

Evaluation of UNICEF Rapid Response Mechanism (RRM) in Yemen (October 2019–December 2021)

**Commissioned by:
The UNICEF Yemen Country Office**

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Acronyms

AAP	Accountability to Affected Populations
ACF	Action contre la faim
ACTED	Agency for Technical Cooperation and Development
CCC	UNICEF's Core Commitments for Children in Humanitarian Action
CCCM	Camp Coordination and Camp Management
CO	Country Office
ER	Evaluation Manager
ERB	Ethics Review Board
ET	Evaluation Team
FGD	Focus Group Discussion
FO	Field Office
FSAC	Food Security and Agriculture Cluster
GEROS	Global Evaluation Reports Oversight System
HAC	Humanitarian Action for Children
HCT	Humanitarian Coordination Team
KII	Key Informant Interviews
IDP	Internally Displaced Person
IR	Inception Report
MoPHP	Ministry of Public Health
MoPIC	Ministry of Planning and International Cooperation
MPCT	Multipurpose Cash Transfer
MWE	Ministry of Water and Environment
NGO	Non-governmental organisation
NRC	Norwegian Refugee Council
PDM	Post Distribution Monitoring
PSEA	Protection from Sexual Exploitation and Abuse
RRM	Rapid Response Mechanism
SCMCHA	Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation
ToR	Terms of Reference
TPM	Third Party Monitor
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WFP	UN World Food Programme

1. INTRODUCTION

1. This Inception Report (IR) is for the evaluation of the UNICEF Rapid Response Mechanism (RRM) in Yemen. The evaluation is commissioned by the UNICEF Yemen Country Office (CO) and will cover the period from October 2019 to December 2021.
2. The timing of this evaluation is designed to assist UNICEF Yemen in outlining an improved model for planning, preparedness, and response; as well as to inform other significant UNICEF emergency operations, and the work of other partners in Yemen and other relevant contexts. It aims to provide an independent and impartial assessment of the RRM in Yemen and identify: the effectiveness of the mechanism against its stated objectives (including unintended effects); key achievements, challenges and lessons learned; and generate practical recommendations for updating and improving the mechanism.
3. The purpose of this IR is to present the scope, purpose and objectives of the evaluation and describe how the evaluation will be conducted. It summarizes key information about the context and programme under evaluation and identifies key stakeholders. The IR is a working tool to ensure that the expectations of the evaluation from the commissioning body (UNICEF) and key stakeholders are properly integrated into the evaluation plan by the Evaluation Team (ET). It also serves as the contract of agreement between the Evaluation Manager (EM) and the ET for all aspects of the evaluation operational plan. The inception report builds on and expands the Terms of Reference (ToR) of the evaluation (Annex 1).
4. The inception period for this evaluation is split into two main phases. The IR is produced early (December 2021) for the purposes of clarifying key aspects of the evaluation – scope, timing, and the overall approach to be followed – allowing adequate time for official clearances. A second inception phase is expected to start in March 2022, which will be used to deepen the ET's understanding of the context and implementation of the RRM to date; reconfigure the approach, methodology and tools in response to changes in the operational context; and complete detailed logistical planning for data collection and analysis.

2. SUBJECT OF THE EVALUATION AND ITS CONTEXT

2.1 Country Context

5. After six years of war, Yemen faces one of the world's largest humanitarian crises. Sixty six percent of the population – some 20 million Yemenis – depend on humanitarian assistance to survive, including four million internally displaced persons (IDPs) and 141,308 refugees and asylum-seekers mainly from Somalia and Ethiopia.¹ Indeed, the country currently has the fourth largest IDP population worldwide due to conflict, with over fifty active frontlines². The depreciating value of the Yemeni Riyal and collapse of the economy have left an estimated eighty percent of the population living below the poverty line.
6. 2.6 million IDPs are highly food insecure and five million Yemenis were on the brink of famine in 2021.³ Over two million children needed treatment for severe or moderate malnutrition between January and September of this year and 47 percent of screened children aged 0 to 59 months were underweight as of October 2021.⁴ The disruption of public services and rampant spread of diseases, including cholera, also poses a great threat to health, as does access to clean and safe drinking water. Access to appropriate water, sanitation, and hygiene (WASH)

1 UNHCR Fact Sheet, 'Yemen', September 2021, p.1.

2 Ibid.

3 UNHCR Fact Sheet, 'Yemen', September 2021, p.2.

4 Yemen Nutrition Cluster, 'Nutrition Snapshot', January – September 2021, p.1.

services is particularly challenging, as Yemen is one of the most water scarce countries in the world.⁵

7. In the last two months, hostilities have escalated in Marib governorate, where over 64,450 people are now displaced – two thirds of whom have been displaced since September 2021.⁶ IDPs in the area are among the most vulnerable, having been displaced two or three times and with very limited or no access to basic services. The need for WASH services is urgent, as diseases such as acute watery diarrhea, malaria, and upper respiratory tract infections spread.
8. The country is considered extremely vulnerable when it comes to the impact of COVID-19, with an already over stretched health system due to the ongoing conflict and the poor humanitarian situation. According to WHO, as of 1 December 2021, a total of only 786,027 vaccine doses have been administered, which poses a huge risk to field activities.

