsibility for the recruitment for this position.

4.5 Coordination with local partners and Yemen authorities

The key implementing partners in the IERP II were the Yemen Women's Union (YWU) and the national and local Yemeni authorities. These will be addressed in turn.

In Yemen there are thousands of registered NGOs but interestingly this project worked with only one national NGO partner which was the Yemen Women's Union (YWU). This implementing arrangement is not uncommon in Yemen given that "Yemeni NGOs in general have serious weaknesses generally characterized by...being predominantly urban-based, lack of neutrality, limited institutional capacities, and lack sustainable financial management and planning."¹⁵ The YWU has worked with partners such as CARE over many years to overcome these issues and is a well respected NGO with strong capacities. The YWU has brought a significant value added to the sectors it has partnered on in terms of value for money, sustainability and strong outreach into the communities. The Evaluation Team observed that the YWU was very satisfied with its on-going partnership with CARE but felt that the partnership with OXFAM was more of a sub-grantee relationship. Overall there is an opportunity to engage more significantly with the YWU in the design of future IERP projects.

At a local and national level, it was evident that SCY has worked hard to establish a working relationship with the Ministry of Education and was able to facilitate a meeting with the Ministry of Education for the Evaluation Team. However, the Deputy Minister for Education continues to be mostly dissatisfied with the work of some INGOs that are considered to be pursuing their own agenda rather than demonstrating a collaborative approach with the GoY. The Deputy Minister indicated that much stricter rules and regulations are likely to be rolled out in the future to monitor INGOs. Since it was not possible to meet with other agencies in Sana'a such as the Water Authority, Ministry of Health or The Executive Unit for IDP's, it is unknown whether this thinking is generally shared in the GoY at a national level.

At a local level, the project staff from all CPs and sectors believed that they had a good or satisfactory relationship with the local government authorities. The strongest collaboration was observed in Al-Jawf where the project implementers rely on the local authorities for target group information. The local authorities also sometimes provide the field medical staff with accommodation as they travel from each community for mobile health service provision. It was also observed that these mobile health workers are trying to gain access and acceptance (and security) in remote communities by actively engaging with local sheiks. It would be interesting if ADRA were able produce some lessons learned on this outreach strategy in Al-Jawf. This could provide some useful insights for the project as a whole as how to engage and gain access in remote tribal communities in northern Yemen.

In Sa'ada the working relationship with the Huthi *de facto* Government is complex and challenging. The Huthi's have tried to steer project resources to their own preferred locations and target groups.

¹⁵ Yemeni Non Governmental Organisation Assessment Report, (SFD, Mart Colburn: June 2009), p.7.

Negotiating with the Huthi authorities is a protracted endeavour and this clearly has implications for projects that are operated on a short timescale such as the IERP II. Organisations such as the ICRC who have different funding mechanisms to draw on are more suited to this context.

4.6 Monitoring, Evaluation and Learning

The M&E system has improved from Phase I in the following areas: 1) The main issues to be monitored in the project have been entered into a common log frame; 2) A common set of definitions were agreed upon so that the data sets of the CPs were comparable.3). The CPs decided how to count and classify beneficiaries. During the evaluation, the Team asked project field staff if they were happy with the reporting formats. For those project staff that answered this question, most felt that it was initially confusing and overly time consuming but that they were satisfied with the system. The only concern was that the formats did not capture all the necessary information and so some CP's continued to use their existing reporting systems.

This external evaluation does not assess the M&E of the IERP in as positive a light as the previous external review for a number of reasons. Firstly, it was not evident to this Evaluation Team how the system described by the previous evaluation led seamlessly into the common log frame and reporting at project level:

“Agencies coordinated to design M&E templates by sector. Five types of interventions were agreed upon i.e. capacity building, awareness raising, infrastructure/ rehabilitation/construction/civil works, and services (e.g. consultants, and distribution of materials). For each of these five intervention categories, monitoring templates were designed for measuring the outputs of each of the five sectors: early recovery, health, education, protection, and WASH. These forms are filled out for each activity or activity set implemented.”¹⁶

It appeared that after an initial enthusiasm on M&E development early in the project, captured fully in the previous external evaluation, the impetus to operationalise the planning done in the early workshops was lost. There was no available documentation in the form of trip reports by the project M&E officer. This is a shame because the Evaluation Team observed some examples of successful and innovative programming at the field level and these successful initiatives could and should be shared more widely in the project team and externally.

The M&E system did include an exit monitoring data sheet which measured beneficiary satisfaction with a particular service. Like other monitoring systems such as the KAP, this system was used on an *ad hoc* rather than systematic basis and it is unclear how these survey forms fed into a wider learning process for the project.

Generally speaking, data collected during the project was not converted into knowledge and used for strategic purposes. Although this was a short term project, if it is to evolve into a longer term programme, then the M&E system should be designed to evolve into a monitoring, evaluation and learning system. This evaluation also proposes that greater attention is paid to qualitative indicators before it attempts to address VfM indicators.

¹⁶ Integrated Emergency Response Project II: External Review (Sharon Beatty: February 2012), p.14.

Finally it should be highlighted that the M&E officer was absent for most of the evaluation period and was unable to adequately respond to information requests from the Team Leader. Furthermore since there was not a project database or one location where relevant project documents were stored, it was difficult to find documentation.

4.7 Value for Money

At the field level, there was strong evidence of synergies between the sectors and amongst the partners and these emerging synergies have the potential to grow into a Consortium approach which could, in the future, bring an economy of scale to responding to the emergency situation and recovery in Yemen. Even within the projects, the Evaluation Team observed smart programming to enhance effectiveness and VfM. One example was in the protection work implemented by CARE and the YWU in Amran. It was recognised that the numbers of women requiring psychiatric services was great but referring them to Sana'a was costly and many women were unable to make this journey. In order to adapt to this problem, the YWU negotiated with a psychiatric doctor from Sana'a to come on a monthly basis to Amran and in this way he was able to see and treat multiple women in a short space of time and at less cost. Similarly the YWU have been able to negotiate with lawyers across Yemen to do pro bono work in protection cases and this has ensured some sustainability to the wider work on protection.

VfM is sometimes reduced to a costing equation of how an INGO can deliver a service on a more economic basis than the UN. It would be interesting exercise to establish what initial investments would be required for local NGOs to take on more of the project implementation work in the future.

4.8 Risk Management

The project proposal for IERP II included a comprehensive table indicating the risk assessment and mitigation steps. This table is attached in Annex 5. Of the ten risks listed in this table, eight of them were realised to some extent during the project period. In the case of Sa'ada, the mitigating strategies were not adequate for IRY which contrary to previous experiences of working in Sa'ada was forced to relocate many of its activities to Sana'a and Amran. Arguably the mitigation strategy to use advocacy to address a number of the political and security risks was not evident in phase II of the IERP project.

The IERP II proposal included some sound strategies to mitigate the risks of humanitarian programming in northern Yemen such as building the capacity of local organisations to undertake more implementation and an emphasis on recruiting staff locally. It is recommended that the CPs do a stock taking exercise of the strategies outlined in the Phase II proposal and identify areas where redoubled efforts are required to mitigate risks. It is common practice for international development partners and organisations which are working in fragile states to conduct regular joint scenario planning and this could be factored into the agenda of future PMT meetings.

4.9 Project Cycle Management

This evaluation fully agrees with the finding of the previous external assessment which found that "the IERP was designed as a one year project, but the project life was shortened to nine months. This fact has had a major negative impact on the ability of the IERP to meet its technical objectives..."¹⁷ The late start date and gaps between project phases creates two further challenges: 1. It was difficult for some CPs to retain their staff between the project phases; 2. A suspension of services, particularly those such as medical services, can create an environment of mistrust towards the project partners, if the situation

¹⁷ Integrated Emergency Response Project II: External Review (Sharon Beatty: February 2012), p.10

is not explained adequately to the beneficiaries and stakeholders. It is recommended that planning for the next project cycle should begin early. It is believed by the Evaluation Team that nine months is not an adequate timeframe to successfully implement many of the project activities, particularly those relating to early recovery and protection. A minimum of twelve months would be considered appropriate for these types of interventions.

The changing staff members between projects and during projects, especially in the lead agency, have significantly weakened an institutional memory for the project. This problem has been exacerbated by the absence of any systematic information management system (IMS). There is a very clear and strong requirement in any future project to initiate an IMS and assign responsibility to one PMT member to manage and update this system.

