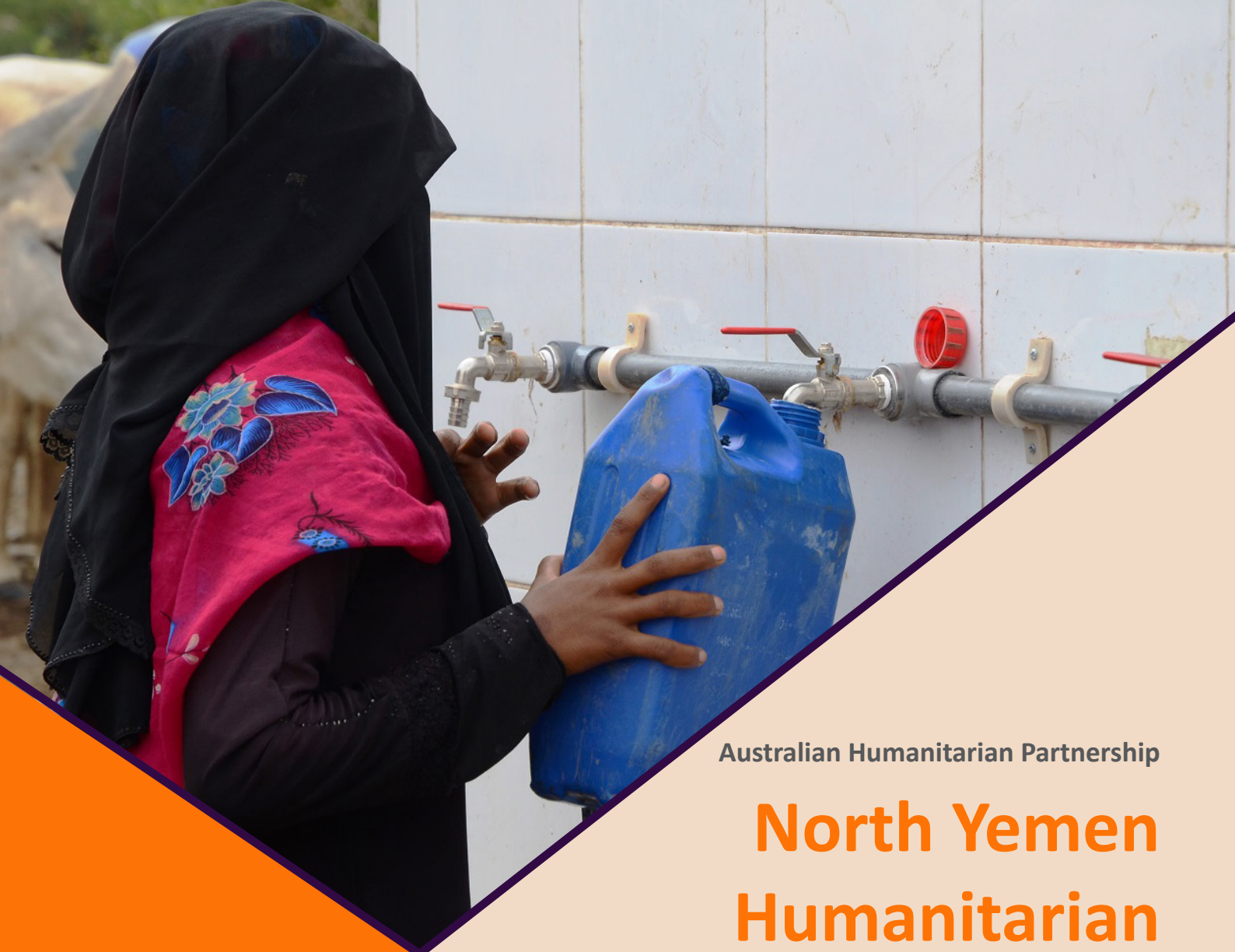

Australian Humanitarian Partnership

North Yemen Humanitarian Response

Evaluation

December 2018 - January 2019

Australian Aid

AHP | Australian Humanitarian Partnership

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The consultancy team would like to thank all participants in this evaluation, most notably the Yemen-based Save the Children teams, as well as international stakeholders at Save the Children and DFAT for their insights and support.

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Acronyms and Abbreviations

AHP	Australian Humanitarian Partnership
CHS	Core Humanitarian Standards
CSI	Coping Strategies Index
CT	Computed tomography
DFAT	Department of Foreign Affairs and Trade (Australia)
EmONC	Emergency obstetric and newborn care
FGD	Focus group discussion
FS	Food security
FSL	Food security and livelihoods
HF	Health Facility
IDP	Internally displaced person
INGO	International non-governmental organisation
IYCF	Infant young child feeding
KII	Key informant interview
MEAL	Monitoring, evaluation, accountability and learning
MOPIC	Ministry of Planning and International Cooperation
NAMCHA	National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery
NGO	Non-governmental organisation
NT	No stated target
PLWD	People living with disabilities
Save	Save the Children
SFD	Social Fund for Development
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, sanitation & hygiene

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Executive Summary

Introduction

The conflict in Yemen greatly exacerbated the needs of an already vulnerable population. On 24 April 2017, the Australian Government announced a $10 million package of life-saving assistance in response to the worsening humanitarian situation in Yemen. The Australian Humanitarian Partnership (AHP) is a partnership between the Australian Government and six pre-selected Australian NGOs (CARE Australia, Caritas Australia, Oxfam Australia, Plan International Australia, Save the Children Australia and World Vision Australia). The AHP activation focused on activities within Yemen for a duration of up to 18 months. The focus sector was water, sanitation and hygiene (WASH), with an emphasis on targeting vulnerable populations including women and people living with a disability. Save the Children Australia was selected as the implementing NGO and activities commenced in June 2017 with the Save the Children International Yemen Country Office undertaking implementation.

Initial designs of the programme focussed on the response to a serious cholera outbreak in Sa'ada Governorate, targeting 2,100 affected households (14,700 people). However, in September 2017, the Australian Government announced a further $10 million in response to the crisis including an additional $2 million to expand the existing Save the Children activities and extended the implementation date to December 2018. The programme design was changed to expand activities into the capital Governorate of Sana'a and address more pressing needs in maternal and newborn health (3,130 direct and 52,000 indirect beneficiaries), food security (unconditional vouchers to 2,100 conflict affected households), and WASH (84,387 beneficiaries targeted). A total of 88,000 unique beneficiaries were targeted by the intervention.

The evaluation found that the intervention was largely successful in reaching its targeted population, with: (i) 2,106 conflict-affected households receiving food basket distribution; (ii) 59,074 beneficiaries of hygiene promotion and 29,739 beneficiaries of WASH facilities repaired in schools and health centres in Sa'ada; (iii) 18,677 beneficiaries of clean-up campaigns and 12,708 beneficiaries of health facility repair in Sana'a, and; (iv) appropriate aid ultimately provided to 426 people living with disabilities.

This document comprises an end-of-project evaluation report for the AHP North Yemen Response, delivered by Save the Children Australia with funding from the Australian Department of Foreign Affairs and Trade (DFAT). This evaluation undertook to answer a variety of key evaluation questions. Further to those questions, this evaluation focused on the investigation of programmatic effectiveness, accountability and efficiency, linking to the Core Humanitarian Standards (CHS), and undertaking to collect lessons learned to inform future programming.

Key Findings

The evaluation found this to be a largely successful program that achieved, despite several constraints, most of its objectives. Overall, it seemed that stakeholders held a positive view of the project, with the primary criticisms focusing on limited resources rather than poor quality or inappropriate delivery. This was the case for all categories of activity: WASH, Food Security and Health.

In terms of relevance, programming appears to have been appropriately targeted from the outset of implementation, with ongoing implementation responsive to changing evidence and needs (within the constraints imposed by context and resources).

Similarly, the AHP response was largely effective in delivering much needed programming, though some concerns were raised in specific instances/locations. General challenges in access, logistics, economic pressure, and organisation mobility (common across Yemen) posed barriers to programme achievements. Related delays in sourcing and delivering medical supplies, difficulties in accessing certain communities because of checkpoints and administrative barriers by local authorities, and other similar challenges were cited as common problems facing implementation throughout the project period. One key example of such challenges is the two-month delay in the project's launch in Sa'ada, due to shifting documentation requirements from local authorities. In another case, shifting exchange rates required renegotiation with donors on programme activities, presenting further delays to activity implementation. These are, however, challenges that will be familiar to anyone working in Yemen, and are not necessarily thought to reflect on the standards of Save the Children's delivery.

The importance of primary needs assessments in informing programme design was discussed by stakeholders; the lack of primary data did appear to cause challenges in selected cases. Local Authority guidance could often be made with unclear rationales and unspecified evidence. In the case of this project, it did (at times) appear to be incorrect; in other cases, a lack of primary needs assessments may have resulted in limited outreach to high-need areas.

Because of the changing and fragile situation, programme management needs the flexibility to respond to challenges while still meeting targets, which may mean that timelines and budgets need to account for these unexpected difficulties. While there were numerous strengths in this regard cited by stakeholders (each level of the process was individually seen to be flexible and responsive to on-the-ground needs), flexibility of programming was seen to face specific challenges in two distinct areas: the cumulative effect of approval processes at the field, country office, international office, and donor levels; and the limited in-built budget flexibility.

With regard to the cumulative effect of approval processes, each body in the approval chain (field, country, international, and donor offices, plus local authority approval) appeared to work hard to provide flexibility and turn change requests around as quickly as possible. However, passing through each step in the approval chain could take anywhere from 1–3 weeks, with the cumulative delay comprising up to eight weeks (or more in some cases). This posed key challenges to required flexibility in many cases.

With regard to inbuilt budget flexibility, limited provisions were made for contingencies; i.e. some efforts could have been made to create contingency budget lines or activities within the initial proposal and budget, allowing for Save the Children to immediately shift implementation in response to key challenges in the field (both anticipated and unanticipated).

Furthermore, despite the AHP mechanism not having had time to mature, and lacking many of the key components that define it within other national contexts, sustained engagement and interactions at the regional level (e.g. Iraq, Yemen, Syria) were reported between key AHP member representatives; this was reported to have created unusually strong lines of communication between the various organisation and donor representatives, where learning, intelligence, and support were more frequently and easily shared. An *esprit de corps* was said to have arisen from these relationships, with donor and organisation staff working well in excess of their remits and

responsibilities to promote the success of the project. There was a consistent view among those interviewed that these outcomes had a distinctly positive influence on the success of the project; however, when asked to give concrete or specific examples of how this could be seen at the field level, stakeholders indicated impacts were distinctly positive yet remained intangible. There does indeed appear to have been some degree of positive, strategic outcome from the AHP mechanism at an international level, and this should not be understated; however, it may be an interesting area for further investigation as the mechanism matures in Yemen.

Cluster-level cooperation, however, did appear to be strong in the project, and may have achieved some of the key field-level outcomes normally attributed to more mature AHP mechanisms in other national contexts. Across all targeted sectors, coordination was undertaken, and limited any instances of duplicated activity within targeted areas. Furthermore, coordination with UNICEF was highlighted in several health centres, with the AHP project paving the way for supporting UNICEF delivery. Such practices appear to have had a positive relationship with improved efficiency and outcomes at the field level.