2.2 The Rapid Response Mechanism in Yemen: 2018–2021

9. The RRM started in 2018 to respond to the critical needs faced by 4.4 million displaced people due to the ongoing conflict in Yemen. UNICEF, together with the United Nations Population Fund (UNFPA) and Action contre la Faim (ACF), established the RRM to provide lifesaving kits and complementary activities in the areas of WASH and nutrition screening in spontaneous IDP sites and hard to reach locations. To ensure an effective and coordinated response, the RRM identifies needs through Multi-Sectoral Rapid Needs Assessments conducted by humanitarian partners. The RRM includes two lines of response:
 - **First Line response:** Distribution of RRM Kits, which include ready to eat food, and hygiene and dignity items to cover basic needs for up to seven days. The kits are provided by UNICEF in collaboration with UNFPA and the World Food Programme (WFP) within 72 hours of registration of IDPs in an area.
 - **Second Line response:** WASH and nutrition screening activities to all vulnerable families until the regular humanitarian clusters can respond. A Multipurpose Cash Transfer (MPCT) component (of a 52,000 YR one time cash transfer) was also part of the second line of response but was discontinued in March 2020 due to several challenges.
10. The RRM works in close coordination with the cluster system to fill critical gaps until cluster partner responses are underway. The RRM is fully operational nation-wide in Yemen, covering 330 out of 333 districts. Currently, over 6,000 newly displaced households have received RRM kits between September and November 2021.⁷ In Al Hodeidah governorate, some 25,410 people were displaced in November, and as of 30 November 2021, 1,507 households had received RRM kits.⁸ UNICEF RRM operations are supported by a decentralized approach through UNICEF Field Offices (FOs), ensuring a more timely and relevant response.

2.3 Stakeholder Analysis

11. A range of internal and external stakeholders have an interest in this evaluation and many of them will be asked to participate in the evaluation process. Table 1 presents a summary of the key stakeholders and their expected involvement in the evaluation.

⁵ UNICEF, 'Water, Sanitation, and Hygiene', accessed at <https://www.unicef.org/yemen/water-sanitation-and-hygiene>.

⁶ IOM in UN OCHA, 'Humanitarian Update: Yemen', p.1; World Health Organisation, 'Yemen: Nutrition Surveillance', October 201, p.1.

⁷ IOM in UN OCHA, 'Humanitarian Update: Yemen', p.2.

⁸ IOM in UN OCHA, 'Humanitarian Update: Yemen', p.5.

Table 1: Stakeholders in the evaluation by interest and role

Stakeholder	Interest in the Evaluation	Role in the Evaluation
Internal Stakeholders		
UNICEF Yemen Country Office	Responsible for the country level planning and operations implementation. The CO and FOs are called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation. The CO directly commissioned the evaluation and is responsible for signing off on the evaluation findings and formulating and implementing the management response.	Commissioning the Evaluation and drafting the ToR Participation in interviews Support the logistics and operationalisation of the evaluation Support for planning, implementation, and dissemination of the evaluation Providing guidance to the evaluation team, and comments on the deliverables to enhance the quality and accuracy of the evaluation In charge of developing a management response and implementing the recommendations
UNICEF Emergency Response Unit in Middle East and North Africa Regional Office	Responsible for overall emergency response operations in the region. Learning from the evaluation can inform related interventions elsewhere in the region.	Reviewing the ToR Participation in interviews In charge of developing a management response and implementing the recommendations
External Stakeholders		
National Level		
Ministry of Public Health (MoPHP) and Ministry of Water and Environment (MWE)	Key partners with UNICEF. Interested in lessons from past and for the future direction.	Participation in interviews
Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA)	SCMCHA will clear the data collection tools used in the northern part of the country.	No particular participation
UNFPA and WFP	Key partners and implementers in the RRM first line response. Likely to have strong interest in the findings, conclusions, and recommendations of the evaluation for application in Yemen and in other related emergency contexts.	Participation in interviews (CO and FO levels) Providing guidance to the evaluation team, and comments on the deliverables to enhance the quality and accuracy of the evaluation In charge of developing a management response and implementing the recommendations
INGO Consortium Partners:	Key partners and implementers in the RRM second line/consortium response. Learning from the	Participation in interviews (CO and FO levels)

ACF, Save the Children International, NRC, OXFAM, ACTED	evaluation will be directly relevant and applicable to their work.	Providing guidance to the evaluation team, and comments on the deliverables to enhance the quality and accuracy of the evaluation
Clusters in Yemen: particularly WASH, Nutrition, Camp Coordination and Camp Management (CCCM), Food Security and Agriculture Cluster (FSAC), Cash Working Group and other cross-cutting groups e.g., Protection from Sexual Exploitation and Abuse (PSEA), inclusion and gender	Facilitate coordination among partners to ensure that there are no duplications and ensure links across sectors.	Participation in interviews (Cluster Coordinators)
Donors	Providing funding for the programme. Collaborate on strategic direction and support with determination of programme priorities.	Participation in interviews
UN Humanitarian Coordination Team (HCT)	Coordinate the overall humanitarian response in Yemen. Oversight of the humanitarian needs overview and the humanitarian response plan for Yemen.	Participation in interviews (in their capacity as UN agency representatives, see below)
Other UN Agencies	Partners with experience of Yemen and interest in learning for their own future interventions and strategies.	Participation in interviews
Third Party Monitors (TPMs)	Monitoring implementation of the RRM in insecure/inaccessible areas. Findings and recommendations from the evaluation may influence the type of data collected by TPMs and methodology.	Sharing of data (via UNICEF) Participation in interviews
Local Level		
Displaced and conflict affected households	Participants in the programme with experience to share and with an interest in benefitting from future interventions.	Participation in focus group discussions (FGDs)/ phone interviews
Other community members (community leaders, IDP site managers)	Have experience and views of the programme and in particular its relevance and effectiveness for current and future situations.	Participation in interviews
Local authorities at governorate and district levels	Partners in facilitating the implementation of the interventions.	Participation in interviews
Other NGO RRM partners: NRC, DRC, IOM, RI, VHI, BFD, YARD, FMF, SHS, Care International, Deem for Development	Key partners and implementers of the programme, sharing their lessons and opinions from their experience. Learnings from evaluation may strengthen their role and capacities in the interventions.	Participation in interviews (primarily at field level but possibly also at national level)

3. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

12. The **purpose of the evaluation** is to provide an impartial and independent assessment of the RRM in Yemen. The evaluation will identify key challenges, lessons learned, and intended and unintended consequences, while also providing practical recommendations for the RRM specifically, and for UNICEF emergency preparedness and response intervention models more generally. Lastly, the evaluation will also assess the value added of working in partnership with other humanitarian actors, in particular the value added by the RRM Consortium.
13. **Evaluation Objectives:** The evaluation is expected to focus on the three main objectives of: 1) assessing effectiveness and timeliness of the response; 2) determining the utility of the RRM partnership with the two consortiums (both first- and second-line interventions); and 3) examining the relevance of the RRM in meeting the needs of affected populations and

addressing issues of gender and protection.⁹ The evaluation will be applying primarily qualitative methods and key OECD/DAC criteria as elaborated by the Active Learning Network for Accountability and Performance (ALNAP), specifically relevance, efficiency, effectiveness, coverage, coherence, and coordination. The ToR developed a set of questions and sub-questions to be explored within each of these criteria.

14. The scope of the evaluation is in line with that outlined in the ToR and it will be limited to assessing effectiveness and outcome level results. Due to the lack of a baseline data and the fact that some of the responses are still ongoing, the evaluation will not assess impact.
15. **Geographic Scope:** Given access constraints, the evaluation will focus on three governorates for in-person data collection.¹⁰ As stated in the ToR, the evaluation will not attempt to generalize the findings from these locations to the whole of Yemen. The selected governorates have been proposed by the ET based on a range of criteria, including accessibility (see Section 5.1).
16. **Time Period Evaluated:** The evaluation will cover the period from October 2019 to the end of December 2021. In order to provide insight of the evolving usage of the RRM, the evaluation team will assess older RRM distribution using mostly secondary data if primary data is not available and using primary data to assess most recent usage.
17. **Evaluation Use:** The evaluation will serve the dual and mutually reinforcing objectives of accountability and learning. For accountability, the evaluation will assess the performance and results achieved (intended or unintended, positive, or negative) of UNICEF's RRM. For learning, the evaluation will determine the reasons why and how certain results occurred the way they did; and draw lessons and derive good practices for learning. It will provide evidence-based findings to inform operational and strategic decision making. Lessons learnt from this evaluation are intended to be utilized to refine and improve UNICEF's emergency planning, preparedness, and response.
18. **Expected Users of the Evaluation:** The expected users for this evaluation are the UNICEF Yemen Country Office and its partners in the trilateral agreement (WFP and UNFPA) and consortium of NGOs with ACF and other partners including the Ministries of Public Health and Water and Environment, and donors.

4. EVALUATION FRAMEWORK

19. The evaluation is guided by the overall purpose of assessing the RRM as set out in the ToR (see Table 2). This will be achieved through data collection and analysis according to a set of key evaluation questions. No changes are proposed to the evaluation questions in the ToR at this stage, though a detailed set of indicators and criteria have been added to ensure that the questions are as focused, and evidence based as possible. The evaluation matrix, available in Annex 2, specifies the methods and sources for data collection and analysis that will be used to gather evidence in response to the questions.

⁹ The issues of gender and protection will not be addressed through interviews with direct beneficiaries of RRM assistance, but rather through other data sources.

¹⁰ The precise number and locations of geographic areas for in-person data collection will be based on final sampling.

Table 2: Summary of the Evaluation Matrix

	Purpose	Indicators and Criteria
Objective	Provide an impartial and independent assessment of the RRM in Yemen and identify key achievements, challenges, lessons learned, and practical recommendations for updating and improving the mechanism.	<ul style="list-style-type: none"> • Evidence that the RRM has achieved its stated objectives, and/or evidence of unintended effects. • Evidence that the RRM is appropriate to the current and anticipated context of Yemen, and/or evidence of the need for changes and improvements to inform future program planning, coordination, and resource advocacy and allocation.
EQ	Evaluation Questions	
Relevance/Appropriateness		
	EQ1. How relevant/appropriate has the trilateral agreement among UNICEF, UNFPA, and WFP been for addressing emergency preparedness and response in Yemen under the RRM?	<ul style="list-style-type: none"> • Perceptions of relevance/appropriateness among UNICEF, UNFPA and WFP staff. • Perceptions of relevance/appropriateness among partners. • Perceptions of relevance/appropriateness among government stakeholders. • Perceptions of relevance/appropriateness among others (other UN agencies, donors, etc).
	EQ2. To what extent has the RRM aligned with national, governorate, and district priorities? With UNICEF/UN priorities?	<ul style="list-style-type: none"> • Alignment with available and comparable national and sub-national plans and strategies. • Alignment with the Humanitarian Needs Overview, Humanitarian Response Plan, and cluster priorities for Yemen. • Alignment with UNICEF's 2018 and 2020 Yemen Humanitarian Action for Children (HAC), and the dedicated UNICEF Yemen HAC on COVID-19 in 2020. • Stakeholder perceptions of the alignment of the RRM with national, sub-national and UNICEF/UN priorities.
	EQ3. To what extent has the RRM aligned with the needs and priorities of displaced and conflict-affected people?	<ul style="list-style-type: none"> • Alignment with the Humanitarian Needs Overview. • Alignment with RRM-specific and other rapid multi-sector needs assessment and analysis. • Alignment with relevant (particularly WASH and nutrition) rapid cluster needs assessments and contextual analysis. • Evidence that market assessments were conducted and acted upon in relation to cash components of the RRM (prior to its suspension in March 2020). • Stakeholder perceptions of the alignment of the RRM with the needs and priorities of displaced and conflict-affected people, including perceptions of affected people themselves. • Evidence of responsiveness to new emerging/identified needs and priorities including those related to COVID-19.
	EQ4. To what extent has the RRM incorporated human rights and equity principles and instruments, including those related to gender equity, in its work?	<ul style="list-style-type: none"> • Evidence of references to or alignment with UNICEF's CCCs and human rights and equity principles (including gender equity) in RRM planning and monitoring documents. • Awareness of UNICEF stakeholders of UNICEF's CCCs and other relevant principles and instruments and how they may be applied in relation to the RRM. • Perceptions of UNICEF stakeholders of the incorporation of UNICEF's CCCs and human rights and equity principles (including gender equity) within the RRM mechanism.