5. Effectiveness

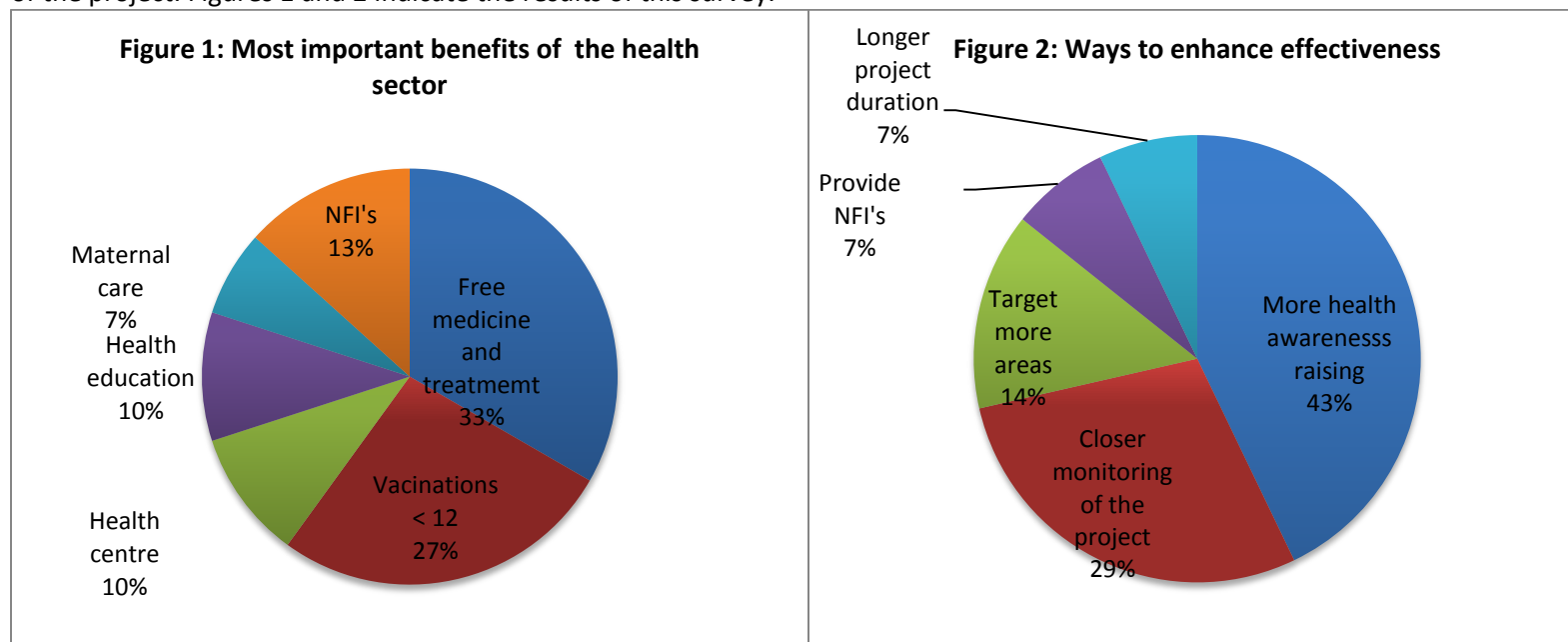
During the field surveying in Sana'a, Amran, Hajjah and Al-Jawf, 263 stakeholders, beneficiaries (and community members), partners and project field staff were met. The results in this section are based on the responses of these people to the surveying questions (and analyses of these responses by the Team Leader) and additional insights shared by these people at the end of each meeting session.

5.1 Output 1: Health: ADRA in Al-Jawf and Sana'a

Output 1	Evaluation Findings (Al-Jawf and Sana'a)
Health Services are provided to conflict affected populations	In Al-Jawf, ADRA chose to focus on wider needs and vulnerability rather than only conflict affected populations. In Sana'a the Evaluation Team met IDP and host community beneficiaries.
Indicators	Evaluation findings (Al-Jawf and Sana'a)
Indicator 1.1: # of beneficiaries that receive primary and maternal healthcare	100% of respondents were either receiving primary or maternal healthcare and 100% of respondents believed they would not have received these services without the project. The outreach of mobile health workers in Al-Jawf has been quite extensive. However some medicines are now becoming unavailable (due to the project end). Evident need to invest more in the successful work of female health practitioners providing maternal care.
Indicator 1.2: # of health facilities equipped with medical supplies, equipment, consumables, medicine -	3/5 health centres visited during the evaluation. 1 centre in Al-Jawf was under renovation. 95% of all respondents have accessed these health facilities. Diagnostics and free medicine are cited as key benefits of the project. However, there is a demand for medications to be provided for conditions requiring long term care such as diabetes
Indicator 1.3: # children <12 vaccinated against measles, mumps, rubella (Note: this was IRY's indicator at first; ADRA did polio and measles vaccinations only)	Although only 50% of respondents had taken advantage of these services, 100% knew about the child vaccination campaign and cited it as a major benefit of the project.

5.1.1 Perceived benefits of the project and other activities that would increase effectiveness in the health sector

Stakeholders and beneficiaries in Al-Jawf were asked to list three key benefits that the project has brought to themselves or the wider community. Stakeholders and beneficiaries in Al-Jawf were also asked what type of activities they would propose to enhance the effectiveness of the project. Figures 1 and 2 indicate the results of this survey.



In regard to Figure 1, some of the respondents had confused NFI distribution as being part of ADRA's health sector project and saw NFI's as a part of health programming. In Figure 2 it is interesting to note that the majority of respondents requested more awareness-raising and they proposed that the most effective way to do this would be through using local religious leaders and using the media which would have a further outreach impact than outreach workers. The second most popular response in Figure 2 was closer monitoring of the project. As mentioned previously in this report, there was a perception in the community (and amongst some project implementers) that the project funds were being misused. As also mentioned previously, this has much to do with the context of Al-Jawf and greater project transparency would help address this perception and ADRA may wish to look at instigating a complaint mechanism.

5.1.2 Intended and unintended key results

Most significant change was found to be in changing societal attitudes from suspicion to strong acceptance of unknown medicines, especially vaccinations.

Unexpected and overwhelming needs gaps in the health sector in Al-Jawf but ADRA was able for the most part to respond to this situation.

5.1.3 Key feedback issues from the field surveys

Referral services are taking place from Al-Jawf to Sana'a but some beneficiaries reported that they had not received the necessary services on arrival in Sana'a.

Strong outreach was observed in Al-Jawf but there are still highly vulnerable and remote communities that are not yet accessed.

Maternal health is identified a key area for further input.

Local traditions of community mutual aid are perceived as key mechanisms for sustaining some of the project activities now it has ended.

Tribal conflict/revenge culture is perceived to be the major threat to further project activities.

Suspension of medical services in the project hiatus period can create mistrust and misunderstanding around the project.

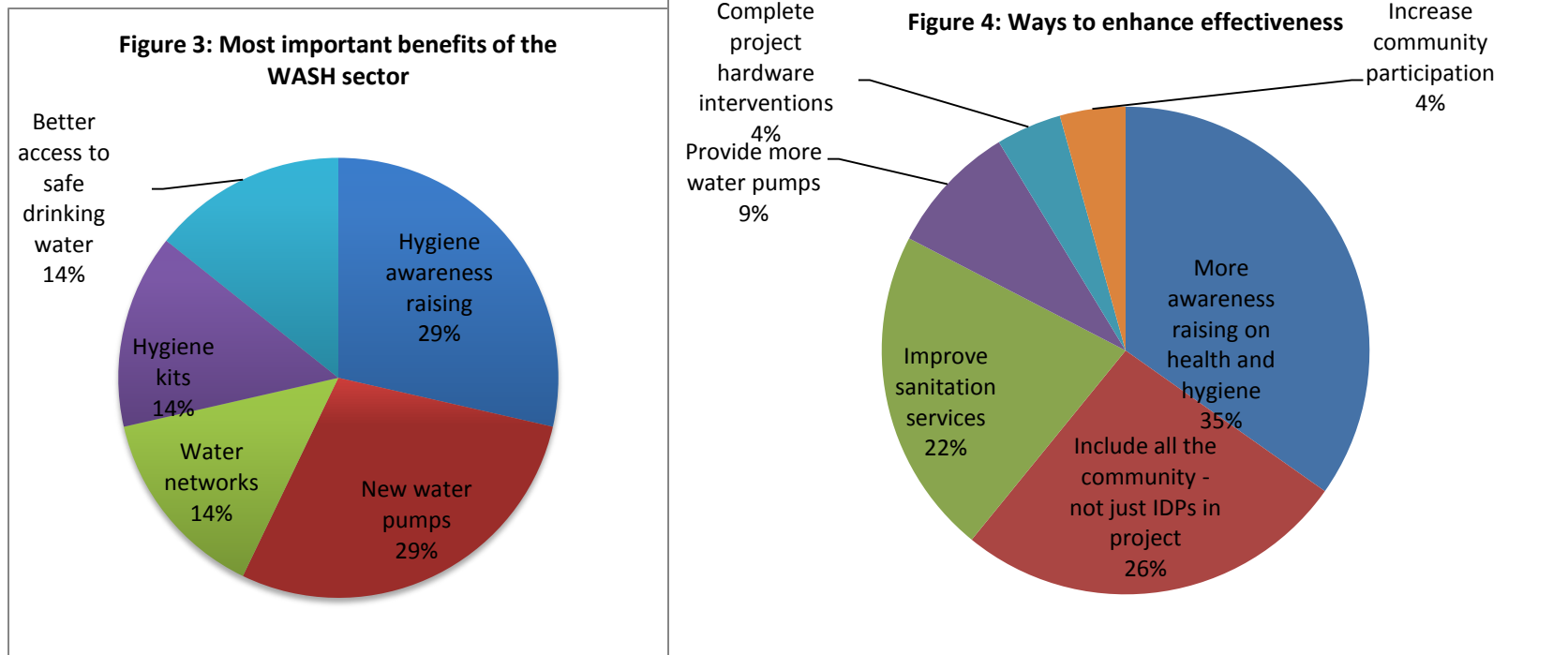
5.2 Output 2: WASH: CARE in Amran, OXFAM GB in Hajjah

Output 2	Evaluation findings	
	OXFAM GB	CARE
Water, Sanitation & hygiene interventions are delivered in conflict affected areas	OXFAM delivered to IDPs inside and outside of the camps in Hajjah. Although not captured as an indicator on the log frame, they were notable amongst the respondents for their awareness raising activities.	CARE delivered to IDP's in Amran. YWU noted that due to the scarcity of much needed resources such as water tanks, there was conflict amongst the host communities who did not receive this equipment. The CARE Emergency Team Leader confirmed this finding in Sana'a to the Evaluation Team. However, like OXFAM, they were also notable amongst the respondents for their awareness raising activities
Indicators	Evaluation findings: OXFAM GB, Hajjah	Evaluation findings: CARE, Amran
Indicator 2.1: # of beneficiaries with access to minimum of 15 litres p/d potable water	It was not possible to accurately assess whether the beneficiaries were receiving 15 litres of potable water per day. However when the beneficiary respondents were asked what services they are receiving through this project, all mentioned access to clean water. Furthermore, when asked a yes or no question in regard to whether they felt that they had access to water and sanitation, all respondents (with the exception of one	The results for CARE in Amran are very similar to those of OXFAM in Hajjah: It was not possible to accurately assess whether the beneficiaries were receiving 15 litres of potable water per day. However when the beneficiary respondents were asked what services they are receiving through this project, all mentioned access to clean water. Furthermore when asked a yes or no question in regard to whether they felt

	in Mustaba) answered yes.	that they had access to water and sanitation, all respondents (with the exception of two) answered yes.
Indicator 2.2: # of people benefitting from rehabilitation and maintenance of 4 water systems (increased to 12)	Although the beneficiaries in Maraq Camp said that there are no wells in the camp, they felt that they had adequate access to water sources and the provision of jerry cans and purification devices had significantly improved the quality of their lives. However beneficiaries in Mustaba noted that some water systems improvements had not been completed and latrine installation had also not been completed. The project staff said that they did not have sufficient project funds to complete some hardware interventions.	All the respondents felt that they had either benefitted from a rehabilitated water source or that they now had a water network connected to their homes.
Indicator 2.3: # of people receiving hygiene kits	All the respondents had either received hygiene kits or members of their families had received these kits	One group of five beneficiary women said that they had received hygiene kits.