Many of Save the Children's achievements were commendable, and it is clear that considerations of inclusion (gender, disability and vulnerability) underpinned all activity. Substantial efforts were made to identify people with disabilities. Nonetheless, resource constraints, the overwhelming level of need (Save the Children is the only INGO providing food assistance, for example, in the areas targeted) and other such challenges appeared to pose barriers to further achievements within this area of focus. Alongside general concerns about lack of provision, specific concerns were expressed in Sa'ada Mitba Al-Yazeed and Sa'ada Mitba Ayyash regarding disability inclusion, with remoteness of distribution from households cited as a concern.

The need to establish new supply lines, supplier relationships and to lay the 'groundwork' for delivery across new sectors and new geographical areas necessarily imposed some real financial and human resource costs on the project. Taken together, it does appear that there is some room for improvement with regard to financial efficiency, though a clear trajectory for improvement has been demonstrated.

The Save the Children policy of working closely with local authorities and using investment to build local capacity and leadership appears to have been effective, particularly in the cases of the Sana'a Health Office and Al-Regah. Strong relationships between Save the Children and local authorities also appeared to have facilitated safer and more effective operations for project teams. Little evidence was provided, however, on why it was considered that local authorities are sufficiently accountable to their communities. Broader consultation and capacity building for beneficiaries and community groups might help to inform activities and ensure that concerns are not minimised by an over-reliance on local authorities.

Finally, efforts were made for transparency and accountability in response, though with mixed success. Where Save the Children were able to engage with beneficiaries, they were responsive and transparent. The evidence shows that when monitoring, evaluation and learning (MEAL) teams were able to be in the field, they were able to collect evidence and assess the needs of beneficiary communities in order to re-target programming for the neediest. A clear example can be found in Munabeh, where locals used the free hotline to petition for a water point, which was subsequently installed by Save the Children.

Conclusions and Recommendations

Drawing on key lessons learned and an analysis of primary data, proposed a set of key recommendations is outlined in this report. A summary of those recommendations is as follows:

1. **Continued focus on gender, disability and vulnerable populations**
2. **Continue pushing for MEAL activity, and primary needs assessments**
3. **Approach government requests and guidance with caution**
4. **Build on new health capacities, act to guide new health partners**
5. **Consider more timely and flexible approaches to resource administration**
6. **Structured inclusion of logistics and finance departments in programme design, build on strengths in WASH and food security procurement**
7. **Clarify and strengthen objectives**
8. **Continue Food Security and Livelihoods and Health prioritisation but develop a realistic exit strategy**
9. **Strengthen approaches to advertising available services**
10. **Planning to minimise staff turnover**
11. **Training needs assessments, and contingency training funds.**

Introduction & Methodology

Contextual Overview

The conflict in Yemen greatly exacerbated the needs of an already vulnerable population. An estimated 80 per cent of the population requires some form of humanitarian assistance. More than 2.8 million people have been displaced by this recent violence and the number of people without enough to eat has increased by 20 per cent to more than 14 million, or roughly half the population. Prior to the escalation of the conflict, over 90 per cent of Yemen's staple foods were imported, but the closure of ports and other restrictions further decreased availability. The UN is targeting an estimated 13.6 million people in need of urgent humanitarian assistance, particularly regarding health, water, food and protection. Yemen was declared a UN Inter-Agency Standing Committee Level 3 emergency in 2015.

On 24 April 2017, the Australian Government announced a $10 million package of life-saving assistance in response to the worsening humanitarian situation in Yemen. This included:

- $5 million to international humanitarian organisations to provide protection, emergency medical services and access to clean drinking water;
- $3 million to the World Food Programme for food distribution and nutrition services for children and nursing women; and
- $2 million for an AHP activation for one partner to deliver complementary activities such as water, sanitation and hygiene activities.

The AHP is a partnership between the Australian Government and six pre-selected Australian NGOs (CARE, Caritas, Oxfam, Plan International, Save the Children and World Vision). This five-year (2017-22) partnership aims to save lives, alleviate human suffering and enhance dignity during and in the aftermath of conflict, disasters and other humanitarian crises by harnessing the networks and access of Australian NGOs. The AHP seeks to deliver more effective, innovative and collaborative humanitarian assistance in response to natural disasters and protracted crises in the Indo-Pacific region and beyond.

The AHP activation focused on activities within Yemen for a duration of up to 18 months. The focus sector was WASH, with an emphasis on targeting vulnerable populations including women and people living with disability. Save the Children Australia was selected as the implementing partner and activities commenced in June 2017 with the Save the Children International Yemen Country Office undertaking implementation.

In September 2017, the Australian Government announced a further $10 million in response to the crisis including an additional $2 million to expand the existing Save the Children activities and extended the implementation date to December 2018.

Methods Overview

This evaluation undertook to answer a variety of key evaluation questions.[1] These questions have informed the structure of this report, and have been placed at the beginning of each section of analysis. Further to those questions, this evaluation focussed on the investigation of programmatic effectiveness, accountability, and efficiency, linking to the Core Humanitarian Standards (CHS), and undertaking to collect lessons learned to inform future programming.

To this end, the evaluation employed a mixed methods approach, collecting primary qualitative data, while relying on secondary quantitative data submitted by the client. This approach supports effective data collection on both easily measurable outcomes and outputs as well as in more-challenging-to-measure areas such as beliefs and attitudes. A further advantage of the mixed-methods approach is that quantitative data is often most useful for understanding 'what' while qualitative data often provides a more detailed and nuanced understanding of 'how and why' (Denscombe, 2010) (Hart & et.al, 2007). The selected tools have been placed in the sample achievement table below.

Tools & Sampling

The following is breakdown of tools used in the course of this evaluation, including planned sample size and achieved sample size.

Beneficiary FGDs

Beneficiaries are the most important stakeholder category to this evaluation, and consequently justify the largest portion of the overall target sample. Given resource limitations, and the qualitative focus of this evaluation, the FGD format was considered most appropriate.

	FGD Qty.	Male Participants	Female Participants	Total Sample Size	Planned Sample Size
	21	154	20	174	150

Child FGDs

Children were also considered important stakeholders; especially given project WASH activities in schools and insights they could provide on inclusiveness and the extent of Save the Children community engagement. Given resource limitations, and the qualitative focus of this evaluation, the FGD format was considered most appropriate.

	FGD Qty.	Male Participants	Female Participants	Ages	Total Sample Size	Planned Sample Size
	15	94	34	7-18	128	--

[1] Full list of key evaluation questions can be found in Annex 2

Local Leader & Authority KII-FGD

These stakeholders were closely consulted in the course of the project (seeking to meet CHSs), and given their unique areas of insight, justify their own tool. The selection approach was purposive, undertaking to speak with as many relevant stakeholders (in FGD format) as possible.

	KII- FGD Qty.	Male Participants	Female Participants	Total Sample Size	Planned Sample Size
	9	-	-	14	20

Save the Children & Partner Staff KII-FGD

Save the Children and implementing partner field level staff were consulted due to the granular, field-level insights into the effectiveness of project implementation. A full list of the roles and organisations of participating staff can be found in Appendix 2.

	KII- FGD Qty.	Male Participants	Female Participants	Total Sample Size	Planned Sample Size
	9	-	-	-	50-60

Appropriateness & Relevance

In terms of Appropriateness and Relevance of programming, response shifted according to changing needs to become more appropriate and relevant. Some concerns were raised by Save the Children stakeholders regarding the inability of Save the Children to implement needs assessments in the proposed target areas.

	Research Objective	Summary	Evaluation
?	Was the response appropriate and relevant (link to CHS 1, CHS 6)?	Response shifted according to changing needs to become more appropriate and relevant. Concerns about priorities of response in a minority of locations.	Achieved with constraints
↳	To what extent were the activities selected appropriate (i.e. did we select the right activities in the right locations in the right sectors?)	Activities initially focussed on response to cholera, but responsive to changing evidence on more pressing needs. Some concerns about the appropriateness of WASH activities in one location: Aro, Sa'ada.	Achieved with constraints
↳	To what extent was information on needs and priorities addressed in the planning?	Programmatic focus on well-documented areas of need, use of internal experience and expertise in Yemen and information from stakeholders. Concerns about inability to undertake primary needs assessments in some cases.	Partially achieved
↳	Has the response adequately responded to needs assessment information provided (both initially and over the course of activities as needs have changed)?	Adequately responded to needs assessment information (initially and over the course of activities). Evidence of shifts in programmatic focus and targeted beneficiaries to meet needs. Concerns about influence of local authority demands.	Achieved
↳	To what extent did the assistance complement/ align with Australia's Humanitarian Strategy and other key Australian government policies/priorities such as gender equality, disability inclusion and other vulnerable groups?	Aligned with Australia's Humanitarian Strategy. Programme design and activities incorporated gender equality and disability inclusion. Challenges due to contextual and resource limitations.	Achieved
↳	How relevant and appropriate is the assistance provided by AHP implementing partners from the	Positive appraisals of Food Security and Maternal & Newborn Health assistance. Broadly positive appraisal of WASH	Achieved with constraints

	perspective of affected communities?	activities, specific concerns of relevance and appropriateness in one location: Aro (Sa'ada),	
	Were there any unintended consequences and impacts (positive or negative) of our assistance?[2]	There were plenty of shifts in Save the Children programming due to changing needs/situations. In some instances, delays or resource limitations produced unintended consequences (i.e. health centre staff attrition due to low pay).	Achieved with constraints

Needs Assessments and Targeting

Initial designs of the programme focussed on the response to a serious cholera outbreak in Yemen. However, it appears that DFAT and the Save the Children team were responsive to emergent and shifting evidence, as well as to local stakeholder requests, and changed the programme design to address more pressing needs in maternal and newborn health, food security (to a lesser extent), and WASH; the cholera epidemic was becoming less of a concern in the early phases of response conception and launch. This early shift in response is itself a positive indicator of responsiveness to immediate needs, stakeholder input, and, consequently, of programmatic relevance.

Some concerns were raised by Save the Children stakeholders regarding the inability of Save the Children to implement needs assessments in the proposed target areas[3]; local authority permission for such an exercise was not forthcoming. The lack of primary data in certain cases may have resulted in limited outreach to high-need, or less-known, areas, complicated by reliance on incorrect local authority guidance on some cases. However, the areas of programmatic focus (then as now) were well documented areas of humanitarian need in myriad secondary sources (cluster-level, journalistic, and others). Save the Children further relied on internal experience and expertise in the country, undertaking to dedicate resources to those areas where unmet needs were identified in previous non-AHP delivery, as well as on requests from the relevant government ministries.

These points of evidence further support a finding of programmatic relevance in this specific case. However, more generally, a reliance on an institutional 'what we know' approach, combined with reliance on both location and sector targeting guidance from local authorities, can raise risks of abuse and unfair activity targeting. Furthermore, such an approach can lead to missing more severe (and undocumented) geographic or sectoral needs. For clarity, while these are generally risks associated with such an approach, in this case no such concerns were explicitly cited by stakeholders. Nonetheless, for the purposes of strengthening future delivery, DFAT and the Save the Children team should be mindful of the risks which may arise from the approach taken to activity selection and targeting.

Discussions of mid-delivery shifts were distinct within each category of activity; as such, relevant discussions have been undertaken in the below table:

[2] This question is addressed in the 'Effectiveness' section

[3] For clarity, beneficiary selection exercises were undertaken for FS activities, but this was after a location had been selected.

