**USAID-Funded SFD Components of Yemen Emergency Crisis Response Project (YECRP)**

**Final Evaluation Report**

Prepared by:

Colin Reylonds, Team Leader

&

Apex Consulting Firm, Sana’a, Yemen

**August 2019**

Table of Contents

[Executive Summary 3](#_Toc17888159)

[1.0 Introduction 6](#_Toc17888160)

[2.0 General Methodology 6](#_Toc17888161)

[2.1 Overview 6](#_Toc17888162)

[2.2 Fieldwork 8](#_Toc17888163)

[3.0 Findings 16](#_Toc17888164)

[3.1 Output Level 16](#_Toc17888165)

[3.1.1 Qualifications on Output-Level Findings 20](#_Toc17888166)

[3.2 Outcome-Level Findings 24](#_Toc17888167)

[3.2.1 Numerical Analysis of Beneficiary Survey 24](#_Toc17888168)

[3.2.2 Narrative Responses to Evaluative Questions (Conclusions) 29](#_Toc17888169)

[4.0 Lessons and Associated Recommendations 49](#_Toc17888170)

[5.0 Case Studies 52](#_Toc17888171)

[Annex 1: Full List of Sub-Projects in This ECRP Component 55](#_Toc17888172)

[Annex 2: List of Sample Sub-Projects Selected for Sample 55](#_Toc17888173)

[Annex 3: Tools 55](#_Toc17888174)

[Annex 4: Evaluation Terms of Reference 55](#_Toc17888175)

# Executive Summary

***Background***

This report addresses one of the USAID-funded components of the Emergency Crisis Response Project (ECRP) in Yemen, namely the UNDP-managed grant to the Social Fund for Development [SFD] (SAID Grant # AID-279-IO-16-00002; UNDP Award ID: 00097850) valued at USD$11.2M. This grant can be considered to have two direct implementers, SFD itself and the Small and Micro Enterprise Promotion Service [SMEPS] (a subsidiary of SFD[[1]](#footnote-1)). That the Yemeni people are suffering extreme deprivations is well established. The most important question is therefore not whether providing assistance is justified, rather it is what is the best form of assistance to provide? In complex, conflict-burdened operating environments such as this, there exists an immense range of pitfalls and challenges to be avoided or overcome.

***Approach***

This evaluation generally followed a Tactical Conflict Assessment Framework (TCAF) derived approach. This approach was developed by USAID for initially for application in Afghanistan, but the basics of approach is generic and can be applied to any conflict or complex operating environment. The approach stresses the importance of gathering the highest quality data available, which in most cases are the qualitative examples of issues as reported by respondents. This approach is intended to avoid the large number of untraceable errors often introduced into research using more contrived and researcher-defined, fixed response categories. The TCAF approach is slightly more labor intensive, in that the additional step of coding the qualitative examples obtained is necessary to produce summary statistics of findings, but this is offset by the fact that classification of data is better controlled and avoids inconsistent classification by respondents due to varying interpretation of fixed response category meaning. Most survey questions posed by this Evaluation therefore follow the model of seeking qualitative examples as responses, with a few minor exceptions included for comparative purposes or ‘header data’ acquisition.

***Field Work Summary***

The field activities were conducted during the months of June and July 2019. A total of 624 interviews were conducted for the purpose of this evaluation assignment. Semi-structured interviews were held with 561 direct beneficiaries (414 males, 147 Females). Furthermore, interviews were conducted with 37 key informants (33 Males, 4 Females), and 17 (14 Males, 3 Females) interviews were held with representatives of implementing partners. Additionally, interviews were conducted with 9 (6 Males, 3 Females) high-level stakeholders of the YECRP.

The field activities spanned various villages across 17 districts within 12 governorates, for the purpose of evaluating a sample of 25[[2]](#footnote-2) sub-projects. The evaluation activities covered almost all types of interventions implemented under identified five sectors among them 12 sub-projects were related to health, seven education sub-projects, four agriculture sub-projects and two were phychosocial support sub-projects. However, the national evaluation consulting team was not able to conduct any site visits to microfinance subprojects due to delays in getting the needed permits from NAMCHA.

***Key Findings***

The findings of this report are provided in three sections. The first (3.1) covers findings associated with the output level and is primarily focused on measuring performance against implementation targets. The second section (3.2.1) provides a basic quantitative breakdown of the main findings of the surveys conducted. The third section (3.2.2) provides a discussion of conclusions structured against each of the evaluative questions posed in the Terms of Reference for this evaluation. In all cases, data-mining is avoided and only the most robust quantitative data is presented. Discussion in relation to conclusions (evaluative questions) either cross-references this quantitative data of uses specific examples to illustrate points. While a reasonable quantity of data was collected across a wide range of both activity types and locations, the information gained is characterized by few surprises. Many of the issues encountered are predictable in a difficult operating context such as Yemen, but generally the outcomes, especially those related to increasing/restoring delivery of essential services were strong. These services included general healthcare; child healthcare (including malnutrition treatment); women’s healthcare (including maternal health and family planning); dental care; market availability of safe food supplies (agricultural and fisheries sourced); and credit facilities[[3]](#footnote-3).

Proportions of beneficiaries reporting these outcomes are as follows: [[4]](#footnote-4)

| Services being provided at time of survey | %All | %Females | %Males |
| --- | --- | --- | --- |
| Increased/improved general medical services | 12% | 20% | 10% |
| Increased/improved medical services specifically for women | 10% | 36% | 0% |
| Increased/improved medical services specifically for young children (including treating malnutrition) | 10% | 16% | 7% |
| Increased/improved dental Services | 2% | 6% | 0% |
| Increased/improved psychosocial counselling services to students or others | 15% | 5% | 19% |
| Teaching of young children using new methods | 32% | 22% | 35% |
| Provision of students with recreational activities | 11% | 5% | 13% |
| Passing on of skills to others | 20% | 12% | 22% |
| Improved handling, processing or transport of agricultural products | 6% | 2% | 7% |
| Provision of more and higher quality food on the local market | 11% | 0% | 15% |
| Provision of new employment to others | 3% | 1% | 4% |
| Some community social problems remain reduced as a result of the assistance | 4% | 3% | 5% |

Note these results also reflect the proportions of different types of activity participants accessed (e.g. activities targeting teachers had the highest numbers of participants, so “Teaching of young children using new methods” will naturally return higher percentages in the table).

Key issues arising in delivery of the assistance centered around - Quality of some equipment provided; ‘Rushed’ nature of some training (with limited time for practical exercises); Limited quantity/longevity of assistance; Timing of assistance; Remaining barriers to most vulnerable groups accessing any new/restored services; and Costs of participation (in cases where meeting of part cost of equipment acquired by participant was required, or where allowances and support for attendees was regarded as not meeting full costs of attendance).

***Recommendations***

The evaluation provides only a limited number (4) recommendations. This reflects a desire not to make inferences beyond the true capacity of the data. While a significant number of beneficiaries were reached, not all sub-project types were covered and the sample was stratified to provide maximum representativeness at the level of the Component as a whole, rather than at the level of individual activity types. Each recommendation provided is linked to an associated lesson (see section 4).

Recommendation 1. While giving due considerations to the recommendations that follow, if at all possible, funding should be made available for the work of this component of ECRP to be consolidated and continued.

Recommendation 2. SFD should use their on-the-ground experience to provide feedback through UNDP to USAID on each type of activity design implemented under this ECRP component. This advice should take the form of a set of options that may assist improving outcomes without overly compromising implementation efficiency. It should not take the form of merely presenting preferred options.

Recommendation 3. Future M&E efforts for these types of activities should include real-time outcome monitoring, based on measures derived from stated objectives. In the absence of more direct measures, systematic and representative gathering of qualitative examples of actions or behaviors that potentially satisfy these objectives should be considered, with post-collection classification of these examples used as a means of quantitatively analyzing this information.

Recommendation 4. Future agreements with any implementer must include requirements for timely provision of lists of participants, including as many telephone contact details as possible. Third party monitoring should select random samples of these participants to contact and confirm details of assistance received in order to meet routine triangulation standards.

# 1.0 Introduction

This report addresses one of the USAID-funded components of the Emergency Crisis Response Project (ECRP) in Yemen, namely the UNDP-managed grant to the Social Fund for Development [SFD] (SAID Grant # AID-279-IO-16-00002; UNDP Award ID: 00097850) valued at USD$11.2M. This grant can be considered to have two direct implementers, SFD itself and the Small and Micro Enterprise Promotion Service [SMEPS] (a subsidiary of SFD[[5]](#footnote-5)).

That the Yemeni people are suffering extreme deprivations is well established. The most important question is therefore not whether providing assistance is justified, rather it is what is the best form of assistance to provide? In complex, conflict-burdened operating environments such as this, there exists an immense range of pitfalls and challenges to be avoided or overcome. These routinely include individual and collisional corruption, misappropriation of resources or political credit by parties to the conflict, other political interference and extreme security/access concerns. The Yemeni context has a strong reputation for a sustained presence of all of these negative factors. This makes the operating environment of the YECRP component under consideration particularly challenging.

The purpose of any evaluation is to move beyond simple monitoring of outputs and draw broader conclusions regarding project success. Any broader conclusions reached must be firmly evidence-based. This means that a key role of any desk assessment, such as the one upon which this report is based, is to assess the quality and comprehensiveness of existing project information and its suitability for drawing evaluation-level conclusions. Where the existing information is adequate for doing so, there is no point in the evaluative process simply duplicating collection of existing information. Rather, the key role of any new data gathering under this exercise should be to identify any quantitative or qualitative shortcomings in existing datasets and attempt to address them in a manner that allows better informed conclusions against the evaluative questions posed in the Terms of Reference. It is the identification of such shortcomings that must drive the planning of the evaluative process, while the desk study component of this report does present initial findings, these findings are duly qualified by a careful assessment of any limitations in existing datasets

# 2.0 General Methodology

## 2.1 Overview

This evaluation generally followed a Tactical Conflict Assessment Framework (TCAF) derived approach. This approach was developed by USAID for initially for application in Afghanistan, but the basics of approach is generic and can be applied to any conflict or complex operating environment.

The approach stresses the importance of gathering the highest quality data available, which in most cases are the qualitative examples of issues as reported by respondents. This approach is intended to avoid the large number of untraceable errors often introduced into research using more contrived and researcher-defined, fixed response categories. The TCAF approach is slightly more labor intensive, in that the additional step of coding the qualitative examples obtained is necessary to produce summary statistics of findings, but this is offset by the fact that classification of data is better controlled and avoids inconsistent classification by respondents due to varying interpretation of fixed response category meaning. Most survey questions posed by this Evaluation therefore follow the model of seeking qualitative examples as responses, with a few minor exceptions included for comparative purposes or ‘header data’ acquisition.

An added benefit of this approach is that it makes intentional or unintentional falsification of data much more difficult, with questionable repetitiveness in narrative responses becoming readily apparent, whereas this would go unnoticed with use of fixed response categories.

Both beneficiary and higher-level stakeholders were surveyed using this approach. Beneficiary samples were originally based on a resource envelope that allowed access to up to 30 USAID-supported ECRP sub-projects implemented by SFD. These sample sub-projects were selected on the basis of a relevant stratification of numbers of sub-projects of different types matching the proportions of such sub-projects across ECRP. A secondary filter of accessibility was necessarily applied to develop the final list of 30 sub-projects chosen. The beneficiaries of each selected sub-project were then initially randomly selected in sufficient numbers to provide a modest 90% confidence level and 10% margin of error for results.

In practice (see next section), accessing some types of sub-projects proved problematic, particularly coffee and other cropping related projects, due to an inability to obtain required travel permits for accessing them. In addition, locating individual beneficiaries of accessible sub-project proved challenging and sampling often reverted to a basis of ‘taking who we could find’, rather than relying on random selections. While the numbers of beneficiaries surveyed for some sub-projects meets or exceeds the requirements for representativeness at the 90% confidence level and 10% margin of error level, selection was not random, and the biases introduced by ‘findability’ of beneficiaries is highly unpredictable. Therefore, while numerical analysis of the beneficiaries (561 total, 147 females, 414 males), who are surveyed is provided, no specific level of statistical representativeness is claimed. A revised version of the original survey was developed after initial testing that included a greater proportion of pre-specified response categories, but narrative responses where retained where appropriate.

Selection of the sample of higher-level stakeholders was even more opportunistic, with the evaluation dependent on an initial list provided by UNDP, which was supplemented by implementer assisted meetings in the field. Because of the smaller number of higher-level stakeholders accessed, and the inability to stratify inclusions in any representative way, a numerical analysis of this data would likely be misleading and is avoided. Rather a qualitative synthesis of the information gathered was undertaken and points of interest included in reporting as required.

## 2.2 Fieldwork

To carry out the evaluation assignment, a team of field enumerators, coordinators and supervisors was mobilized and trained. In addition, core staff members were mobilized as personnel for project management, data management, quality control, data translation, analysis and reporting. A three-day, face- to-face, training for 25 field enumerators, 3 field coordinators, 5 translators, and 3 quality control (QC) officers, was conducted before the start of field activities. The enumerators were gathered from the targeted governorates/districts. The training ensured that the entire team understood the assignment’s mandate as well as the tasks to be implemented at the different stages, including the types of data to be collected, compiled and analysed.

During field activities, Apex had attended to matters of avoidance of harm and informed consent by ensuring that respondents were fully aware of the objectives of this evaluation activity and the issues it covered. Apex confidentiality and anonymity policies and measures were very clearly communicated to all respondents. Absolutely all participants had the right to withdraw at any time during the interview or discussion session. Furthermore, the safety of the entire research team and the respondents was always ensured. Finally, efforts were made to conduct the research during appropriate times to ensure the respondents’ privacy and minimize the impact on their daily activities.

The field activities were conducted during the months of June and July 2019. A total of 624 interviews were conducted for the purpose of this evaluation assignment. Semi-structured interviews were held with 561 direct beneficiaries (414 males, 147 Females). Furthermore, interviews were conducted with 37 key informants (33 Males, 4 Females), and 17 (14 Males, 3 Females) interviews were held with representatives of implementing partners. Additionally, interviews were conducted with 9 (6 Males, 3 Females) high-level stakeholders of the YECRP.

The field activities spanned various villages across 17 districts within 12 governorates, for the purpose of evaluating a sample of 25[[6]](#footnote-6) sub-projects. The evaluation activities covered the following sectors:

|  |  |
| --- | --- |
| Sector | No. Subprojects |
| Agriculture | 4 |
| Education | 7 |
| Health | 12 |
| Psychosocial | 2 |
| Microfinance[[7]](#footnote-7) | 0 |

A tabular summary of the completed fieldwork is presented in the table below.