5.2.1 Perceived benefits of the project and other activities that would increase effectiveness in the WASH sector

Stakeholders and beneficiaries in Hajjah and Amran were asked to list three key benefits that the project had brought to themselves or the wider community. Stakeholders and beneficiaries were also asked what type of activities they would propose to enhance the effectiveness of the project. Figures 3 and 4 indicate the results of this survey.



In common with the health sector findings, beneficiaries in the WASH sector put a high value on awareness raising activities and the need to do more of these activities to enhance the overall effectiveness of the project. It was mainly respondents in Amran who placed significance on the importance of including all community members in the project and this is a result of conflicts that have arisen from the host communities who have demanded project resources.

5.2.2 Intended and unintended key results

Most significant change was in very high levels of behaviour change (in a short space of time) in terms of health and sanitation good practice.

Improvement in women's lives was dramatic in terms of their health and security due to not having to carry water over large distances.

Conflict over resources such as water tanks in Amran was not predicted to be so acute but conflict between women at scarce water sources is now reducing due to increased access to clean water.

5.2.3 Key feedback issues from the field surveys

Greater linkage was requested in Hajjah in particular, between health and WASH services.

Technical oversight of WASH activities to ensure they are designed, implemented and completed to high standards.

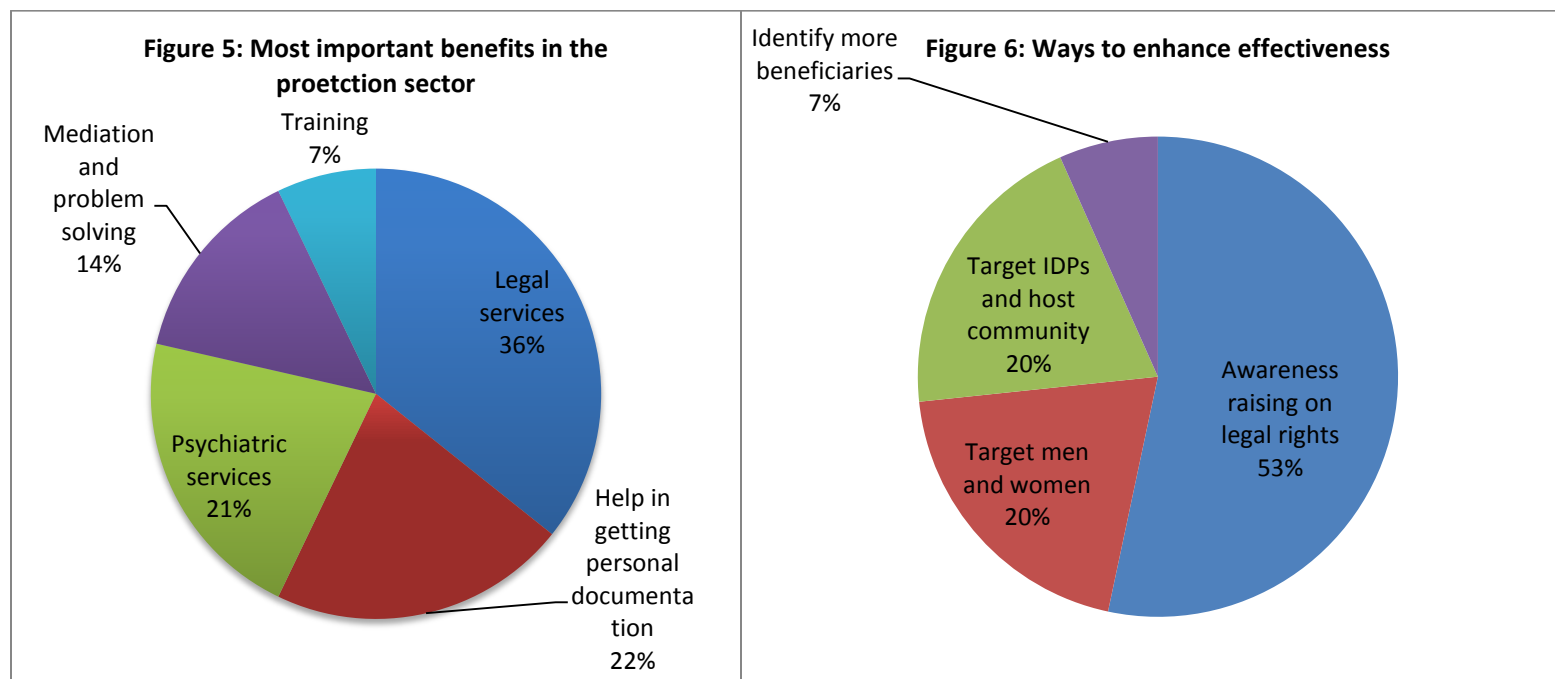
Water committees: It is recognised that OXFAM GB and CARE did endeavour to build the capacity of the water committees and that an MoU was signed between the committee and community representatives for sustaining the water schemes. However community and stakeholder feedback during the fieldwork in Amran suggested that the committees could be further strengthened, be more inclusive and more widely known and understood in the community as they are the critical element of sustaining WASH interventions

5.3 Output 3: Protection: IRY in Amran, CARE in Amran

Output 3	Evaluation findings	
	IRY	CARE
Protection services are provided to vulnerable, conflict affected people	Only 2 beneficiaries (IDP's from Sa'ada) were interviewed in Amran. IRY project activities were mostly conducted in Sa'ada with limited activities moved to Amran.	Protection services are provided to both vulnerable and conflict affected women in Amran by the YWU. These services are on-going after the completion of the project.
Indicators	Evaluation findings: IRY, Amran	Evaluation findings: CARE, Amran
Indicator 3.1: # of women that receive protection services including legal advice or other counselling services	The respondents had all received a one day training on protection issues and understood that access to legal advice and services was provided by the YWU in Amran.	Beneficiary's observed significant outreach and multiplier effects during the project period. Women have received legal services, mediation services and access to psychiatric medical help. The activities are mainly conducted in the centre in Amran city but outreach programmes are also conducted in the form of home visits. Beneficiaries reported visiting the centre on multiple occasions during the project period.
Indicator 3.2: # of children that access recreation activities including friendly spaces	This indicator only relates to IRY in Sa'ada	This indicator only relates to IRY in Sa'ada

5.3.1 Perceived benefits of the project and other activities that would increase effectiveness in the Protection sector

Stakeholders and beneficiaries in Amran were asked to list three key benefits that the project had brought to themselves or the wider community. Stakeholders and beneficiaries were also asked what type of activities they would propose to enhance the effectiveness of the project. Figures 5 and 6 indicate the results of this survey.



5.3.2 Key intended and unintended results

The Elements of Sustainability in the project are due to the YWU.

Empowerment of women who are increasingly able to leave their homes and come to the centre.

5.3.3 Key feedback issues from the field surveys

Protection issues are important in short term and rapid response projects but the sustainability of protection interventions are more viable in long term projects owing to the length of time needed to access and process through the justice system in Yemen. In Amran, it was extremely beneficial to the project to partner with the YWU.

Knowledge on human rights and legal provisions is very low and requires more awareness-raising.

Women perceive the root cause of their difficulties to be lack of education. Therefore education and protection have strong synergies.

5.4 Output 4: Education – SCY in Hajjah and Amran

A weakness in the survey of education implementation in Hajjah and Amran was that the national consultant was not able to speak to any parents or parent associations.

Output 4	Evaluation Findings
School age children receive formal and informal education services	Some project activities from Sa'ada were transferred to Harradh. SCY provided thoughtful programming in formal and informal education services and ensured integration between IDP and host community children.
Indicators	Evaluation findings (Hajjah and Amran)
Indicator 4.1: Number of children in conflict affected areas that receive non-formal education on land mines and unexploded remnants of war	100% of all children met during the survey said that they had received education on landmines and UXO. Teachers and MoE officials had also received training and the multiplier effect of this training was high in Harradh.
Indicator 4.2: Number of schools/learning spaces improved through minor physical rehabilitation	4 schools visited in Hajjah and Amran. The infrastructure was satisfactory although windows needed to be completed in one structure. Overcrowding was observed in one school in Amran. The building of separate latrines for boys and girls has had a positive impact on girls' enrolment.
Indicator 4.3: Number of teachers, school managers and school councils trained on planning, active learning and education in emergencies	All teachers surveyed had received some training through the project and indicated high levels of satisfaction with the training.