Water, Sanitation, and Hygiene (WASH)

Given the relatively high degree of planning and coordination required for infrastructure-focussed projects, WASH programmes face more challenges with regard to mid-programme shifts. Despite challenges in carrying out primary needs assessments in some cases, it does appear that generally many needs assessments were well informed, resulting in well-targeted activity such as the distribution of WASH kits and repair of WASH facilities. Some mid-programme shifts were cited as a potential cause for concern, namely local authority demands in some areas to replace construction of latrines with additional water points; some Save the Children stakeholders indicated that the need for water points was less severe than for latrines, and local authority imposition resulted in higher rates of WASH-related illnesses (namely diarrhea), particularly in Saada (Munabeh).

Food Security

While food security programmes were relatively limited in scope and duration, there were some shifts in food basket contents in response to beneficiary feedback and requests. Similarly, cost efficiency and accountability considerations resulted in a shift from cash transfers to voucher-based modalities, indicating mid-delivery responsiveness on the part of Save the Children to learning and opportunities. Some Save the Children stakeholders also reported mid-programme learning (gained in the course of the AHP project) resulted in the design of a new project, funded by the Dutch government; while not directly linked to AHP-focussed relevance, this was still a potentially encouraging indicator of intra-organisational responsiveness to evidence on needs and opportunities.

> *'The contents of the [food] kit helped, but the negative side is that it doesn't reach all people.'*
>
> *– FS Programme Beneficiary*

Maternal and Newborn Health

Given these programmes required investments in existing facilities (of which there are few in Yemen) substantial mid-programme shifts in this regard were not always possible. Nonetheless, there were a number of ways in which the programme shifted to better meet needs of target beneficiaries, and to account for challenges encountered in the course of the project.

Of potential concern is the decision (on the part of some health centres) to charge fees for some lab tests and medications, due in part to limited availability of funds and a desire to promote a degree of independence from international organisations (for clarity, this was not a decision taken by Save the Children, but was rather a decision of the centres intended to promote a degree of independence from DFAT support should funding be discontinued). Such a shift may have resulted in exclusion of

especially vulnerable beneficiaries, and might be something that Save the Children should discuss with supported health centres in future delivery. This was reported by the Health & Nutrition Officer of the Sana'a and Amran office who indicated that fees had been introduced as an exit strategy and to make the DFAT response more cost effective, as well as to respond to demand. This strategy was developed with the Sana'a Health Office. While these fees are described as 'minimal', 'low charges' and framed positively, with no negative impacts explicitly raised, it is not clear which measures were taken to mitigate the impact on the most vulnerable and how this might affect the sustainability of services going forward.

> *'Yes, there were changes but in the services demand. The demand increased for the lab service and medication and our ability is constrained with the limited budget. Minimal charges were introduced on both items'*
>
> *– Save the Children Staff Informant*

In some cases new equipment or treatments were procured/offered based on feedback from staff at health centres (e.g. newborn incubators, mental health care for children, diabetes treatments, etc.) Midwives, for example, at the Al-Regah hospital in Sa'ana reported strong feedback mechanisms and discussing concerns with Save the Children staff on a weekly or bi-weekly basis. Seeking to address geographical restrictions, medical transport was added to programme activities, supporting those too weak or infirm to access medical services independently.

Across all sectors, other challenges required flexibility and responsiveness on the part of Save the Children: barriers and demands posed by local authorities; fighting and airstrikes in some locations; and resource limitations. Project documents and stakeholder interactions cited myriad cases of dealing with such challenges flexibly and pragmatically, and it does appear the negative consequences of such challenges were minimised to a substantial degree.

> *'Everyone related was involved, and if there are any problems or suggestions, they can easily use the accountability system and we will apply the necessary measure to make it right. We targeted a good number of people with disabilities in our intervention which was appreciated by the communities as well.'*
>
> *– Save the Children Staff Informant*

Taken together, the evidence (from both project documents and primary research) does appear to support a view of systematic responsiveness to needs on the part of Save the Children, within the constraints imposed by context and resources. Programming appears have been appropriately targeted from the outset of implementation, with ongoing implementation responsive to

changing evidence and needs (once again within the constraints imposed by context and resources).

Community Views on Relevance and Appropriateness

Water, Sanitation, and Hygiene (WASH)

Direct questioning in beneficiary FGDs regarding the relevance of WASH programming resulted in broadly positive response. Hygiene promotion, water point /storage construction, and water tank distribution all figured highly in most beneficiary appraisals.

However, one potential area of concern arose during analyses: coding of responses indicated that 2/3 of interviewed groups in Aro (Sa'ada) were negative in their appraisals of WASH activity relevance to local needs. While beneficiaries were positive about the construction of water points and strengthening of the water network, they indicated that this support did not reach everyone that needed it.

> *'We noticed that the water points were not enough for the targeted areas, so we informed the employees who deal with the needs of the region and its circumstances.'*
>
> *– WASH Programme Beneficiary*

Significantly, many respondents from Aro questioned the relevance and scope of Save the Children activity in the area, highlighting greater needs for food, NFI (primarily bedding and furniture), and medical care. Food in particular appears to be desperately needed.

> *'I think food is best thing you can provide to anyone.'*
>
> *– WASH Programme Beneficiary, Aro (Sa'ada)*

> *'I want you to support the poor with food, mattresses and the appropriate programs which our country really needs.'*
>
> *– WASH Programme Beneficiary, Aro (Sa'ada)*

Problems with targeting and the relevance of WASH campaigns in this community appear to be due to a lack of primary needs assessments. Those who said that Save the Children activity had been ineffective attributed this to a lack of visits to the area and engagement with the community to understand their needs. They urged Save

the Children to carry out primary needs assessments in order to deliver targeted support.

In short, while water projects were relevant in Aro, there appear to be significant other priorities in this area and a feeling that the community is neglected by NGO activity:

> *'We want them [Save the Children] to come and meet us and provide all families with food, although the water project was excellent.'*
>
> *– WASH Programme Beneficiary, Aro (Sa'ada)*

When considering this data from Aro, it is important to bear in mind the limitations of post-facto data collection exercises, and the implications they might have for these findings. It is unclear whether the challenges highlighted with regard to WASH programme relevance emerge from a genuine misalignment to on-the-ground needs at the time of delivery, or whether shifting circumstances in the time since delivery (nearly one year in some cases) have led to different needs becoming more salient to beneficiaries. In the latter case, this finding must be approached with an appropriate degree of caution.

Food Security

Community-based respondents, and local leaders, were universally positive in their appraisal of food support; all considered it to be a substantial need among targeted communities. Project documents further highlighted cases in which modalities (e.g. vouchers vs. cash) and basket contents were modified on the basis of beneficiary feedback, further supporting appraisals of activity relevance to community needs.

> *'[The project] was helpful for the poor families who were unable to meet their needs because of the hard times and the crises.'*
>
> *– FS Programme Beneficiary*

Maternal and Newborn Health

The relevance of health centre support received universally positive appraisals by all respondents (in beneficiary and local authority interactions, as well as in relevant sections of project documents). Such appraisals appear to be strengthened by perceptions that few (if any) organisations were focusing on similar activities. Similar to food security programming, there was clear evidence of programmatic response to community feedback. Taken together, there is clear evidence that local communities considered health centre provision to be highly relevant to local needs.

There was only one consistent criticism levied by respondents across the available evidence: support was characterised as insufficient to meet the depth of need in WASH, food security, and health within the target communities.

Australian Humanitarian Strategy: Gender, Disability, Accountability

The thematic priorities of Australia's Humanitarian Strategy have been placed in the table below. Each has been discussed in brief, summarising the degree to which the AHP Yemen programme appears to have meet the Strategy's stated goals. Protection and private sector engagement were not explicitly addressed in the following table.[4]

Gender equality and women's empowerment

Substantial components of the project were explicitly targeted to benefit women, particularly those focussing on maternal health. This can be considered a strength of the programme with regard to this strategic focus. Similarly, it does appear that monitoring activity, logframe objectives, and reporting undertook to disaggregate analyses and findings by gender as far as resources and context would allow. These are two areas where the programme appears to have made some commendable achievements.

However, the Yemen context posed myriad challenges to this strategic focus area. First, the situation of women in Yemen is challenging, both for beneficiaries and for potential Save the Children staff. This can result in barriers to female participation in community-level consultations, needs assessments, and feedback mechanisms; while Save the Children undertook to ensure female staff were available as much as possible, there were situations in which this was not always possible. As a consequence of these challenges, compounded by conservative gender norms in the country and the lack of community-level needs assessments, it is unclear the degree to which women would have been included and consulted in all aspects of programmatic design and delivery.

'We made sure that there was a gender balance in our activities. For example, despite the strict societal roles against women's participation, we agreed with the beneficiaries that the Hygiene awareness campaign must be done by female volunteers from the community. They agreed and we did the campaigns.'

– Save the Children Staff Informant

[4] Protection underpins every element of programmatic design; it is, across much humanitarian response, considered a guiding principle, and as such was considered sufficiently well addressed by other sections of analysis within this report. Private sector engagement was not included given the exceptional circumstances facing Yemen responses: blockades, war, and economic collapse have made domestic private sector engagement all but impossible in many cases, making it difficult to address this strategic requirement in substantial detail.

Similarly, a Gender and Inclusion Specialist was hired in the course of the AHP response, but challenges faced in hiring and securing visas resulted in a substantial lag before the member of staff was in place. This likely further compounded challenges within this area of focus, as this staff member's remit was to promote programme and WASH cluster compliance with the Australian government's strategic humanitarian priorities.

Save the Children's response faced many challenges in this area; however, these challenges can be seen to result primarily from contextual and resource limitations, rather than from an inherent failing on the part of Save the Children. Save the Children appears to have made many efforts to address this requirement despite the constraints placed upon it.

Disability inclusiveness

Disability inclusiveness was another area where substantial efforts appear to have been made by Save the Children, with key activities undertaken to ensure inclusion of people with disabilities and those with special needs:

> *'The donors emphasized that. For example, we bought 426 pieces of equipment for beneficiaries with disabilities. The WASH facilities in both health facilities and schools were designed to respond to the gender and disability needs in these communities.'*
>
> *– Save the Children Staff Informant*

While it is clear people with disabilities appear to have been considered throughout the programme design, one of the most common criticisms of Save the Children' programmes (where suggestions for improvement were explicitly solicited from beneficiaries) comprised a lack of adequate support for people with disabilities, particularly with regard to WASH and health programming. These concerns were raised in Sa'ada Mitba Al-Yazeed and Sa'ada Mitba Ayyash, where it appears that beneficiaries were concerned about the distance/remoteness of distribution preventing access for people with disabilities and the sick, as well as attributing this problem to a general lack of resources.

Therefore, while the needs of people with disabilities were taken into account by Save the Children in the programme design, disability inclusiveness appears to have been hampered in specific cases at the point of delivery. This is perhaps due to a lack of resources to meet all the needs in target areas and provide increased distribution, as opposed to an inherent failing on the part of Save the Children to account for these needs in the first place. This challenge was recognised by Save the Children staff.

> *'The main challenge is that the number of disabled people is greater than our capacity to help in the target communities.'*
>
> *– Save the Children Staff Informant*

It may also be due to previously discussed challenges in carrying out primary needs assessments to identify the vulnerable. Nonetheless, it is clear that in the case of Sa'ada Mitba future programming must ensure it targets people with disabilities and takes steps to make provision more accessible, to ensure that it delivers on the inclusiveness of programme design.