	<ul style="list-style-type: none"> External stakeholder perceptions of the extent to which the RRM is aligned to key aspects of the CCCs and other principles, including Accountability to Affected Populations (AAP), PSEA, localization, equity, gender equality, disability, etc.
Connectedness	
EQ5. How well did the RRM link displaced, and conflict affected families to resources for the provision of longer-term services through other partners and institutions?	<ul style="list-style-type: none"> Evidence of links between RRM and longer-term service provision through other partners and institutions. Alignment of RRM plans/strategies with those of other relevant service providers for displaced and conflict affected families. Examples of follow-up referrals from UNICEF, as the first-line responder, to other partners, clusters and working groups for further follow-up. Perceptions of RRM partner organizations and recipients on whether referrals were made and acted upon for longer-term WASH and nutrition needs. Feedback from the affected population benefiting of the RRM.
Coherence	
EQ6. How does UNICEF's work on the RRM fit together with other UN agencies' work on emergency preparedness and response in Yemen and globally?	<ul style="list-style-type: none"> Alignment of UNICEF's work on the RRM with the Humanitarian Needs Overview, Humanitarian Response Plan, and cluster priorities for Yemen. Examples of synergies between UNICEF's work on the RRM and other UN agency efforts to strengthen emergency preparedness and response in Yemen, including COVID-19 preparedness and response. Evidence of coordination between RRM stakeholders and other clusters and groups (including the Cash Working Group) to fill gaps and avoid duplication. Internal and external stakeholder perceptions of the coherence of UNICEF's work on the RRM with other UN agencies work on emergency preparedness and response in Yemen and globally, including COVID-19 preparedness and response.
Coverage	
EQ7. How well has the RRM been able to reach the entire population of displaced and conflict-affected families in the sampled areas?	<ul style="list-style-type: none"> Evidence of coverage of the programme (1st and 2nd line RRM) in relation to need. Evidence that M&E systems are capturing coverage of the programme in relation to assessed need. Lessons about balancing demands of meeting need with maximizing numbers reached, access and other criteria. Feedback from local authorities and/or community leaders and beneficiaries themselves.
EQ8. Which vulnerable groups in society have faced the most difficulty accessing the services of the RRM, and why?	<ul style="list-style-type: none"> Evidence that criteria for prioritization of resources (geographical targeting and individual) was based on vulnerability and need. Assessments and analysis to determine which vulnerable groups may not be able to access the services of the RRM and why. Evidence of regular monitoring (including programmatic visits, TPM, post distribution monitoring/PDM) to ensure that vulnerable groups can access RRM services. Demonstrated follow-up on AAP mechanisms as part of the RRM to respond to complaints from displaced persons regarding difficulties accessing RRM services.

	<ul style="list-style-type: none"> • Feedback from local authorities and/or community leaders and beneficiaries themselves.
Coordination & Efficiency	
EQ9. How has the partnership modality (ACF consortium, joint work with UNFPA and WFP) worked to ensure timely and cost-effective preparedness and response for 1st and 2nd line of delivery in each governorate and district?	<ul style="list-style-type: none"> • Evidence of regular communication and coordination between RRM partners. • Stakeholder perceptions of the value added of the partnership modality to ensure timely and cost-effective preparedness and response for 1st and 2nd line of delivery. • Stakeholder perceptions of partner capacity to ensure timely and cost-effective preparedness and response. • Internal stakeholder perceptions of the cost-efficiency of the RRM in different governorates and districts. • Lessons learned about how the partnership modalities can be improved.
EQ10. How well does the current follow-up mechanism work for referrals from UNICEF, as the first-line responder, to other partners for further cluster-specific humanitarian interventions?	<ul style="list-style-type: none"> • Examples of follow-up referrals from UNICEF, as the first-line responder, to other partners, clusters and working groups for further follow-up. • Perception of UNICEF staff on the follow-up mechanism to other partners. • Perceptions of RRM partner organizations and recipients on whether referrals were made and acted upon for WASH and nutrition needs beyond the RRM.
Effectiveness	
EQ11. To what extent has the RRM met its stated objective of providing immediate, life-saving assistance to the affected population within 72 hours?	<ul style="list-style-type: none"> • Evidence of timely coverage of the programme (1st line) in relation to need. • Monitoring data demonstrating the provision of RRM assistance within 72 hours of registration or alert of the displacement. • Feedback from affected people that RRM assistance was provided quickly (within 72 hours) in response to immediate needs.
EQ12. To what extent has an intervention strategy, including related indicators, been developed to monitor the effectiveness of the RRM and provide adequate corrective measures?	<ul style="list-style-type: none"> • Evidence of a comprehensive strategy for the RRM, including all necessary elements of the project cycle. • Evidence of a UNICEF M&E system in place and in use, with tools and indicators specifically tailored to monitor the effectiveness of the RRM and highlight problems. • Demonstrated monitoring reports on RRM progress, drawing on a range of relevant sources (including PDM and TPM reports). • UNICEF stakeholder perceptions on the adequacy of monitoring on the RRM. • Examples of how monitoring data and reports have been used to identify challenges within the RRM and take corrective measures (e.g., kit composition, distribution mechanisms, partner capacity).
EQ13. To what extent has the service delivery met expected quality standards? What factors have contributed to and hampered the meeting of quality standards?	<ul style="list-style-type: none"> • Awareness among UNICEF stakeholders on the quality standards that should be met within the RRM (e.g., Sphere, CCCs). • Evidence that quality standards are used to determine results and targets within the RRM.