Table 1: Summary of completed evaluation activities

|  | Sub-Project ID | Governorate | | District | Sector | Surveyed Beneficiaries | KIIs | # of IP Reps. | # of Interviewed High-Level Stakeholders |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 100-13097 | Lahj | Al-Musaimeer | | Education | 35 | 3 | 1 | 0 |
|  | 100-13179 | Taiz | Mashra'a & Hadnan | | Education | 16 | 2 | 1 | 0 |
|  | 600-12700 | Shabwah | Ataq | | Education | 26 | 2 | 1 | 0 |
|  | 900-12786 | Taiz | Mashra'a & Hadnan | | Education | 53 | 2 | 1 | 0 |
|  | 900-12787 | Taiz | Mashra'a & Hadnan | | Education | 30 | 2 | 1 | 0 |
|  | 600-12699 | Hadhramout | Broom | | Education | 18 | 2 | 1 | 0 |
|  | 900-12788 | Ibb | Assubrah | | Education | 44 | 2 | 0 | 0 |
|  | 911-13028 | Baidhaa | Radda | | Health | 11 | 2 | 1 | 0 |
|  | 911-13025 | Dhamar | Dhamar\_City | | Health | 3 | 2 | 1 | 0 |
|  | 600-12404 | Hadhramout | Al Mukalla city | | Health | 5 | 3 | 1 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs | Aden | Al-Mansora | | Health | 29 | 0 | 1 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs | Ibb | Al-Makhadir | | Health | 3 | 0 | 1 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs(Khanfar) | Abyan | Khanfer | | Health | 16 | 0 | 0 | 0 |
|  | 400-12650 | Raimah | Ja'afariah | | Health | 19 | 1 | 1 | 0 |
|  | 500-13269 | Hajjah | Hajjah city | | Health | 41 | 0 | 1 | 0 |
|  | 600-12776 | Hadhramout | Al Mukalla city | | Health | 14 | 2 | 0 | 0 |
|  | 300-13018 | AL-Dhalae | AL-Dhalae city | | Health | 15 | 2 | 1 | 0 |
|  | 600-12617 | Shabwah | Ataq | | Health | 6 | 2 | 0 | 0 |
|  | sub-component 3.1 : Solar - Development of the value chain, usage of modern inputs and improved practices | Dhamar | Dawran | | Agriculture | 31 | 0 | 0 | 0 |
|  | sub-component 3.1 : Solar - Development of the value chain, usage of modern inputs and improved practices | Ibb | Yareem | | Agriculture | 24 | 0 | 0 | 0 |
|  | sub-component 3.1 : Fisheries - Development of the value chain, usage of modern inputs and improved practices | Hadhramout | Al-Shiher | | Agriculture | 23 | 1 | 0 | 0 |
|  | sub-component 3.1 : Fisheries - Development of the value chain, usage of modern inputs and improved practices | Hadhramout | Al Mukalla city | | Agriculture | 28 | 2 | 0 | 0 |
|  | 900-12708 | Ibb | Assubrah | | PsychoSoc | 27 | 2 | 1 | 0 |
|  | 100-13096 | Lahj | Al-Musaimeer | | PsychoSoc | 31 | 3 | 1 | 0 |
|  | 910-12683 | Amran | Al-Swoda, Thwla, Khamer, Amran City | | Health | 13 | 0 | 1 | 0 |
|  | All YECRP sub-projects | Sann’a | Sann’a | | All | 0 | 0 | 0 | 9 |

Furthermore, the table below shows more details, including gender disaggregated data, about the data collection activities, which were carried out during the course of this evaluation assignment.

**Table 2:** Details of data collection activities with gender disaggregation

| # | Sub-Project ID # | Governorate | District | Sector | Surveyed (M) | Surveyed (F) | KIIs (M) | KIIs (F) | IP (M) | IPs (F) | high stakeholders(M) | high stakeholders(F) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 100-13097 | Lahj | Al-Musaimeer | Education | 30 | 5 | 3 | 0 | 1 | 0 | 0 | 0 |
|  | 100-13179 | Taiz | Mashra'a & Hadnan | Education | 16 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 600-12700 | Shabwah | Ataq | Education | 21 | 5 | 2 | 0 | 0 | 1 | 0 | 0 |
|  | 900-12786 | Taiz | Mashra'a & Hadnan | Education | 47 | 6 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 900-12787 | Taiz | Mashra'a & Hadnan | Education | 29 | 1 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 600-12699 | Hadhramout | Broom | Education | 17 | 1 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 900-12788 | Ibb | Assubrah | Education | 25 | 19 | 2 | 0 | 0 | 0 | 0 | 0 |
|  | 911-13028 | Baidhaa | Radda | Health | 0 | 11 | 0 | 2 | 1 | 0 | 0 | 0 |
|  | 911-13025 | Dhamar | Dhamar\_City | Health | 3 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
|  | 600-12404 | Hadhramout | Al Mukalla city | Health | 4 | 1 | 3 | 0 | 1 | 0 | 0 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs | Aden | Al-Mansora | Health | 3 | 26 | 0 | 0 | 0 | 1 | 0 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs | Ibb | Al-Makhadir | Health | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 0 |
|  | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs(Khanfar) | Abyan | Khanfer | Health | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 400-12650 | Raimah | Ja'afariah | Health | 11 | 8 | 1 | 0 | 0 | 1 | 0 | 0 |
|  | 500-13269 | Hajjah | Hajjah city | Health | 30 | 11 | 0 | 0 | 1 | 0 | 0 | 0 |
|  | 600-12776 | Hadhramout | Al Mukalla city | Health | 5 | 9 | 2 | 0 | 0 | 0 | 0 | 0 |
|  | 300-13018 | AL-Dhalae | AL-Dhalae city | Health | 15 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 600-12617 | Shabwah | Ataq | Health | 1 | 5 | 1 | 1 | 0 | 0 | 0 | 0 |
|  | sub-component 3.1 : Solar - Development of the value chain, usage of modern inputs and improved practices | Dhamar | Dawran | Agriculture | 27 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | sub-component 3.1 : Solar - Development of the value chain, usage of modern inputs and improved practices | Ibb | Yareem | Agriculture | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | sub-component 3.1 : Fisheries - Development of the value chain, usage of modern inputs and improved practices | Hadhramout | Al-Shiher | Agriculture | 23 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
|  | sub-component 3.1 : Fisheries - Development of the value chain, usage of modern inputs and improved practices | Hadhramout | Al Mukalla city | Agriculture | 28 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
|  | 900-12708 | Ibb | Assubrah | PsychoSoc | 26 | 1 | 2 | 0 | 1 | 0 | 0 | 0 |
|  | 100-13096 | Lahj | Al-Musaimeer | PsychoSoc | 29 | 2 | 3 | 0 | 1 | 0 | 0 | 0 |
|  | 910-12683 | Amran | Al-Swoda, Thwla, Khamer, Amran City | Health | 0 | 13 | 0 | 0 | 1 | 0 | 0 | 0 |
|  | All YECRP Sub-projects | Sann’a | Sann’a | All | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 2 |

Most of the data collection took place during the site visits to the above subproject sites. However, some interviews had to be done over the phone because of many reasons, including the following:

1. Difficulties in gathering the beneficiaries because they were scattered in many remote villages.
2. Security issues in some areas.
3. Natural obstacles such as flash floods during site visits which prevented the team from completing the target number of interviews.

A tabular summary of the types of interviews is presented below.

Table 3: Summary of phone interviews vs. face-to-face interviews:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Sub-Project ID | Governorate | District | Sector | Face to Face Interviews | Phone Interviews |
|  | 100-13097 | Lahj | Al-Musaimeer | Education | 24 | 15 |
|  | 600-12700 | Shabwah | Ataq | Education | 17 | 12 |
|  | 900-12786 | Taiz | Mashra'a & Hadnan | Education | 55 | 1 |
|  | 900-12787 | Taiz | Mashra'a & Hadnan | Education | 31 | 1 |
|  | 900-12788 | Ibb | Assubrah | Education | 38 | 9 |
|  | 400-12650 | Raimah | Ja'afariah | Health | 14 | 7 |
|  | 300-13018 | AL-Dhalae | AL-Dhalae city | Health | 16 | 2 |
|  | 600-12617 | Shabwah | Ataq | Health | 3 | 5 |
|  | 900-12708 | Ibb | Assubrah | PsychoSoc | 20 | 10 |
|  | 100-13096 | Lahj | Al-Musaimeer | PsychoSoc | 19 | 16 |

In the implementation of the field activities, Apex team used Computer Aided Personal Interviewing (CAPI), which contributed to speeding up data entry, reducing human errors, and increasing the overall quality of data. Apex enumerators used mobile devices (tablets/smartphones) to collect and transmit data electronically to an online database. Apex team used SurveyCTO, an Open Data Kit (ODK) hosting platform. SurveyCTO is a product that helps to capture, transport, and process data during interviews. It is designed for filed interviews with no internet connectivity. The product is simple, secure, and flexible and is widely used in almost 50 countries. However, in some governorates, namely Hajja, Amran, Dhamar , and Ibb, Apex team members were not allowed to use electronic data collection and were instructed by NAMCHA to use paper-based data collection tools instead.

**Fieldwork Challenges:**

During the implementation of work activities, some challenges relating to coordination and site visit implementation were encountered. Below are some of those challenges:

1. Delays in receiving the beneficiary lists from the IPs caused a lot of delays in conducting the evaluation activities.
2. Limited telecommunications coverage and internet connection caused some difficulties in communicating with IP representatives to coordinate site visits. As a result, there were delays in conducting evaluation activities.
3. Beneficiaries of many subprojects were widely dispersed making it very difficult, and time-consuming, to locate and reach them.
4. For some beneficiaries, because of their work nature (e.g. fishermen), it was very hard to catch them and conduct the interviews with them.
5. The many, and changing, NAMCHA permit requirements and procedures. Some of NAMCHA requirements were:
   1. To provide them with the beneficiary lists, which Apex was not is a position to do. This was requested by NAMCHA offices in Sana’a and Amanat Al-Asema.
   2. To have a person from NAMCHA accompanying our field interviewers during each single site visit.
6. For security reasons, NAMCHA delayed issuing the permits to conduct the evaluation activities for the following subprojects:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Governorate | Districts | Subprojects\_ID | Sector |
|  | Sanaa | Bani-Mattar | 200-12876 | Health |
|  | Amanat Al-Asema | Assbaien | 100-13115 | Microfinance |
|  | Sanaa | Sanaa | 100-13251 | Microfinance |
|  | Amanat Al-Asema | Assbaien | Sub-Component 2.2 (Grants): SMEs engaged in private health care provision effectively respond to health service needs + Lead Firms | Health |
|  | Hodeida | Bura | 100-13095 | Agriculture |

# 3.0 Findings

## 3.1 Output Level

On the basis of reported results against the agreed indicators of success for the SFD grant component of the ECRP, strongly positive results are apparent.

The SFD grant attempts to achieve the following four key results:

1. Women and youth have enhanced skills to be employed in education;
2. Community mid-wives and paramedics have enhanced capacities to provide good quality private health services;
3. Fishermen, coffee, and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices;
4. Oversight, reporting and quality assurance of project ensured.

The following output-level results against agreed indicators were reported as of December 2018:

Table 4. Output progress as per December 2018

| **Project Performance Indicators** | **Baseline (Year)** | **Cumulative Targets** | **Progress Status 31 Dec 2018** | **Male** | **Female** | **% achieved against cumulative target** |
| --- | --- | --- | --- | --- | --- | --- |
|
|
| **Expected Outcome: Yemeni households and communities are able to effectively cope with the impact of the crisis and are strong drivers of the resilience-building and recovery efforts; and preserved existing implementation capacity of public service delivery institutions** | | | | | | | |
| 1. Number of people benefitting from emergency jobs and other livelihoods in crisis or post-crisis settings, disaggregated by sex | 0 (2016) | 9,572 | 10,003 | 6,751 | 3,252 | 105% |
| **Expected Output 1: Women and youth have enhanced skills to be employed in education** | | | | | | |
| 1.1. Number of direct beneficiaries (basic & secondary teachers) received technical teachers' training improving skills of practicing teachers and employed in education, (disaggregated by male and female) (disaggregated by gender: 50%, Youth - female /male; Older than 35 - female/ male) | 0 (2016) | 3,500 | 3539 | 2924 | 615 | 101% | |
| 1.2. Number of teachers of grades 1-3 received improved teaching skill for grades 1-3 students | 0 (2016) | 1,000 | 1,006 | 772 | 234 | 101% | |
| 1.3. Number of students benefiting from improved teaching skills, disaggregated by girls and boys | 0 (2016) | 7,500 | 9,590 | 4,987 | 4,603 | 128% | |
| 1.5. Number of direct beneficiaries trained on psychosocial skills, social peace, conflict management and received income for providing relevant support to the target people, (disaggregated by male and female) (disaggregated by gender: 50%, Youth - female /male; Older than 35 - female/ male; Social workers- female/male; Administrative staff- female/male; Teachers- female/males) | 0 (2016) | 750 | 730 | 664 | 66 | 97% | |
| 1.6. Number of people and students benefiting from psychosocial support, (disaggregated by boys and girls) disaggregated by gender and children (Students - female/male; | 0(2016) | 15,000 | 17,550 | 9,828 | 7,722 | 117% | |
| 1.7. Number of students received (Recreational Kits) arts and reading materials enhancing reading, writing and numeracy skills for students grades 1-3 | 0 (2016) | 50,000 | 62,517 | 34,614 | 27,903 | 125% | |
| **Expected Output 2.1: Community mid-wives and paramedics have enhanced capacities to provide good quality private health services** | | | | | | |
| 2.1.1. Number of direct beneficiaries who received 20- day certification course on health care delivery as community mid-wives with (Midwifery Kit) start-up medical kits, along with income support (disaggregated by female, male) | 0 (2016) | 380 | 514 | 0 | 514 | 135% |
| 2.1.2. Number of direct beneficiaries received 18-day training course on integrated management of childhood illnesses (IMCI), primary health care services as paramedic/primary health workers with medical kits, along with income support provided by the project (disaggregated by female, male) | 0 (2016) | 393 | 647 | 404 | 243 | 165% |
| 2.1.3. Number of health management staff and cadres received long-term health management training courses as direct beneficiary with income support (disaggregated by female, male) | 0 (2016) | 165 | 161 | 143 | 18 | 98% |
| 2.1.4. Number of assistant physicians trained on internal and surgical diagnosis skills | 0 (2016) | 48 | 72 | 57 | 15 | 150% |
| 2.1.5. Number of nurses and midwives trained on premature and neonatal care services | 0 (2016) | 12 | 95 | 23 | 72 | 792% |
| 2.1.6. Number of high school graduates enrolled in health diploma courses and completed as qualified health cadre and staff | 0 (2016) | 66 | 64 | 48 | 16 | 97% |
| **Expected Output 2.2: SMEs engaged in private health care provision effectively respond to health service needs** | | | | | | |
| 2.2.1. Number of SME consultants, received training in business (Edge / Business plans & consultancy) to strengthen their capacities to provider business plans & consultancy to the beneficiaries | 0(2018) | 30 | 35 | 21 | 14 | 117% |
| 2.2.2 Number of staff from lead-firms such as dental labs & medical industries received training in business continuity | 0(2018) | 10 | 19 | 16 | 3 | 190% |
| 2.2.3. Number of SMEs owned by business women such as mid-wives, doctors, pharmacologists, etc. received support ( consultancy in business planning and management ) to strengthen their capacities to become resilient private health care providers. | 0(2018) | 329 | 336 | 0 | 336 | 102% |
| 2.2.4. Number of SMEs owned by business women such as mid-wives, doctors , pharmacies and etc. received (financial grants ) resilient private health care providers. | 0(2018) | 329 | 336 |  | 336 | 102% |
| 2.2.5. Number of lead firms received grants | 0(2018) | 10 | 12 | 11 | 1 | 120% |
| 2.2.6. Number of people benefiting from access to improved private health services, disaggregated by gender and children (Female / male) | 0 (2016) |  | 5390 | 3558 | 1832 |  |
| **Expected Output 3.1: Fishermen, coffee and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices** | | | | | | |
| 3.1.1 Number of trainers developed by ToT for providing technical training to fishermen | 0 (2016) | 30 | 44 | 44 | 0 | 147% |
| 3.1.2 Number of trainers developed by ToT for providing technical training to coffee farmers | 0 (2016) | 30 | 47 | 6 | 41 | 157% |
| 3.1. 3 Number of trainers developed by ToT for providing technical training on solar energy technology | 0(2016) | 20 | 47 | 40 | 7 | 235% |
| 3.2.1 Number of fishermen who participated in technical training programme and benefited from the project direct support | 0 (2016) | 200 | 292 | 292 |  | 146% |
| 3.2.2 Number of coffee farmers who participated in technical training programme and benefited from the project direct support | 0 (2016) | 600 | 800 |  | 800 | 133% |
| 3.2.3 Number of trainees trained technically in cupping and roasting | 0 (2016) | 40 | 122 | 80 | 42 | 305% |
| 3.2.4 Number of farmers gained knowledge on solar energy and participated technical training programme and benefited from the project direct support | 0 (2016) | 500 | 799 | 624 | 175 | 160% |
| 3.2.5 Number of agronomists trained technically in installing, designing and maintenance of solar pumps | 0 (2016) | 80 | 113 | 103 | 10 | 141% |
| 3.3.1 Number of fishermen received grants to support their business sustainability | 0 (2016) | 200 | 203 | 203 |  | 102% |
| 3.3.2 Number of coffee farmers received grants to support their business sustainability | 0 (2016) | 50 | 50 |  | 50 | 100% |
| 3.3.3 Number of farmers received grants to support their business sustainability | 0 (2016) | 80 | 231 | 211 | 20 | 289% |
| 3.4. Coffee Association capacity building (Business Edge + Financial Training) | 0 (2016) | 1 | 1 |  |  | 100% |
| 3.5 External Capacity building in coffee sector | 0 (2016) | 3 | 4 | 3 | 1 | 133% |
| 3.6 Internship for agronomists | 0 (2016) | 20 | 20 | 13 | 7 | 100% |
| **Expected Output 3.2: Supported SMEs benefit from enhanced financial services provided by Microfinance Institutions (MFIs)** | | | | | | |
| 3.2.1. Number of MFIs received technical and grants support for on-lending operations | 0 (2017 | 1 | 1 |  |  | 100% |
| 3.2.2. Number of clients received support from on-lending operations by supported MFIs | 0 (2017 | 350 | 521 | 490 | 31 | 149% |
| 3.2.3. Number of MFIs received in kind grants to strengthen security and client data protection system | 0 (2017 | 6 | 5 |  |  | 83% |
| 3.2.4. Number of MFIs provided sub-grants to expand their operational outreach to new locations especially in rural areas with new rural financing and agriculture products | 0 (2017 | 3 | 5 |  |  | 167% |
| 3.2.5. Number of new MFIs operational branches/outreach opened for rural financing and agriculture products | 0 (2017 | 3 | 4 |  |  | 133% |
| 3.2.6. Number of MFIs received technical capacity support from Yemen Microfinance Network | 0 (2017 | 4 | 11 |  |  | 275% |

Only in two cases (indicators 1.5 and 3.2.3) are results not either within a few percentage points of the targets or significantly in excess of those targets. For those indicators with applicable targets, 50% of indicators show results over 30% greater in quantity than stated targets. This is a very strong reported result.

