

**Evaluation Report Title: Integrated Emergency Response Project Phase III (IERP III) Yemen, 2012-13**

**Response to Evaluation Report (overarching narrative)**

DFID welcomes the findings of the final evaluation of the Integrated Emergency Response Project (IERP) project covering the final year (phase III, 2012-13) of the grant which was made annually by DFID since 2010. The project delivered humanitarian assistance through a consortium of International Non-Governmental Organisations, hereafter referred to as consortium partners or CPs: Adventist Development and Relief Agency Yemen (ADRA), Islamic Relief Yemen, CARE International in Yemen, Oxfam Great Britain and Save the Children Fund (SCY) with CARE International UK acting as the lead agency.

This evaluation was led by an independent consultant, with members from five of the CPs assisting him with the field work. The evaluation was designed to take a participatory approach whilst maintaining independence to the best extent possible. Care and the CPs have noted the significant amount of learning that this approach delivered for the team.

The main findings were:

**Effectiveness**

The evaluation found sufficient evidence to conclude that the health programme targeting IDPs and vulnerable communities is bringing essential curative health services to communities who otherwise have no access to such services; and hygiene promotion work and nutritional interventions undertaken is creating awareness about breastfeeding, improved sanitation, hygiene and nutrition practices in villages. The work on community management of malnutrition by one CP utilising health centres has provided a good model for outreach programmes for nutritional surveillance and treatment; and in livelihoods, one of the CPs' approach to targeting some families with multiple inputs has the potential to contribute significantly to transforming livelihoods of targeted families, although this needs to be verified in future through impact studies. However, the short period of implementation of several activities as well as long gaps between different phases of IERP funding limited the potential effects of some of the interventions in the areas of health and livelihoods, in particular.

**Impact**

The outcomes being realised through health clinics, hygiene and nutrition education, and community management of malnutrition are contributing to improved mortality and morbidity rates. The livelihoods programme is delivering mixed results and is likely to have less impact on recovery and resilience of communities than was intended. Livelihoods programmes targeted at vulnerable communities require continued support over a period of time, rather than one-off assistance, as was done in the IERP, and hence its impact is likely to be limited.

**Sustainability**

In areas where organisations have ongoing programmes, it is likely that some follow up support to sustain the outcomes will continue. ADRA's livelihoods programme which is based on repayable loans will enable it to continue supporting the livelihoods beneficiaries, if the loan portfolios are managed well. In the absence of any clear strategy on part of CPs and DFID for any follow up support to communities and/or local authorities as part of the exit/phase out strategy, the sustainability of many of the outcomes remain doubtful. The project design did not pay sufficient attention to a realistic phase out strategy.

**Relevance**

Overall, the relevance of the IERP interventions was strong and the evaluation concluded that the design of the programme took into account the context and needs of the vulnerable. However, as was noted in a previous external review undertaken in early 2012, a high proportion of the humanitarian needs remain unmet by both the consortium and other agencies; and the sectoral reach of IERP remains limited, with IERP districts sometimes having only a single sector or agency operating in a geographic area.

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### **Efficiency**

In this phase, the key internal challenge was to transform the management of the consortium to make it more decisive, strategic and effective in providing oversight and leadership on programme delivery, monitoring and reporting which were found to be weak in previous phases. The functioning of the consortium improved significantly in phase III, although this was not sufficient to bring about programmatic integration among the five CPs, a weakness noted in a previous evaluation. Further, short-term funding of generally disparate activities spread over a wide geographical area made any integration unrealistic, and IERP thus failed to deliver economies of scale that could have been obtained through a cohesive joint programme in a compact area.

### **Actions taken**

Following Phase III it was decided that the IERP consortium model in its current form would cease to operate. This evaluation, alongside other reviews, provided evidence that while the interventions being delivered made a critical contribution towards the humanitarian response in Yemen, the consortium model as it stood had been overstretched and did not add enough value to warrant continuation.

DFID has taken on board recommendations regarding longer term planning and has just approved multiyear humanitarian interventions until 2015. Learning from the evaluation's recommendations, DFID selected partners using criteria that prioritised local contextual understanding, capacity building and clear, well thought through transition and exit strategies.

A Care-led consortium will be one of the funding partners. DFID have worked together with Care to ensure that the new consortium builds on the strengths of the former but takes on board critical lessons. Key changes in approach include smaller consortia with only three partners compared to the five under IERP, a more integrated and geographically specific approach to targeting and a strong governance arrangement with increased oversight by DFID in the initial set up stages.

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DFID's Management Response to the recommendations from the evaluations is set out in the table below. We would like to thank the evaluation teams for their work and the collaborative approach used in designing and carrying out the response. Their reports have been vital inputs for DFID and partners in the development of our humanitarian portfolio in Yemen.

