

Evaluation Report Title: Integrated Emergency Response Project Phase II Yemen, 2011 - 12

Response to Evaluation Report (overarching narrative)

DFID welcomes the findings of the external evaluations of the second phase of the Integrated Emergency Response Project in Yemen, which ran from July 2011 to March 2012. The project delivered humanitarian assistance through a consortium of non-governmental organisations (Adventist Development and Relief Agency Yemen, Islamic Relief Yemen, CARE International in Yemen, Oxfam Great Britain and Save the Children Fund) with CARE International UK acting as the lead agency.

These evaluations highlighted a number of operational and managerial challenges faced by the Consortium during a period of immense political and social upheaval in Yemen, but also provided a positive overall assessment of the assistance that was delivered through the project. The evaluations concluded that the Consortium had “shown a strong performance in difficult circumstances” and that the project contributed “quite effectively to the Yemen Humanitarian Response Plans (UN humanitarian appeals) by providing life-saving, time-critical and early recovery assistance to communities affected by the complex humanitarian crisis”.

The two independent evaluations also made a number of concrete recommendations concerning the management and structure of the Consortium, with a view to improving decision making processes, including the flexibility and timeliness of response, and the harmonization and integration of activities. Of particular note, the evaluations queried whether integration was a realistic goal or whether good coordination on “clearly identifiable management and operational indicators” was more appropriate.

The Consortium has already provided its management response to the evaluation to the Department for International Development (DFID). As outlined below, many of the recommendations made by the evaluation teams were successfully incorporated into the design of the third phase of the project that is now underway and are being used by partners to guide their response.

Note: the external evaluation of the second phase of the Integrated Emergency Response Project in Yemen was conducted in two stages. The first evaluation was completed whilst outputs were still being delivered and whilst the project proposal for the third phase of the project was under preparation. It centred on the effectiveness and appropriateness of the Consortium model. The second evaluation, which was not received until the third phase had already begun, considered the impact and sustainability of the project against its overall objectives. The two stage process was designed to ensure that evaluation findings related to management structure and systems – considered a priority for DFID - could be addressed in the design of the third phase of the project, which was approved in July 2012.

Key findings are summarized below.

Need for strengthened programme management

The evaluations concluded that management and coordination in the second phase of the project had improved considerably over the first phase, in terms of joint planning and decision making and sharing information and expertise. However, a number of areas for improvement were identified. In particular, a management model based on consensus was held to be ineffective in ensuring effective decision making and further limited the authority of the Consortium Manager, who has overall responsibility for the project.

In addition, whilst mechanisms were in place to facilitate budgetary flexibility in response to changing needs, in practice these proved to be inefficient, leading to sizeable underspends in the first months of the project. Weaknesses in reporting and monitoring and evaluation

processes were also identified, particularly by the second evaluation team.

The Consortium model encountered difficulties and did not deliver anticipated efficiencies through reduced administrative burden. In part this was due to rapid staff turnover, which is largely beyond the control of Consortium members; it was also a function of delays by CARE International (the Consortium lead) in transferring funds to partners.

We agree with these findings and welcome the actions taken to improve performance in the third phase. These include more robust management arrangements, primarily through strengthened governance structures, including the creation of a Programme Management Unit, led by the Consortium manager, which has executive decision making authority to reallocate funds and adjust project plans. CARE International has also dedicated additional back office support to the project in the UK, to quality assure financial and narrative reporting, build capacity and to improve the timeliness of reporting to DFID.

Improved integration of programmes, systems and processes

Both evaluations concluded that efforts to integrate activities managed by different Consortium partners had met with limited success. They further concluded that differences in information management systems used by Consortium partners led to delays and inaccuracies in reporting, including a mismatch between financial data and programme outputs. DFID-Yemen's experience in managing the second phase of the project supports these findings. We welcome the actions proposed by Consortium members in the third phase to address these shortcomings, including: joint needs assessments, more structured coordination with other humanitarian organisations and fora, improved sectoral and geographical planning through dedicated technical and regional leadership and more systematic monitoring, evaluation and learning across sectors and partners.