	<ul style="list-style-type: none"> • Monitoring reports and updates demonstrating delivery of the programme against relevant quality standards and/or inability to meet those standards. • Perceptions of UNICEF and RRM partners on the factors that have contributed to and/or hampered the meeting of quality standards.
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5. EVALUATION APPROACH AND METHODOLOGY

20. The evaluation will use a mixed method approach. It includes analyses of existing quantitative data; noting that, as specified in the ToR, no new quantitative data will be collected. The ET will rely on existing quantitative data from the following key sources: project monitoring data (including PDM and TPM reports); weekly lists of displaced population; UN agency access reports; multi-sectoral needs assessments and implementing partner needs assessments.
21. The emphasis of the data collection phase will, therefore, be on qualitative data collection to answer the evaluation questions. The process will begin with an extensive desk review, drawing on a wide range of available documentation (published and unpublished).¹¹ Beyond the desk review, the proposed methodology relies heavily on gathering the perspectives and experiences of key stakeholders involved in the delivery of the RRM and on feedback provided by displaced and conflict affected people accessing assistance and services through the RRM. This approach is helpful when seeking to understand implementation across different governorates and districts, with distinct challenges and differences. It is also particularly well-suited when the primary interest of an evaluation is for learning, improving and updating the RRM approach moving forward.
22. The ET is committed to carrying out the evaluation following a strictly ethical approach. The methodology will be guided by the United Nations Evaluation Group (UNEG) Ethical standards to shape the evaluation approaches and will obtain Ethics Review Board (ERB) approval to ensure that the exercise does not harm participants either during or after the evaluation process (see Annex 9 for ERB process and protocol). The UNEG guidance on gender will also shape the evaluation approach to ensure adequate representation of gender considerations in the evaluation processes and assessment of results.
23. Key principles of the evaluation methodology include:
- Commitment to ensure no harm to participants
 - Respect for cultural norms, dignity, and diversity
 - Commitment to an inclusive approach, with a particular effort to ensure that the perspectives of typically marginalised individuals and groups inform the evaluation (notably women, people with disabilities, children and adolescents, and *muhamasheen* when possible)
 - Commitment to ensure participation in the evaluation is voluntary, fully informed and with full consent
 - Commitment to confidentiality and anonymity of participants
 - Commitment to flexibility to respond to an evolving context considering security and access constraints, COVID-19 and other contextual considerations.

¹¹ The ET will be reliant on UNICEF to provide access to an extensive library of relevant documents. This should include both formal and informal literature. Any sensitive/confidential materials will be handled carefully by the ET and not shared or cited within the Evaluation Report.

24. The evaluation ToR specifies that children and adolescents are a particularly vulnerable group and should be included in the evaluation exercise. However, given that the RRM is not uniquely targeting children, and considering the sensitivities of consulting with children and adolescents and the need for a special skill set and code of conduct regarding ethical research involving children, the ET does not intend to conduct interviews or focus group discussions with children/adolescents. Rather, the team will make a particular effort to draw on secondary data and information in relation to these important groups and will work with parents and other adult key informants to build an understanding of the perspectives of children/adolescents.
25. The evaluation is also guided by a commitment to facilitate learning, with an emphasis on participation to build ownership of the evaluation findings and recommendations. Security and access constraints, as well as COVID-19 restrictions, may prevent face-to-face interaction in some instances. With that in mind, the ET will make every effort to interact remotely with key stakeholders – through online meetings interviews, virtual workshops, telephone calls, etc. – to ensure that the emphasis on participation and learning within the evaluation is not compromised.
26. The ET will operate within all UNICEF’s security and safety guidelines for both key stakeholders and the ET. All national and local authority rules, regulations and norms related to preventing the spread of COVID-19 will be adhered to, as will any global and/or country-specific COVID-19 protocols specified by UNICEF. Similarly, national, and local authority rules and regulations related to beneficiaries’ engagement and field data collection will be adhered to. As a result, lines of inquiries related to Gender/Protection and similar locally deemed sensitive topics will be examined through secondary sources.

Flexibility

27. The design of the evaluation responds to both the questions of the ToR and is cognisant of the context and the constraints of working in Yemen. Both COVID-19 and the humanitarian situation in Yemen are limiting factors in terms of meeting directly with affected populations and other key stakeholders, particularly for international evaluators. For that reason, the evaluation proposes combining in-person consultation where feasible and appropriate by national evaluators; and remote consultation with key informants, conducted by both international and national evaluators.
28. Two scenarios are envisaged:
 - **Scenario A:** Current COVID-19 restrictions for Yemen remain in place and access is granted to particular geographical areas for limited in-person consultation with affected populations and other key stakeholders. In this scenario, national evaluators will carry out in-person interviews, meetings and FGDs in select project sites and international evaluators will conduct remote interviews, meetings, and workshops.
 - **Scenario B:** Additional COVID-19 restrictions are applied in Yemen, further limiting the possibility of face-to-face interaction with affected populations and other key stakeholders and/or the security situation further constrains access to targeted areas. In this scenario, all consultations by national and international evaluators would take place remotely through on-line and telephone interviews, meetings, and workshops.
29. Scenario A is the preferred scenario. However, the context is fluid and the precise balance of remote versus in-person consultation will be determined closer to the start of data collection, in close consultation with UNICEF. The budgetary implications of the two different scenarios will also be discussed and agreed in advance with UNICEF. In both Scenarios, approvals need to be obtained in advance from Supreme Council for the Management and Coordination of

Humanitarian Affairs and International Cooperation (SCMCHA) in Sanaa and Ministry of Planning and International Cooperation (MoPIC), in Aden. The ET will be guided by UNICEF advice on obtaining the approvals and will remain flexible on the proposed approach while responding to any concerns from local authorities regarding sensitivities within the data collection tools.