5.4.1 Perceived benefits of the project and other activities that would increase effectiveness in the education sector

Stakeholders and beneficiaries in Hajjah and Amran were asked to list three key benefits that the project had brought to themselves or the wider community. Stakeholders and beneficiaries were also asked what type of activities they would propose to enhance the effectiveness of the current project. Figures 7 and 8 indicate the results of this survey.

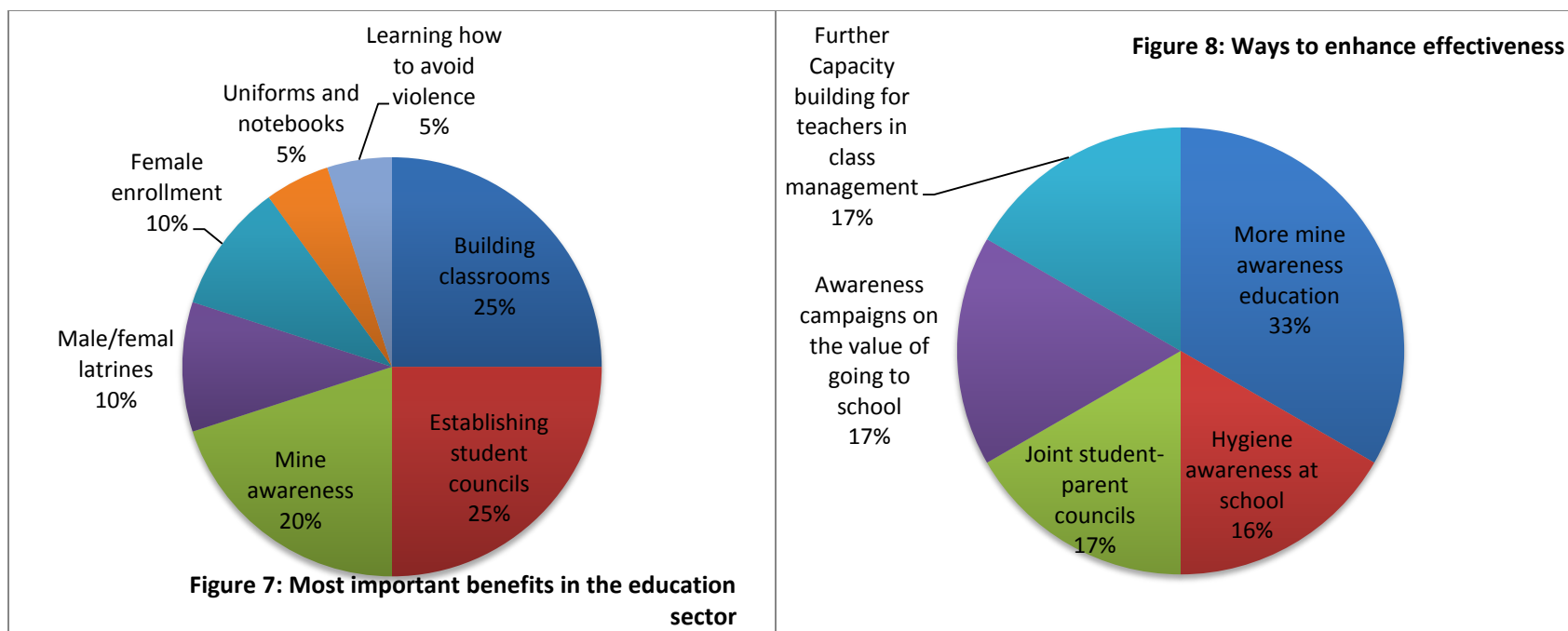


Figure 7 shows that there were many different perceived benefits of the project. This reflects the diversity of beneficiaries and stakeholders who engaged in this survey. In regard to effectiveness, the request for more mine education was unlikely to be a reflection that this service had been inadequate or ineffective but rather that mine and UXO education is perceived to be of great importance to these communities. The request for more hygiene awareness activities in the schools indicates a clear area where health and education sectors can synergise more closely.

5.4.2 Unintended and intended key results

Most significant change was found in the high functioning role of student councils which are supporting: 1) The integration of IDP and host community children; 2) Empowering children to make decisions and; 3) Contributing to the sustainability of the project activities.

Significant multiplier effects of mine education were observed with teachers from non-project schools and areas attending the training sessions

5.4.3 Key feedback issues from the field surveys

Community involvement in planning and decisions could be improved and could also be linked to the suggestion to hold some joint student-parent council meetings.

Positive engagement with government officials was observed at a local level.

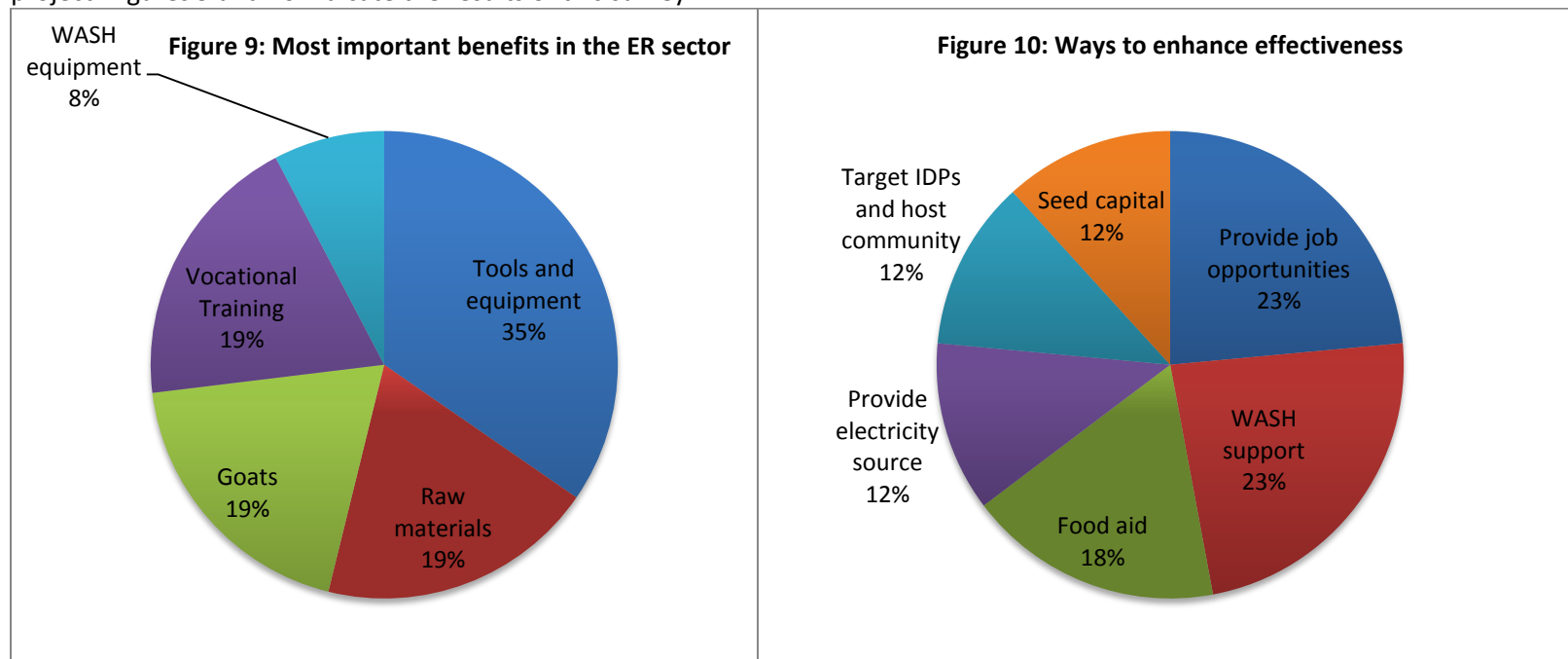
Learning respect and avoiding violence was mentioned by a number of children and this may serve to help break cycles of violence in the future

5.5 Output 5: Early Recovery – Oxfam in Hajjah, IRY in Amran

Output 5	Evaluation findings	
	OXFAM GB, Hajjah	IRY, Amran
Conflict affected people provided with livelihoods support	OXFAM GB delivered training, tools, equipment and goats to some IDP's in Hajjah.	IRY delivered training, tools, equipment and goats to some IDP's in Hajjah. Although this did create some level of community conflict since the host community were also in need.
Indicators	Evaluation findings: OXFAM GB, Hajjah	Evaluation findings: IRY, Amran
Indicator 5.1: # of households that receive goats/sheep and livestock start-up packages (such as veterinary treatment and fodder)	Beneficiaries did receive goats but for the most part they were not happy since they could not afford to feed the goats and some goats had died.	Beneficiaries (IDPs) have received goats but they do not believe this has enhanced their livelihoods.
Indicator 5.2: # of households that participate in vocational or business management training	Beneficiaries received training on weaving, carpentry and blacksmithing and were provided with some tools and raw materials. However, beneficiaries observed that there was no market for their goods or services and not sufficient electricity to craft their goods.	The beneficiaries met by the evaluator had not received training.
Indicator 5.3: # of households that receive capital as start-up funds for small businesses or entrepreneurial projects (Note: This indicator is not part of OXFAM's log frame/work plan or budget. OXFAM did not plan to give capital start up, this activity in the log frame is linked to IRY in Sa'ada and Sana'a)	OXFAM GB did not plan to distribute seed money. Despite this fact, the request for seed money was prevalent among the beneficiaries.	Some beneficiaries had received equipment such as a fridge to establish a shop.

5.5.1 Perceived benefits of the project and other activities that would increase effectiveness in the early recovery sector

Stakeholders and beneficiaries in Hajjah and Amran were asked to list three key benefits that the project had brought to themselves or the wider community. Stakeholders and beneficiaries were also asked what type of activities they would propose to enhance the effectiveness of the project. Figures 9 and 10 indicate the results of this survey.