This does not imply that implementation has been perfect, for example:

* many higher-level stakeholders interviewed freely admitted that the time pressures involved in meeting these targets, especially with the late addition on new budget and additional requirements, meant that the quality of assistance provided suffered, especially in regard to training. Beneficiaries also often complained that the intensity of courses made it difficult to absorb information.
* temporary delays have occurred for both operational and administrative reasons, including due to complications in identifying appropriate levels of programming in the context of widely fluctuating exchange rates.
* gender inclusion targets (30% of beneficiaries) have been met in terms of total number of beneficiaries across the entire grant (37% in terms of actual total number of female beneficiaries), but were not met in all sub-projects (not met in 39% of sub-projects in terms of target number of female beneficiaries)[[8]](#footnote-8)
* Intended grievance reporting mechanisms have not always been well supported by the implementing partner

Despite these challenges, in most cases, budget and physical execution of the grant has been able to deliver full implementation within final deadlines. This is particularly impressive in view of a substantial and late-stage additional budget allocation and associated requirements for accelerated delivery.

## 3.1.1 Qualifications on Output-Level Findings

In evaluative terms, the highly positive initial findings presented above have a, perhaps unwelcome, consequence. The greater the claims of success made, the more robust must be the evidence-base produced to support such claims. Given these findings are based on existing reported data, it is necessary to examine the limitations of this data to enable appropriate qualification of the initial findings.

The limitations identified on the basis of desk study are:

1. The majority of data relating to magnitude of outputs, including all data relevant to quantitative indicators and meeting of their associated targets is single-source, being derived from implementing partner reporting.

This IP reporting forms the main basis of both progress reports and final summaries against agreed indicators. While this reporting framework and its application has been strong, it is limited to reporting against outputs, rather than outcomes.

1. While UNDP Field Visit Reports do provide a valuable basis for ‘spot-checking’ IP output data, they focus primarily on qualitative assessments and are purposively, rather than randomly, targeted.[[9]](#footnote-9) They are not extensive enough to claim any representativeness as a sample.

The quality of reports resulting from direct monitoring visits by UNDP varies, but in many cases appears quite balanced, with significant reporting of both positive and negative issues. In terms of negative issues raised it is also quite encouraging that one of the major issues encountered and reported involved the clear presentation of UNDP-level grievance-reporting mechanisms to beneficiaries by IPs. This may show a reluctance for accountability on behalf of implementing partners (the grant recipients), but also a willingness to identify and raise the issue by UNDP oversight staff. The problem with these field visits as a monitoring mechanism is simply that they are not able to generate a representative dataset.

1. Third Party Monitoring does not attempt to verify quantitative aspects of outputs and is rather focused on assessing quality of outputs.

Third Party Monitoring conducted for UNDP by Moore Stephens Yemen (MSY) does use a statistical sampling approach and does provide a level of representativeness in the resulting datasets. However, using an excerpt from the latest (5th) TPM report as an example:

Even for the best-case scenario, of sub-project ID911-13376, in which a sample of 8 beneficiaries from a population of 20 (target) participants is taken, this represents only a 50% confidence level (at a 10% margin of error), even if we assume selection of respondents was purely random. This is not strongly representative in terms of each sub-project assessed and would prevent meaningful conclusions being drawn about each sub-project.

In terms of the sample across all sub-projects assessed, a total sample of 48 beneficiaries is achieved from a total (target) population of 192. Again, using standard assumptions, a sample of 48 of 192 is stronger giving approximately a 90% Confidence level (at 10% margin of error).

It is recognized that stratification of samples is attempted in regard to the sex ratio of the population, but this would still be unlikely to deliver significantly stronger representativeness at the sub-project level, and it might be argued that stratification across the total number of beneficiaries might be better based on proportions of participants in each sub-project (note a consistent sample size of 8 across all sub-projects leaves the 160 beneficiaries of the much larger sub-project ID200-12876 highly underrepresented in this total sample).

Much of this problem can largely be attributed to a financial issue, rather than any other methodological factors. Third party monitoring in the Yemen operational environment is not only logistically difficult, but also very expensive. The current UNDP agreement with their third-party monitoring agency allows a budget of USD1,690 for each sub-project visit, which is sufficient covering 8-10 direct beneficiary interviews, 4 key Informant Interviews, one Focus Group discussion and a limited technical assessment of assets provided.

To their credit MSY do largely limit their analysis to consideration of trends in the total sample and do not try to draw statistical conclusions at sub-project level. At this overall sample level, we might have some confidence that not only are the qualitative findings of the MSY surveys somewhat representative, but also that any ‘ghost’ participants would be detected in attempting to engage participants. The latter conclusion is unsafe, however, if the method for selecting respondents is not purely random, or in other words is highly purposive, which is declared to be the case in reports. Given the small samples at sub-project level, it would therefore be unwise to use the Third-Party Monitoring data in a manner which suggests it confirms the ‘numbers’ against the quantitative indicators in Table 1.

MSY directly acknowledge their limitation on confirming ‘numbers’ reported, by clearly stating that they are using the figures supplied to them by implementers, rather than new research, to assess progress towards targets. For example:

*“For the purpose of assessing progress of training programmes interventions, TPM survey team conducted a desk review on documents/reports provided by the implementing partner (SFD) including beneficiary lists and completion reports. The number of trainees who actually attended training programmes was compared with the targeted number, it was found that all visited interventions in total had achieved 103.4 percent of targets as 302 trainees had actually participated in training programmes while the targeted number was 292 trainees.”*

It should simply be recognized that the MSY Third Party Monitoring is therefore primarily an attempt to assess the quality, rather than quantity, of outputs. It does this with very broad-brush measures, including a predominance of ‘satisfaction scales’. Satisfaction scales such as these return possibly the lowest quality of data possible, and it is worth noting in the context of this USAID funded component, they fail to meet many criteria of a standard USAID Data Quality Assessment.[[10]](#footnote-10) Another valid criticism of this approach is that such measures are often ‘opaque’ when reported, in that readers can tell from associated graphs that certain percentages of participants were satisfied or not, but this gives little or no information about the reasons why they were satisfied or unsatisfied. This strongly impedes contextual lessons being learnt in the implementation process. Even when supporting contextual qualitative data is gathered (in response to linked ‘why?’ questions), it does not appear to be systematically provided as part of routine reporting. Given MSY monitoring is carried out primarily to assess quality, more robust analysis of the richer qualitative data acquired could be a valuable improvement, even if this meant sacrificing some of the convenience of using so many opaque response scales.

1. M&E tends to be strongly output focused, with efforts at collecting higher-level outcome data less systematized, and often opportunistic.

Much of project data gathered is focused on simple quantity or quality of outputs. Systematic approaches to assessing the effects of delivering these outputs do not appear to be in place. Some recording of such outcomes does occur, but it tends to be captured in ad-hoc or opportunistic approaches, such as field visits. Third party monitoring does attempt outcome monitoring to a limited extent, but even this tends to use ‘aspirational’, rather than actual measures.

A clear reason for this lack of outcome monitoring is the difficulty in doing so in this context. Effective outcome monitoring would require regular post sub-project engagement of beneficiaries and would remain of only anecdotal value unless samples large enough to generate statistical representativeness were captured. These measures would therefore be difficult to implement within the limited M&E budget of the grant. However, this creates difficulties for the Evaluation, as a number of the Evaluative Questions (EQs) posed in the Evaluation’s TOR understandably ask about outcomes (and in some cases impact). This information would have been most efficiently gathered in a progressive manner over the life of the grant.

It is stressed that the above considerations are only raised in regard to identifying gaps or shortcomings in the reported project results and are not intended as a criticism of the UNDP Field Visit or MSY Survey approaches. Neither do they question or attempt to raise any doubts as to the validity of the results already reported by SFD. This section only attempts to point out the limits on assessing the reliability of certain quantitative results. From desk study alone, the evaluation simply has no strong basis for confirming nor challenging the validity of these quantitative results, so the fieldwork has been designed to provide a reasonable degree of triangulation of level of outputs.[[11]](#footnote-11)

It is also recognized that pragmatic limitations and constraints in the Yemen operating environment mean that achieving even the current level of access to beneficiaries is a commendable achievement, and that operational issues preventing expanded sample sizes may involve validly unacceptable risks to both interviewers and respondents.[[12]](#footnote-12)

What we are left with in relation to limitations on the findings of a desk-based study alone is that from the perspective of quantitative reporting on outputs, the SFD grant results provide some very good numbers, but with only modest ability to triangulate their validity. This triangulation requirement is a basic M&E function and is in the interests of all parties, as it will facilitate future funding. All donors have their own accountability systems and, in many cases, may not be internally permitted to accept ‘single source’ reporting from implementing partners alone as sufficient evidence of success.

The evaluation attempted to address this issue by selecting representative samples of both sub-projects and their beneficiaries. While strictly representative samples were not achieved, the scale of sampling is still sufficient to triangulate SFD output level reporting for those sub-projects accessed. In every case, triangulation efforts found no reason to question SFD figures as supplied.

## 3.2 Outcome-Level Findings

The ToR for this evaluation poses a large number (36) of Evaluative Questions (EQs). The Evaluation methodology therefore needed to ‘cast a broad net’ in its data gathering. This unavoidably means some EQs are responded to more fully than others, but the methodology was generally successful in allowing all questions to be at least partially addressed.

Note one key limitation on the data and findings is a direct result of only having access to around 30 sub-projects. This limitation is appropriate given the operating environment, but it has implications for the ability to validly generalize findings.  Firstly, it meant that the evaluation had to stratify its sample primarily by sub-projects (to pick up representative set of sub-projects), it could not concurrently base its sample frame on gathering information from a representative sample of beneficiaries in each different sub-component type (this would require stratifying or randomly selecting the sample of beneficiaries for each sub-component across all locations and/or other factors). This limitation means the report can generalise findings across the entire component, but not within the different types of sub-components.  This is not a criticism of the limitation imposed by the terms of reference, as the evaluation would have had to make a choice of sampling one way or the other, and they both impose limitations on valid data analysis.

In short, the evaluation would have chosen to stratify by sub-project regardless, as this gives the fuller picture of the Component. As the choice was made to stratify by sub-project type, the report needs to work within the limitations it carries.  Presenting findings by sub-component type would be unrepresentative and therefore potentially highly misleading. It is therefore carefully avoided.[[13]](#footnote-13)

The sampling frame used did, however, at least attempt to capture a representative sample of beneficiaries within each particular sub-project selected. This gives a tentative ability to generalize across male or female beneficiaries within the sample, but note these generalisations should still be treated with caution, as more robust approaches to applying a sample frame for male and female participants may have been possible if the limitation of working with 30 sub-projects was not a prerequisite.

### 

### 3.2.1 Numerical Analysis of Beneficiary Survey

Note these tables represent the findings from all beneficiary surveys. They use the data from 100% of beneficiaries surveyed, and simply provide the proportion of that total who provided the responses indicated in each table. In the cases where issues raised by beneficiaries are presented, a 10% cut off is applied (i.e. only issues reported by more than 10% of beneficiaries are provided), to avoid focus on trivialities. In cases where outcomes are presented (including the sustainability of outcomes), a 1% cut off is used to ensure the fullest picture of results is provided.

***Beneficiary Valuation of Assistance***

The survey captured a total of 561 beneficiaries (147 female, 414 male), and attempted to identify what beneficiaries valued most about the ECRP activities sampled. Responses were collected as open, qualitative narratives, and then coded to allow statistical summaries. Items reported by more than 10% for any class of respondents are provided below:

Table 5: Most Valued Assistance Provided by USAID Supported SFD Interventions

| Most valued | %All | %Females | %Males |
| --- | --- | --- | --- |
| Assistance was high quality (training was high quality/equipment was high quality/other assistance was high quality) | 47% | 44% | 52% |
| Quantity/length of assistance was adequate | 16% | 26% | 14% |
| I was able to learn things that are useful to my work | 54% | 44% | 58% |
| The logistical support offered to attend training was appropriate (location/venue, food, allowances, transportation, accommodation, etc.) | 14% | 12% | 14% |
| I could provide increased/improved medical services specifically for women | 3% | 12% | 0% |
| I could teach young children using new methods | 11% | 12% | 10% |
| My income has increased | 9% | 10% | 9% |

The survey also attempted to identify what beneficiaries valued least (including actively disliked) about the ECRP activities sampled. Responses were collected as open, qualitative narratives, and then coded to allow statistical summaries. Items reported by more than 10% of all respondents are provided below:

Table 6: Least Valued Assistance Provided by USAID Supported SFD Interventions

| Least valued | %All | %Females | %Males |
| --- | --- | --- | --- |
| Assistance was low quality (training was low quality/equipment was low quality/other assistance was low quality) | 18% | 13% | 20% |
| Quantity/length of assistance was not adequate | 33% | 44% | 29% |
| Timing of the assistance conflicted with my other duties | 14% | 5% | 18% |
| The logistical support offered to attend training was not adequate (location/venue, food, allowances, transportation, accommodation, etc.) | 36% | 24% | 41% |
| Attending the training was not easy or enjoyable and/or cost me money | 15% | 16% | 15% |

Contrasting these two sets of results appears to show that while there appears to be consensus that quality and quantity of assistance are key issues, there is variation amongst beneficiaries as to ECRP performance, and this variation increases if female/male breakdowns are considered. It must be noted that different beneficiaries may be commenting on different aspects of assistance quality or quantity, but double-counting of respondents providing multiple responses about the same general factor has been excluded from the data. Due to practical limitations on field collection of data, the data is not considered robust enough to provide reliable quantitative breakdowns by specific activity type (-not all activity types were able to be sampled, and sampling was stratified for representativeness across ECRP as a whole, rather than for each activity type), but the impression obtained during the process of coding was that positive or negative responses against each of these factors were not isolated to specific activity types. The only exceptions encountered related to activities providing schools with recreation packs and activities providing tarpaulins to farmers, as these items were more often indicated as being of inadequate quality and/or inadequate quantity.