5.1 Data Collection and Analysis Methods

Data collection methods

30. The evaluation will follow a mixed method approach, combining document review, key informant interviews (KIIs), FGDs, telephone interviews and direct observation. Annex 3 describes how these different methods will be adapted to the different scenarios outlined in Section 5. Annex 4 provides a model for each of the data collection tools.
31. **Document and data review** - The document and data review will be extensive, considering the constraints around additional quantitative data collection. It will include a review of all RRM records, including monitoring data; strategies, concept notes and plans related to the RRM; UNICEF strategies for Yemen and global policies and plans; broader UN assessment, plans and appeals for Yemen; and other relevant secondary research, data, and evidence. The ET will organise documents and data and comprehensively analyse the information according to the different evaluation questions, indicators, and criteria. The results of the document and data review will be triangulated with other data collected during the evaluation with a view of confirming or challenging assumptions, and filling key information gaps. All documents and other materials will be stored carefully in order to preserve the integrity and confidentiality of the data. The bibliography is available at the end of the annexes.
32. **Key Informant Interviews (KIIs)** - Briefings will be held with UNICEF staff in Yemen at the outset of the data collection process. Thereafter, interviews will be organised with the following stakeholders:
 - UNICEF Country Office (CO) and Field Office (FO) staff
 - UNFPA staff at CO
 - WFP staff at CO
 - International NGO Consortium partners
 - Other RRM NGO partners
 - Other UN agencies
 - Cluster and Working Group Coordinators
 - Donors
 - Ministries of Public Health and Water and Environment
 - TPMs
 - Local authorities at the governorate and district levels
 - Community leaders and IDP site managers
 - Displaced and conflict affected people
33. Attention will be given to ensure a gender balance of interviews; geographic distribution; representation of all population groups; and representation of the stakeholders / duty bearers at all levels (policy / service providers /parents / community).

34. A standard protocol and set of questions will be used to guide the interviews, tailored to the specific area of expertise and experience of individual interviewees (see Annex 5). KIIs will be considered confidential, allowing stakeholders to speak freely and openly about the RRM, including challenges. Only interviewees will be present during interviews or FDG, and evaluators will ensure that any person not directly concerned does not attend to the discussions. Interviews will not be recorded and notes will be carefully taken and stored. Should the ET wish to cite from a specific interview/individual within the Evaluation Report, this will be done anonymously. For in-the-field data collection, enumerators will be trained, and a first round of interviews will be put in place in order to test the data collection tools.
35. **Focus Group Discussions (FGDs)** – Four FGDs will be held in each of the six districts selected. If FGDs are not allowed by the authorities, the FGDs will be replaced by household interviews or phone interviews if the latter are not possible either. The discussions will be structured, to guide the conversation, while leaving scope for participants to cover issues that they consider to be priority. Each FGD will include between five to eight participants, and different sessions will be organised for different groups e.g., with men and women separately; with effort made to ensure that marginalized groups are included. FGDs will be conducted by enumerators. See Annex 5 for data collection tools.
36. **Household interviews (HH) and/or Telephone interviews with beneficiaries** – HH and telephone interviews will be conducted with people who have previously received assistance through the RRM. Every effort will be made to talk to a diverse set of individuals representing a reasonable cross-section of the beneficiary population. Questions will be short and clear, complementing the information gathered through FGDs. Enumerator will conduct 15 HH interviews per district. In the event that HH interviews and FGDs are not feasible, the ET will use telephone interviews instead. HH and telephone interviews will be conducted with the support of enumerators.
37. Certain information collected during KIIs, FGDs and HH will directly contribute in answering some of the evaluation questions. The following table gives an overview of the expected EQs each questionnaire will cover.

Table 3: Relation between EQ. and KIIs, FGDs and HH interviews

	EQ.1	EQ.2	EQ.3	EQ.4	EQ.5	EQ.6	EQ.7	EQ.8	EQ.9	EQ.10	EQ.11	EQ.12	EQ.13
FGD with IDPs					X		X	X			X		
HH interviews or Phone interviews for IDPs					X		X	X			X		
UNICEF Field officers			X	X	X	X	X	X	X	X	X	X	
Local authorities		X	X			X	X	X			X		
Community leaders and camp managers			X	X	X	X	X	X		X	X		X
Third party monitoring			X				X	X			X	X	X
Implementing partner for first-line RRM			X	X	X	X	X	X	X	X	X		X
UN agencies	X	X	X	X	X	X	X	X	X	X	X	X	X
Second line response partners	X	X	X	X	X	X	X	X	X	X	X	X	X

Donors		x	x		x	x	x		x	x	x	x	
Cluster coordinators	x	x	x	x	x	x	x	x	x	x	x		

38. **Direct observation** – Direct observation of RRM kit distribution and any visible evidence of 2nd line RRM assistance/services will be included in the methods and approaches if it coincides with presence of the ET at district level. Should the opportunity arise, direct observation will provide the ET with a useful way of triangulating feedback from displaced and conflict-affected people on the assistance that they have received, and the perceptions of other stakeholders on the distribution process and quality of RRM assistance. Direct observation tools are presented in Annex 6.

Sampling

39. The evaluation ToR specifies that the geographic scope of the evaluation should remain small, considering the security situation in Yemen, access restrictions, and additional limitations due to COVID-19. While the RRM is designed to operate country-wide, this means limiting the scope of the evaluation is limited to a few governorates and districts, based on purposive sampling. The sampling criteria and approach that will be applied to select governorates and districts is summarized in Annex 7, together with the list of governorates and districts for further prioritisation in terms of data collection.
40. After discussion with the CO, the ET is proposing to sample the following locations (see Table 4) taking into consideration areas of high IDP concentration, the security situation, access, the possibility of obtaining approvals for field work and controlling authorities:

Table 4: Proposed field locations for data collection

Governorate	District
Hajjah governorate	Abs and Washha districts
Marib governorate	Marib City and Al-Wadi district
Taiz governorate	Al-Ma'afer and Ash Shamayatyn districts

41. During the data collection phase, the evaluation team will collect information from around 330 beneficiaries, and approximately 55 key informants. A detailed breakdown can be found in the table 5 below.