Impact and sustainability

The second evaluation attempted to capture the impact of the project. It found that there was limited sustainability in most sectors, which was to be expected due to the humanitarian nature of the interventions. However, some potential mechanisms for sustainability were identified, including student councils supported by Save the Children and the water committees supported by OXFAM and CARE. The evaluation recommended that partners consider ways to work more closely with local communities and local organisations in future phases of the project.

Beneficiary feedback and participation

The second evaluation also concluded that although beneficiaries were involved in the design of many aspects of the project, there was limited evidence that beneficiary feedback had been gained on the services being delivered. Communities consulted as part of this process viewed project inputs as relevant and appropriate. However, the evaluation also found that the project could have been enhanced by clearer beneficiary targeting and stronger participatory and accountability mechanisms for beneficiaries, including with respect to the identification of needs and the type of assistance required and beneficiary feedback on the services being delivered.

On a specific issue, the evaluation reported that there were perceptions amongst some communities interviewed that ADRA funds in the health sector in one particular area were being misused. ADRA has rejected these findings, citing the internal controls systems it has in place to guard against such eventualities. Whilst funds were not misused, this misperception highlights the importance of the establishment of robust conflict sensitivity principles and communication with local communities.

We have discussed with Consortium partners how to improve accountability to beneficiaries in the third phase, including through more structured involvement of community representatives and committees, the development of a beneficiary satisfaction survey and the introduction of grievance mechanisms. They have presented the changes they have made to DFID.

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 important inputs for DFID and Consortium partners in the development of our humanitarian programme in Yemen.

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
1. Coordination, efficiency and institutional relationships		
<p>Programme management structure and processes within the Consortium need to be strengthened and monitoring and evaluation (M&E) systems improved, including as follows:</p> <ul style="list-style-type: none"> • The establishment of a “red-flag” system in which progress indicators of individual partners below a certain level will signal the need for the Consortium Manager to take action • Improved financial management and reporting procedures • The Programme Management Unit should have systems in place to enable it to act primarily as a strategic management body • Expediting financial transfers to Consortium partners in a timely fashion 	Accepted	<p>As part of phase III of the project, the Consortium has introduced new management structures, designed to empower the Consortium manager and improve the transparency of decision making processes. A Project Management Unit (PMU) comprising of the Consortium Manager, Assistant Manager, Finance Officer and M&E Officer, has been established to oversee the project. The PMU is responsible for monitoring overall performance and has executive decision-making authority to reallocate funds and adjust project plans as a matter of last resort, if the Project Steering Committee (PSC) (see below) fails to take adequate action regarding performance or expenditure. The PSC functions as the decision-making body of the Consortium, and comprises the PMU and a representative from each of the Consortium partners.</p> <p>A dedicated M&E officer has been attached to the project. The M&E officer has been tasked with: (a) developing tools to monitor the quality of interventions provided under the project; (b) conducting an impact assessment of trainings and awareness-raising campaigns; (c) ensuring regular sharing of findings of assessments and evaluations, (d) improving the timeliness and accuracy of reporting to DFID and (e) developing a system that supports ongoing learning by partners. CARE International, the lead agency in the Consortium, has also committed to establish an improved information management system for the project.</p> <p>CARE UK is also now providing full time support for the project from London to ensure timely liaison with DFID’s Deputy Programme Manager and Humanitarian Adviser and to quality assure reporting provided by the Consortium. CARE UK is also providing training to Consortium partners on reporting and fund management.</p> <p>Operational management structures have also been enhanced by the assignment of</p>

