

Evaluation of the Australian Humanitarian Partnership North Yemen Response

Joint DFAT-NGO Management Response

Evaluation Overview

This evaluation examined the DFAT-funded humanitarian response to the ongoing protracted emergency crises in Yemen. This response was triggered in April 2017 with the announcement of an \$10 million Australian Government support package to address the worsening humanitarian situation in the country. The Yemen response was implemented by Save the Children who engaged independent Evaluation Team Leader, Charles Schulze, and independent consultant, Ali Azaki, to conduct the evaluation. Charles worked with Save the Children staff and management outside Yemen, while Ali was responsible for in-country support.

The aim of the evaluation was to assess the AHP response to the Yemen humanitarian crisis and Save the Children's implementation in the Sa'ada and Sa'ana Governorates. This included assessing:

- the relevance of the response;
- the effectiveness, timeliness and efficiency of the response;
- whether the response reinforced local capacity appropriately within the context – and what were the major challenges that constrained the implementing partners in achieving that;
- how effectively the response was transparent and accountable to affected populations; and
- the extent to which the response met the needs of those most vulnerable due to gender, disability and other social disadvantage.

The evaluation found this to be a largely successful program, having achieved, despite several constraints, most of its objectives. Overall, stakeholders held 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 the activity: WASH, Food Security, and Health.

The evaluation collected data in December 2018 and January 2019 and the report was finalised in May 2019.

Partner Reflections

Each partner involved in the response will be invited to provide 1-2 paragraphs of strategic, high level reflections on the evaluation.

Action Plan

The partners in this response – DFAT and Save the Children – have responded to the recommendations made in the Evaluation Report, and set out the actions they intend to take in future. The AHP Support Unit will facilitate an annual review of the progress in implementing these actions.

Management Action

Recommendation	Responsibility	Response	Action	Timeframe
Recommendation 1: Continued focus on gender, disability and vulnerable populations				
1.a 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	Agree in principle.	Long term: The Gender and Inclusion advisor is developing a guidance paper on improving gender focused programming including water and community committees. This paper will be socialised and disseminated through the WASH cluster and the inter-agency inclusion working group.	End of August
1.b Built contingencies into program design to address increased demand for project resources/strain on local capacities due to influx of IDP households.	Save the Children	Agree in principle.	Save the Children will aim to include crisis models in all program and project budget to allow the needed flexibility.	On going
1.c 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	Save the Children / Field Office Sa'ada	Agree in principle.	Disability Inclusion has been a challenge that we acknowledge. As a measure to support better programming in this space, Save the Children will seek partnership with actors specialised in	On going

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<p>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.</p>			<p>disability work to improve capacity to better identify and support people with disability. Current discussions are under way with a potential partnership with Humanity and Inclusion in Yemen. In future programs, Save the Children will organise mobile distributions points/ sites which can get as near as possible to the beneficiaries and the beneficiaries meet the mobile site halfway.</p>	
<p>Recommendation 2: Continue pushing for MEAL activity, and primary needs assessments</p>				
<p>2.a Continue strengthening MEAL practice, and increasing the amount of data available, to continue improving standards of delivery. This is primarily focussed on 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</p>	<p>Save the Children</p>	<p>Agree in principle</p>	<p>The main obstacle to gathering needed information is access and bureaucratic impediments. Save the Children will continue to engage the local authorities to give us access so that MEAL team can frequently collect MEAL data as planned.</p>	<p>On going</p>

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activities are approved, and that appropriate resources are made available.				
Recommendation 3: Approach government requests and guidance with caution				
3.a 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	Agree in principle.	Save the Children is working on standardising sanitation designs by context or governorate. The local authorities and communities will be consulted on sanitation designs.	On going
3.b 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.	Save the Children	Agree in principle.	With the local authorities restricting the space and flexibility for NGOs, this is being dealt with seriously. Save the Children is in constant negotiations to push back on conditions dictated by the local authorities while ensuring minimal implications on wider response operations.	On going

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Recommendation 4: Build on new health capacities, act to guide new health partners				
<p>4.a 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.</p>	DFAT	Agree in principle	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	N/a
<p>4.b 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.</p>	Save the Children / Field Office Sa’ana	Agree in principle	The fees were enforced by the health facility not by Save the Children. However, Save the Children will need to clearly define and communicate what services and commodities are supported by Save the Children through banners and community meetings.	On going