Table 5: Estimation of people that will be interviewed during data collection

	Type of KI/tool	Number	Where	Additional information
Face to face / in the field	FGD	240 (24 FGD)	Marib, Taiz and Hajjah	
	HH or phone interviews	90	Marib, Taiz and Hajjah	
	Community leaders	6	All 6 districts	
	Camp managers	6	District level	Depending if IDPs are in camps or outside camps
	Ministries	2		Ministry of Public Health and Ministry of Water & Environment.
	Local authorities	3	Governorate level	

	Local authorities	6	District level	
	UNICEF field officers	3	Governorate level	
	Implementing partners for 1 st RRM	6	District level	
	TPMs	1 to 4		
Remote	ACF consortium (2 nd line RRM)	6	Remote / Sanaa	ACF/ ACTED / DRC/ NRC/ Oxfam / Save
	UNICEF	4 to 10	Remote / Sanaa	Country representative/Chief of field operations/ Supply chain/logistics/warehouse manager/ Wash and nutrition officers
	UNFPA	3 to 6	Remote / Sanaa	Supply chain/logistics/warehouse manager/hub coordinators
	WFP	3 to 6	Remote / Sanaa	Supply chain/logistics/warehouse manager/hub coordinators
	Donors	1 to 3	Remote / Sanaa	
	UN clusters	2	Remote / Sanaa	Wash and nutrition clusters
TOTAL of 330 beneficiaries and approximately 55 KIs				

Training of enumerators

42. The enumerators will be trained by the Evaluation Team to ensure comprehensive understanding of the purpose of the evaluation and the data collection tools. The training will take place in Sanaa and will last three days. During the two first days, the enumerator will go through UNICEF's RRM and take ownership of the data collection tools. Additionally, UNICEF will provide support in training enumerators on Prevention of Sexual Exploitation and Abuse (PSEA) and safety in the field (BSafe security training). On the third day, the enumerator will test the data collection tools, in order to see how they work and adapt them if needed.
43. RMTTeam evaluator will supervise the training in Sanaa. The international team members will be able to participate remotely. Data collection will be done by two enumerator (one male and one female) and one supervisor per governorate. Considering the situation in Yemen, extra enumerators will be trained in case some evaluators are not able to operate once trained. Hence, 12 enumerators in total will be trained, and 6 will be actually deployed. All three supervisor are members of the RMTTeam.

Analysis and validation

44. **Data analysis** – The ET will meet virtually for regular coordination of the evaluation (weekly meetings) and for in-depth analysis at the end of data collection. During the data collection phase, daily meetings will be attempted, depending on the Internet access of the teams in the field. The analysis meeting will be used to triangulate data gathered in different ways and from different sources to answer the evaluation questions, according to the evaluation matrix. Each team member will focus on areas where they have expertise and insights, according to the team roles allocated in Annex 8.

45. Pre-existing quantitative data will be analysed ahead of the analysis meeting and provide a basis on which the ET can then build (noting the limitations of existing quantitative data). Qualitative data collected during the evaluation will then be analysed according to the evaluation questions to identify patterns and begin to determine and test findings. Data will be disaggregated by gender and location to avoid making generalisations across different locations and population groups, given the diversity and complexity of the context and the RRM programme.¹² A light form of *contribution analysis*¹³ will be done to ascertain the degree to which programme actions have contributed to the perceived outputs and outcomes, using the RRM theory of change as a foundation.¹⁴ Data quality control mechanisms will be applied throughout the analysis process to preserve the integrity and confidentiality of the data.
46. Several key themes and issues will be prioritised during the analysis process to ensure that the evaluation is aligned with global UNICEF priorities. Gender and equity will be particularly strong considerations and will be integrated into the analysis methodology, based on UNEG guidance¹⁵ and UNICEF's Core Commitments to Children (CCC).¹⁶ Other key issues to be incorporated into the analysis include disabilities, prevention of sexual exploitation and abuse (PSEA) and accountability to affected populations (AAP).

Data protection

47. The ET will be very strict on data protection. Both quantitative and qualitative information will be maintained on evaluation team computers until six months after the finalisation of the report, at which time data will be deleted to protect individuals further from possible identification. If UNICEF gives clearance, data can be deleted straight after the finalisation of the report.

5.2 Ethical Considerations

48. The evaluation will be conducted to ensure compliance with ethical and moral principles through the application of the UNEG Code of Conduct for Evaluation and Ethical Guidelines for Evaluation which has special relevance in relation to evaluations including affected populations and vulnerable groups. The ET will not meet with children (see section 5). Given the security situation and the vulnerability of RRM's beneficiaries, the evaluation design needs to consider special ethical limitations and risks. The nature of the evaluation scope, and the need to collect data from affected persons in insecure contexts, means that the evaluation design will go through a formal institutional ethics review process as part of the design process. The ethics review process and standards are described in Annex 8.

5.3 Constraints and Limitations of the Methodology

49. **COVID-19 and security issues** are likely to restrict the ET's access to key stakeholders, particularly affected populations. This has an impact on the scale of data collection in the field: how many locations and how many direct beneficiaries the ET can access. The evaluation is designed to maximise opportunities for beneficiary involvement given the constraints. The ET includes national consultants who will keep in close contact with UNICEF CO to maintain the safety of the evaluation's participants and ET members.

¹² Data and information will be disaggregated according to gender, age, geographical location, IDP status, and other variables, including persons with disabilities and representatives of minority groups.