Accountability and learning

Accountability and learning systems were a primary focus of Save the Children's activity, with substantial reference made to these both in programme documents, as well as in discussions with staff, beneficiaries, and local leaders. This area of focus is discussed in more detail in the section dedicated to accountability and learning; however, it does appear that Save the Children has implemented this strategic priority, in keeping with the goals of the Australian government.

Effectiveness

The AHP response was found to have been largely effective in delivering much needed programming, though some general challenges in access, logistics, economic pressure, and organisation mobility (common across Yemen) posed barriers to programme achievements.

	Research Objective	Summary	Evaluation
?	Was the AHP response effective (CHS 2)?	Largely effective in delivering much needed programming. Some concerns in specific instances/locations	Achieved with constraints
↳	How clearly were the intended outputs and outcomes of the response defined, and to what extent have they been achieved?	Outputs and outcomes clearly defined and largely achieved for each objective, with some exceptions.	Achieved
↳	To what extent did Australian-funded activities promote the longer-term resilience of affected communities and support broader recovery and stabilisation efforts?	Australian-funded activities notably increased the capacity of health centres, promoted the repair of WASH facilities in some areas, and contributed to the training of volunteers in hygiene promotion.	Achieved
↳	What were the barriers and enablers to effective and efficient project design and management?	Lack of foresight/planning on salaries to prevent staff attrition in health centres. Lack of an 'exit strategy' was also a concern regarding health care projects. Save the Children experience in Yemen key enabler to effective/efficient WASH project design and management. Relationships and cooperation also an enabler regarding food security.	Achieved with constraints

Objective 1: Health Care

All targets were met with the exception of the '# of mothers who received Infant Young Child Feeding (IYCF) support' indicator. It appears that the activity was not in the original plan, and an additional decision was taken mid-programme to include IYCF in Al-Regah HF. This may account for the missed target.

Beneficiary stakeholders were generally positive in the appraisal of activities delivered through the health programme, with none making explicitly negative or critical statements when asked to discuss programme quality or outcomes. The primary criticisms levied focussed on insufficiency of resources to meet all needs, or requests for minor changes in programming (e.g. more

of a certain type of treatment or medication), with little else highlighted. This is a positive indicator of the quality of health programme delivery by Save the Children.

Research for this evaluation also collected a variety of lessons learned from beneficiaries and programme staff, with the lessons covering both strengths and challenges that can inform future delivery.

Many stakeholders highlighted the improved health programming capacities gained by Save the Children in the course of project delivery, with gains spanning logistics, procurement, and management/delivery of health care services. This is one of the first health projects Save the Children has delivered in the country, and its perceived success appears to have inspired new, related projects both by Save the Children and by other operators in Yemen.

While this increase in capacity appears to have been positive, some 'growing pains' were highlighted by programme staff; namely, delays to programme delivery and shortages in key resources. Key lessons for strengthening future delivery comprised: the need for pre-programme market assessments, establishing the availability and supply routes for key supplies or equipment; more accurate projection and costing of medical supply requirements; more pre-planning in the hiring of key staff members (especially women), and better planning for salary costs to minimise staff attrition in health centres. These were highlighted as key approaches to minimise delays to programming and shortages in key materials.

Stakeholders credited the AHP project with facilitating the creation of health projects by UNICEF and SFD, with these partners able to build on the capacities and support offered by the AHP project; investments Save the Children made into power, facilities, equipment, and staff made it possible for these other organisations to start their own health projects within the target areas. These same Save the Children investments have supported a variety of other (non-NGO) activities in targeted health centres, with health providers able to operate longer hours and with greater effect. Some stakeholders highlighted potential concerns regarding the non-Save the Children health projects, namely that some perceive UNICEF and SFD delivery to be of poor quality; given that Save the Children and these other organisations are using the same facilities, there may be potential for collateral reputational damage.

The procurement of medical transport was another key success mentioned by respondents. Prior to medical transport, Save the Children offered reimbursement for travel costs incurred. However, there were consequent worries relating to the capacity of the poorest to access health centres, as well as concerns relating to child mortality resulting from access barriers. Programme achievements were said to have accelerated when Save the Children-sourced medical transport was offered as a part of health programming.

'Save the Children had a transportation provision for cases that were beyond the Health Center Capacity or even beyond Al-Regah HF capacity. The transportation was to be reimbursed which was not effective. Then it happened that a newborn baby died during the referral process; as a result Save the Children decided to procure an ambulance to provide timely service. That was an exceptional move and a relief to the staff and beneficiaries. This resulted in making the HF a 24-hour service with a dedicated female doctor

> *living near the facility; the HF was provided with a solar system and a backup 16 K generator, Sana'a Health Office provided the diesel tank for the generator.'*
>
> *– Health & Nutrition Program Officer*

It appears that some midwives and medical staff trained with AHP funds quit supported health centres due to low salaries. It may be the case that these individuals took up other, better-paid employment opportunities, meaning that the training and investment made by the AHP project were lost to other providers. While Save the Children later addressed this by raising salaries, the staff had already been lost. On a related note, some programme medical staff were characterised as having inadequate training in some emergency response areas (i.e. manual vacuum aspiration and infection control); it appears that the loss of staff initially trained by the programme, and the need to replace them, resulted in the hiring of some who then could not be trained by the AHP project due to resource limitations. Even among those staff who received AHP-provided training, there were some concerns relating to the limited duration and content of the courses, though such concerns are commonly highlighted across other similar evaluations.

Some stakeholders also mentioned a lack of female doctors as a barrier to better achievement, with families more reluctant to seek sensitive care from men. The degree to which this acted as a barrier to wider coverage is unclear, but it was nonetheless a challenge highlighted across a variety of stakeholder interactions. The ability of Save the Children to find and hire female doctors in Yemen, rather than an unwillingness on the part of Save the Children to hire them, was the primary factor underpinning this challenge; it was clear that Save the Children would hire women to these roles whenever possible.

The potential benefits of effective Save the Children communication across communities were also highlighted. Save the Children would often use WASH activity in areas surrounding health centres to promote available services, which was cited as a key successful integration of programming that resulted in better outcomes. However, some concerns relating to Save the Children 's ability to independently select areas for WASH support were apparent, with subsequent challenges faced in effectively promoting awareness of health programmes in non-WASH-beneficiary communities. Stakeholders discussed the need to further develop approaches for communication of services to all communities within health centres' catchment areas.

The need for an 'exit strategy' was a key area of focus during many discussions, both with staff and local authorities. There are concerns that the health centres are heavily dependent on organisational support and that without INGO support, the centres will cease to function effectively. This was of particular concern to many stakeholders given the challenges faced by humanitarian response in funding predictability, continuity, and timeliness. It is also a concern that charges are being introduced for some services as an 'exit strategy'. It may be appropriate for Save the Children to consider a long-term strategy for promoting the sustainability of these centres, in the interest of preparing for Save the Children's eventual withdrawal from Yemen. Further funds and support are required, however, to maintain services until targeted areas transition to a stabilisation and early recovery phase, and to ensure that the significant achievements in this field are not lost.

O1:	Indicators[5]	🎯 6	✓	%
1.01	# of and type of health care providers trained in emergency obstetric care	20	20	**100%**
1.02	# of and type of health care providers trained in neonatal care	20	20	**100%**
1.03	# of women who attended at least four (4) antenatal Care (ANC4) visits	NT	4 visits: 20 F 2-3 visits: 231 F	NT
1.04	# of women that received postnatal care within three (3) days following delivery	NT	63	NT
1.05	# of Assisted Deliveries (AD) conducted by trained health care providers	NT	63	NT
1.06	# of newborns admitted and treated in the neonatal care centre	NT	0	NT
1.07	#of pregnant women admitted and treated for pregnancy complications	NT	22	NT
1.08	# of women and newborns with complications	NT	# of Women: 28 # of Newborn: 0	NT
1.09	# of women who received family planning services (e.g. hormonal contraceptive pill and injections, barriers methods, IUD)	NT	700	NT
1.10	#of women admitted and treated for complications at delivery	NT	14	NT
1.11	# of live births	NT	# of Boys: 24 # of Girls: 38 Total: 62	NT
1.12	# of stillbirths and miscarriages	NT	# of Boys: 0 # of Girls: 1 Total: 1	NT
1.13	# of Infant Young Child Feeding (IYCF) Corners established	1	4	**400%**
1.14	# of mothers who received IYCF support	508	63	**12%**

[5] Data collected by Save the Children, not data collected by this evaluation

[6] NT= No stated target

Objective 2: Water, Sanitation, and Hygiene (WASH)

With few exceptions, all WASH targets were met or exceeded. Shortfalls in awareness raising target achievement were thought to arise from challenges in securing permissions from local authorities, while shortfalls in the training of administrative staff were thought to stem from the limited availability of appropriately qualified or interested women. FGD respondents reported that the dedication and hard work of staff members made it possible for most deadlines to be met, even in spite of challenges faced in local authority approval, procurement, and security.

Similarly, Save the Children's longer experience of WASH programming in Yemen (relative to health) was seen to facilitate timely and efficient programme delivery, with Save the Children able to draw on well-established relationships, supply lines, and approaches; these same systems and approaches were seen by many stakeholders to offer lessons for future health activity.

Steps were undertaken to ensure the sustainability of interventions. In Sa'ada, where water point repair/construction was focused (9 in Sa'ada as opposed to 1 in Sana'a) the establishment of community committees and, training and toolkit distribution for the operation and maintenance of water points was a significant step towards ensuring the sustainability of this project. A Memorandum of Understanding was prepared among Save the Children, the community water committee and the local GARWSP to ensure future sustainability. Furthermore, nine water points in Sa'ada are now supported by solar systems and harvesting tanks have been installed, which further ensure sustainability. A water committee in Sa'ana was also established as well as plumbing toolkits distributed for repaired facilities.

The evidence, taken together, appears to indicate Save the Children's delivery in WASH was of an appropriate quality, with all beneficiaries positive in their appraisals of WASH programmes, and of Save the Children's professionalism. The only concern regarding beneficiary feedback comprised the previously highlighted, relatively high rates of stakeholders in Aro (Sa'ada) indicating that the WASH programmes were not relevant to their local needs, or rather less of a priority in comparison to other, very pressing concerns (i.e. food shortages).

> *'We benefited from the cleanliness education volunteer whose name is Afnan and we've learnt so many things about cleaning the house and the street'*
>
> *– San'aa governorate, Hamadan directorate, village Beneficiary FGD*

> *'[The programme] affected us positively. We were able to obtain larger quantities of water after the water pool was repaired. Prior to the repair, water was leaking from the pool and was contaminated by animals who would get into the unfenced reservoir. Now, we have clean and drinkable water.'*

– WASH Programme Beneficiary

Sana'a

O2:	Indicators[7]	🎯 [8]	✓	%
2.01	# of community volunteers trained in hygiene promotion activities	# of Male: 8 # of Female:8	# of Male: 8 # of Female:8 Total: 16	100%
2.02	# of community volunteers who received IEC materials	# of Male: 8 # of Female:8	# of Male: 8 # of Female:8 Total: 16	100%
2.03	# of community volunteers who received hygiene kits with ceramic filters	# of Male: 8 # of Female:8	# of Male: 8 # of Female:8 Total: 16	100%
2.04	# of individuals targeted in raising hygiene awareness sessions	# of sessions: 1,440 # of Men: 2,078 # of Women: 1,950 # of Boys: 2,364 # of Girls: 2,245 Total: 8,637	# of sessions: 1,031 # of Men: 1,858 # of Women: 1,547 # of Boys: 1,277 # of Girls: 975 Total: 5,657	72% 89% 79% 54% 43% 65%
2.05	% of targeted respondents who know 3 of 5 key moments of hand washing	NT	NT	NT
2.06	# of clean-up campaigns	2	2	100%
2.07	# of beneficiaries targeted by clean-up campaigns	# of Men: 1891 # of Women: 1774 # of Boys: 2151 # of Girls: 2043 Total: 7859	# of Men: 3782 # of Women: 6507 # of Boys: 4302 # of Girls: 4086 Total: 18677	200% 367% 200% 200% 238%
2.08	# of Water Points repaired or built	1	1	100%
2.09	# of beneficiaries targeted by water point repair	# of Men: 120 # of Women: 113 # of Boys: 137 # of Girls: 130 Total: 500	# of Men: 168 # of Women: 158 # of Boys: 192 # of Girls: 182 Total: 700	140% 140% 140% 140% 140%
2.10	# of Water Committees established and trained	# of committees: 1 # of men: 2 # of women: 1	# of committees: 1 # of men: 2 # of women: 1	100% 100% 100%
2.11	# of Water Testing samples conducted per month	30	19	63%
2.12	# of health facilities repaired	1	1	100%

[7] Data provided by Save the Children. Data was not collected in a way which enabled disaggregation by disability status.