For the other factors listed above, it is clear that the skills provided by the assistance were highly valued and that timing of training or other activities was a serious issue for some participants. The impression gained through the coding process was that this timing issue was most serious for the targeted fishermen, who often complained that they lost income by attending training because it was held during peak fishing season, and, to a lesser extent, farmers who said that the training would have been more useful in the growing season and teachers who sometimes resorted to sending proxies to training because they were needed to teach classes.

Support provided to attend activities was also commonly raised as inadequate. While the proportion of respondents reporting this issue means that it must be treated seriously, in the context of huge need and hardship that is the Yemen conflict, any necessary compromises made in relation to things like location of training will likely displease a significant proportion of attendees. In this case, it is particularly interesting to note that this dissatisfaction with support to attend activities was much higher in males than females. This does not appear to reflect any additional support provided to females, but rather may be due to a disparity in expectations. The issue of participants not enjoying participation, or it costs them money is related to support provided, it also includes cases in which participants found it difficult to meet the part-cost payment for equipment that they were required to make in some cases.

***Sustainability of Benefits***

The beneficiary survey conducted for this Evaluation also investigated the continuation of benefits post-assistance. Respondents were asked to identify both benefits that they still enjoyed and those that were no longer being realized (at the time of the survey). Again, these responses were collected as narrative qualitative examples and then coded to allow statistical summaries. All responses that were provided by more than 1% of the sample are included below. Double counting of respondents who may have raised more than one issue within a single code is excluded from this data.

Table 7: Continuous Benefits Generated by USAID Supported SFD Interventions

| Benefits that continue | %All | %Females | %Males |
| --- | --- | --- | --- |
| Poor people continue to get benefits from the assistance | 1% | 1% | 1% |
| Women continue to get benefits from the assistance | 1% | 3% | 0% |
| Children continue to get benefits from the assistance | 1% | 3% | 0% |
| I continue to use new skills that are useful to my work | 50% | 48% | 50% |
| I continue to provide increased/improved general medical services | 12% | 16% | 10% |
| I continue to provide increased/improved medical services specifically for women | 6% | 22% | 0% |
| I continue to provide increased/improved medical services specifically for young children (including treating malnutrition) | 10% | 18% | 7% |
| I continue to provide increased/improved dental Services | 2% | 7% | 0% |
| I continue to provide increased/improved psychosocial counselling services to students or others | 18% | 6% | 23% |
| I continue to teach young children using new methods | 28% | 19% | 31% |
| I continue to help students with recreational activities | 9% | 4% | 11% |
| I continue to help improve the handling, processing or transport of agricultural products | 3% | 0% | 5% |
| I continue to help to provide more food on the local market | 4% | 0% | 5% |
| My income remains increased | 7% | 6% | 7% |
| I continue to provide new employment to others | 3% | 1% | 4% |
| Some community social problems that were reduced using the assistance remain reduced | 5% | 1% | 6% |
| Equipment still functions or supplies of consumables remain | 30% | 40% | 26% |

Table 8: Benefits may not continue to beneficiaries

| Benefits that do not continue | %All | %Females | %Males |
| --- | --- | --- | --- |
| Women no longer get benefits from the assistance | 1% | 3% | 0% |
| Allowances got for training ceased | 7% | 7% | 7% |
| I no longer use new skills that are useful to my work | 2% | 1% | 3% |
| I no longer provide increased/improved general medical services | 1% | 5% | 0% |
| I no longer provide increased/improved medical services specifically for women | 0% | 1% | 0% |
| I no longer provide increased/improved medical services specifically for young children (including treating malnutrition) | 1% | 4% | 0% |
| My income is no longer increased | 5% | 4% | 6% |
| No new training is available | 24% | 17% | 27% |
| Some community social problems that were reduced using the assistance are returning | 1% | 3% | 1% |
| Equipment no longer functions or supplies of consumables exhausted | 11% | 5% | 13% |

Respondents appear to be able/willing to report a greater range of benefits that continue than they are benefits that have ceased, and some of the benefits that are reported as having ceased (e.g. the first two listed in the table immediately above) are output level items that cannot reasonably be expected to continue post assistance. This also includes new training and associated allowances, but the high reporting rate of these items shows how much they were valued while they were provided.

It is also worth highlighting that many of the continuing benefits were stated in terms of an ability to provide improved/increased services. From the process of coding, it was noted that most of the equipment failures reported above were in relation to breakage or depletion of recreational packs provided to school or fertilizer and tarpaulins provided to farmers, with a few examples also pertaining to Fish Finding devices supplied to fishermen.

***Improved or Increased Service Provision***

The beneficiary survey also directly investigated improved or increased service provision by beneficiaries. Again, these responses were collected as narrative qualitative examples and then coded to allow statistical summaries. All responses that were provided by more than 1% of the sample are included below. Double counting of respondents who may have raised more than one issue within a single code is excluded from this data.

Table 9: Improved services are continued to beneficiaries

| Services being provided at time of survey | %All | %Females | %Males |
| --- | --- | --- | --- |
| Increased/improved general medical services | 12% | 20% | 10% |
| Increased/improved medical services specifically for women | 10% | 36% | 0% |
| Increased/improved medical services specifically for young children (including treating malnutrition) | 10% | 16% | 7% |
| Increased/improved dental Services | 2% | 6% | 0% |
| Increased/improved psychosocial counselling services to students or others | 15% | 5% | 19% |
| Teaching of young children using new methods | 32% | 22% | 35% |
| Provision of students with recreational activities | 11% | 5% | 13% |
| Passing on of skills to others | 20% | 12% | 22% |
| Improved handling, processing or transport of agricultural products | 6% | 2% | 7% |
| Provision of more and higher quality food on the local market | 11% | 0% | 15% |
| Provision of new employment to others | 3% | 1% | 4% |
| Some community social problems remain reduced as a result of the assistance | 4% | 3% | 5% |

While it is important to note that the survey did not access all activity types, it is clear that all services targeted by the first three overarching objectives of the ECRP project have been generated and continue to be delivered. Note the variation in percentage of ‘All’ respondents reporting the different types of services are more likely a function of the stratification of the sample, rather than any indication comparative success at delivering different types of services (e.g. **Teaching of young children using new methods** was relevant to far more of the respondents than **Increased/improved dental Services**), however, differences between female and male reporting of the same services is notable in cases in which both groups were offered the same assistance (excludes items 1, 2 & 3 in the table[[14]](#footnote-14)). In general, it appears males have greater opportunities to provide services than women. This is unsurprising in the context of Yemen, but suggest that additional support to women may be indicated. Another positive result identified in this data is the high level of skills transfer taking place (item 8). This suggests a train-the-trainer approach is productive in the Yemen context, and even greater use of this approach may be warranted in any future activities.