		<p>dedicated sectoral leads and a geographic lead to coordinate amongst partners working in Hodeidah (i.e. all Consortium partners except CARE).</p> <p>We support the steps taken by the Consortium to address these recommendations.</p>
<p>The integration of Consortium partner activities needs to be improved, through:</p> <ul style="list-style-type: none"> • The identification of geographical and sectoral leads • The development and implementation of a “strategy for integration”, which defines what an integrated project would look like and sets specific benchmarks and milestones for integration. 	Partially accepted	<p>We agree with the need for improved planning and coordination amongst Consortium partners and accept the decision to appoint geographical and sectoral leads, with responsibility for operational coordination (in Hodeidah only), providing appropriate technical guidance and developing common tools and standards for interventions. We also recognize that DFID can play a role in this, by convening Consortium partners regularly to discuss specific technical issues, with relevant advisory support from within the department.</p> <p>As part of our management of phase III of the project we have convened a number of sessions with partners to discuss specific technical or sectoral issues, including accountability to beneficiaries, livelihoods and protection. Further sessions are planned for the coming months.</p> <p>At the same time, we recognize that complete integration of Consortium partners is not feasible, given the different character of the different organisations that make up the Consortium, their need to retain independence on certain issues and differences in management information systems across partners. We have worked closely with CARE International to refine monitoring and reporting templates and processes for the third phase of the project.</p>
2. Relevance and appropriateness		
<p>Accountability towards beneficiaries and local communities needs to be improved.</p> <p>Although it is recognized that Consortium partners did try to engage with communities in a participatory way to identify needs, beneficiaries consulted as part of the evaluation process did not reflect this. It is recommended that there is</p>	Accepted	<p>We welcome the decision by the Consortium to increase the involvement of local communities in the project, through the establishment of local (village / community) groups and the establishment of feedback and grievance mechanisms. We recognize the role DFID can play and have already convened a workshop with Consortium partners to discuss how accountability to beneficiaries can be improved. This provided an opportunity for Consortium partners to outline their plans, discuss best practice and share learning on accountability and transparency within their organisations.</p>

<p>greater community involvement in identifying the needs and assistance that is required.</p> <ul style="list-style-type: none"> • Greater attention to accountability is required through “two-way” feedback processes. • There is a need for clearer identification of beneficiaries and the most vulnerable groups. 		<p>Other actions proposed or taken to address this recommendation include the following:</p> <ul style="list-style-type: none"> • Geographical and sectoral leads have been tasked with defining beneficiary selection criteria. • Establishing feedback mechanisms to allow beneficiaries and non-beneficiaries to communicate with Consortium partners on various aspects of the project (needs, assessment of assistance provided, complaints if not selected). • Provide training to Consortium partners on conflict sensitivity programming, using CARE’s “Making Sense of Turbulent Contexts” methodology.
<p>A better balance needs to be achieved between reaching targets and a clear focus on delivering quality services</p>	Accepted	<p>The M&E system being developed by the PMU will incorporate measures of quality. These will also be captured through the feedback and complaints procedures which are being adopted. Although not incorporated for phase III, DFID Yemen will look to better include indicators in logframes for humanitarian projects that include a measure of quality as well as quantity.</p>
3. Effectiveness		
<p>The Consortium should develop a longer term strategy, beyond the one year funding cycle supported by DFID.</p>	Accepted	<p>The Consortium has committed to developing such a strategy by March 2013. This is captured in the log-frame for the third phase of the project.</p>
4. Impact and sustainability		
<p>Consortium partners should look at ways of increasing the number of local NGO implementing partners and developing a longer term funding strategy.</p>	Accepted	<p>We agree with this recommendation in principle and welcome the decision by the Consortium to explore the potential for working more closely with a larger number of local NGO partners, building on the positive experiences with the Yemen Women’s Union. Partners will also look at ways of building the capacity of local NGOs / implementing partners, with a view to ensuring sustainability.</p> <p>We also support the development of a longer-term programme, which can form the basis for a more diversified funding strategy.</p>