The results of these surveys resonate clearly with a key recommendation from the JRA: “Employment generation and income-diversification activities (such as currently included under the IERP) might be an adequate tool to assist especially host communities/returnees, including the provision of livestock/agricultural inputs, vocational training, and skill training especially for women. For the vast majority of vulnerable Households amongst IDPs, cash-programming (including cash-for-work and conditional/unconditional cash grants) are considered favourable options, not only to promote small business initiatives, but first and foremost to ensure better access to basic services.”¹⁸ WASH in particular

¹⁸ Joint Rapid Assessment of the Governorates of Northern Yemen.” (ACAPS: October, 2011), p.7

seemed to be a key request from the beneficiaries and it appears that some of IRY beneficiaries are receiving some WASH assistance from CARE in Amran.

5.5.2 Unintended and intended key results

Most significant change was observed in people’s lives in terms of their level of self confidence after receiving the project inputs, even though they did not believe it had enhanced their food or livelihood security.

Lack of markets for the goods/services and a lack of electricity undermined the effectiveness of the activities in this sector.

5.5.3 Key feedback issues from the field surveys

ER and livelihood activities are arguably one of the most complex sectors to engage in and if not implemented with careful planning, can sometimes cause more harm than good. They may be more appropriate when used as incentives to IDPs to return such as the ICRC Micro Economic Initiatives (MEI) in Sa’ada.

The overall need for livelihood interventions across northern Yemen is vast and extends to IDP and non-IDPs.

5.6 PMT and Coordination

Output 6	Evaluation Findings
<p>Ensure quality and impact of the project through M&E and internal and external coordination;</p> <p>Share lessons across the different project components and partner organizations;</p> <p>Provide analysis and advocacy on humanitarian issues;</p> <p>Ensure efficient and accountable management of project resources.</p>	<p>This is discussed broadly in Section 4.</p>

Indicators	Evaluation findings
Indicator 6.1: Number of consortium meetings facilitated, including PMT meetings and meetings at field level	Although the evaluation did not observe these meetings, feedback to the evaluation team suggests that many meetings at the PMT level were more fire fighting exercises rather than strategic-level meetings. As with many other activities in the log frame, the emphasis on reaching numerical targets rather than ensuring quality is an issue.
Indicator 6.2: Number of joint learning exercises and exchanges between organizations facilitated	Some joint learning exercises did take place during the project but not enough. CP project staff in the field frequently mentioned to the Evaluation Team, the need for cross learning trips between the different field sites and sectors. Cross-germination of this nature would greatly enhance the project to capture successful methods of implementation/activities and help overcome challenges. Of course, this would require a more enabling learning environment within the project to support these initiatives.
Indicator 6.3: Number of analytic and advocacy materials distributed to external stakeholders	An advocacy strategy was drafted but has not been developed further. The position papers have also not been produced.
Indicator 6.4: Number of donor reports submitted (incl. 2 Interim Reports, 1 External evaluation Report, 1 Final Report)	Achieved.
Indicator 6.5: Joint Rapid Needs Assessment developed, coordinated and completed	Achieved and to a good standard but needs to be used to better inform the project. This also applies to the needs assessment conducted by the CARE Protection Team in Amran.

Section 6: Impact and Sustainability

6.1 Impact

The project log frame is only measured at output level. It could be questioned how much medium or long term impact can be reasonably expected on an emergency project executed within such a short time frame. This evaluation chose to measure impact by selecting change indicators by sector and then asked the beneficiaries and stakeholders to rank these indicators as follows: 0 = no change; 1= little change; 2= some noticeable change; 3= very clear positive change but more to be done; 4= excellent progress; or N/A). This methodology is by no means a precise science, and some key change areas in the protection and early recovery sectors require enormous systemic change well beyond the scope of this project. This tool also does not capture the wider issue of attribution which would be more of an issue in Hajjah and Amran than Al-Jawf. However, it is hoped that this analysis may give some idea of where the project is perceived to be having the most impact. The tables below provide an average score (0-4) from all the sector surveys.

A. Health Sector: ADRA

Change indicator	Average score
1. Infant health	2.7
2. Maternal health	2.3
3. Access to medications	3.2
4. Health services for conflict-associated conditions	2.6
5. Awareness on family planning	2.1
6. Awareness on sanitation	2.3
7. Access to mobile/sedentary health services (address physical <u>and</u> mental health)	2.6
8. Participation and influence of women, IDP's, youth (and other vulnerable groups) in local decision-making processes related to health?	1.9

B. WASH Sector: CARE, Amran and Oxfam, Hajjah

Change indicator	Average score
1. Improved access to safe water	3.1
2. Improved sanitation	1.9

3.Increased awareness of safe hygiene practices	2.3
4.Prevention of water-borne diseases	2.4

C. Protection Sector: IRY, Amran and CARE, Amran

Change indicator	Average score
1. Legal support for women	2.7
2. Women now understand their rights	2.7
3. Improved protection of the rights of women amongst police/judges	2.3
4.Improved understanding of the rights of women in their families	2.4
5.Health service provision for conflict-associated conditions (mental and physical)	1.9

D. Education Sector: SCY, Hajjah and Amran*

Change indicator	Average score
1. Numbers of children enrolled in school	3.8
2. Enhanced psycho-social well-being	3.2
3.Increased participation of girls in education	3.8
4.Increased awareness on mine education	3.2
5.Increased community participation in decisions relating to education	1

** These survey questions were answered by teachers and project stakeholders*

E. Early Recovery Sector: Oxfam, Hajjah and IRY, Amran

Change indicator	Average score
1. Family food security	1.4
2. Income generating and financial security	1.1
3. (Personal) self-confidence	2.9
4.(For women) a greater empowerment/decision making capacity in the family	1.1
5. <u>Sustainable</u> change in the well-being of your family	0.75

6.2 Sustainability

95% of the project beneficiaries and stakeholders did not think that the activities of the project would be sustainable after the project was completed. However, the respondents and Evaluation Team did identify some potential mechanisms for sustainability:-

The student councils in the education sector have taken strong root and have the potential to sustain some awareness and educational activities after the completion of the project.

The water committees varied from location to location but had mostly received good support from the CPs. The committees need more time to evolve and strengthen in order to be key elements in the sustainability of WASH interventions.

The tradition of community charitable support was strong in Al-Jawf and a number of the beneficiaries and stakeholders identified this as a means to sustain some of the project gains.

The hardware provided to the beneficiaries in the ER, education and WASH sectors were observed to be well-maintained and all beneficiaries indicated their commitment to the maintenance of these inputs.

The YWU in the protection sector shows clear signs of sustaining many of the project activities relating to legal support since they have been working in this area before the IERP project.

Awareness raising activities in all sectors has had a strong impact in the communities but more is still required.

Section 7: Recommendations

Recommendation by thematic intervention area	Recommendations by 1. Priority; 2. Suggested adjustments required in any future project life cycle; 3. For further CP consideration
1. Relevance and Appropriateness	Priority Recommendations
1.A) <i>Participatory approaches to identifying beneficiary needs</i>	Although it is recognised that CP's did try to engage with communities in a participatory way to identify needs, this was not reflected in the evaluation surveys. It is therefore recommended that there is greater community involvement in identifying the needs and assistance that is required. Community participation should be on an iterative basis along the guidelines supplied by both Sphere and Good Enough.
1.B) <i>Balancing quantitative and qualitative approaches</i>	A better balance needs to be achieved between reaching targets (#'s of people/equipment etc) and a clear focus on achieving quality in the interventions. This would require a log frame that measures on qualitative as well as numerical indicators. This would ensure that quality remains a key focus of all interventions.
1. Relevance and Appropriateness	Suggested adjustments required in any future project life cycle
1. C) <i>Accountability and Transparency</i>	<p>Greater attention to accountability is required to the people affected by the emergency through "two-way feedback processes". This is feasible given that this is a protracted emergency.</p> <p>Greater transparency can be achieved through mechanisms such as complaint systems for stakeholders and beneficiaries. However, these systems can only be instigated if the agency is committed to follow-up procedures.</p> <p>CP's may wish to discuss whether the Yemen/project site context is relevant to a declaration of the project objectives (and funds) on public notice boards.</p>
1. Relevance and Appropriateness	For further CP consideration

<p>1.D) <i>Identification of the beneficiaries and most vulnerable groups</i></p>	<p>There is a need for clearer identification of the beneficiaries and most vulnerable groups. Also, the IERP seems to be evolving from a project focusing on Conflict Affected People to one focusing on the unfolding food insecurity crisis. Any future IERP needs to be explicit on how it will respond to the food insecurity crisis and IDP/conflict situation in northern Yemen. This will clearly impact on the type of beneficiaries targeted.</p>
<p>1.E) <i>Needs assessments</i></p>	<p>The solid JRA conducted in Phase II was used for strategic planning more for Phase III rather than to inform Phase II. Future needs assessments should be conducted at the start of any project so that they can be used in a strategic way for the on-going project.</p>
<p>1.F) <i>Conflict sensitivity</i></p>	<p>More attention and understanding can be given to conflict sensitivity programming and staff training on conflict sensitivity. CARE UK may be able to provide further expertise in this area.</p>
<p>2. Coordination, Efficiency and Institutional Arrangements</p>	<p>Priority Recommendations</p>
<p>2.A) <i>Value-added of the Consortium</i></p>	<p>It would be helpful for the CPs to determine what is the value-added of this relationship. Depending on the results of this discussion, it may then be possible to develop longer term strategic plans and evolve the project into a programme.</p>
<p>2.B) <i>Improving PMT coordination</i></p>	<p>There should be ‘accountable consensus management’</p> <p><u>Decision-making:</u> Put a ‘red flag’ system in place in which burn rates or progress indicators of individual CPs below a certain level will signal the need for the Consortium Manager to take action. While action will be taken in consultation with all affected CPs and with the PMT, the Manager will have the authority to take corrective action in order to ensure that the project as a whole does not suffer from under-spending or unmet objectives. Similarly, a decision making mechanism should be put in place to allow the Manager to act when significant changes on the ground demand action, or when the PMT cannot agree on a way forward for urgent matters e.g. the Sa’ada operations. (Recommendation from previous evaluation)</p>