### 3.2.2 Narrative Responses to Evaluative Questions (Conclusions)

| **Evaluative Questions (Lines of Enquiry)** | Responses |
| --- | --- |
| **Relevance and flexibility:**   * How appropriate and aligned the ECRP interventions are with regard to the overall needs as expressed in the UNDP developed Yemen Resilience Programme (YRP) framework and UN Humanitarian Response Plan for Yemen?   + How are the response purpose and overall objectives consistent with and supportive of needs and demands for humanitarian emergency support in Yemen?   (addressed together)   * + Were the interventions under the response of all vulnerable community groups, youth and gender appropriate?   + To what degree were the response interventions culturally and socially appropriate?   (addressed together)   * What are the socio-cultural barriers to the approach adopted by UNDP and its partner in delivering ECRP, and how has UNDP and its partner worked to identify and address these barriers? * To what extent have UNDP and its partner integrated broader community resilience and recovery issues into the design and implementation of its interventions? * To what extent the project articulated the objectives related to positive changes in lives and livelihoods of targeted beneficiaries, their families and community?   + Were clear needs defined with respect to required ‘levels’ of support?   + To what extent were potential beneficiaries involved in the identification and selection of the interventions?   (addressed together)   * To what extent has the project reached all targeted geographical areas?   + Have potentially vulnerable or marginalized beneficiaries and communities been reached?   + Have the needs and capacities of different community groups been appropriately addressed?   (addressed together) | The ECRP activities addressed by this Evaluation are all primarily designed to increase the level and quality of basic service provision available to selected Yemeni communities/locales. These include services related to:   * general healthcare * child healthcare (including malnutrition treatment) * women’s healthcare (including maternal health and family planning) * dental care * market availability of safe food supplies (agricultural and fisheries sourced) * credit facilities[[15]](#footnote-15)   Given these services are all essential and in high demand in the Yemen context, their provision must contribute to improving both perceptions and realities of stability. Availability of such essential services can only reduce the level of ‘desperation’ in such communities, thereby reducing the propensity for ‘desperate acts’ (including generation of new allegiances), that may undermine stability.  The components of ECRP considered under this evaluation therefore firmly align and contribute to the requirements and intent of both the Yemen Resilience Programme (YRP) framework and UN Humanitarian Response Plan for Yemen.  One of the most common ‘complaints’ raised by beneficiaries regarding the activities (33 % of beneficiaries) was that the amount or length of assistance provided was inadequate. This was a significant issue for all types of beneficiary, including females. This apparently negative result is in reality a very sound indication that the types of assistance delivered were highly appreciated and unobjectionable to beneficiaries themselves. While the Evaluation does not have sufficient comparative data to conclude that the forms of assistance provided were the best possible options, the fact that beneficiaries wanted ‘more of the same’ implies that the assistance provided was generally valued and culturally and socially acceptable.  A small number of exceptions appear in the data, the main issue being requests for a longer course, so that more practical exercises could be incorporated (especially for trainees of low literacy). Segregation of male and female trainees is also requested in a small number of cases. However, in terms of separating sexes, a similar number of beneficiaries[[16]](#footnote-16) praised the co-educational approach adopted, so no consistent overall position is obtained on this point.  From direct observation a number of points can be also made. In a small number of cases (e.g. provision of teeth whitening equipment to dental clinics), the assistance provided appeared to address less than essential services that would meet the needs of the most vulnerable.  More seriously, while other types of assistance provided potentially addressed more basic needs (e.g. female and child healthcare), the model of assistance was simply to increase supply of these services and this did little to reduce other barriers to access, such as the high cost of medicines or the services themselves. This issue of remaining ‘downstream’ barriers is probably the greatest impediment to these ECRP projects having more extensive benefits to highly vulnerable or marginalized groups.  A similar issue also arose with material assistance provided to fishermen. Due to the requirement that fishermen meet part (30%) of the cost of the equipment provided to them, a number of fishermen reported that they needed to borrow money in order to participate in activities. While some negative feedback about the need to make a part contribution may be expected as ambit claims made in response to any costs of participation, the issue of needing to go into debt was raised frequently enough to give it some credibility. Putting already marginal small enterprises at risk by forcing them into debt may not be the best strategy for short term economic growth and associated service provision. This factor may also be limiting participation of poorer fishermen.  Another simple direct observation also affecting assistance to fishermen is that the selection of equipment provided (e.g. satellite phones and GPS devices), while highly appropriate for improving efficiency in fishing efforts, may also be useful for less licit activities, such as small-scale smuggling. No evidence whatsoever was obtained by the Evaluation to suggest that misuse of such equipment actually occurs, so this is simply raised as a potential issue for consideration.  Another issue that was not common overall, but did show up regularly with farmers provided assistance to install drip irrigation to replace flood irrigation was that they found they no longer had to hire laborers (flood irrigation is much more labor intensive). While this had the effect of increasing farmer income, it meant that less employment opportunities may be available to others (especially vulnerable day laborers) in the general community during the growing season. On the other hand, SFD higher level stakeholders pointed out that employment opportunities at harvesting may increase because of increased production resulting from use of more advanced irrigation technologies. These types of unintended consequences need to be considered in future activity design.  As discussed above, any socio-cultural barriers to direct participation in the affected ERCP sub-projects appear to be limited, with lack of practical elements to training (often related to trainee literacy) and co-educational approaches to training being the only potential socio-cultural issue raised by beneficiaries.  Many complaints were received from beneficiaries related to adequacy of the travel allowances and other assistance (including food and accommodation) provided to participants. These complaints were sufficiently consistent (particularly around quality of food provided during training sessions and issues associated with accommodation for fishermen trainees) to give them some credibility, but it is also recognized that a percentage of these complaints could simply be ambit claims revealing a desire to be free of any mutual obligations on participation. A number of higher-level stakeholders interviewed pointed out that participant teachers were often no longer being paid a salary, so these allowances and other benefits became an important source of income for them, and potentially helped keep them in their positions.  Although not strictly socio-cultural issues, more important barriers to broader participation in the benefits of the activities include the failure to address downstream barriers such as the high cost of medicines to most vulnerable groups and the need for participants such as fishermen to go into debt to meet participation requirements (farmers also reported stress at meeting some costs, but new debt was not reported). Both of these issues have the potential to wholly defeat the purpose of the activities implemented and should therefore be considered in future designs.  Again, although not strictly a socio-cultural issue, one factor that consistently arose in responses to beneficiary surveys was the timing of assistance. For both fishermen and teachers, the training provided appears to have conflicted with other duties. The case appears most serious for fishermen given that they were diverted from their livelihoods during peak fishing season (there were many suggestions that the training should instead be conducted in the Fall season). Higher level stakeholders from SFD advised that this lesson was learnt for the second round of fishermen training and timing adjusted accordingly.  Farmers also suggested that the activities targeting them be held in the growing season for greatest application of benefits. While the evaluation fully recognizes the strict limitation on implementation schedules faced by ECRP, this problem has the potential to defeat the resilience and recovery intentions of the activities by both reducing fishermen income and reducing supply of fish in local markets. It should therefore form part of consideration of future designs. While less critical, the timing issue for teachers appears to have sometimes resulted in selected trainees sending ‘proxies’ to training sessions in their place. Again, this has the potential to defeat the purpose of these activities, because in such cases there is no guarantee that these proxies will ever be in a position to use what they learnt.  UNDP itself attempted to put in place clear mechanisms for identifying socio-cultural and other issues associated with implementation of the activities in the form of an independent complaints register that participants could access independently of the implementing partner. UNDP’s field visits and their third-party monitoring (conducted by MSY) consistently checked the status of these systems. However, this monitoring revealed that the existence of such mechanisms and the phone numbers associated with them, were often not shared with beneficiaries by implementing partner (SFD) staff.  ECRP has been specifically designed as a resilience and recovery project. While implementation has revealed some practical shortcomings in its approaches (see discussion above), its design remains wholly predicated on such resilience and recovery considerations.  Insofar as the documentation of design is available, the objectives are clearly stated. This is primarily limited to higher level UNDP documentation, with many of the component activity types already pre-determined by the donor (USAID). While this situation added clarity, it also limited local input and adaption by the implementing partner (SFD). The output-level targets have been clearly defined and used as indicators against which SFD reports. In this sense, expectations relating to required levels of support are very clear.  A related issue also discussed elsewhere in this report is that the third-party monitoring instituted by UNDP was not in a position, due to budgetary and other constraints, to fully triangulate these reported output levels of support. The Evaluation attempted a sufficiently independent sampling approach to triangulate the reported figures for the activities sampled and found no reason to doubt the output figures provided by SFD in these cases.  Given the pre-determined nature of many activities, beneficiary involvement in design was often limited to the presentation of options to them. This varied with the type of activity, ranging from very few options presented to teachers, through a modest number of options for fishermen, to a potentially wide range of options presented to dental and health care workers. In the latter cases options generally related to the choice of equipment acquired through the activities. In cases where options were presented, they were generally presented to direct beneficiaries. Little evidence is available related to input ability of the downstream beneficiaries of the services provided by direct beneficiaries (e.g. potential healthcare or dental care users).    As discussed in the output level findings, with the exception of gender targets, the activities appear to have met and often exceed their targets in virtually every planned implementation location. For the limited number of activities sampled by this Evaluation, triangulation of these claims found no reason to doubt the figures provided by SFD.  Respondents report strong improvements in both the quality and quantity of services they now provide to their communities, including:   * improved teaching methods * Psychological support of students (direct counselling and recreational activities) * Improved general healthcare services * Improved women’s healthcare services * Improved children’s healthcare services (including malnutrition treatments) * Improved dental services * Improved market supplies of safe food * credit facilities[[17]](#footnote-17)   It is noted that these direct beneficiaries are not themselves the most vulnerable or marginalized of the intended beneficiaries. The improved supply of such services will mean little to resilience and recovery efforts if these services are not accessible to the most vulnerable and marginalized groups in the communities targeted. For the educational and psychosocial activities, the barriers to downstream participation of secondary beneficiaries are the same as exist for participation in the existing educational system. The key issue that arises in this case is simply the limitations on the quantity of services provided. Given the limited numbers of teachers trained and the limited number of recreational kits provided to schools, survey respondents did report a number of instances in which those that ‘missed out’ on access to the new services or materials felt discriminated against. This is unfortunate and may potentially incite new conflict within communities, but it is difficult to see how the problem may be addressed when limited resources are applied in a context of almost unlimited need.  For health and dental services, it is the cost and accessibility of such services that create the greatest barriers to uptake by vulnerable and marginalized groups. By increasing the capacity of existing service providers, the activities have gone some way to addressing the accessibility issue, with activity participants reporting that they can now offer services that were formally only available in more distant centers. However, the cost of such services does not appear to have been addressed by existing ECRP activities. Even in the best-case scenario, where the health or dental service provider makes their own allowances for low income clients in their pricing structures, the high costs of medicines and other consumables remain a barrier to vulnerable and marginalized groups effectively accessing these services.  While the sample of food producers/food handlers for this evaluation was largely limited to fishermen and farmers, many of these direct beneficiaries did report increases in the amount and quality of fish and range of produce they are able to sell at market. Assuming these are local markets, this additional supply may result in reduced prices for consumers. However, this will depend on the level of total demand, because if demand is already well in excess of supply, little downward pressure on prices will be created.  It is beyond the scope of the evaluation to assess the market conditions in the areas affected, but it is recognized that greater supply is at least a positive step over greater scarcity. |
| **Efficiency:**   * To what extent the project management/governance and coordination was efficient to the results attained? * To what extent did the actual or expected outcomes justify the costs incurred?   + Have the resources been spent as efficiently as possible?   (addressed together)  To what extent did the response activities/interventions overlap and duplicate with other similar interventions at the same targeted areas? | In regard to output-level results, a high standard of performance is indicated. Both UNDP and SFD cooperated effectively to produce these positive results, and the fact that targets were often exceeded within budget, in many cases by 30%, means that expected efficiencies were surpassed. Given the difficult operating environment, this is a strong result that attests to both UNDP’s flexibility in allocating increasing funding and accelerated execution timetables and SFD’s sound knowledge, and ability to navigate the on-the-ground constraints, of delivering this type of assistance in Yemen.  At the outcome level, strong increases in relevant service provision are reported by direct beneficiaries. There appear to remain some barriers to vulnerable or marginalized groups accessing these services in some cases (particularly health and dental services), but in other cases (e.g. psychosocial support) broader downstream community benefits do appear to be realized.  The Evaluation was only able to access limited information regarding the nature and extent of similar concurrent projects specifically affecting the same locations as these ECRP activities.  However, as evidenced by the strong beneficiary demand for greater quantity and duration of the ECRP assistance already provided, it would appear that even if such concurrent program exist, there is no danger than the absorptive capacity of these areas for such assistance is being reached. The existing demand is huge, and potentially dwarfs the capacity of all donor agencies combined. |
| **Effectiveness:**   * To what extent the stated project outcomes have been achieved? What were the achievements in terms of improving the livelihood of targeted most vulnerable beneficiaries and community, both intended and unintended?   + To what extent were the response M&E framework and processes adequate to measure response outputs, outcomes, and impact? Were expected results clearly stated and measurable through identifiable indicators?   + What factors have contributed to the success or failure with regard to targeted changes?   + What lasting changes in terms of attribution can be identified in the lives and livelihoods of individual beneficiaries, households, and communities? * What difference has come about for beneficiaries in terms of skills and knowledge, individual and social well-being?   + How extensive, effective, and efficient is the transfer of knowledge and intervention approaches to targeted communities and local authorities?   (addressed together)   * To which extent have UNDP and its partners worked together towards the common goal of improved resilience and recovery capacity of most vulnerable households and communities to cope with the current crisis? What were the coordination mechanisms, and did they help?   + Have UNDP and partners developed common strategies and approaches, based on existing minimum standards and guidelines?   + Have UNDP and partners effectively and jointly identified and addressed gaps and challenges in implementing?   + interventions?   (addressed together)   * To what extent has the implementing partners’ collaboration promoted good working relationships with the government local administration to collaborate on community development issues? * Did the response contribute to emergency support to women and girls of different ages by ensuring their participation of interventions as direct and indirect beneficiaries? * To what extent and how have UNDP and partners contributed directly and indirectly towards identifying, highlighting and addressing needs and demands of targeted vulnerable women and girls?   (addressed together) | The stated project objectives are as follows:  (i) Women and youth have enhanced skills to be employed in education  (ii) Community mid-wives and paramedics have enhanced capacities to provide good quality private health services  (iii) Fishermen, coffee, and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices  (iv) Oversight, reporting and quality assurance of project ensured  These objectives are modestly stated. To achieve the first three, the only requirements is that participants have enhanced capacities to deliver services. However, the potential to deliver services is difficult to measure, so this Evaluation has adopted the ‘harder line’ of assuming that the best evidence of increased capacity is examples of that capacity being used. The Evaluation therefore surveyed beneficiaries for examples of new or renewed services they were delivering as a result of ECRP assistance. Beneficiaries consistently report strong increases in services affecting education, psychosocial counselling, healthcare, dental care and food production. This suggests strong performance against the first three objectives.  In regard to the final objective, as stated in the previous (Efficiency) section, output targets have been consistently met or exceeded within budgets. It is hard to fault general management under such circumstances. Some shortcomings related to third party reporting approaches to triangulation of SFD output reporting have already been noted.  Output level monitoring of activity implementation by the implementing partner (SFD) appear to be strong, with key indicators and targets reported against regularly. The output indicators themselves were clear and practical measures. A key issue in output level M&E was the difficulties faced in independently triangulating output data provided by the implementing partner. Instead, third party monitoring primarily focused on checking the quality of assistance provided. The need to independently verify output data reported by an implementing partner is not a reflection of the ‘trustworthiness’ of that partner, it is simply a standard responsibility that UNDP has for all donors from which it receives funding. It is in the implementing partners’ interests for this triangulation to take place as it allows the higher performing partners to rightfully take credit for their successes (as opposed to being unfairly compared to others who may inflate their results).  Outcome level monitoring was less systematized, with much of the burden of demonstrating outcomes left to this final evaluation. While this is a feasible approach, it would be preferable that some real-time monitoring of outcomes also take place. The defining of some modest and practical outcome-level indicators during the design stage of each activity would also better inform third party monitoring efforts. This is evidenced by the fact that even when assessing ‘quality’ of activities, third party monitoring approaches resorted to reporting on beneficiary ‘satisfaction levels’, rather than more meaningful and objective measures. This was despite the fact that these third-party monitoring efforts did collect richer and less subjective, qualitative data. The lack of clear outcome level indicators has deprived third party monitoring efforts of clear direction as to what constitutes ‘success’ of each activity, resulting in the vague ‘satisfaction level’ approach being adopted as a fallback. It should be noted that UNDP also conducted occasional Field Missions to inspect progress of certain activities, resulting in informative reports and case studies. However, this approach still falls short of systematic outcome monitoring and is in danger of being regarded as anecdotal when compared to consistent reporting against a set of fixed outcome level indicators for each activity.  Key to the success of these activities has been the pragmatic choice of types of activities to be included in the assistance (focusing on essential service provision), the on-the-ground ‘know how’ of SFD and the flexibility of UNDP systems and oversight used to support their implementation. Meeting even modest implementation targets is a difficult task in the context of Yemen. In many cases these activities exceeded their targeted outputs. Although this Evaluation raises some limitations in respect to the general success of ECRP, these are not intended to overshadow the significance of this primary achievement. Other factors contributing to the success of the activities include the clear guidance provided by their four overarching objectives (provided above). These objectives were both modest and practical in scope and provided a clear basis for designing activities. They also represent a missed opportunity as they had the potential to provide the basis for a few simple outcome level indicators that could have been monitored in real time.  As noted in responses to previous EQs, this does not imply a ‘perfect project’. Many higher-level stakeholders freely admitted that the time pressures involved in meeting these targets, especially with the late addition on new budget and additional requirements, meant that the quality of assistance provided suffered, especially in regard to training. Beneficiaries also often complained that the intensity of courses made it difficult to absorb information.  If such pressure had not existed, more thought might also have been given to timing of activities.  Additional design consideration is also desirable in regard to means of avoiding unintended consequences such as debt creation (e.g. in fishermen), or removal of downstream barriers to vulnerable or marginalized groups accessing new or renewed services (e.g. cost of medicines). Limited resources also meant creating potential for generating jealousies and ill-feeling amongst those that were not reached by the current level of assistance. These shortcomings are perhaps easier to identify with the aid of hindsight, but they do suggest some new considerations that may be incorporated into planning of any similar forthcoming initiatives (so far as administrative constraints allow).  As discussed above, respondents report strong improvements in both the quality and quantity of services they provide to their communities, including:   * improved teaching methods * Psychological support of students (direct counselling and recreational activities) * Improved general healthcare services * Improved women’s healthcare services * Improved children’s healthcare services (including malnutrition treatments) * Improved dental services * Improved market supplies of food * credit facilities[[18]](#footnote-18)   Performance in regard to measures such as increased income or employment were much weaker, with relatively few surveyed beneficiaries (9%) indicating their income had increased[[19]](#footnote-19) and fewer still (1%) indicating that it had positively affected their employment status or enabled them to employ others. Some of the reason for this result may simply be a reluctance to discuss income levels. The fact that most also suggested that they had increased the level of services they provide would seem to inherently imply that they are also enjoying greater returns for doing so. Valid exceptions to this implication would include teachers who simply apply new skills within the same context of employment. A factor in relation to low new employment generation may simply be the scale of businesses targeted. Many of the pieces of equipment provided to health and dental workers may simply allow existing staff to work more efficiently. While this would generate greater service provision, it would not necessarily encourage new job creation. Another fact may relate to family businesses, such as small-scale fishermen, where family members are co-opted as additional labor when needed but are not formally considered to be additional employees.  Had this evaluation been able to survey beneficiaries of cropping and coffee related activities as planned, more cases of employment generation may have been identified, as these industries are potentially more labor intensive.  At the community level, increased availability of services is an immediate benefit for those that can access them. This is especially the case for new services, particularly in healthcare or dental care, as it may help clients avoid travel to larger centers in Yemen’s conflict affected context. Again, it needs to be noted that barriers may still remain preventing the most vulnerable or marginalized groups accessing even locally available services (e.g. high cost of medicines). For the fishermen-targeted activities included in the sample, increasing food supplies in markets means increasing protein-rich sources of food for communities. In the coastal areas where this is possible, it may therefore have disproportionate benefits to other crop production, especially cash crops such as coffee.  Apart from the increase in available services to communities that resulted from these ECRP activities, two key findings from the beneficiary survey are relevant to this EQ. The first relates to assistance associated with psychosocial counselling and promotion of recreational activities. A small number of these direct beneficiaries (2%) independently even reported that they had used what they had learnt to effectively address social problems that had previously existed in their schools, and in some cases their broader communities. The assistance appears to have given them a new approach to dealing with, and negotiating between, conflicted parties. This skill also appears to increase their standing and respect in these communities, so it is likely to be something that they sustainably practice.  The second relevant finding from the beneficiary survey is the high proportion of respondents (20%) reporting that they have also passed on the skills they received in ECRP related training to others.[[20]](#footnote-20) This was especially prevalent in teachers, who passed both new teaching and counselling approaches to other teachers who were unable to attend the training, and in fishermen, who routinely showed other fishermen how to use the new equipment they had been taught to operate.  In the case of teachers, there were also instances of female teachers making a point of specifically passing on their new skills to other female teachers.  Note local authorities were not a target of these activities.  As discussed, these ECRP activities were designed with resilience and recovery goals firmly in mind. However, the overarching objectives (listed above) that informed their design were focused on direct beneficiaries with the potential to increase essential service provision within their communities. They were not designed with the most vulnerable or marginalized groups as direct beneficiaries.  All these activity designs were therefore based on a design logic assumption that increasing essential service provision would benefit everyone in communities, including the most vulnerable. While this assumption appears to hold true for activities such as teacher training and psychosocial counselling (within the limits of resourcing), it may in hindsight be questionable in relation to health or dental services, and even food production. High costs of accessing these health services (including medicines) or high cost of food in local markets may mean that the most vulnerable groups may still not be able to benefit from the general improvements to essential services. However, it is recognized that practically addressing this issue is never going to be straightforward, other than through provision of direct humanitarian assistance to these most vulnerable groups. ECRP also seeks to have systemic effects that direct humanitarian assistance is unlikely to achieve. In short, it may not be possible to ‘have it both ways.  While some tweaks that help remove barriers to vulnerable groups accessing these services may be needed, it may not be appropriate or desirable to convert all ECRP activities to direct humanitarian assistance alone. Key compromises that need to be considered in the case of these ERCP activities are therefore means of reducing the cost of health or dental services to the most vulnerable and ensuring that increased food availability in local markets is accompanied by pricing changes that enable vulnerable groups to purchase more food. Neither of these things will necessarily happen automatically with increased service provision, but it should be recognized that addressing them will require greater effort and resourcing of the design stage of each activity.  The main opportunity to apply set standards to these activities pertains to those involving teacher training. SFD, as an autonomous, but officially mandated institution20, works directly with education authorities to deliver this training.  As evidenced by the performance against output targets, coordination and problem solving between UNDP and SFD has been highly effective. At the outcome level, a lack real time monitoring of outcome indicators made identification of shortcomings difficult. While an evaluation such as this can retrospectively identify outcome level results, it comes too late in the process to allow for responsive solutions to any shortcomings to be implemented.  SFD is an autonomous, but officially-recognized and mandated agency.[[21]](#footnote-21) Given its role in achieving full implementation of these activities, it is clear that it has effective relationships at all levels of higher and local administrations. It should be noted that ECRP is only one forum in which SFD has to promote collaboration within these various administrative levels, so the ECRP experience represents only one example of SFD’s ongoing role in this regard.  The interests of women and girls were fundamental to the design of many of the ECRP activities evaluated. Services promoted under activity designs specifically included women and maternal health, child health (including malnutrition treatment), and provision of educational and psychosocial support to students, including girls. Female health workers and teachers were specifically included in selection of direct beneficiaries to ensure these benefits were realized.  In practice, targets for female participation in activities were not always met (not met in 39% of sub-projects in terms of target number of female beneficiaries). While this remains a definite area for improvement, it is difficult to identify if this is due to any failing of SFD to promote such participation or on an absolute limit on the availability of potential female participants in the chosen location. |
| **Sustainability:**   * To what extent did the response identify and build national and local level capacities and positive coping mechanisms? * To what extent the response achievements will be sustained after the withdrawal of ECRP support?   + How best to sustain the achievement of the response?   (addressed together)   * What new capacities within services or communities have been established or restored?   + To what extent these capacities and skills are being actively used in continuing improved basic services to communities?   (addressed together)   * To what extent have the ECRP decision making bodies (USAID, UNDP) and implementing partners undertaken the necessary decisions and course of actions to ensure the sustainability of the ECRP interventions? * Extent to which the ministry and local government authority have sufficient management capacity and resources to sustain the benefits produced by the project. * How have UNDP and partners ensured community ownership of the response? | As discussed above, these activities were specifically focused on promoting new and renewed provision of essential services, including health, dental, educational, psychological and food production services. These activities included private sector entities, to ensure self-supporting mechanisms for provision of such services. The survey data obtained by the evaluation indicates strong success in regard to prolonged existence of increased service provision after completion of the activities. Exceptions to this finding primarily involve equipment failure or depletion of supplies provided. For example, 3 fishermen complained of the low quality of fish finding devices provided and 20 farmers complained of the low quality of tarpaulins provided.[[22]](#footnote-22) As a result in some cases, these items were no longer in operation at the time of the evaluation survey. Other complaints related to the items in the recreational packs supplied to schools (15 individuals) and cessation of provision of fertilizers/pesticides to farmers (26 individuals). It appears some of the items in the recreational packs were also of low quality and were often broken quickly with use. These packs also included consumables, such as art supplies and other items that were quickly used up.  In all cases the inoperability or depletion of the items supplied meant that the benefits they supplied also ceased.  Some threats to the ongoing usefulness of some equipment that still operated at the time of the evaluation were also identified. This included generators supplied to clinics, ongoing use of which was subject to the cost of fuel required to run them.  As with all interventions such as ECRP, the means of best sustaining benefits of activities is a matter of making the best compromises between the quality and quantity of support provided. Contexts with huge need will always prompt potential reductions in quality of support, simply so more people may benefit. However, low quality support generally provides a shorter span of benefits. There is no ‘right’ answer to this compromise. It must always be made in response the magnitude and immediacy of needs.  In the case of these ECRP activities a compromise has also been made between the levels of capacity building and material support provided. While there is no way to determine if this compromise is optimal, the success it has generated in regard to improved service provision suggests that it is reasonably effective.  Direct beneficiaries report strong improvements in both the quality and quantity of services they provide to their communities, including:   * improved teaching methods * Psychological support of students (direct counselling and recreational activities) * Improved general healthcare services * Improved women’s healthcare services * Improved children’s healthcare services (including malnutrition treatments) * Improved dental services * Improved market supplies of safe food   The decisions that have most affected sustainability of these activities were those made during the design stages. The compromises made between levels of capacity building and material support, the ‘essential’ nature of targeted services, the inclusion of private sector providers and the geographic spread of activities have all been relevant to the eventual sustainability of activity benefits.  Improvements still remain possible. While management and oversight of implementation of activities at output level has been strong, the lack of real-time monitoring of meaningful outcome indicators has limited responsiveness of solutions to problems arising (e.g. limited quality of recreation packs).  For the activities targeting private sector entities, this question does not apply. In the case of schools, the capacity built within existing teachers will not require additional resources to sustain, however, replenishment of recreation packs is unlikely to occur without further assistance.  The decisions that have most affected community ownership of these activities were partially made during the design stages. The compromises made between levels of capacity building and material support, the ‘essential’ nature of targeted services, the inclusion of private sector providers and the geographic spread of activities have all been relevant to the eventual ownership of activity benefits.  UNDP has also ensured community ownership of activities primarily through its choice of implementing partner. SFD has a long history of community engagement in Yemen and has developed approaches and protocols suitable to the context. |

