



Australian Humanitarian Partnership

# North Yemen Humanitarian Response Evaluation - Executive Summary

December 2018 - January 2019

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## Acknowledgements

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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# 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.**