	Clearly, the Consortium Manager needs to be enabled to take decisions and initiate corrective action. He/she should be enabled to do this by: 1. A clear JD 2. Agreement by the CP's on the authority of the Consortium Manager 3. A reporting structure in CARE in Yemen that enables the Consortium Manager to take (and execute) timely decisions.
<i>2.C) Recruitment coordination</i>	All CP focal points should take an active role and responsibility in recruiting for the Consortium management positions.
<i>2.D) Dedicated focal points</i>	Ideally, one dedicated CP focal point should be identified to attend to the Consortium meetings/business and provide consistency to the PMT. However, given the context in Yemen, a secondary focal point could be identified who would be the 'acting' focal point in the absence of the key focal point.
<i>2.E) Information management</i>	An information management system is essential and will help to partly alleviate the lack of institutional/project memory caused by high staff turnover and evacuations. Responsibility for updating and managing this system should lie with one member of the PMT.
<i>2. F) Financial Management and reporting</i>	<ol style="list-style-type: none"> 1. Greater fiscal transparency and coordination is required. The Consortium Manager, Consortium Finance Officer and Consortium M&E officer should work closely together (and be dedicated solely to the project) to ensure that finance and project activities are tracked and reported in a consistent and transparent fashion. Line management of the Consortium M&E and Finance Officers should lie clearly with the Consortium Manager. 2. Coordination between the Programme Management Unit and the lead agency CO finance and administration departments should be structured and cooperative. 3. Before the commencement of any future phase, CPs should ensure that they fully understand all the reporting systems and provide a clear commitment to timeliness and the quality of reporting to the PMU. 4. CARE UK could provide greater input to CARE Yemen in terms of quality assurance in the donor reporting. 5. It is recognised that the lack of a consistent DFID presence in Yemen is a barrier to effective and efficient communication between the lead agency (and CP's) and DFID. It is suggested that priority is given to update meetings between DFID staff and the CP's (not just the lead agency) when DFID staff are able to make trips to Yemen. It is also proposed that CARE UK takes on a stronger 'connecting role' between the Consortium and DFID to expedite processes such as reporting, clarifications and planning processes. It is understood that the delayed start date in Phase II had a negative impact on the project and there is a need for <u>all</u> involved in the IERP II to avoid time lags between project phases.

2.G) M&E	<p>1. The M&E system needs to be improved and systemised so that it can generate on-going learning in the project to enable better adaptation and strategic direction. M&E should evolve into MEL. Qualitative monitoring such as KAP and impact assessments of trainings and awareness campaigns need to be systemised and the information used to inform the project. Any future M&E system should include qualitative indicators.</p> <p>2. There is a need to roll out and systemise the good M&E processes identified in the M&E workshops in Phase II.</p>
2. Coordination, Efficiency and Institutional Arrangements	Suggested adjustments required in any future project life cycle
2.H) Money transfers	Money transfers to CP's should be expedited in a timely fashion.
2.I) Evaluation	<p>The lead Agency and PMT should invest time in 'front end planning' for any future evaluations. This would mean the following: 1. An agreed ToR is in place before recruitment 2. Relevant and current information is identified and is readily available to the evaluation team at the start of the evaluation 3. Where possible, project staff are available to meet with the evaluation team</p>
2. Coordination, Efficiency and Institutional Arrangements	For further CP consideration
2.J) Coordination versus integration	It may be more realistic to think of the CPs coordinating rather than integrating and develop activities and indicators accordingly. Clearly, the differences between the partners make joint advocacy and position papers hard.
3. Effectiveness	Priority Recommendations
3.A) Technical oversight	<p>Technical oversight by sector would enhance effectiveness of the activities and help ensure quality. This report supports the recommendation from the previous evaluation:</p> <p>The role of sectoral leads should be clearly defined to lead technical integration and improve the quality of IERP interventions for the consortium as a whole. Sectoral leads should be identified not only by agency but by name, and have the technical sectoral capacity to carry out design and monitoring functions. It is recommended that sectoral leads dedicate approximately 30-40% of their time to IERP inter-agency functions. They would have the following tasks:</p>

	<p>j. Lead the design process for common tools, standards, and methodologies for their sector. Ensure consistency with M&E.</p> <p>k. Using consortium experience as well as secondary sources, analyze the sectoral situation in each of the five governorates, and identify key challenges, opportunities, gaps and overlaps that would influence programming decisions of the IERP.</p> <p>l. On a monthly basis (or more often in rapidly changing situations) gather information and update the PMT on any situations in the sector that require a rapid response or reprogramming.</p> <p>m. Quarterly, write and present a brief update on the sectoral situation to the PMT, to be included in the quarterly reports.</p> <p>n. Coordinate with and provide support for other CPs who work in the same sector.</p> <p>o. Support the PMT to play a more strategic – rather than fire fighting - role</p>
3. Effectiveness	Suggested adjustments required in any future project life cycle
<i>3. B) VfM</i>	VfM indicators are an imperfect science but more attention can be given to areas of synergy to generate VfM, the value of working with local partners and the modality of programming in remote areas with vast needs i.e. Al Jawf versus easier accessed locations which are already well served in some sectors i.e. Haradh.
<i>3.C) Aligning ER activities with the JRA</i>	The evaluation indicates that ER was not a high functioning and high impacting sector in Phase II. It is proposed that future ER activities are more in line with the recommendations of the JRA and those ER activities are prioritised to start as early as possible in the project life cycle.
<i>3. D) Avoiding gaps between project phases</i>	Although this has already been mentioned in the recommendations already, it is worth reiterating that the overall effectiveness of the project would increase if the project started on time and avoided gaps between project phases. Planning for future phases should begin early and improved PMT management processes and support from CARE UK could enable more timely communication between the Consortium and donor.
<i>3.E) Risk assessment and mitigation</i>	Re-visit the risk assessment and mitigation strategies from the Phase II proposal and do a stock taking exercise of how effective these strategies were and what areas need redoubled attention. CP's may want to consider making scenario planning a regular part of PMT meetings.
<i>3.F) Awareness raising activities</i>	Awareness raising activities were a successful component of the project. CP's may want to consider effective strategies to continue with awareness raising and alternative means suggested by the beneficiaries and stakeholders e.g. use of the media in Al-Jawf and use of local religious leaders.

3. Effectiveness	For further CP consideration
<i>3.G) Longer project duration</i>	Effectiveness would be maximised if the project was of a one year duration.
4. Impact and Sustainability	Suggested adjustments required in any future project life cycle
<i>4. A) How to work further with local partners</i>	Given the success of the YWU in protection and the volatile operating context, the CPs may want to look at how they can work with more local NGO implementing partners. It is recognised that working with local partners is not without clear challenges in Yemen.
<i>4.B) Longer term programme strategy supported by a diversified funding strategy</i>	If the CPs want to continue in a consortium and develop a medium term strategy that will substantively evolve the IERP from a project to a programme, this will also require a diversified funding strategy. The current donor cannot be reasonably expected to support the work indefinitely.
<i>4.C) Local committees/councils</i>	Water committees and student councils are clear ways to help enhance sustainability of the project outputs. Water committees could benefit from attention and nurturing in any future project phase to ensure that they are sufficiently accepted and embedded in the communities.

Annex 1: ToR of the Evaluation

Terms of Reference

Integrated Emergency Response Project II for Yemen 2011/2012 Final Evaluation

VI. Background:

The integrated Emergency Response Project II (IERP II) for Yemen 2011/2012 is an emergency assistance and recovery project funded by the UK Department for International Development DFID. The project is implemented by a consortium of five INGOs: ADRA, CARE International Yemen, Islamic Relief Yemen, OXFAM UK, and Save the Children.

The programme is a continuation from Phase 1. The 1st phase of IERP was funded by UK DFID and the Royal Netherlands Ministry of Foreign Affairs. It was implemented in 2010/2011.

The above consortium members are operating in Yemen to respond to the needs of people affected by the on-going conflict in northern Yemen - both IDPs and host communities.

Agencies are currently implementing the second phase of the programme (IERP II) 2011-2012. It is targeting the five northern governorates of Sanaa, Amran, Al Jawf, Hajjag and Saada with activities focusing on the five sectors of health, water and sanitation, protection, education, and early recovery.

In their development of Phase I the Consortium Partners agreed that the Consortium IERP II should be stewarded by a fully dedicated and resourced lead agency. It was agreed that the lead agency would be CARE International Yemen for the IERP II.

Programme objectives:

The overall goal of the IERP II is to utilize an integrated and consolidated consortium approach to contribute to the Yemen Humanitarian Response Plan by:

- e) Providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis in the northern governorates of Yemen, and
- f) Contributing to the enhancement of local capacities for preparedness and resilience.

VII. DESCRIPTION OF THE ASSIGNMENT:

The five Consortium Partners (CPs) agreed that the final evaluation should be conducted during March - April 2012 for the duration of 22 days. The consortium is seeking an international consultant to be the Team Leader for the final evaluation process and produce the final

evaluation report. The international consultant (Team Leader) will be supported by National Consultants.