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<p>4.c 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.</p>	<p>Save the Children</p>	<p>Partially agree</p>	<p>Save the Children will share best practices with the cluster as appropriate.</p>	<p>On going</p>
<p>Recommendation 5: Consider more timely and flexible approaches to resource administration</p>				
<p>5.a 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</p>	<p>DFAT</p>	<p>Agree in principle</p>	<p>The structure of reporting allows for AHP NGOs to adapt and realign program activities to the humanitarian context on the ground. This is formally incorporated into the Program Implementation Plan (PIP) submitted 8 weeks into the program implementation period. Similarly, ongoing discussion with DFAT allows AHP NGOs to request approval to adapt</p>	<p>N/a</p>

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<p>respond even to unplanned contingencies, has the potential to further strengthen programming.</p>			<p>programming as needed. In environments such as Yemen, where there is a high risk of delays or access problems, DFAT would consider 'pre approving' alternative activities as contingencies.</p>	
<p>5.b 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.</p>	<p>Save the Children</p>	<p>Agree</p>	<p>Awards ensure that the supply chain department (logistics) is part of sign off process of the proposal</p>	<p>From new opportunities</p>
<p>5.c Consider additional means of compressing bureaucratic timelines, and creating a process of 'overlapping', rather than sequential, approvals for programme shifts and changes.</p>	<p>DFAT</p>	<p>Agree in principle</p>	<p>In environments such as Yemen, where there is a high risk of delays or access problems, DFAT would consider 'pre approving' alternative activities as contingencies to streamline the approval process.</p> <p>The AHP Support Unit also has the authority to approve small administrative or budget changes within a set limit.</p>	<p>N/a</p>

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<p>Recommendation 6: Structured inclusion of logistics and finance departments in programme design, build on strengths in WASH and Food Security procurement</p>				
<p>6.a 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 Security 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.</p>	<p>Save the Children</p>	<p>Agree in principle</p>	<p>Save the Children will explore framework agreements with WASH items suppliers and health commodities suppliers (leveraging the success of the models being used for cash / food programs)</p>	<p>By Q4 2019</p>
<p>Recommendation 7: Focus logframes more on outcomes and results, and less on outputs</p>				
<p>7.a Include outcome-driven log-frame indicators and ensure these</p>	<p>Save the Children</p>	<p>Partially Agree</p>	<p>Save the Children ensures outcome-driven logframe indicators at a</p>	<p>On going</p>

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<p>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.</p>			<p>thematic/program level. With short term projects, achieving outcome level indicators may not be realistic, but Save the Children ensure the objectives contributes to the overall outcome level indicators.</p>	
<p>Recommendation 8: Continue Food Security & Livelihoods and Health prioritisation but develop a realistic exit strategy</p>				
<p>8.a Recommendations have already been made regarding continued</p>	<p>DFAT</p>	<p>Agree in principle, noting that this management</p>	<p>DFAT will take all recommendations of this evaluation into consideration when</p>	<p>n/a</p>

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<p>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).</p>		<p>response cannot make funding commitments</p>	<p>framing any future humanitarian funding allocations in response to this ongoing crisis.</p> <p>DFAT recognises the priority sectors of support continue to be in food security, health and WASH, with particular attention to the needs of children.</p>	
<p>8.b 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.</p>	<p>Save the Children</p>	<p>Agree in principle</p>	<p>Save the Children will continue sharing our best practices and will be coordinated with FSAC cluster & relevant stakeholders</p>	<p>Ongoing</p>
<p>8.c Continue creating, training and equipping water committees (particularly in Sana’a and rethink the model for these to promote</p>	<p>Save the Children</p>	<p>Agree in principle</p>	<p>Save the Children would extend the Gender Inclusion support across all Clusters by leading on the inter-agency Inclusion Working Group.</p>	<p>Ongoing</p>

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female inclusion) to ensure water systems are sustained				
Recommendation 9: Strengthen approaches to advertising available services				
<p>9.a 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.</p>	Save the Children	Partially agree	Save the Children will use posters, banners, awareness sessions and radio channels to inform targeted communities on services supported by Save the Children.	Ongoing
Recommendation 10: Planning to minimise staff turnover				
<p>10.a 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</p>	DFAT	Agree in principle	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	N/a

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<p>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.</p>				
<p>10.b 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.</p>	<p>Save the Children</p>	<p>Disagree</p>	<p>Save the Children does not give salaries for health workers but only incentives which have been agreed upon by the health clusters.</p> <p>However, Save the Children will bring this discussion to the health cluster.</p>	<p>Ongoing</p>
<p>Recommendation 11: Training needs assessments, and contingency training funds</p>				
<p>11.a Staff attrition, and unanticipated training needs, place clear pressure on resources available for training. Particularly in a sector like health, which often requires substantially more skills and training than others, having</p>	<p>Save the Children</p>	<p>Partially Agree</p>	<p>Save the Children will continue advocating for better incentives for health workers at a Cluster level.</p>	<p>Ongoing</p>

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flexibility with regard to training resources may be important.				