¹³ Gagnon, Yves-Chantal. (2010). *The Case Study as Research Method: A Practical Handbook*. Presses de l'Université du Québec

¹⁴ The theory of change presented in the evaluation ToR will be used for reference.

¹⁵ This refers to the UNEG guidance on Gender (UNSWAP).

¹⁶ UNICEF (2020) Core Commitments for Children in Humanitarian Action

50. **Remote Data Collection** – Even if users are very familiar with online platforms and/or telephone interviews and well connected, online interviews tend to be less detailed, nuanced and frank than in-person interviews. Internet connectivity is known to be unreliable in many areas of Yemen, particularly in conflict-affected areas. Telephones will therefore be used as the main method of conducting interviews with RRM beneficiaries (in addition to FGDs).¹⁷ This may affect the quality of the information gathered during local data collection. While the team of national enumerators on the ground will have opportunities to meet face-to-face with beneficiaries and partners, informal interactions, project site visits and opportunistic opportunities will not be possible for international members of the ET. Lack of opportunities for spontaneous observation and interaction might reduce the degree to which achievements of results can be quantified. These limitations will be mitigated through careful triangulation of data, particularly in terms of interview findings and direct observations in the field.
51. **Data and information gaps** – The evaluation ToR acknowledges that there are gaps in available data to inform the evaluation. Critically, there is no baseline study, and it is unlikely that the ET will be able to gather enough data to retrospectively construct one. The lack of baseline data will be mitigated by closely scrutinizing what data and information does exist (TPM reports and implementing partner reports for example), emphasizing the value of qualitative data, and relying on stakeholder perceptions as the main source of evidence for changes that the RRM has brought about in peoples' lives.
52. **Recall** – The evaluation period begins from October 2019. It is highly likely that international staff will have rotated since then. Moreover, service users may struggle to recall assistance that they received dating back that far or be unable to attribute assistance to UNICEF/the RRM if they have also received aid from other sources. Service users from 2019 may be impossible to track down as population movements still occur today. Data from multiple sources will be triangulated to compensate for a lack of beneficiary recall or for an inability to attribute assistance to the RRM. In instances where key UNICEF and partner staff have moved on, the ET will work with UNICEF to consider contacting them for their participation in the evaluation. As much as possible, the ET will consider talking to national staff that may have been around for longer than international staff. Secondary data from post distribution reports and third-party monitoring will also provide information on the early RRM phase and it will also be used to triangulate primary data findings.
53. **Sensitivity** – It is possible that asking people to recall their experiences of conflict and displacement, and the assistance they received as a result, has a negative impact on their well-being. Enumerators will be trained to stop FGDs/interviews immediately should this occur and refer people to support from UNICEF and partners.
54. **Timeframe** – The process of managing a semi-remote evaluation will require a longer time window due to potential scheduling challenges or connectivity issues leading to rescheduling for remote interviews. Furthermore, the Yemen context requires lengthy clearance processes by the government for data collection. In addition, the discussion between team members and consolidation of findings will take significantly longer as the team is not together at any point during the fieldwork and that team members are in three distinct time zones. Findings will need to be collated and discussed at specific points, both during and following data collection, prior to their synthesis and preparation for debriefing and report preparation. Additional time will need to be planned for data reporting and analysis.

¹⁷ Noting also that contacting people by telephone can also be challenging in parts of Yemen.

6. WORKPLAN AND DELIVERABLES

6.1 Team Composition and Roles

55. The team is composed of a four-person core team made up of a Team Leader/Evaluation Specialist, Emergency Nutrition Specialist, National Evaluator/WASH Specialist, and Data Analyst. The team is supported by and working closely with regional firm RMTeam who will support the in-person and remote data collection in Yemen. Each of the core team members is taking a lead role for dimensions of the evaluation but will work together to collect data across the evaluation questions and develop a shared analysis of key findings, conclusions, and recommendations. The roles and modalities of working are summarized in Annex 8.

6.2 Timeline

56. The timeline for the evaluation is summarized in Annex 10. It includes a one-month clearance waiting period between the initial start of the inception phase to the finalization of the inception period and the start of data collection to allow for government clearances. In-field data collection will start two weeks after the end of Ramadan if SCMACHA accepts data collection tools. The key dates are the following:

- Submission of final IR: March 31, 2022
- Send data collection tools to SCMACHA: April 4, 2022
- Submission of first draft ER: June 27, 2022
- Submission of second draft ER: July 27, 2022
- Validation workshop: August 4, 2022
- Submission of final ER: August 10, 2022

6.3 Support and information required from UNICEF

57. The ET will need support for logistical arrangements in this semi-remote approach. Specifically:

- Introduction of the ET in order to facilitate the preparation of the agenda of remote meetings (sending out the initial emails, scheduling interviews with officials as needed and following up with stakeholders who do not respond to the ET)
- Facilitation of permissions and approvals required for data collection
- Facilitation of the BSafe Security and PSEA training as required and sharing of periodic security briefs to the team on the ground
- Liaison with local partners who will help organize and facilitate community-level consultations
- Support in the selection of communities corresponding to the sampling elaborated for community-level data collection and revision of this if security or other factors change
- Support with translators for the ET conducting remote interviews, as needed
- Availability for frequent meetings with the evaluation team – It is important for the team leader to schedule regular meetings with the EM & CO to troubleshoot and obtain follow-up/information documents as needed in real time.

7. QUALITY ASSURANCE

58. The evaluation quality will be addressed in several ways throughout the process. First, through the application of core Global Evaluation Reports Oversight System (GEROS) standards,

UNSWAP, and Evaluation Performance Indicator (EPI); second, through approaches supporting data reliability, consistency, and accuracy; third, through support and oversight provided by KonTerra; fourth through the quality review and management of UNICEF CO; and fifth, through the guidance and review provided by the Evaluation Reference Group (ERG). These checks and balances are described in more detail in Annex 11.