- The evaluation will be conducted in accordance with OECD DAC guidelines, do no harm principles and DFID research ethics
- The assignment will be implemented at a national level and with sampling in the five governorates in northern Yemen

II.1. Overall Evaluation Objective:

The overall objective of the final evaluation is to assess the impact of the project against its overall objective for future programming.

Specific Evaluation Objectives:

The objective of the evaluation is to produce a final evaluation of IERP II using both quantitative and qualitative techniques.

1. Did the Consortium members implement the project activities in a coherent, coordinated and timely fashion?
2. Generally speaking, did the project design and implementation represent value for money?
3. To what extent were the project objectives achieved?
4. Within the context, what were the major enabling or disabling factors resulting in the achievement/non-achievement of the objectives? Describe any unintended consequences (both negative and positive) of the project.
5. How has this project affected the lives of the beneficiaries (positively and negatively)?
6. How relevant were the outputs of the project? Compare and contrast beneficiary support from the different Consortium members.
7. How likely are the outputs of the project to make a **sustainable** difference to the lives of the beneficiaries?
8. Did the project account for risk and mitigate any risks in a timely manner?

II.2. Methodology:

The methodology will be mutually agreed between the Consultant and CARE. The Consultant will share the methodology and tools with CARE for review and comment prior to commencing the evaluation.

Under the supervision of the consortium programme manager, the International Consultant/Team Leader (with support from the National Consultant) will be responsible for the following tasks:

Stage 1: Desk review: Secondary data collection, preparation of fieldwork methodology/tools and first round of interviews with key stakeholders

- 8 Review of documents pertaining to the Consortium's activities, policies (code of conduct, gender, and environmental impact), SPHERE guidelines and assessments and reports on the situation and needs of IDPs.
- 9 Review of documentation pertaining to the context in which the project has taken place
- 10 Review of the Consortium proposal and other internal documents.
- 11 Review of interim reports and M&E summary reports produced by the Consortium Partners at the time of the evaluation.
- 12 Review of the Consortium's Joint Needs Assessment.
- 13 Review the consortiums external review.
- 14 Interviews (in person and remotely) with senior Consortium staff in Yemen and London; implementing partner leadership; government partners; donors (including DFID); and others as determined.
- 15 Draft a work plan for review activities.
- 16 Draft semi-structured questionnaire and methodology for primary data collection
- 17 Determine how the data collection will be managed, including sourcing a local consultant / firm to conduct fieldwork in areas not accessible by international staff.

Stage 2: Primary Data collection and analysis:

1. Conduct structured and semi-structured interviews, focus group meetings with remaining contacts in Sana'a. The interviewees will include (but not be limited to): staff of other international organizations involved in IDP response; partner organizations, local community leaders; and others as determined by the Evaluation Team.
2. The International and National Consultants (in adherence with CARE's security policies) will travel to field offices in the five governorates as appropriate (100 km north of Sana'a) to interview, according to agreed methodologies, stakeholders such as: local staff, Yemen Women Union and/or other partners, local community leaders, beneficiaries. The International Consultant/Team Leader will manage the fieldwork remotely and analyse the data.

Outputs:

- c. Debrief the Consortium at the end of stage 1.
- d. Interim report [after stage 1] including initial findings and methodology for stage 2.
- e. Debrief the consortium at the end of stage 2.
- f. Final evaluation report submitted after stage 2

II.3. Consultancy Roles & Responsibilities

The International Consultant/Team Leader will lead the evaluation and be responsible for managing the scope of work of other team members in the evaluation.

The Consultant will be responsible for the following tasks:

- f) Desk review: data collection and analysis;
- g) Formulation of the evaluation work plan and submit the draft and final version to CARE;
- h) Primary data collection (including remote management of some parts where necessary)

and analysis;

- i) Post-fieldwork presentation to the Consortium Members/Donor on main evaluation findings and conclusions;
- j) Write the interim report and submit the final version to CARE electronically. This document will be in clear English in Microsoft Word and should be produced with the knowledge that it will be translated and distributed to relevant stakeholders;

Support CARE will provide to the Consultant:

CARE will extend the following support for the consultancy:

- f) Provide transportation, accommodations and per diem;
- g) Coordinate the logistics and administration support;
- h) Provide project proposal, interim report, M&E records, final narrative reports by Consortium Partners, relevant organization policies and other internal documentation to the Consultant as needed;
- i) Provide security advice as per CARE policies;
- j) Facilitate meetings with relevant stakeholders, other organizations responding to the IDP crisis and senior consortium staff. Including interpretation for a non-Arabic speaking consultant;
- k) Provide support in locating a suitable National Consultant who can assist with fieldwork in hard to reach areas.

The Consultant will be responsible for any travel accident or other medical insurance he/she requires.

It is understood and agreed that the Consultant will not, without the prior written consent of CARE, have the right, directly or indirectly, neither to reproduce any work produced under this TORs except for purposes of this assignment, nor for personal use, nor to prepare derivative works based on such work, to distribute copies of such work to the public by sale or other transfer of ownership, nor to display the work publicly. All original data collected, questionnaires or focus group discussion notes will remain the property of CARE.

II.4. Consultancy Deliverables

Deliverable	Date	% from the contact fees
Draft evaluation methodology and draft work plan	<i>After two days</i>	
Final evaluation methodology, work plan and report structure (approved by CARE)	<i>After 5 days</i>	30%
Presentation of initial findings	<i>End of stage 1 fieldwork</i>	
Submit draft report	<i>2 days after presentation</i>	20%
Final report	<i>End of April 2012</i>	50%

The Evaluation consultant will produce a single final report which is comprised of:

- 6 Cover page
- 7 Table of contents
- 8 Executive summary: two to three pages maximum, summarizing the key points of the evaluation (purpose and methodology, main conclusions, recommendations for IERP phase III, lessons learned)
- 9 Main report (about 15-20 pages): the main body of the report should start with the method used and should be structured in accordance with the specific evaluation questions formulated under point I above, including: Final Evaluation Methodology including limitations and lessons learned, Final Evaluation Results and Findings, Conclusion and Recommendations
- 10 Annexes (in English)
 - o List of Interviews Conducted
 - o Resources Consulted
 - o Copies of surveys, interviews, focus group discussions, etc.

VIII. Consultancy Requirements

Required skills and experience:-

- a) International evaluation consultant with experience in emergency response, and humanitarian evaluations, including project management processes, structures and systems.
- b) Knowledge of the key sectors, health, education, early recovery, protection and WASH planning and implementation in emergency response.
- c) Wide experience with DFID or INGO.
- d) Well-experienced with program monitoring and evaluation.
- e) Experience in MENA region is preferable.

The Consultants must be capable of demonstrating common sense and independence in their judgment during the mission. The International Consultant/Team Leader must be able to produce a direct and precise answer to each point of the terms of reference avoiding complex theoretical language.

Number of working days: 22 working days.

V. Time Frame (proposed)

PHASE	Key activity	Requirement time	Timing	Responsible
Stage 1	Desk review, evaluation methodology	3		Consultant
	Sana'a - Data collection and analysis, interviews	3.5		
Stage 2	Data collection, analysis and interviews in governorate level.	10		Consultant – sub contract to local organisation if required.
	Presentation of main findings	1		
Reporting	Preparation of draft final	2		Consultant

	report			
	Incorporating comments after circulation of full draft report and re-submitting	3		Consultant

Annex 2: Meetings Table

1. Field Level

Location	Sector	CP	Beneficiary (and community members) # of mtgs	Stakeholder # of mtgs	Project implementation staff and partners	Case Study	Hardware assessments	Total # met
Amran	Education	SAVE	1 x FGD (16)	1 x FGD (7)	3	1	2	29
	WASH (1 st research phase)	CARE	1 x FGD (12)		4	1	2	16
	WASH (2 nd research phase)	CARE	1 x FGD (8) 2 x mtgs (4)	1 x mtgs (2)	3			14
	Protection	CARE	1 x FGD (9)	1 x mtgs (1)	4	2		14
	Protection	IRY	2 x mtgs (4)		4			8
	ER	IRY	3 x mtgs (4)		3			7
Sana'a	Health	ADRA	2 x FGD (29)		6			35
Hajjah	Education	SAVE	2 x FGD (11)	2 x FGD (9)	10			30
	ER	OXFAM	3 x FGD (20)		2	1		25

			2 x mtgs (2)						
	WASH	OXFAM	4 x FGD (20) 1 x mtgs (2)		4				26
Al-Jawf	Health	ADRA	7 X FGD (38) 2 X mtgs (3)	4 x mtgs (7)	10		1		59

2. Meetings in Sana'a and remote interviews

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ol style="list-style-type: none">1. CARE in Yemen (CARE and IERP project staff)2. ADRA (including field staff from Sa'ada and Amran)3. OXFAM GB (including field manager from Sa'ada)4. IRY5. SCY6. WFP (nutrition and Emergency staff)7. UN OCHA (Country manager)8. Deputy Minister for Education9. Yemen Women's Union10. Director of the Water Authority in Sa'ada (remote)11. Yemen's Women Union (Sa'ada) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Annex 4: Identification of Most Vulnerable Groups in Al-Jawf, Amran and Hajjah