# 4.0 Lessons and Associated Recommendations

***Lesson 1****. In a context such as Yemen, in which needs are massive, all assistance of this type is both appreciated and of significant benefit.*

This lesson is included to ensure the further lessons and recommendations provided below do not overshadow the on-the-ground achievements to date of this component of ECRP. The activities under this component were not perfect, but they were successful in substantially increasing essential service delivery in the locations they targeted. This improved or renewed service delivery is likely to have strongly positive effects on stability and resilience of these locations.

**Recommendation 1. While giving due considerations to the recommendations that follow, if at all possible, funding should be made available for the work of this component of ECRP should be consolidated and continued.**

***Lesson 2.*** *The prepackaged nature of many of the activities had both positive and negative effects on implementation and outcomes.*

The fact that many of the activities under this component of ECRP where largely pre-designed by the donor (USAID) allowed rapid application of these designs on the ground by UNDP and SFD, as there was little or no design-lag to factor into schedules. Given the extremely tight schedules, as well as the late stage increases in programming faced by ECRP, it is unlikely that the magnitude of work completed could have been achieved otherwise. There is no doubt that this component of ECRP got a lot of assistance on the ground quickly.

However, this benefit was not without its own costs. Fixed approaches, limited flexibility in timing of activities, and short delivery windows definitely had an effect on the quality of assistance delivered and consequently on the resulting outcomes of the work. Training courses were often intensive, and perhaps even rushed, with associated limitations on practical exercises. Timing of assistance for fishermen and farmers could have benefited from avoiding peak fishing season or aligning with the growing season, respectively. Greater consideration might have been given to overcoming remaining barriers to vulnerable groups accessing the improved service delivery generated by the activities (e.g. the high cost of medicines still associated with health services), or broader implications of participation costs (e.g. fishermen accruing debt to pay part costs of assistance).

As always, when faced with the pros and cons of different approaches to dealing with complex real-world contexts, it is not a question of attaining perfection. Rather, it is about achieving an optimal balance. One approach that may help identify where these optimum lies is provision of some simple and iterative feedback by the implementer. SFD is currently in an ideal position to provide advice to USAID (through UNDP), about tweaking the prepackaged designs for the activities that have just been implemented. This advice could take the form of a set of ‘options’, for each activity type that USAID may consider. This advice needs to be both well justified and frank, presenting both pros and cons of each option, rather than simply advocating for a preferred model.

**Recommendation 2. SFD should use their on-the-ground experience to provide feedback through UNDP to USAID on each type of activity design implemented under this ECRP component. This advice should take the form of a set of options that may assist improving outcomes without overly compromising implementation efficiency. It should not take the form of merely presenting preferred options.**

***Lesson 3.*** *Monitoring of activity outcomes need not be constrained to limited, ex-post evaluation exercises such as this one, and real time outcome monitoring will be facilitated by development of some basic outcome indicators that reflect the stated objectives of the assistance.*

The objectives of this component of ECRP are appropriately modest:

(i) Women and youth have enhanced skills to be employed in education

(ii) Community mid-wives and paramedics have enhanced capacities to provide good quality private health services

(iii) Fishermen, coffee, and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices

(iv) Oversight, reporting and quality assurance of project ensured

Focusing on the first three objectives (as the fourth is management focused), each of these may be relatively easily measured by robustly assuming the best way to assess if skills are acquired is to look for their use. In fact, the first two objectives could arguably be measured in terms of educational outcomes alone, however this would not reveal the associated increases in service delivery achieved.

Rather than focusing of measures of beneficiary ‘satisfaction’, as much of the current third-party monitoring approach appears to do, it may be more useful to systematically gather examples of skills use, and the classify them in relation to their pertinence to each of the first three objectives. Appropriate sampling could be used to ensure that the full set of examples gathered is representative of the overall results, and the classification of examples would allow for more quantitative analyses to be conducted. This approach would provide direct evidence of success at delivering the desired outcomes in real time, so that adjustments may be made in similar activities if necessary, prior to completion of the entire component.

**Recommendation 3. Future M&E efforts for these types of activities should include real-time outcome monitoring, based on measures derived from stated objectives. In the absence of more direct measures, systematic and representative gathering of qualitative examples of actions or behaviors that potentially satisfy these objectives should be considered, with post-collection classification of these examples used as a means of quantitatively analyzing this information.**

***Lesson 4.*** *Third party monitoring of activity outputs should not be based on implementer reporting, as this still constitutes single source reporting which is incompatible with the accountability function of third-party monitoring.*

While the evaluation itself triangulated some of the implementing partner’s output data and found no reason to doubt the veracity of SFD reporting, it remains the role of third party monitoring to independently confirm both the quantity and quality of claimed. This is not a simple task and is contingent upon UNDP and its third-party monitors having independent access to activity beneficiaries. As UNDP field reports noted, giving participants access to UNDP in the form of complaints mechanisms is not an equivalent function, and remains easy for implementers to gate keep. The key to third party monitoring obtaining real-time and independent access to beneficiaries is timely provision of participant lists by the implementer. Ideally, the implementer should be required to provide these lists prior to, or immediately on, activity completion, and the list should contain telephone contact details for as many participants as feasible. It is recognized that in the context of Yemen, there will be limitations in this regard, but provided a sufficient percentage of participants can be contacted and choice of sample participants is randomized, a reasonably representative sample of participants may be obtained. This sample would provide a basis for triangulation of outputs (e.g. participant numbers, activity locations, etc.). Note contact with this sample of participants need not constitute a ‘survey’. The all that needs to be asked of them is a brief description of the assistance they are receiving. However, a proportion of those contacted may be subject to additional questions, if desired (e.g. for the purposes of reporting against outcome indicators -see Lesson 3).

**Recommendation 4. Future agreements with implementer must include requirements for timely provision of lists of participants, including as many telephone contact details as possible. Third party monitoring should select random samples of these participants to contact and confirm details of assistance received in order to meet routine triangulation standards.**

# Case Studies

**YECRP -Health SECTOR- CASE STUDY**

|  |
| --- |
| **Badhawi Clinic Provides comprehensive Medical Care**  As unemployment affects many people, especially medical school graduates, health services deteriorated in many areas of the country, including Shaqra Village which is located in Khanfar District, Abyan Governorate with a population of 5022 inhabitants who mainly work in the private sector as craftsmen. Shaqra is divided into three villages; the main Shaqra village, Khanfar Shaqra village and Al-Sheikh Salem village. Shaqra village houses a lot of displaced persons from other governorates, including Al-Baidha'a and Al-Hodaidah.  Like many medical school graduates in the country who were unemployed and struggling to set up their projects to practice their profession, Dr. Ahlam Badhawi, a graduate of the Pharmacy Department Medical College, Aden University, was hoping to find a job opportunity to work as a doctor, but that was not easy owing to the situation in the country. So, she decided to set up her own project inside her residence. It consisted of a small pharmacy, a laboratory and a small examination room with a patient examination table, so that she can receive patients and give them injections whenever required. However, Dr. Badhawi was unable to provide the needed medical equipment for her project.  *Dr. Badhawi at her small laboratory*  In response to the needs of doctors for medical equipment and furnishing their clinics, the SFD in coordination with SMEPS targeted doctors in many areas, including Shaqra Village, Khanfar District, Abyan Governorate. Dr. Ahlam Badhawi was one of the beneficiaries of this project. “I received support from the organization, including a blood pressure monitor, instruments for ear, nose and throat (ENT) examination, hematology analyzer, exam table, oxygen delivery device, solar energy system, electronic signboard, and air conditioner”, said Dr. Ahlam. “They also repaired and built a wall to separate the clinic from the house yard and installed an interior wood door to separate between the waiting room and the clinic,” she added.  This assistance made a great positive impact on Dr. Ahlam's small project, providing her with a sense of relief. Indeed, she was filled with joy and thrilled to see her project grow into a thriving business and accordingly increasing her income. Dr. Ahlam also reported, “Indeed, the organization spared no efforts in providing my clinic with all the needed equipment.” In addition to that, the project impacted her surrounding community positively through the provision of clinical laboratory services and pharmaceutical supplies. “Before this intervention, I used to travel to Zenjubar to receive health care services, which takes a long time to get there," said one of the community members.  *This picture shows the Solar System.*  Dr. Ahlam expressed her deep gratitude for all those who helped support and implement this intervention that supported doctors with the needed equipment for their projects, noting, “This intervention improved my livelihood and changed my life for the best.”  ***Source:*** *Project: SMEs , Supporting doctors with medical equipment and furnishing their clinics, Shaqra Village, Khanfar District, Abyan Governorate,* ***Name****: Ahlam Badhawi , a 28-year-old female doctor* |

**YECRP- SMEs SECTOR- CASE STUDY**

|  |
| --- |
| **My Land Became My Life**  Khaw Village is surrounded by many villages. It is bounded by Damas Village from the east, Yareem City from the north, Samer Ru’ayn Village from the west, and Sanfan and Mars villages from the south. Khaw Village is housing about 6000-8000 people. It is known for its fertile lands, cultivation of grain, such as corn and barely, and vegetable, such as potato and carrot.  Most of the farmers in Khaw Village were suffering due to the lack of water and high price of fuel. Mr. Mohammed Abdullah Al-Aydi is a 45-year-old farmer. He has a family of eight individuals. Talking about his suffering before the intervention, he said, “During the last five years, I was thinking to give up on farming because I was in heavy debt due to the high price of fuels” “This is because I used to borrow diesel from a refueling station, and I could not pay for it for a long time,” he explained. He also noted that farming cost him more than he gained, adding that he could barely afford to buy diesel for the water pumps used for irrigation. It cost him 2-3 million Yemeni riyals even during the rainy seasons.  Mr. Mohammed on and his land  To alleviate the suffering of the farmers, the Yemen Emergency Crisis Response Project (YECRP) funded by USAID decided to intervene, and the activity was supporting the farmers with solar energy systems, drip irrigation network, fertilizer, and fertilizer spraying equipment in order to increase the resilience of the farmers and their agricultural productivity, raise their income, improve food security, and reduce poverty.  Mr. Mohammed said that, after the intervention of the (YECRP), the cost of cultivating lands was reduced due to the solar system, the drip irrigation network and the other provided equipment, indicating that the spraying equipment helped him reduce the quantity of fertilizer used for cultivating his land, the solar system helped him save the money spent on diesel, and the drip irrigation network helped him conserve water and groundwater. He noted that using that equipment helped him produce crops and vegetables of high quality and, hence, sell them at a higher price. In addition, he said he could cultivate new crops, such as tomato, hot pepper, lettuce, and melon. As he indicated it was not possible before to plant melon; however, he did it. As a result, his income has increased, so he could pay his debts and build a house for his family. “I cannot believe that I have my own house,” he happily said. He continued saying that he could provide job opportunities on his land for the poor and widows, such as harvesting, ploughing and spraying fertilizer.  Mr. Mohammed’s land with solar panels  Mr. Mohammed is thankful to all those who took part in implementing the project for bringing hope to his life and improving his living conditions.  ***Source:*** *Project: SMEs, Solar - Development of the value chain, usage of modern inputs and improved practices, Khaw Village, Ru’ain Subdistrict, Yareem District, Ibb*  ***Name****: Mohammed Abdullah Al-Aydi A 40-year-old farmer* |

**YECRP- Education SECTOR- CASE STUDY**

|  |
| --- |
| **Education is Back to Bashryah**  Bashryah is an agricultural area which is located in Musaimeer District in the north of Lahj Governorate. It is housing about 900 people, most of whom work in farming. Bashryah is not far from the center of Musaimeer; however, its rugged roads make it hard to get there, especially that there are no main roads leading to Bashryah except along Tuban Valley. During the rainy seasons, the valley gets flooded with water, and it gets even harder to get to Bashryah.  Mr. Mohammed Abduh Ahmed Sufyan, a 40-year-teacher of Arabic language for the first-grade students at Tariq Ben Zyad School, noted that the educational level of students in Bashryah is very low, and a lot of them, including advanced student, drop out of school due to their poor reading and writing skills. He said, “I used to teach the assigned textbooks to the first-grade students”, he added, “Students could not distinguish between the letters and faced difficulty absorbing the lessons, except a few of them who could merely read three-letter words.”  Tariq Ben Zyad School, Bashryah, Musaimeer, Lahj  He mentioned Zainab, an eight-year-girl student who faced difficulty in reading and writing and could not pronounce some of the letters. That is why she did not like to participate in the classroom, he added.  To address this issue, the Yemen Emergency Crisis Response Project (YECRP) funded by USAID decided to intervene, Mr. Mohammed said indicating that the activity was to provide a training on the early reading and writing skills for the teachers of the first grades (1-3), introducing them to different teaching methods.  After the intervention of the (YECRP), Mr. Mohammed said that his performance inside the classroom has improved as he learned a lot of the modern teaching methods, such as teaching reading using phonics and non-verbal signals to express the Arabic diacritical marks.” I decided to help Zainab, utilizing all the skills and knowledge I gained through the training,” Mr. Mohammed said noting that he assigned extra time for Zainab to support her.  The rugged roads of Bashryah, Musaimeer, Lahj  Mr. Mohammed continued telling us that, by the end of the second semester, Zainab became able to pronounce letters and read correctly.  She started to feel happy and self-confident and became eager to participate in the reading and writing activities during class.  Mr. Mohammed is thankful to all those who took part in implementing the project for helping him improve his performance in the classroom. He feels happy that his students’ achievement is improving.  ***Source:*** *Project ID:* 100-13097*,* Training of (1-3) teachers on improving reading and writing skills of kids  Bashryah, Musaimeer, Lahj  ***Name****:* Mohammed Abduh Ahmed Sufian: A 40-year-old teacher at Tariq Ben Zyad School |

# Annex 1: Full List of Sub-Projects in This ECRP Component



# Annex 2: List of Sample Sub-Projects Selected for Sample

|  |
| --- |
|  |

# Annex 3: Tools

|  |  |
| --- | --- |
|  |  |
|  |  |

# Annex 4: Evaluation Terms of Reference

|  |  |
| --- | --- |
| Job Title: | International Lead Consultant for USAID supported YECRP Project Evaluation |
| Duration of the Work: | 30 work days and to be completed in two months upon signing of contract |
| Duty Station: | Lead the evaluation from remotely with the support of UNDP hired a national M&E consulting firm/agency to conduct evaluation survey at sub-project sites meeting data requirements for the evaluation |
| Contract Type: | Individual Contract |
| Nationality: | International |
| Expected Start Date: | March 2019 |

**1. Project Description: Background and Context:**

The humanitarian crisis in Yemen has reached unprecedented levels of need with three-quarters of the population requiring some form of basic assistance to survive. The figures of the crisis are staggering and near-impossible to grasp while 22.2 million in need of assistance, 8.4 million people severely food insecure, and a further 10 million that could fall under the same category by the end of this year. In addition, more than 1.1 million cases of acute watery diarrhoea or cholera have been reported since April 2017. Almost 2 million of Yemeni are now internally displaced persons who have been forced to flee their homes. Hundreds of thousands of families no longer have a regular source of income – including teachers, health workers, water and sanitation workers and other public servants. They have not been paid a regular salary in two years[[23]](#footnote-23).