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Evaluation Report Title: **Integrated Emergency Response Project Phase III in Yemen, 2012-2013**

Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
<b>1. Consortium partners:</b>		
R1: CARE needs to work with its partner in Amran, Yemen Women’s Union (YWU), and ensure that there is no disruption in funding for the specific legal aid and medical treatment cases taken up under the IERP III.	Accepted	CARE will continue to encourage the Yemen Women’s Union (YWU) to apply for funding for legal aid and medical treatment cases taken up under IERP III and will work with them upon request on designing an appropriate intervention for donors.
R2: Save the Children Yemen (SCY) needs to urgently explore resources for extension of the Community Management of Acute Malnutrition (CMAM) programme during which it needs to actively work with health centres, the Ministry of Public Health and Population (MoPHP), UNICEF and other agencies specialising in nutrition toward a gradual hand over of the activities in the next 6-9 months.	Accepted	The MoPHP, with UNICEF support, took over all health centres and associated CMAM activities at the end of the IERP project. There is no need for further action on the part of SCY on these specific centres. Nonetheless, SCY has received a 24month PCA from the DFID- funded UNICEF programme, which supports exactly the sort of expansion and capacity development suggested. However, the exact geographical coverage convergence is not specified beyond broad need prioritisation. Flexible resources should ensure gaps are avoided. DFID are also exploring with UNICEF how to support INGOs who have demonstrated success in CMAM and other nutrition programming to share experience and build ministerial and governorate capacity. Finally, DFID has supported Yemeni (incl CSO) engagement in the SUN movement in Yemen, which aims to do much of above.
R3: ADRA needs to build its management capacity to deal with loan portfolios using microfinance model.	Accepted	ADRA will take the following action: More training for the loan officer, a more in-depth analysis of the business plans and increased follow-up. DFID have agreed a plan with ADRA to utilise existing loan repayments for future beneficiaries in accordance with need.
<b>2. DFID and CPs:</b>		
R4: To draw lessons on interventions aimed at improving food security and livelihoods status of vulnerable families, <u>DFID /Oxfam needs to conduct systematic research and data analysis of contributions made through its cash transfer programme and livelihoods interventions.</u>	Accepted	Oxfam conducted a cash transfer documentation process in June 2013 with DFID funding and is disseminating findings, along with broader lessons from other studies, via the Cash Learning Working Group which Oxfam chairs in Sana’a.

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<p>R5: In order to draw lessons for future strategies, DFID needs to <u>support Oxfam and CIY in undertaking impact studies</u> in the next 6-12 months to examine the following aspects:</p> <p>i. <u>hygiene practices in post-project period</u> – do the newly acquired practices continue, once direct inputs from the Agencies stopped, and which factors influenced choices made?</p> <p>ii. <u>water filters</u> are currently being extensively used by families who received these; however, when the time comes for replacing the ceramic filters (which reportedly cost about \$15 each) after nearly a year, what proportion of families would continue to use these filters and what factors influence their decisions?</p> <p>iii. <u>functioning of WASH committees</u> – women’s committees and mixed (men and women) committees.</p>	<p>Accepted</p>	<p>Under the new CARE consortium which is due to commence work in August 2013, CARE will follow-up on the 3 points via their WASH Centre of Expertise. The CARE-implemented WASH activities were in Amran under IERPIII so that is where CARE will be undertaking this activity.</p> <p>Oxfam will further strengthen WASH committees under new funding from DFID for a resilience building project running from August 2013 until 2015.</p>
<p><b>3. DFID</b></p>		
<p>R6: Should DFID consider IERP-type consortium funding in future, it needs to factor in the <u>need for longer time-frame</u> that is needed to get consortium arrangements functioning effectively, as well as ensure that DFID’s monitoring and oversight <u>do not make excessive administrative and compliance demands</u> at the cost of support on programmatic issues.</p>	<p>Accepted</p>	<p>DFID has accepted the recommendations from various evaluations to move to longer term multiyear funding agreements with partners in Yemen. All humanitarian funding in our new portfolio is at least 24mths or longer. However, given the loss of flexibility for DFID inherent in the provision of longer term funding, there is an increased focus on monitoring, evaluation and accountability. This is particularly the case for new consortia given some of the previous challenges with the IERP II &amp; III. To balance this tension, DFID Yemen has devised in partnership with CARE and IOM (our new consortia managers) a series of key performance indicators (KPIs) based specifically on issues of concern previously – e.g. the time taken for DFID payment to reach consortia manager’s bank account and subsequent disbursement to consortia partners. The KPIs will track whether governance arrangements are functioning in the critical first 3&amp;6 months. It is envisaged that subject to success according to the agreed KPIs that DFID would be freer to focus on programmatic support wherever needed, rather than excessive administrative oversight.</p>

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		<p>DFID have also been in dialogue with CARE as consortia lead agency to examine how quarterly narrative and financial reporting requirements can be best managed to minimise disproportionate impact on implementing partners yet meet DFID's internal requirements for oversight. DFID has committed to accepting 4 monthly (rather than quarterly reporting) cycles and to providing partners with consolidated queries to streamline revisions of reports.</p>
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