[8] NT= No stated target

2.13	# of beneficiaries targeted by HF repair	# of Men: 3057 # of Women: 2869 # of Boys: 3479 # of Girls:3303 Total: 12708	# of Men: 3057 # of Women: 2869 # of Boys: 3479 # of Girls:3303 Total: 12708	100% 100% 100% 100% 100%
2.14	# of schools rebuilt	3	3	100%
2.15	# of people benefiting from school reconstruction (WATSAN Facilities)	# of Boys: 1486 # of Girls: 1411 Total: 2897	# of Boys: 1486 # of Girls: 1411 Total: 2897	100% 100% 100%
2.16	# of admin staff trained in operation and maintenance skills	# of Men: 4 # of Women: 4	# of Men: 8 # of Women: 0	200% 0%
2.17	# of maintenance and plumbing toolkits, cleaning materials distributed to HFs	# of Kits: 1 # Cleaning Materials: 10	# of Kits: 1 # Cleaning Materials: 10	100% 100%
2.18	# of maintenance and plumbing toolkits, cleaning materials distributed to schools	# of Kits: 3 # Cleaning Materials: 21	# of Kits: 3 # Cleaning Materials: 21	100% 100%

Sa'ada

O2:	**Indicators**[9]	🎯 [10]	✓	%
2.01	# of community volunteers trained in hygiene promotion activities	# of Male: 45 # of Female:45	# of Male: 60 # of Female:38 Total: 90	133% 84% 109%
2.02	# of community volunteers who received IEC materials	-	-	-
2.03	# of community volunteers who received hygiene kits with ceramic filters	-	-	-
2.04	# of individuals targeted in raising hygiene promotion sessions	# of sessions: 2,117 # of Men: 7,410 # of Women: 7,712 # of Boys: 18,524 # of Girls: 19,280 Total: 52,926	# of sessions: 3,437 # of Men: 13,490 # of Women: 12,375 # of Boys: 17,734 # of Girls: 15,475 Total: 59,074	162% 182% 160% 96% 80% 112%
2.05	% of targeted respondents who know 3 of 5 key moments of hand washing	NT	NT	NT
2.06	# of clean-up campaigns	-	-	-

[9] Data provided by Save the Children. Data was not collected in a way which enabled disaggregation by disability status.

[10] NT= No stated target

2.07	# of beneficiaries targeted by clean-up campaigns	-	-	-
2.08	# of Water Points repaired or built	6	9	**150%**
2.09	# of beneficiaries targeted by water points repair	-	-	-
2.10	# of Water Committees established and trained	# of committees: 11 # of men: 44 # of women: 33	# of committees: 11 # of men: 58 # of women: 13	**100%** **132%** **39%**
2.11	# of Water Testing samples conducted per month	24	20	**83%**
2.12	# of health facilities repaired	7	7	**100%**
2.13	# of schools repaired	6	6	**100%**
2.14	# of beneficiaries targeted by WASH facilities repair in schools and health centres	# of Men: 6,051 # of Women: 6,297 # of Boys: 6,555 # of Girls: 6,822 Total: 25,725	# of Men: 6,657 # of Women: 6,906 # of Boys: 7,924 # of Girls: 8,252 Total: 29,739	**110%** **110%** **121%** **121%** **116%**
2.15	# of admin staff trained in operation and maintenance skills	# of Men: 13 # of Women: 13	# of Men: 32 # of Women: 0	**246%** **0%**
2.16	# of maintenance and plumbing toolkits, cleaning materials distributed to HFs and schools	# of Kits: 13 # Cleaning Materials: 7	# of Kits: 13 # Cleaning Materials: 7	**100%** **100%**

Objective 3: Food Security

Questions of sustainability are difficult with regard to food security programmes, as they are (by design) targeted to address acute needs. Similarly, this activity comprised a relatively small focus of AHP project activities, with limited documentation and evidence arising as a result. However, beneficiary informants were universally positive in their appraisals of food security support, stating the support was badly needed when it was received. Some delays did arise during the course of the project (more than a month in some cases), primarily due to the need for approvals from local authorities.

Cooperation and goodwill among basket suppliers, transportation providers, and community members facilitated the achievements of this programme. Staff did face challenges in accessing certain areas because of the security situation and/or difficulties at checkpoints and it appears as if these difficulties were dealt with as well as possible.

In spite of these challenges, it does appear that food security programming was a positive set of activities, with local communities better able to conduct their lives normally. Some respondents described teachers and children returning to school as a result of the support, while others described beneficiaries gaining more space to find more sustainable livelihoods solutions (e.g. finding longer-term employment over shorter term solutions to feeding families).

'Some teachers, who had left school to look for food for their families, returned to school after our intervention.'

– Food Security & Livelihoods manager

O3:	Indicator	🎯 [11]	✓	%
3.01	# of conflict-affected households receiving food basket distribution[12]	2,106 HH[13]	2,106	**100%**
3.02	# food basket distributions	8,000 (5 rounds distribution)	8,000 (5 rounds distribution)	**100%**

Overarching Findings

General challenges in access, logistics, economic pressure, and organisation mobility (common across Yemen) posed barriers to programme achievements; related delays in sourcing and delivering medical supplies, difficulties in accessing certain communities because of checkpoints and administrative barriers by local authorities, and other similar challenges were cited as common problems facing implementation throughout the project period. One key example of such challenges is the two-month delay in project launch in Sa'ada, resulting from shifting documentation requirements from local authorities. In another case, shifting exchange rates required renegotiation with donors on programme activities, presenting further delays to activity implementation. These are, however, challenges that will be familiar to anyone working in Yemen, and are not necessarily thought to reflect on the standards of Save the Children's delivery.

As was mentioned in other sections, stakeholders discussed the importance of primary needs assessments in informing programme design; the lack of primary data did appear to cause challenges in selected cases. Local Authority guidance could often be made with unclear rationales and unspecified evidence. In the case of this project, it did (at times) appear to be incorrect; in

[11] NT= No stated target

[12] Save the Children submitted an official amendment in January to change the modality of this food assistance indicator from cash transfers to unconditional vouchers. With the amendment, the caseload was also increased from 1,600 to 2100 households. This was in response to the escalation of violence in the District of Razeh. and the subsequent influx of IDPs into Sa'ada. These households in Razeh received four rounds of distributions. An additional 6 displaced households from Hodeidah were added for one round of distribution in Sept. 2018.

[13] This target reflects the Food Security & Livelihoods targets for Sa'ada. More information is required on programming in Sana'a for a consolidated figure.

* Final totals requested.

other cases, a lack of primary needs assessments may have resulted in limited outreach to high-need areas.

Because of the changing and fragile situation, programme management needs the flexibility to respond to challenges while still meeting targets, which may mean that timelines and budgets need to account for these unexpected difficulties. While there were numerous strengths in this regard cited by stakeholders (each level of the process was individually seen to be flexible and responsive to on-the-ground needs), flexibility of programming was seen to face specific challenges in two distinct areas: the cumulative effect of approval processes at the field, country office, international office, and donor levels; and the limited inbuilt budget flexibility.

With regard to the cumulative effect of approval processes, each body in the approval chain (field, country, international, and donor offices, plus local authority approval) appeared to work hard to provide flexibility and turn change requests around as quickly as possible. However, passing through each step in the approval chain could take anywhere from 1–3 weeks, with the cumulative delay comprising up to eight weeks (or more in some cases). This posed key challenges to required flexibility in many cases.

With regard to inbuilt budget flexibility, limited provisions were made for contingencies; i.e. that some efforts could have been made to create contingency budget lines or activities within the initial proposal and budget, allowing for the laying of groundwork at an early stage, and for Save the Children to immediate shift implementation in response to key challenges in the field (both anticipated and unanticipated).

To address both of these challenges, some stakeholders suggested the creation of a flexible emergency fund, which could promote improved flexibility of response to emergent conditions and challenges; others suggested 'contingency planning' within the initial budget, allowing for mid-programme pivots without needing to run through multiple stages of approval. Another key potential recommendation comprised stronger incorporation of procurement and finance departments in proposal drafting, ensuring that proposed budgets are well aligned with logistical and financial on-the-ground realities. For clarity, this recommendation does not advocate the request for additional funds from donors, but rather that flexibility and emergency funds are built into existing allocations.

Overall, it seems that stakeholders hold a positive view of the project, with the primary criticisms focussing on limited resources rather than poor quality or inappropriate delivery. This was the case for all categories of activity: WASH, FS, and health.

On the AHP Mechanism in Yemen, and Cluster-level Cooperation

During initial consultations with DFAT representatives, there was a clear interest in understanding whether the AHP mechanism had any impact on programme activities and outcomes on the ground. While this was not explicitly addressed in the key evaluation questions, some effort was taken to explore this area of inquiry.

This proved to be a substantial challenge, given that the AHP mechanism has not yet had time to mature, and lacks many of the key components that define it within other national contexts. Save the Children is the only AHP-funded partner in Yemen, and there is not a permanent donor presence in the country. This posed key challenges to the ability of AHP to demonstrate key impacts at the programme or field level.

Some interesting outcomes of the AHP mechanism were, however, briefly described at the regional or international levels. Sustained engagement and interactions at the regional level (e.g. Iraq, Yemen, Syria) were reported between key AHP member representatives; this was reported to have created unusually strong lines of communication between the various organisation and donor representatives, where learning, intelligence, and support were more frequently and easily shared. An *esprit de corps* was said to have arisen from these relationships, with donor and organisation staff working well in excess of their remits and responsibilities to promote the success of the project. There was a consistent view among those interviewed that these outcomes had a distinctly positive influence on the success of the project; however, when asked to give concrete or specific examples of how this could be seen at the field level, stakeholders indicated impacts were distinctly positive yet remained intangible. There does indeed appear to have been some degree of positive, strategic outcome from the AHP mechanism at an international level, and this should not be understated; however, it may be an interesting area for further investigation as the mechanism matures in Yemen.

Cluster-level cooperation, however, did appear to be strong in the project, and may have achieved some of the key field-level outcomes normally attributed to more mature AHP mechanisms in other national contexts. Across all targeted sectors, coordination was undertaken, and limited any instances of duplicated activity within targeted areas. Furthermore, coordination with UNICEF was highlighted in several health centres, with the AHP project paving the way for supporting UNICEF delivery. Such practices appear to have had a positive relationship with improved efficiency and outcomes at the field level.