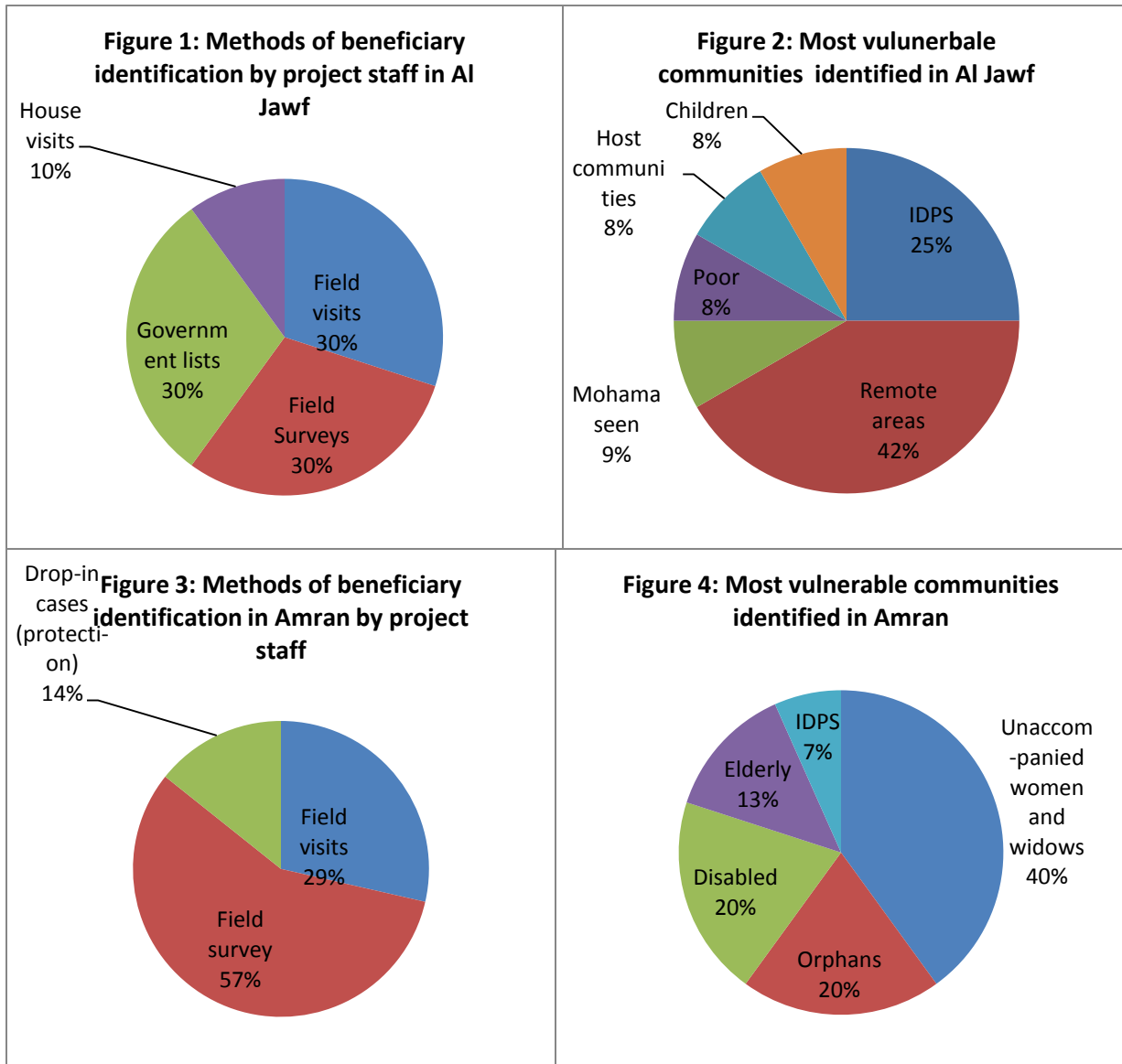


Figure 5: Methods of beneficiary identification in Hajjah

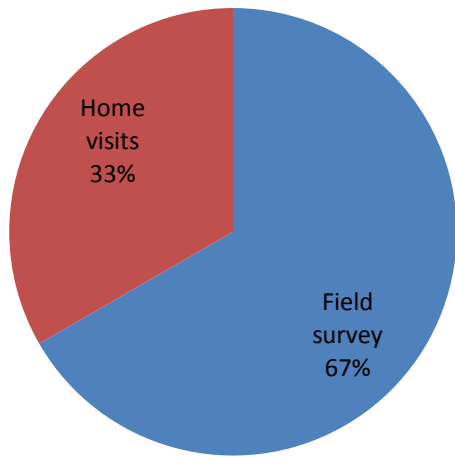
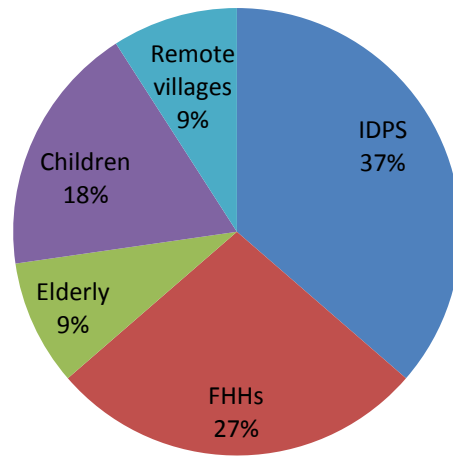


Figure 6: Most vulnerable communities identified in Hajjah



Annex 5: Project Risk Assessment and Mitigation Strategies

Risks	Mitigation Steps
<p>1. <i>Civil Unrest – Risk of violence and new displacement</i></p>	<ul style="list-style-type: none"> - PMT will continuously monitor developments at national and governorate levels - PMT will liaise closely with other humanitarian actors (HCT, OCHA and UNHCR) to monitor changing landscape - PMT will execute rapid assessments if required in order to identify emerging or crisis needs - PMT will conduct ad hoc contingency planning, in coordination with other actors - Other identified risks and mitigating steps will be revised as per political and civil developments - Proposed activities can be secured by revising security management plans and modifying delivery mechanisms - Proposed activities can be rapidly adjusted by adaptation of methodology and/or reallocation of targets/resources - If required, contingency resources will be rapidly mobilised, in liaison with donor/s, and in consideration of relevant contingency planning, assessments and other responses
<p>2. <i>Increased government ineffectiveness and national economic collapse as a result of political crisis</i></p>	<ul style="list-style-type: none"> - Work closely with INGO Forum members, consortium partners and other humanitarian actors to identify short and medium term critical needs. - Use the platform of the consortium to rapidly address emerging humanitarian needs - Work with other humanitarian actors to raise advocacy issues in the international arena to support humanitarian response as a result of political and economic instability - Seek strategies to maximize impact of responses to emerging humanitarian needs that draw on resources and capacities to fill gaps in the absence of government functions (i.e. working with a broader sector of Yemeni civil society organizations)

<p>3. <i>Lack of Access</i></p>	<ul style="list-style-type: none"> - Security clearance by the local authorities, community/ tribal leaders and relevant parties - A two pronged strategy community acceptance approach of working with IDPs as well as the host communities - Working with female staff in specific areas to reduce security risks and allow access to communities (tribes are reluctant for cultural reasons to target women) - Working with local partners such as YWU who have existing volunteer networks in communities that are difficult to access - Detailed community actor mapping - Outreach strategy, Community mobilization and local participation in planning and implementation of the suggested activities - Engage the government and the anti-government forces in providing humanitarian corridors - Quiet diplomacy to positively influence the Yemeni government for improved access - Increased capacity support and work through partners - Increased frequency of NGO visit to the field for consistent partner support - Recruitment of outreach workers from the target districts - For Al-Jawf: Possibility of moving mobile units to a more accessible area if denied access in one location <p>Agencies focus on areas where they have strong connections, i.e. agencies are not new to the target population</p>
<p>4. <i>Security of field staff due to continued fighting and proximity of conflict belligerents and GOY armed forces</i></p>	<ul style="list-style-type: none"> - Establishing security networks (formal and informal) to facilitate collection of security reports - Security management protocols and plans in place at all CPs.
<p>5. <i>Local authorities see intervention as a means of supporting anti-government forces</i></p>	<ul style="list-style-type: none"> - Continuous dialogue with local authorities explaining the immediate and urgent need for the intervention
<p>6. <i>The ongoing conflict in Sa'ada might delay implementation of project activities</i></p>	<ul style="list-style-type: none"> - CPs working in Sa'ada city have established presence (field offices) and a good working knowledge in the area. In particular, IRY is well known in the area and has had access to difficult areas in the past during the conflict
<p>7. <i>Mine Risk</i></p>	<ul style="list-style-type: none"> - SC will provide Mine Risk Education to CPs' staff to mitigate against the risk of landmines/UXO
<p>8. <i>Difficulty to hire qualified staff</i></p>	<ul style="list-style-type: none"> - Recruit staff directly from the target areas and provide training - Work with government in identification and relocate technical staff (already taking place with Health Directorate in Sa'ada) - Enhance effort to recruit qualified national staff - Share available resources across agencies such as sharing capacities

	<p>and through conducting of joint trainings</p> <ul style="list-style-type: none"> - Some international staff are required to cover technical gaps - Provide capacity training to partner organisations (including local NGOs) in resource management and specific relevant technical programme areas - Invest resources on capacity building of local staff - Flexibility with available staff to be able to provide support in multiple locations - Priority given to recruit staff who took part to Phase I
<p><i>9. Overlapping funding on the side of the CPs</i></p>	<ul style="list-style-type: none"> - In order to avoid any risk of overlap CPs are committed to transparently share information on their fundraising efforts for complementary action between the partners, with Dfid as well as with the wider humanitarian community - Of special importance in this context is the close coordination with the CAP as well as the full integration of this Project and its partners under the IASC Cluster system
<p><i>10. Capacity Challenges for local NGOs (especially Yemen Women Union, YWU)</i></p>	<ul style="list-style-type: none"> - CPs acknowledge the risk of entering into capacity constraints when working through local civil society actors as implementing partners - CARE is already involved in a comprehensive capacity building project with YWU and other local NGOs, which can complement any ER specific capacity building - CPs will systematically assist field partners in planning their capacities. - CPs will assist YWU and other partners in drafting work plans and resource allocations in a joint planning session at the onset of the Consortium project to mitigate this risk - CPs will immediately select pre-identified alternative partners should the capacities of planned partners be insufficient