The economic impact of the crisis has been devastating for Yemen, aggravating an already deteriorating pre-conflict economic performance. Prior to the recent conflict, Yemen was already the poorest country in the Arab region suffering from weak human development outcomes compounded with a high population growth, repeated local conflicts, chronic food insecurity and uncertain political transition. With the violent armed conflict that started in 2015, economic indicators have plummeted further. The World Bank estimates that the poverty level has doubled nationally from an average of 34.1 to 62 percent.[[24]](#footnote-24) Given this context, interventions in Yemen should cater on the one hand to addressing immediate needs –leveraging and enhancing endogenous support mechanisms to populations at-risk- and on the other hand for the need to maintain the existing capacities and mechanisms at local and national level to maintain the foundation for future reconstruction and recovery.

The Emergency Crisis Response Project (ECRP) under USAID grant aims to mitigate the impact of the current crisis on local households and communities and assist their recovery from the bottom-up using local systems, capacities and institutions to progressively resume and scale-up service delivery. The project will achieve specific results in: 1) Increasing sustainable employment and livelihoods opportunities, including health and education; 2) Reviving the agricultural sector through support to key value chains. As such, the project contributes to the livelihoods restoration and service delivery restoration components of UNDP’s Yemen Resilience Programme. The Project’s Theory of Change assumes that if income-generation and livelihoods opportunities are increased for youth and women (including IDPs), Yemeni households and communities will be able to better cope with the impact of the current crisis and be strong drivers of the resilience-building and recovery efforts. The project has the following four components: (i) Women and youth have enhanced skills to be employed in education; (ii) Community mid-wives and paramedics have enhanced capacities to provide good quality private health services; (iii) Fishermen, coffee, and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices; and (iv) Oversight, reporting and quality assurance of project ensured.

**2. Scope of Work: Evaluation Purpose**

The key purpose of the evaluation is to assess the performance and achievement of the ECRP in achieving its intended results, their effectiveness, and internal and external factors affecting its outcomes. This evaluation is intended to reveal the nature of the change that has taken place in the lives and livelihoods of beneficiaries and communities, and to determine its significance on the Yemeni households and communities to better cope with the impact of the current crisis and be active participants in the resilience-building and recovery efforts. The evaluation will produce substantive evidence-based knowledge by identifying good practices and lessons learned from intended and unintended impact of the emergency crisis response initiative and on resilience-building. The evaluation findings and results will be extremely useful to enable any adjustment/redirection that may be necessary for future UNDP emergency crisis response interventions and its implementing partners as well as donors’ initiative.

**Evaluation Objectives:**

The principal objectives of the evaluation are to ascertain the relevance, efficiency, effectiveness and sustainability of ECRP support interventions on well-being of most vulnerable households and communities in Yemen; and provide actionable recommendations on UNDP and its Partners’ implementation strategies, polices, approaches and activities on ECRP interventions. The specific objectives of the evaluation are;

* To assess the **relevance** and flexibility of ECRP interventions from the point of view of direct beneficiaries and their families as well as communities etc in addressing their needs.
* To assess the **efficiency** of the implementation process of the ECRP interventions, and to assess the **cost** of the interventions as compared to the cost being incurred by other similar interventions which are not supported by UNDP in Yemen.
* To assess the **effectiveness** of the implementation process of the ECRP interventions and to measure if the project has achieved planned outcomes and outputs with regard to the well-being of vulnerable households and communities; to assess the intended and unintended changes on the lives and livelihoods of the target beneficiaries and communities; to determine how well the response addressed the priority problems of Yemeni vulnerable households and communities; and, also to assess the quality of the various services provided by implementing partners at the different aspects of the ECRP interventions.
* To assess the **sustainability** of the results of the response in the absence of ongoing ECRP support, by identifying the degree to which the ECRP intervention has built on existing local capacities, coping mechanisms and resilience-building, and has a potential exit strategy that builds on local ownership and capacities.
* To assess the extent of **coverage** of ECRP support interventions in relation to the needs and demands of such support services in different areas of Yemen – both in terms of geographic coverage (district, governorate, southern and northern), and levels of various community groups including women, youth, IDPs etc.
* To assess the effectiveness of the **coordination** at all levels of stakeholders starting from donors to implementing partners including UNDP as well as local authorities and communities.
* To assess the **quality** of ECRP interventions in relation to the quality benchmarks of humanitarian responses in crisis settings including gender mainstreaming, conflict sensitivity principles and grievance mechanism.
* To assess the **coherence** of ECRP support intervention with the UNDP developed Yemen Resilience Programme (YRP) framework and UN Humanitarian Response Plan/Framework for Yemen.
* To assess the **appropriateness and social acceptability** of the approach as implemented in ECRP targeted areas and to determine beneficiary and communities/stakeholder **perceptions** of the overall response, especially women, youth, IDPs, etc.
* To assess the extent to which the project implementing partner (SFD) and supported national and/or sub-national institutions have **improved institutional capacities** to lead and coordinate the humanitarian activities and/or emergency crisis response support especially in the areas of planning, implementation, and monitoring.
* To document main **lessons learnt** and propose **recommendations** to deliver similar interventions in similar crisis settings and context aimed at building-resilience in a more effective and efficient way. Lessons learned to be captured in the areas of strengths and/ weaknesses in preparation, design and implementation that affected both positively and negatively on performance, outcome and impact.

**3. Evaluation Focus Areas and Criteria:**

The evaluation will focus on the interventions being implemented by UNDP and its implementing partner, SFD, in 15 governorates of Yemen. From its inception in September 2016 until September 2018, a total of 15,904 vulnerable community members benefited from emergency jobs. Under the first component (Women and youth have enhanced skills to be employed in education), the Project has reached 5,216 direct beneficiaries with teacher training (78 percent of total target). Moreover, 9,590 students benefited from improved teaching skills, with female students representing 48 percent.

In the second component, sub-component 2.1 (Community mid-wives and paramedics have enhanced capacities to provide good quality private health services), the project has reached 1,430 direct beneficiaries (125 percent of the total target), with women representing 59 percent of the beneficiaries. This was achieved through training of community mid-wives in community-based maternal and newborn healthcare; health staff training in health management; and nurses and mid-wives training in premature and neonatal care services.

Under sub-component 2.2 (SMEs engaged in private health care provision effectively respond to health service needs), the project has reached 105 percent of target for selection of SMEs and lead firms and training of their staff on business planning and business continuity (386 achieved vs 369 planned). In addition, 282 SMES out of the target 329 MSEs received grants to improve the quality of their services. Moreover, six lead medical firms have received grants.

In the third component, sub-component 3.1 (Fishers, coffee, and crop farmers are enabled to expand their production through the development of the value chain, usage of modern inputs and improved practices), effort was made to ensure availability of modern farming and fishing technology has been introduced to the target fishermen and farmers, along with capacity building. The project provided training of trainers (ToTs) who in turn trained fishermen, coffee farmers and farmers in technologies such as fish finding, GPS locating, coffee roasting and cupping, and solar energy. A total number of 2,264 people received training under this sub-component. Moreover, 484 fishermen, coffee farmers and farmers received business sustainability support grants. This sub-component was completed by the end of September 2018.

Sub-component 3.2: (Supported SMEs benefit from enhanced financial services provided by Microfinance Institutions (MFIs)). Under this output, 513 clients received support from on-lending operations by supported MFIs, and four instead of three new MFIs operational branches opened for rural financing and agricultural products. Three MFIs were provided with sub-grants to expand their operational outreach to new locations, especially in rural areas with new rural financing and agriculture products. The project has also supported six MFIs with in kind grants to strengthen security and client data protection systems.

The evaluation team will be provided with a mapping of all ECRP USAID grant supported interventions implemented by SFD in all 15 governorates of Yemen. Moreover, the team will also receive copies of all the relevant documents including project document, LoA, progress reports, field visit reports, TPM reports, etc. While all stakeholders are important, special emphasis will be placed on ensuring that most vulnerable community people who are direct beneficiaries of the interventions are heard, enabled to communicate their priorities and needs, and participate in the evaluation process. Other stakeholders whose participation will be important to assess the impact of the response include both direct and indirect support and service recipients from ECRP supported interventions. Local community leaders, volunteers (both male and female) working with the response, members of community committees, religious leaders/Sheikhs, youth and social workers will also be consulted in assessing the impact of the response.

The evaluation criteria help focuses the evaluation objectives by defining the standards against the initiative that will be evaluated. The evaluation criteria to be used will be the standards OECD-DAC[[25]](#footnote-25) covering relevance, efficiency, effectiveness, impact and sustainability. Furthermore, specific gender equality, humanitarian response standards and evaluation criteria which address coverage, coordination, coherence, appropriateness, and quality will also be used. Some of the key questions under each objective are below. These are just the broad questions and a more detailed sub set of questions would be discussed in the evaluation inception report.

**Relevance and flexibility:**

* How appropriate and aligned the ECRP interventions are with regard to the overall needs as expressed in the UNDP developed Yemen Resilience Programme (YRP) framework and UN Humanitarian Response Plan for Yemen?
  + How are the response purpose and overall objectives consistent with and supportive of needs and demands for humanitarian emergency support in Yemen?
  + Were the interventions under the response of all vulnerable community groups, youth and gender appropriate?
  + To what degree were the response interventions culturally and socially appropriate?
* What are the socio-cultural barriers to the approach adopted by UNDP and its partner in delivering ECRP, and how has UNDP and its partner worked to identify and address these barriers?
* To what extent have UNDP and its partner integrated broader community resilience and recovery issues into the design and implementation of its interventions?
* To what extent the project articulated the objectives related to positive changes in lives and livelihoods of targeted beneficiaries, their families and community?
  + Were clear needs defined with respect to required ‘levels’ of support?
  + To what extent were potential beneficiaries involved in the identification and selection of the interventions?
* To what extent has the project reached all targeted geographical areas?
  + Have potentially vulnerable or marginalized beneficiaries and communities been reached?
  + Have the needs and capacities of different community groups been appropriately addressed?

**Efficiency:**

* To what extent the project management/governance and coordination was efficient to the results attained?
* To what extent did the actual or expected outcomes justify the costs incurred?
  + Have the resources been spent as efficiently as possible?
* To what extent did the response activities/interventions overlap and duplicate with other similar interventions at the same targeted areas?

**Effectiveness:**

* To what extent the stated project outcomes have been achieved? What were the achievements in terms of improving the livelihood of targeted most vulnerable beneficiaries and community, both intended and unintended?
  + To what extent were the response M&E framework and processes adequate to measure response outputs, outcomes, and impact? Were expected results clearly stated and measurable through identifiable indicators?
  + What factors have contributed to the success or failure with regard to targeted changes?
  + What lasting changes in terms of attribution can be identified in the lives and livelihoods of individual beneficiaries, households, and communities?
* What difference has come about for beneficiaries in terms of skills and knowledge, individual and social well-being?
  + How extensive, effective, and efficient is the transfer of knowledge and intervention approaches to targeted communities and local authorities?
* To which extent have UNDP and its partners worked together towards the common goal of improved resilience and recovery capacity of most vulnerable households and communities to cope with the current crisis? What were the coordination mechanisms, and did they help?
  + Have UNDP and partners developed common strategies and approaches, based on existing minimum standards and guidelines?
  + Have UNDP and partners effectively and jointly identified and addressed gaps and challenges in implementing interventions?
* To what extent has the implementing partners’ collaboration promoted good working relationships with the government local administration to collaborate on community development issues?
* Did the response contribute to emergency support to women and girls of different ages by ensuring their participation of interventions as direct and indirect beneficiaries?
* To what extent and how have UNDP and partners contributed directly and indirectly towards identifying, highlighting and addressing needs and demands of targeted vulnerable women and girls?

**Sustainability:**

* To what extent did the response identify and build national and local level capacities and positive coping mechanisms?
* To what extent the response achievements will be sustained after the withdrawal of ECRP support?
  + How best to sustain the achievement of the response?
* What new capacities within services or communities have been established or restored?
  + To what extent these capacities and skills are being actively used in continuing improved basic services to communities?
* To what extent have the ECRP decision making bodies (USAID, UNDP) and implementing partners undertaken the necessary decisions and course of actions to ensure the sustainability of the ECRP interventions?
* Extent to which the ministry and local government authority have sufficient management capacity and resources to sustain the benefits produced by the project.
  + How have UNDP and partners ensured community ownership of the response?

**4. Evaluation Approach and Methodology:**

In view of the complex situation and nature and diversified of ECRP interventions, the evaluation will seek to obtain data from a range of sources, including through desk reviews and document analyses, surveys and questionnaires, as well as stakeholder consultations, interviews and focus groups at different relevant levels. The rationale for using a range of data sources (data, perceptions, evidence) is to triangulate findings in a situation where much of the data are both quantitative and qualitative nature, and its interpretation thus critically dependent on the evaluators’ judgment. Triangulation provides an important tool in shoring up evidence by using different data sources to inform the analysis of specific issues. Where possible and appropriate, the evaluation should seek to obtain evidence as to what may or may not have occurred in the absence of ECRP interventions.

In launching the evaluation, an important, initial exercise will be to review all relevant ECRP documents. This review will assist in (i) determining the availability of data on which to base the evaluation, (ii) obtaining a better understanding of the overall interventions of ECRP project, as well as trends in implementation over the past two years, (iii) developing operational categories for the evaluation, and (iv) defining a sampling methodology for case studies.

The evaluation will look at the ECRP Theory of Change, taking into account (i) the implementation strategic or policy and approaches (ii) expected outputs, outcomes and impacts as defined in the project document (iii) any strategic or operational changes introduced during the implementation processes and (iv) important and apparent targets/milestones and achievements as outlined in project document and progress reports. The logic model will serve to highlight the theory of change underpinning ECRP interventions and will assist in defining the evaluation methodology.

*Case Study Approach:* The broad scope of the evaluation will permit the selection of a number of case studies that could be considered a ‘representative sample’ of ECRP initiatives. Therefore, based on the nature and diversified of ECRP interventions, a number of areas to be identified, taking into account a range of intervention scenarios or types and geographical locations, types of beneficiaries (male/female/youth/IDPs and returnees), including, e.g. cash-for-work; cash-for-social-service for education, nutrition, youth; improved basic services etc.