Clarity of Objective Definition

All objectives and targets were output, rather than outcome, driven, with the exception of handwashing outcomes, and (to a lesser extent) child mortality rates in supported centres. The handwashing outcome has not, to date, been measured.

While challenging humanitarian circumstances make output measurement the more expedient (and efficient) choice for MEAL activity, such outcomes and objectives do not provide systematic indicators and measures of programme quality and impact. Where the health and lives of beneficiaries are at stake, Save the Children may wish to have more representative indicators of programme impact; what can the number of interventions tell us about whether a response is actually saving lives? For this reason, Save the Children should consider the inclusion of outcome-driven, or transition-driven logframe indicators, and take active steps toward ensuring these constitute a focus of MEAL activity, should additional funding become available for the project (see the Recommendations section for more detailed coverage of this recommendation).

In the case of health programming, few indicators had any targets attached. This appears to result from the novelty of the programme; given this is one of the first health programmes delivered by the Save the Children Yemen team, staff were unsure just what could be achieved in the course of the project. Now there is more clarity, Save the Children should promote improved accountability by specifying challenging targets for all indicators.

Inclusiveness

Efforts were made to make the response inclusive, though some specific challenges, including limited resources, elements of project design, as well as strict social and gendered norms remain barriers to inclusion.

	Research Objective	Summary	Evaluation
?	How inclusive was the response?	Efforts were made to make the response inclusive. Some specific challenges were faced.	Achieved with constraints
↳	How were activities designed and implemented to meet the needs of different groups of people (considering age, gender, disability and other social disadvantage)?	Inclusivity incorporated into project design (particularly gender and disability) and activities. Efforts made to meet the needs of people living with disabilities (PLWDs).	Achieved
↳	What did the AHP response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities, ethnic minorities and indigenous populations?	Identification of 426 PLWDs and provision of appropriate aids. Concerns in specific communities about PLWD access to aid distribution. Gender sensitive hygiene promotion. Barriers remain for female inclusion in water committees.	Achieved with constraints

Staff consulted in Focus Group Discussions commonly indicated that activities are aligned with Australia's Humanitarian Strategy and government policies/priorities on gender equality and disability inclusion, as well as other vulnerable groups. In particular, efforts have been made for inclusive WASH and health programming which take account of gender and disability. This included Gender-Based violence and Child Protection sessions targeting all beneficiaries and the repair/construction of gender-segregated and disability-accessible WASH facilities in six schools and healthcare facilities.

Nonetheless, limited resources and elements of project design are cited as reasons for not meeting all the needs of more vulnerable individuals, in spite of staff appearing to have good knowledge of inclusive approaches across the target sectors. For example, staff reported that there has been an influx of IDPs into Saa'da City who were not initially targeted under DFAT-funded Save the Children programming; IDPs are normally considered more vulnerable individuals, but resource and flexibility constraints facing Save the Children have made it challenging to meet needs. An additional round of food assistance was added for IDP families arriving in Ghamar district, Sa'ada, (due to a spike in conflict in Razeh), funded by budget savings with

approval from DFAT. Future project design may wish to include contingencies for IDP movement and needs.

Similarly, Staff indicated that (particularly in Saa'da governorate) strict social and gendered norms remain barriers to the inclusion of women across all categories of activity, with household heads (generally men) remaining the key gatekeepers and decisionmakers with regard to engagement with Save the Children.

A breakdown of additional key findings, broken down by sector of activity, can be found below.

Water, Sanitation, and Hygiene (WASH)

Save the Children hired a dedicated Gender & Inclusion specialist to sit within the WASH cluster and increase the technical capacity of WASH actors in Yemen. However, substantial delays and challenges in hiring may have limited the impact this specialist could have on the target context.

Repair of WASH facilities in health centres and schools undertook to account for gender and disability (i.e. separate toilets for girls in schools, ramp for people with disabilities). Child respondents in Focus Group Discussions in Anwar School and Tarik Bin Zyad Secondary School highlighted the repair of bathroom facilities as a main activity undertaken by Save the Children in their community.

Save the Children trained community health volunteers on gender sensitive hygiene promotion. A reported 13500 gender sensitive hygiene kits were distributed in Sa'ada. The criteria for selection were displacement, disability, lack of privacy, household size, female-headed households, and the number of young children per household, strengthening the programming's effect on individuals from these groups.

As part of WASH and hygiene promotion activities, 426 people living with disabilities (PLWD) were identified through community committees. This information was fed back to ensure appropriate disability assistance devices were distributed to them (either by relevant NGO partners operating in the country, or through other projects being undertaken by Save the Children in Yemen).

Food Security

When asked if there were needy people that Save the Children's support did not reach, all respondents of Beneficiary Focus Groups responded 'yes'. Specifically, with regards to food security, respondents across locations said that some of the poorest families failed to receive support. Concerns were also expressed that the needs of people with disabilities and sick are not being met in Saa'da-Mitba-Ayyash and Saa'da-Mitba- Al Yazeed.

A potential reason for this is the remoteness of some families from distribution centres and lack of access and information (see earlier discussions on barriers to primary needs assessments). Staff also indicated that demand for Food Security & Livelihoods programming far exceeds available resources. While project design undertook to reach the poorest and most needy, detailed additional targeting within communities would have been exceptionally challenging (particularly given limitations on

conducting primary needs assessments in some communities). Nonetheless, if improved targeting is to be achieved, these challenges must be overcome.

Maternal and Newborn Health

As discussed in the section on Australian Humanitarian Priorities, this entire category of activity undertook to meet the needs of women; it's relevance to gendered inclusion is therefore difficult to dispute. Save the Children took additional steps to ensure these programmes were gender and disability sensitive through a variety of mechanisms, namely: the procurement of medical transport for people with disabilities and the very ill, ensuring that such challenges would not impede health centre access; hiring (wherever possible) female doctors to work with patients; training female medical staff and volunteers; and ensuring training and facilities were appropriate and sensitive to disability. Where such activities were successfully implemented, they appear to have had positive effects on women, people with disabilities, and families throughout the target areas.

> *'The DFAT service is accessible to all target beneficiaries and protects their rights and dignity.'*
>
> *– MEAL Coordinator*

Many of Save the Children's achievements were commendable, and it is clear that considerations of inclusion (gender, disability, and vulnerability) underpinned all activity. Substantial efforts were made to identify PLWDs, for example, as is described in preceding analyses. Nonetheless, resource constraints, the overwhelming level of need (Save the Children is the only INGO providing food assistance, for example, in the areas targeted) and other such challenges appeared to pose barriers to further achievements within this area of focus. Alongside general concerns about lack of provision, specific concerns were expressed in Sa'ada Mitba Al-Yazeed and Sa'ada Mitba Ayyash regarding disability inclusivity, with remoteness of distribution from households cited as a concern.

Efficiency

The need to establish new supply lines, supplier relationships, and lay 'groundwork' for delivery across new sectors and new geographical areas necessarily imposed some real financial and human resource costs on the project. Taken together, it does appear that there is some room for improvement with regard to financial efficiency, though a clear trajectory for improvement has been demonstrated.

	Research Objective	Summary	Evaluation
	How efficient (cost-effective) was the response (CHS 2, CHS 9)?	The need to establish new supply lines, supplier relationships, and lay 'groundwork' for delivery across new sectors and new geographical areas necessarily imposed some real financial and human resource costs on the project. Taken together, it does appear that there is some room for improvement with regard to financial efficiency, though a clear trajectory for improvement has been demonstrated.	Partially achieved
	To what extent was the response implemented according to agreed-upon timelines and budgets?	The response was implemented according to agreed-upon timelines and budgets, with shifts in programming managed effectively. Some delays emerged due to local authorities.	Achieved with constraints
	In what ways was the response implemented to achieve value for money?	Integration of implementation with supply lines and operations of other projects (including within Save the Children and across other organisational partners) appears to have achieved improved value-for-money in many cases. Some areas for improvement in this area have been identified.	Achieved with constraints

Establishing unit costs for interventions such as this is a substantial challenge. The primary obstacles to such analyses comprise: integration across multiple activities and budget lines; staff assigned to deliver some activities are also assigned to undertake work across other interventions; and the fact that overhead costs at the Save the Children Australia and country office level are difficult to assign to specific activities. Nonetheless, programme costs appeared to be consistent with other responses within Yemen. Costs across the country are relatively high, and this is seen to emerge from the context in which Save the Children operates (namely one where

conflict, blockades, and poor infrastructure are prevalent). Furthermore, the need to establish new supply lines, supplier relationships, and lay 'groundwork' for delivery across new sectors and new geographical areas necessarily imposed some real financial and human resource costs on the project. Taken together, it does appear that there is some room for improvement with regard to financial efficiency, though a clear trajectory for improvement has been demonstrated.

However, additional assessments on this point will be provided on submission of final budget information.

> *'The service targets mothers and their new babies without discrimination to any of them coming to the HF. We were about to close at the end of December 2018, so as an exit strategy we started imposing small charge for the service on the beneficiaries. Mothers who come and cannot afford the charge are treated for free.'*
>
> *– Save the Children Staff Member (Reproductive Health Coordinator, Save the Children, Sana'a and Amran Officr)*

Other factors identified by Save the Children stakeholders which may have impacted efficiency included:

- delays in securing approvals from local authorities, donors, and national/country office stakeholders, compounded by delays faced in procuring key supplies caused delays in programme launch; this often resulted in key members of staff having little to do for extended periods;
- turnover of staff (both at Save the Children, and in supported health centres) between and during projects, resulting in the losses in capacity and a need to re-train staff;
- gaps in key staff positions, resulting in potential delays or less than ideal implementation; and
- accelerated spending due to falling behind on implementation, and shifting exchange rates, resulting in potentially reduced quality or delivery of activities in a way that is not sufficiently sensitive to beneficiary need.

> *'… We have more referral cases to our health facility in Qa'a Al-Regah which means increased costs that we need to pay from our limited budget. We had two ambulances, one for WASH and the other for Health. We ended up using the WASH vehicle and used the proceeds from the Health vehicle to pay for the costs of referral cases.'*
>
> *– WASH Manager*

Furthermore, field office management and programme team structure had an impact on efficiency. Specifically, certain key members of staff (generally international staff) faced issues in securing visas or permission to travel to field locations. It is thought this may have had a negative impact on programme quality and efficiency.

Other challenges in managerial efficiency were identified in the course of the project, namely in staff retention and turnover. In some cases, a lack of clarity surrounding the continuity of funding may have lead to competent staff finding other jobs before top-up funding or project extensions could be confirmed. This lead to a need to hire new staff, which often took weeks or months, in addition to the need to train these new staff members. This had a variety of consequences on programme efficiency.

Save the Children and DFAT should be aware of these challenges when planning and proactive in combating them in order to improve staff retention and reduce the cost (in time and resources) of hiring new staff. They should seek to give clear, early information on funding and project extensions to staff at field level and ensure open communication is in place so that concerns can be addressed, or Save the Children can react quickly/plan ahead in the case of losing staff.

Reinforcing Local Leadership

The AHP investment appears to have led to a strengthening of local capacities and leadership (particularly health centres). Strong relationships with local authorities were instrumental in delivering Save the Children programming. Concerns remain about whether local authorities are sufficiently accountable to their communities.

	Research Objectives	Summary	Evaluation
?	Did the AHP investment reinforce local leadership (CHS 3, CHS 4, CHS 6)?	Strengthening of local capacities and leadership (particularly health centres). Strong relationships with local authorities were instrumental in delivering Save the Children programming. Concerns about accountability of local authorities.	Achieved with constraints
↳	To what extent did the AHP investment (i) support and/or strengthen local partners, including civil society (e.g. local women's organisation, disabled people's organisations etc.), (ii) engage and coordinate with the local government, (iii) and avoid negative effects?	Strengthening of local health services. High levels of engagement with the local government though concerns regarding the negative effects of over-reliance on local authorities remain in some cases.	Achieved with constraints
↳	To what extent were the implementing partners sufficiently accountable to, and engaged with, affected communities? Is there evidence of programs having been influenced by effective communication, participation and feedback?	Lack of substantial evidence of accountability of implementing partners, particularly with regard to local authorities (cause for concern where local authorities have blocked/substantially altered Save the Children plans); some room for improvement in this regard, though Save the Children does appear to have responded well to many challenges. Evidence of effective communication between health centres and Save the Children, leading to strengthening of programmes.	Partially achieved

In Local Authority FGDs, three out of 13 groups responded that Save the Children had influenced local leadership for the better. The manager of Sana'a Health office indicated this influence had been very positive; it was also clear that the AHP investment contributed to significant strengthening of the Sana'a Health Office, building capacities to cope with increasing needs from communities. Interviewed Save the Children staff believed that this increased capacity had enabled the Sana'a Health Office to respond to a large IDP influx more effectively than they might have otherwise.

The same was true of Al-Regah health centre, which was upgraded to hospital status; Save the Children staff pointed to examples such as DFAT procurement of an electricity generator, a vaccine refrigerator and a CT scanner as activities which strengthened hospital and medical services. Help with the acquisition of an ambulance and in purchasing fuel also strengthened capacity.

When asked if stakeholders are sufficiently accountable to, and engaged with, affected communities, 80% of Save the Children Staff FGDs replied that they are. They added that authorities are involved with communities and appear (in most cases) to take their duty of care seriously.

> *'Yes, Sana'a Health Office is responsible for the governorate public health issues and they are the main partner. Health workers are from the community and the facility will be run by the health office upon DFAT completion.'*
>
> *– Staff FGD Informant*

Save the Children staff reported that continuously strengthened relationships with local authorities led to an increase in the facility acquiring necessary approvals and an ease in moving past checkpoints, as well as faster approvals for programme component implementation. This appeared to be facilitated by community perceptions of good work undertaken by Save the Children, as revealed in FGDs with every category of stakeholder. Save the Children made investment in relationships and engagement with authorities a key priority, and it appears to have paid dividends.

> *'If there was an incident in which a project team member was stopped at a checkpoint or received any kind of threat, then that team member was expected to file an Incident Report. I did not receive any incident reports regarding the DFAT project.'*
>
> *– Staff FGD Informant*

The above quote demonstrates the strength of relationships between Save the Children and local authorities and communities in that no reports of threats against Save the Children programming or staff had been received.

A breakdown of additional key findings, broken down by sector of activity, can be found below:

Water, Sanitation, and Hygiene (WASH)

Save the Children coordinates WASH interventions with the local councils in each district. In Saqayn and Monabbih districts (Saa'da) WASH activities were implemented, namely rain harvesting schemes, water point construction, water scheme

construction and the distribution of water tanks and ceramic filers, in close coordination with local authorities and the GARWSP. This included working together to test water quality for safe use.

Investment in hygiene promotion training for volunteers and the establishment of water committees in Sana'a and Sa'ada to oversee plumbing and functioning water points has strengthened local capacity.

Plans for latrine construction in households were not approved by local authorities in Sa'ada, who instead urged that resources be used towards rain harvesting tanks, which they argued were a greater need in the community.

Food Security

Save the Children relies on relationships with local government, communities and other actors to assure acceptance and access to beneficiaries. They further rely, in some cases, on local authorities to identify those most in need. Nonetheless, Save the Children are committed to sharing this information on beneficiaries, including the most vulnerable households, with other agencies and support services.

Maternal and Newborn Health

AHP investment has substantially strengthened the capacity of local health services, particularly in the field of Emergency Obstetric and Newborn Care (EmONC). This includes furnishing and equipping the delivery room at Al-Regah. This was achieved through regular and sustained coordination between Save the Children and hospital authorities, which helped to provide detailed information on equipment and any action needed. The outcome was a significant improvement in the ability of health facilities to safely deliver children and safeguard maternal health.

> *Before the intervention we assisted with one delivery per month. Now, with the 24-hour service, we assist with 30 deliveries per month, in addition to the referral service.*
>
> *– Community Leader FGD Informant*

The success of this capacity building can be built upon to provide EmONC in other target areas.

The Save the Children policy of working closely with local authorities and using investment to build local capacity and leadership appears to have been effective, particularly in the cases of the Sana'a Health Office and Al-Regah. Strong relationships between Save the Children and local authorities also appear to facilitate safer and more effective operations for project teams. Little evidence was provided, however, on why it was considered that local authorities are sufficiently accountable to their communities. Broader consultation and capacity building for beneficiaries

and community groups might help to inform activities and ensure that concerns are not minimised by overreliance on local authorities.

Transparency and Accountability

Efforts made for transparency and accountability in response, though with mixed success. Where Save the Children were able to engage with beneficiaries, they were responsive and transparent.

	Research Objective	Summary	Evaluation
?	How transparent and accountable was the response (CHS 4, CHS 5)?	Efforts made for transparency and accountability in response, though mixed success. Where Save the Children were able to engage with beneficiaries, they were responsive and transparent.	Achieved with constraints
↳	To what extent were implementing organisations sufficiently engaged with and accountable to affected people?	Mixed success of communication mechanisms. High engagement in the case of health centres, concerns about over-reliance on local authorities and challenges for MEAL teams to engage directly with communities.	Achieved with constraints
↳	What evidence exists of the projects responding to feedback, participation and engagement?	When feedback is received there is evidence of response. i.e. water point installed in Munabeh after petitioning, response to needs in health centres	Achieved with constraints

Save the Children established a free hotline and suggestion boxes in communities for registering complaints and suggestions. The success of these mechanisms appears mixed, however. Of the eight beneficiary focus groups, four showed awareness of these mechanisms for providing feedback and indicated that they had used them. The hotline appears to be the most effective means, undoubtedly because of the directness of communication, and staff in FGDs indicated that this is regularly used and a key source of information. However, those who had submitted complaints through suggestion boxes said that they had not received any direct response.

The recommendation would be to provide as many direct means of participation/mechanisms for feedback as possible, by continuing the hotline and providing opportunities for communities to engage with staff, volunteers and the meal team. Indeed, this was how focus groups said they were able to get information: They said that they received information and could raise concerns about Save the Children programming through volunteers and staff themselves, community leaders or local officials.

'They shared information about their program by meeting with community members and volunteers, the water point repair committees, the free hotline, and brochures.'

– Beneficiary FGD Informant

Feedback mechanisms appear to be particularly strong in health centres, where staff (including midwives) report regularly talking to beneficiaries and passing on feedback to Save the Children through clear mechanisms.

> *'We communicate with the community and the beneficiaries in a transparent manner; it helps us in providing the service. We talk to them and listen to their concerns and negotiate these concerns with Save the Children staff who come on a weekly/bi-weekly basis. We also send monthly reports to the Hamdan District Health Office, which shares information with SC.*
>
> *– Staff FGD Informant*

A further mechanism for participation and engagement was the establishment of water management committees. These were formed to ensure beneficiary participation during the project cycle. FGDs said these had served as a means of communicating information on programmes to the wider community. These committees, however, were not able to deliver on their aims of being inclusive, as reported in Sana'a:

> *'There was a challenge: the water community committee did not include women due to the community restrictions dictated by tradition.'*
>
> *– Staff FGD Informant*

While in Sa'ada, female inclusion in water committees was more successful, with 6 out of 11 committees including women, and 13 women participating overall, this was still substantially below the target of female inclusion (34). For these committees to function as an inclusive mechanism for beneficiary participation, it is clear that a different approach needs to be taken, sensitive to the Yemen context. Separate male and female committees might be considered to overcome this problem.

In Child Focus Groups, 8 of 15 groups testified that they had never been asked for advice or an opinion by Save the Children. Those who said they had been consulted, notably in Qila Alhawi and Alhalt in Jawi city, indicated that they were able to express views through a complaint/suggestions box and free hotline number. Most, however, indicated that their views had either not been taken into account, or that Save the Children had consulted adults (such as the School Manager) on needs. This suggests that children are not involved the extent that they should be under Save the Children's 'Practice Standards in Children's Participation'. It is recommended that future needs assessments and feedback exercises meet these standards and ensure that children are consulted as important stakeholders.

> *'We are transparent in our activities and processes; our strong accountability system results in the smooth implementation of*

> *activities and in greater acceptance among the community and partners.'*
>
> *– Save the Children Staff Informant*

Responses from FGDs with local government leaders showed that Save the Children are very engaged in seeking advice and guidance from local authorities in both Sa'ada and Sana'a. All leaders interviewed in formal positions of authority indicated that they had recently discussed project activities with Save the Children. Government leaders said that Save the Children are responsive to the views and guidance of local communities and take counsel seriously.

> *'Yes, Save the Children consults with us and the local authorities and we speak for the people.'*
>
> *– Government Leader FGD Informant*

The above quote and results from the FGDs seem to suggest that Save the Children rely on feedback from local authorities, who act as representatives for the beneficiaries, as opposed to an emphasis on direct feedback from beneficiaries themselves (both children and adults). Indeed, in some cases local authorities have acted as a barrier to engagement with affected people (see appropriateness and relevance). This is supported by the following evidence from the staff FGD:

> *'It would be more effective if all support staff were involved and if it were done based on a proper assessment of beneficiaries before discussing the proposal with the local authorities. Currently the local authorities do not allow such a thing!'*
>
> *– Staff FGD Informant*

Over reliance on local authorities or community leaders raises risks for transparency and accountability, abuse and unfair activity targeting, as well as of missing more severe (and undocumented) geographic or sectoral needs. While such concerns for not widely reported, they were raised by Save the Children staff in Sa'ada:

> *'Strength is in the ability to pass the beneficiaries feedback to the DFAT project for improvement. The only challenge is the community perception of the accountability system, few stated that they are afraid that if they report something, their share of the food may be affected. They were afraid of their community leaders.'*
>
> *– Staff FGD Informant*

This is significant because when Save the Children staff can engage directly with beneficiaries, they are responsive to feedback and are better able to target the needs of communities.

> *'Yes, our MEAL team was present during and after distributions and in the activities implementation to ensure the quality of implementation.*
>
> *The local authority here always refuses to grant permission for MEAL to go to the field, but they are flexible with us and sometimes ask us to adjust the data collection tools i.e. DDM and PDM. We do what they want and continue our work.'*
>
> *– Staff FGD Informant*

The above evidence, tallied with evidence from the project documents, shows that when MEAL teams were able to be in the field, they were able to collect evidence and assess the needs of beneficiary communities in order to re-target programming for the neediest. A clear example can be found in Munabeh, where locals used the free hotline to petition for a water point, which was subsequently installed by Save the Children.

Save the Children should use its strong relationships with local authorities to ensure that MEAL teams can go out in the field, assess needs, collect feedback and encourage participation and engagement. Their ability to do this leads to effective and targeted activities which make the most out of the investment.