*Stakeholder analysis*: An important initial exercise will be the conduct of a stakeholder analysis in order to identify, inter alia, the institutional entities and individuals involved in planning, management and implementation of ECRP interventions.

*Documentation reviews*: Due to the very broad scope of ECRP interventions, relevant documents and reports to be reviewed. Some may be the subject of only a general review while others will be subjected to detailed review. Some of the key sources of information will comprise (i) project documents and results frameworks, monitoring, evaluation and financial reports, including TPM, as well as key project outputs (ii) partnerships and LOA SFD.

*Consultations and interviews*: The main source of information will be through structured, semi-structured and unstructured interviews and consultations with all levels of stakeholders starting from targeted individual beneficiary to senior management of implementing partners. The results of these consultations and interviews are to be documented for internal team analysis. Structured interview methods are also to be used for other consultations. In some cases, focus group discussions to be held to capture the dynamic of information sharing and debate, and to enrich the findings. In other cases, interviews will be carried out by telephone or tele/video conference.

*Stakeholder Consultation:* Stakeholders will be consulted during different phases of the evaluation in order to (i) ensure an adequate understanding of the nature of ECRP interventions in general terms, as well as in different circumstances, (ii) validate the overall evaluation approach, (iii) ensure that the evaluation report is factually correct and contains no errors of interpretation, and (iv) facilitate the formulation of conclusions and recommendations that are relevant and utilization-focused.

The list above is for reference only. The evaluation team should propose a design-based tools and methods, while ensuring that this design suits the specific objectives of this context and evaluation of ECRP interventions. However, final decisions about the specific design and methods for the evaluation will be emerged from consultations among the programme unit, the evaluators, and key stakeholders especially SFD about what is appropriate and feasible to meet the evaluation purpose and objectives and answer the evaluation questions, given limitations of budget, time, extant data and security situation as well.

**5. Duties and Responsibilities:**

The International Consultant will be the *Team Leader* and take a lead role during all phases of the evaluation and coordinate the work of all other team members. He/she will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. The Team Leader, in close collaboration with the other evaluation team members, leads the conceptualization and design the evaluation and plays a lead role in shaping the findings, conclusions, and recommendations of the report.

**6. Institutional Arrangements:**

ECRP Project Management takes the accountability of the final evaluation and Project Manager as supervisor for this evaluation**.** Managerial function for this evaluation will be done jointly by the Monitoring and Evaluation Specialist and Officer.

1. ECRP Project Management: TheProject Manager with the support of National Coordinator, M&E Specialist, M&E Officer, and Information Management Officer will have the following responsibilities:

* Lead the management of the evaluation process throughout the evaluation (design, implementation and dissemination and coordination of its follow up)
* Coordinate the selection and recruitment of the evaluation team by making sure the necessary procurement processes and contractual arrangements required to hire the evaluation team
* Facilitate the participation of those involved in the evaluation design
* Safeguard the independence of the exercise and ensure the evaluation products meet quality standards
* Connect the evaluation team with the programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
* Facilitating the evaluation team’s access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods
* Provide the evaluators with overall guidance as well as with administrative support
* Oversee progress and conduct of the evaluation, the quality of the process and the products
* Approve the deliverables and evaluate the consultant’s/team’s work in consultation with Team Leader and will process the payments after submission of the deliverables that respond to the quality standards
* Disseminate the results of the evaluation

1. Economic Resilience and Recovery Unit (ERRU):Team Leader with the support of the Deputy Team Leader and Programme Analyst will have the following responsibilities:

* Provide clear specific technical and programmatic advice and support to the project manager and the evaluation team throughout the whole evaluation process
* Review the ToR, inception report and draft evaluation report and ensure final draft meets the UNDP adapted evaluation quality and standards
* Review and provide management response with comments and feedback on the quality of the evaluation process as well as on the evaluation products (comments and suggestions on the TOR, draft reports, final report of the evaluation).

1. *Evaluation Team*will report to Project Manager and conduct the evaluation by:

* Fulfilling the contractual arrangements in line with the TOR, UNDP norms and standards and ethical guidelines; this includes developing of an evaluation plan as part of the inception report, drafting and finalizing the final report and other deliverables, and briefing the ERRU on the progress and key findings and recommendations, as needed.

**7. Expected Outputs and Deliverables**

The evaluation team is responsible to submit the following deliverables:

1. **Detailed Inception Report:** This report should be in line with UNDP evaluation standards for inception report. The inception report should outline detailed scope, evaluation framework; methodology; sampling, field visit timing, data collection methods, timeline for activities and submission of deliverables. The inception report should also include initial data and findings based on the documentary review and final evaluation design/plan. This report will be used as an initial point of agreement and understanding between the evaluation team and UNDP Team. A draft will be shared in advance for comments and approved by UNDP Team. Final inception report to be shared with USAID Team, if needed.
2. **Draft Final Report:** The draft final report will be in line with UNDP adapted evaluation report standards and contain the same sections as the final report (described in the next paragraph) and will be 50-60 pages in length (excluding annexes). It will also contain an executive summary of no more than 5 pages that includes a brief description of the project, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The draft final report will be shared with the UNDP Team to seek comments and suggestions.
3. **Final Evaluation Report:** The final report will explicitly address all comments and feedback on draft evaluation report provided by UNDP team and implementing partners. The final report will be 50 to 60 pages in length. It will also contain an executive summary of no more than 5 pages that includes a brief description of the programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The final report will be sent to the UNDP Team for further review and quality assurance. The evaluation report should systematically answer the key evaluation questions posed. It should fairly and clearly represent the views of the different actors/stakeholders. It should clearly give the conclusions and recommends in a way that is substantiated by evidence.
4. Evaluation brief and other knowledge products, if required to be developed by the evaluation team and submitted to UNDP Team.

A tentative time frame for the evaluation is provided below. The evaluation is expected to be completed by 30 work days within two months. This might be subject to change depending on the prevailing situation on ground at the time of the evaluation. However, the evaluation team should propose a timeline to submit the deliverables in their proposals. Necessary and adequate time (at least two weeks) should be allocated for review and quality assurance processes of the deliverables by the UNDP Team and Partners.

|  |  |  |  |
| --- | --- | --- | --- |
| Deliverable/Activity | Indicated Timeframe/Duration | Payment terms/ Percentage from the total amount of the contract % | Review and Approvals Required (Indicate designation of person who will review output and confirm acceptance) |
| Inception Report: | 8 days | 15% | ERRU Team Leader |
| A detailed inception report describing initial findings based on the comprehensive documentation review, the evaluation methodology, detailed work plan, the outline of the final report in addition to the inception report. |  |  |  |
| Data collection by applying all tools and methods agreed in inception report | 10 days | 50% | ERRU Team Leader |
| Preliminary discussions with UNDP Team and partner (SFD) on project approach, theories, and activities of the project |  |
| Collection of all required data for the evaluation by adapting tools, methods and field work including FGDs, interviews etc. |
| Data analysis, interpretation and writing a draft evaluation report | 8 days |
| A draft evaluation report to be prepared based on collected data and information |  |  |  |
| Final evaluation report | 4 days | 35% | ERRU Team Leader |
| Incorporation of comments and feedback on draft evaluation report provided by UNDP Team and implementing partners |  |  |  |
| De-briefing on final draft evaluation report to all stakeholders |
| Preparation of final draft to submit to the USAID Team |
| Validation of the final draft, incorporation of validation comments and preparation and submission of final report |
| Final evaluation report along with all collected data and information to be submitted to UNDP Team |
| Total | 30 days | 100% |  |

**8. Method of Payment:**

Payment is contingent on approval by the Project Manager and will be made in three instalments with the lump sum method of payment:

1. 15% upon clearance of an inception report by UNDP Team
2. 50% upon submission of the first draft of the evaluation report
3. 35% upon submission of final evaluation report including evaluation brief/summary for senior management.

**9. Qualifications and Experiences:**

The International Consultant should have the following qualifications and experiences:

1. The candidate should have Master’s degree in Economics/ Development Study/Social Sciences/ Statistics/ or related field especially advanced academic certificate/diploma courses on International Humanitarian Action will be added value.
2. At least 15 years extensive and relevant work experience and must have completed at least two high quality evaluations in the areas of humanitarian response or actions, at least one of them being related to emergency crisis response support in any war/conflict country. Provision of sample work is required.
3. Extensive national and international experience (at least five years) in assessing humanitarian emergency responses and support.
4. Expertise in applying results and human rights-based approaches for assessing humanitarian response actions/programmes
5. Strong familiarity with the international literature and issues related to humanitarian contexts. Solid knowledge and skill on UNDP work in emergencies, and work experience with UNDP is an advantage
6. Familiarity with the socio-cultural context of Middle East and the cultural, political and religious sensitivities relevant to the Yemen crisis.
7. The incumbent should have sufficient experience in applying all required tools and methods for conducting project evaluation in crisis settings including participatory appraisal techniques in data collection, sensitive to gender issues etc.

|  |
| --- |
| **10. Competencies:** |
| Functional Competencies:   1. Demonstrated ability of analytical and critical evaluation work; 2. Consistently approaches work with energy and a positive, constructive attitude; 3. Ability to work under pressure and to meet deadlines; 4. Demonstrates excellent oral and written communication skills; 5. Demonstrates openness to change and ability to manage complexities; 6. Self-reliant and able to work as a part of a multi-cultural team in a stressful environment.   CoreCompetencies:   1. Demonstrating/safeguarding ethics and integrity 2. Demonstrate corporate knowledge and sound judgment 3. Self-development, initiative-taking 4. Acting as a team player and facilitating team work 5. Facilitating and encouraging open communication in the team, communicating effectively 6. Creating synergies through self-control 7. Managing conflict 8. Learning and sharing knowledge and encourage the learning of others. Promoting learning and knowledge management/sharing is the responsibility of each staff member. 9. Informed and transparent decision making |

**Language Requirement:** Excellent writing and communication skills in English and Arabic

**11. Evaluation Criteria:**

Required mentioned documents to be included when submitting the Proposal: Interested individual consultants must submit the following documents/information to demonstrate their qualifications and interest: (i) Letter of Confirmation of Interest and Availability using the template provided by UNDP; (ii) Personal detailed CV including past experience in similar assignment and at least 3 references; (iii) UN P11 Form (“CV Form”); (iv) A brief Methodology on how the candidate will approach and conduct the work.

The proposals will be weighed according to the technical (70%) and financial considerations (30%). Submitted proposals will be assessed using Cumulative Analysis Method. Technical proposals should attain a minimum of 70 points to qualify and to be considered. Financial proposals will be opened only for those application that attained 70 or above. Below are the criteria and points for technical and financial proposals.

***a) Technical proposals (total score: 70 points)***

(I) Overall Response (10 points)

* General adherence to Terms of Reference and requirements
* Understanding of scope, objectives and completeness and coherence of response

(II) Proposed methodology and approach (20 points)

* Proposed approach/methodology/tools and management control system
* Proposed Implementation Plan, i.e. how the bidder will undertake each task, and maintenance of project schedules;
* Deliverables are addressed as per TOR; proposed timelines are met

(III) Technical capacity of the applicant (20 points)

* Range and depth of experience with similar evaluation
* Meeting academic requirements
* Minimum years of experience
* Strong analytical skills and qualitative and/or quantitative statistical data processing applications
* Excellent report writing and language skills

(IV) Interview Score (20 points)

***b) Financial Proposal (total score: 30 points)***

Financial proposal will be assessed based on the completeness, clarity and appropriateness. The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 70 pointsin the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

1. For conciseness, this document usually refers to SFD alone, and this should be taken as inclusive of SMEPS unless otherwise stated. [↑](#footnote-ref-1)
2. Apex team could not conduct field visits to five subproject sites due to the inability to obtain the required permits from NAMCHA. Four of these subprojects were in Sana’a (200-12876, 100-13115, 100-13251, and one under subcomponent 2.2); and the fifth one was in Bura, AL-Hodeida (Subproject ID:100-13095). [↑](#footnote-ref-2)
3. Note these activities not reached by beneficiary surveys but appear strong from more limited higher level stakeholder feedback. [↑](#footnote-ref-3)
4. See also qualifications on this data provided at the beginning of Section 3.2 [↑](#footnote-ref-4)
5. For conciseness, this document usually refers to SFD alone, and this should be taken as inclusive of SMEPS unless otherwise stated. [↑](#footnote-ref-5)
6. Apex team could not conduct field visits to five subproject sites due to the inability to obtain the required permits from NAMCHA. Four of these subprojects were in Sana’a (200-12876, 100-13115, 100-13251, and one under subcomponent 2.2); and the fifth one was in Bura, AL-Hodeida (Subproject ID:100-13095). [↑](#footnote-ref-6)
7. Apex team was not able to conduct any site visits to microfinance subprojects due to delays in getting the needed permits from NAMCHA. [↑](#footnote-ref-7)
8. Note the likely challenges in meeting gender targets at the sub-project level were recognized and declared at the proposal stage and relate to valid pragmatic constraints on drawing female candidates from severely male dominated roles or occupations. [↑](#footnote-ref-8)
9. UNDP’s field visits were based on quarterly progress report and TPM reports, and aimed to conduct spot checks, especially in poor performance areas in order to identify reasons and solutions. [↑](#footnote-ref-9)
10. https://www.usaid.gov/sites/default/files/documents/1865/\_508\_Data\_Quality\_20Assessment\_Checklist.pdf [↑](#footnote-ref-10)
11. And found no reason to doubt SFD reported results (see below). [↑](#footnote-ref-11)
12. Realistically, where access to beneficiaries needs to be facilitated by implementers or other parties with vested interests, attempting to access purely randomly selected respondents may be unacceptably confrontational and dangerous. [↑](#footnote-ref-12)
13. This means that the report cannot validly extract statements like "20% of farmers said....", because this would remain unrepresentative across all of the beneficiaries of this particular sub-component type and therefore potentially be misleading. This is why in some cases the report gives percentages (across all respondents from all sub-component types) and in other cases, give numbers (when talking about a particular beneficiary of one type of sub-component). [↑](#footnote-ref-13)
14. And possibly 9. [↑](#footnote-ref-14)
15. Note these activities not reached by beneficiary surveys, but appear strong from more limited higher level stakeholder feedback. [↑](#footnote-ref-15)
16. In fact, marginally greater. [↑](#footnote-ref-16)
17. Note these activities not reached by beneficiary surveys, but appear strong from more limited higher level stakeholder feedback. [↑](#footnote-ref-17)
18. Note these activities not reached by beneficiary surveys, but appear strong from more limited higher level stakeholder feedback. [↑](#footnote-ref-18)
19. Although for women alone this increases to 13%. [↑](#footnote-ref-19)
20. 12% of females, 22% of males. [↑](#footnote-ref-20)
21. The Social Fund for Development (SFD) was established by Law No. 10 of 1997 to contribute to achieve, and align its programs with, goals of the national social and economic development plans for poverty reduction (DPPRs). [↑](#footnote-ref-21)
22. Note, SFD higher level stakeholders stated that the farmers and other beneficiaries were responsible for purchasing items such as tarpaulins themselves, but the impression given by beneficiary responses was that they were at least partially determined by the sub-project processes. It is also recognized that the quality of these sub-project supported items was ultimately limited by overall grant funds, and many items were not expected to have long lifespans. This remains an issue for the sustainability of the overall component. [↑](#footnote-ref-22)
23. <http://www.un.org/News/> [↑](#footnote-ref-23)
24. Country Engagement Note for the Republic of Yemen for the Period FY17-FY18, The International Development Association, International Finance Corporation and Multilateral Investment Guarantee Agency, The World Bank Group, June 2016, P. 6 [↑](#footnote-ref-24)
25. UNDP evaluations generally apply OECD, ‘DAC Criteria for Evaluating Development Assistance’, Development Assistance Committee.

    Available at: http://www.oecd.org/document/22/0,2340,en\_2649\_34435\_2086550\_1\_1\_1\_1,00.html [↑](#footnote-ref-25)