Conclusions & Recommendations

It is important to note, that in many cases, and particularly with reference to Food Security & Livelihoods programming, this was the first time Save the Children had implemented projects in these areas. Considerable groundwork has therefore been done in terms of relationship-building, establishing routes, mechanisms and suppliers and building up information through MEAL activities. Future programming therefore, should capitalise on this work and prove faster and more efficient, minimising certain delays encountered in this project. Planning must factor this in when setting targets.

Further to this and the analyses and lessons learned presented in the preceding pages, a key set of recommendations have emerged. Where appropriate, these recommendations target different levels (e.g. field offices in Saa'da and Sa'ana, Save the Children, donors etc.).

Continued focus on gender, disability and vulnerable populations

Save the Children has made efforts to ensure gender, disability, and vulnerability considerations underpin their work and are built into project design. While contextual and cultural barriers remain substantial (i.e. cultural barriers to female participation in committees) actions can still be taken to improve the inclusivity of future programming:

- Save the Children: Re-think approach to future water committee establishment to allow for female participation. Targets were not met for female inclusion due to cultural barriers. Consider gender-segregated committees where practical and input from the Save the Children gender advisor is more relevant.
- Save the Children: Build contingencies into program design to address increased demand for project resources/strain on local capacities due to influx of IDP households.
- Field Office Sa'ada: Address concerns regarding accessibility of food distribution in two Saa'da communities, Al-Yazeed and Mtiba Ayyash. Distance cited as a factor which prevented people living with disabilities and the sick from receiving much-needed aid. While clearly increased food provision is in demand generally, and security concerns may hamper access, the approach to targeting in these communities should be reconsidered to ensure the needs of the most vulnerable are met.

Continue pushing for MEAL activity, and primary needs assessments

A clear relationship between programme quality and field presence of MEAL teams was identified. Similarly, primary needs assessments have been associated with strong programmatic relevance. The additional effort required to field MEAL and data collection teams appears to be well worth it. MEAL activity will have the added benefit of documenting success for donors, improving willingness to fund Save the Children's programmes:

- Save the Children: Continue strengthening MEAL practice, and increasing the amount of data available, to continue improving standards of delivery. This is

primarily focussed one ensuring MEAL teams are able to deploy with distribution and implementation teams, and that strong data is collected (from communities themselves) on activities as a matter of course. This will likely require continued leveraging of strong relationships with local authorities, to ensure activities are approved, and that appropriate resources are made available.

Approach government requests and guidance with caution

While Save the Children staff and beneficiaries appeared to be broadly positive in appraisals of government stakeholders' observance of a duty of care, and commitment to Save the Children's humanitarian mission, there remain questions about the accuracy of the insights and guidance provided by local authorities. So too are their questions regarding their insight into all community needs within their areas of responsibility. This was particularly the case in Sa'ada where Save the Children were prevented from implementing planned latrine construction and instead required by local authorities (NAMCHA & MOPIC) to prioritise activities supporting water points/systems.

Save the Children: More resources required for raising local authority awareness on issues (i.e. benefits of hygienic latrines) for future projects. The case for similar issues will be strengthened by continued hygiene promotion, but increased MEAL activity and primary needs assessments will also strengthen Save the Children ability to make evidence-based cases for local authority support.

Save the Children: Take guidance and instruction received from local authorities with an appropriate degree of caution, relying on independent, primary evidence-based assessments of need and programmatic targeting.

Build on new health capacities, act to guide new health partners

DFAT & Donors: Continue to prioritise and expand health programming to ensure increased capacity is sustained. Stakeholders lauded the increase in capacity demonstrated by Save the Children, but the lack of an exit strategy and the introduction of charges is a concern. Improved health facilities are likely to be put under increased strain as individuals from neighbouring communities look to access services unavailable to them locally or spikes in conflict increase numbers of IDPs.

Field Office Sa'ana: Investigate and closely monitor the charging of fees for lab and medication services to ensure they are not preventing access to the vulnerable or open to abuse.

Save the Children: Lessons learned by Save the Children's programmes will be helpful in guiding those INGO partners whose delivery has been characterised as substandard; taking on a position of leadership within the local health sector may act to insulate Save the Children from any potential reputational damage arising from non-Save the Children health programming, as well as establish Save the Children as a leader in the Yemeni health response.

Consider more timely and flexible approaches to resource administration

Lengthy approval processes, and limited budget flexibility (at the donor, country office, and local authority levels), could often result in delays of weeks or months, with needs shifting substantially in that time. Recommendations include:

Save the Children, DFAT & Donors: Incorporate contingency planning during proposal development, including planning of back-up/alternative activities (pre-agreed with donors) in the case of inability to access certain areas or project underspend. Incorporation of an 'emergency fund', increasing capacity of Save the Children to respond even to unplanned contingencies, has the potential to further strengthen programming.

Save the Children: Stronger incorporation of procurement and finance departments in proposal drafting to ensure proposed budgets are well aligned with logistical and financial on-the-ground realities. This will minimise need for lengthy approval processes.

Save the Children, DFAT & Donors: Consider additional means of compressing bureaucratic timelines, and creating a process of 'overlapping', rather than sequential, approvals for programme shifts and changes.

Structured inclusion of logistics and finance departments in programme design, build on strengths in WASH and Food Security procurement

Save the Children: Ensure the inclusion of procurement and finance departments in proposal design, seeking to minimise delays arising from misalignments of expectations or misunderstandings. Building on the strengths of current WASH and Food Ssecurity procurement, it may be possible to further minimise delays in health programmes. Furthermore, ensuring market assessments are included in health programmes, establishing supply chains for key medical equipment and supplies, may further strengthen health programme delivery.

Focus logframes more on outcomes and results, and less on outputs

While challenging humanitarian circumstances make output measurement the more expedient (and efficient) choice for MEAL activity, they do not provide systematic indicators and measures of programme quality and impact.

Save the Children: Include outcome-driven log-frame indicators and ensure these constitute a focus for MEAL activity. Rates of beneficiary satisfaction, food security indicators (CSI, household hunger index), health indicators (increases in quantity of patients treated by centres, rates of infant mortality among treated patients), and WASH indicators (rates of illness among target populations, litres of water per person per day consumed) all have the potential to strengthen activity and accountability to beneficiaries. Additional focus can be placed on the creation of 'transitional' indicators, as Yemen stabilises to an increasing degree; examples may include rates of referral to longer-term feeding programmes to minimise return visits to emergency care, or other similar indicators.

Continue Food Security & Livelihoods and Health prioritisation but develop a realistic exit strategy

Substantial concerns emerged through FGDs about exit strategy, or perhaps more accurately fears of the removal of support in areas reliant on Save the Children (as documented, Save the Children is the INGO providing food aid in certain communities). Positive steps have been made regarding WASH facilities with the establishment of community committees and provision of training and tools for water system maintenance.

DFAT & Donors: Recommendations have already been made regarding continued prioritisation of health programming and the same must go for Food Security & Livelihoods programming. Donors should include Food Security & Livelihoods support in future funding. Continued support will benefit from improved capacities created through the course of this project (primarily in established supply lines, government relationships, and procurement framework agreements).

Nonetheless certain steps can be made toward developing greater sustainability and long-term exit strategy:

Save the Children: Use Save the Children's hard-built relationships with local authorities to assist and support partner INGOs looking to implement Food Security & Livelihoods programming. Relevant information on vulnerable households has already been shared by Save the Children with the FSAC cluster.

Save the Children & Field Offices: Continue creating, training and equipping water committees (particularly in Sana'a and rethink the model for these to promote female inclusion) to ensure water systems are sustained

Strengthen approaches to advertising available services

Save the Children: Continue strengthening approaches to advertisement of health services in all locations, moving away from complete reliance on WASH programmes, word-of-mouth, and its currently limited awareness raising campaigns. This can help ensure all within their catchment areas are better aware of available support, and know how to access it.

Planning to minimise staff turnover

DFAT & Donors: In some cases, a lack of clarity surrounding continuation of funding may lead to competent staff finding other jobs before top-up funding or project extensions can be confirmed. This will lead to new staff needing to be hired, which could often take weeks or months, followed by the need to train those new staff. This will have a variety of consequences for Save the Children in future delivery, and concrete steps should be taken to avoid this challenge.

Save the Children: Ensure salary projections for key roles (e.g. health centre staff) are appropriate from the outset of the project, in the interest of minimising attrition of people in whom Save the Children has already invested substantial resources. This can help provide clarity to donors on what funding levels require continuation.

Training needs assessments, and contingency training funds

Save the Children: Staff attrition, and unanticipated training needs, placed clear pressure on resources available for training. Particularly in a sector like health, which often requires substantially more skills and training than others, having flexibility with regard to training resources may be important.

Appendix 1 – Staff and Partner KII Informant Roles or Organisations

- MEAL Assistant
- Program Coordinator
- Admin and HR Officer
- Admin, Security Focal Point
- Health & Nutrition Program Officer
- MEAL Coordinator
- Logistic Coordinator (Save the Children)
- Award Officer
- Midwives (Qa'a Al-Regah Hospital)
- Logistic Officer
- Finance Coordinator / Officer
- Field Office Manager
- Food Security & Livelihoods Manager
- Security Coordinator & Liaison with government
- Community Volunteers – WASH
- WASH Manager
- Field Manager
- WASH Coordinator
- DFAT Representatives

Appendix 2 – Key Evaluation Questions

Was the response appropriate and relevant (link to CHS 1, CHS 6)?
To what extent were the activities selected appropriate (i.e. did we select the right activities in the right locations in the right sectors?)
To what extent was information on needs and priorities addressed in the planning?
Has the response adequately responded to needs assessment information provided (both initially and over the course of activities as needs have changed)?
To what extent did the assistance complement/ align with Australia's Humanitarian Strategy and other key Australian government policies/priorities such as gender equality, disability inclusion and other vulnerable groups?
How relevant and appropriate is the assistance provided by AHP implementing partners from the perspective of affected communities?
Were there any unintended consequences and impacts (positive or negative) of our assistance?
Was the AHP response effective (CHS 2)?
How clearly were the intended outputs and outcomes of the response defined, and to what extent have they been achieved?
To what extent did Australian-funded activities promote the longer-term resilience of affected communities and support broader recovery and stabilisation efforts?
What were the barriers and enablers to effective and efficient project design and management?
How inclusive was the response?
How were activities designed and implemented to meet the needs of different groups of people (considering age, gender, disability and other social disadvantage)?
What did the AHP response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities, ethnic minorities and indigenous populations?
How efficient (cost-effective) was the response (CHS 2, CHS 9)?
To what extent was the response implemented according to agreed-upon timelines and budgets?
In what ways was the response implemented to achieve value for money?
Did the AHP investment reinforce local leadership (CHS 3, CHS 4, CHS 6)?
To what extent did the AHP investment (i) support and/or strengthen local partners, including civil society (e.g. local women's organisations, disabled people's

organisations etc.), (ii) engage and coordinate with the local government, and (iii) avoid negative effects?

- To what extent were the implementing partners sufficiently accountable to, and engaged with, affected communities? Is there evidence of programs having been influenced by effective communication, participation and feedback?

How transparent and accountable was the response (CHS 4, CHS 5)?

- To what extent were implementing organisations sufficiently engaged with and accountable to affected people?
- What evidence exists of the projects responding to feedback, participation and engagement?