

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

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Acronyms

AAP	Accountability to Affected Persons
ACF	Action contre la faim
CCC	Core Commitments on Children
CCCM	Camp Coordination and Camp Management
CCY	Cash Consortium of Yemen
CO	Country Office
DRC	Danish Refugee Council
EPI	Evaluation Performance Indicator
EPP	Emergency Preparedness Plan
ET	Evaluation Team
FCS	Food Consumption Score
FGD	Focus Group Discussion
FO	Field Office
FSAC	Food Security and Agriculture cluster
GAMM	Gender and Age Marker for Monitoring
GBV	Gender-based Violence
GEEW	Gender equality and empowerment of girls and women
GFA	General food assistance
GNI	Gross National Income
GPR	Gender Programmatic Review
HAC	Humanitarian Action for Children
HCT	Humanitarian Coordination Team
HDI	Human Development Index
HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally displaced person
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
IR	Inception Report
IRG	Internationally Recognised Government
KI	Key interviewee
MCLA	Multi-cluster Location Assessment
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoU	Memorandum of Understanding
MPCA	Multi purpose cash assistance
MSF	Médicines sans frontières
MSNA	Multi-sector Needs Assessment
MWE	Ministry of Water and Environment
NFI	Non-food Item
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
PDM	Post Distribution Monitoring
PHC	Primary health care
PPP	Public Private Partnership
PSEA	Protection from Sexual Exploitation and Abuse
RRM	Rapid Response Mechanism

SAM	Severe Acute Malnutrition
SCMCHA	Supreme Council for the Management and Coordination of Humanitarian Affairs
SDG	Sustainable Development Goal
SMEB	Survival Minimum Expenditure Basket
ToR	Terms of Reference
TPM	Third party monitoring
UN	United Nations
UN-SWAP	United Nations System Wide Action Plan
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Agency
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	(United Nations) World Food Programme
WHO	(United Nations) World Health Organization
YHRP	Yemen Humanitarian Response Plan

1 Executive summary

1. This report presents the evaluation of the United Nations Children's Fund's (UNICEF) involvement in the Rapid Response Mechanism (RRM) in Yemen. The evaluation covers the period between October 2019 and December 2021. The report has been commissioned by the UNICEF Country Office in Yemen and has been undertaken by the KonTerra Group. The findings and recommendations of this evaluation will strategically inform UNICEF Yemen and UNICEF operations globally to improve its emergency response.

1.1 Context, objectives, and scope of the evaluation

2. The first line RRM (RRM1) was introduced in Yemen in 2018, led by the United Nations Population Fund (UNFPA) in collaboration with the World Food Programme (WFP) and UNICEF. All three United Nation (UN) agencies have been working together with the objective of providing the most critical, lifesaving assistance for internally displaced populations (IDPs) until the humanitarian community could provide longer-term support. UNICEF's role is to provide hygiene kits, WFP's role is to provide ready-to-eat food kits, and UNFPA is to provide dignity/transit kits, coordinate the programme and ensure operational implementation (logistics, enrollment, distribution, reporting, data management and post distribution monitoring).
3. To reduce the gap between RRM1 and the cluster response, UNICEF supported a second line response (RRM2) organized under a consortium of six international non-governmental organizations (INGO) lead by Action contre la faim (ACF). RRM2 provided assistance to a subset of selected RRM1 service users based on vulnerability. Assistance included emergency water and sanitation, nutrition screening, multi-purpose cash assistance (MPCA), distribution of shelter and NFI kits and nutrition sensitisation based on the results of a multi-sector needs assessment (MSNA). Both RRM1s were complementary and designed to ensure continuity of the emergency response until the longer-term cluster response was underway.
4. The objective of the evaluation is to identify key challenges, lessons learned and intended and unintended consequences of the RRM response, while also providing practical recommendations for the RRM in Yemen specifically, and for UNICEF emergency preparedness and response intervention models more generally. This assessment will help UNICEF, other UN agencies and other partners in future programme planning, coordination and resource advocacy and allocation. The evaluation period is from October 2019 until December 2021. However, when relevant, the evaluation team (ET) has included important changes that occurred in 2022.
5. The expected users of this evaluation are the UNICEF Yemen Country Office and its partners in the trilateral agreement (UNFPA and WFP); the RRM2 consortium of INGOs; other partners including the ministries of Public Health and Population and Water and Environment; and donors.
6. The evaluation employed a utilisation-focused approach and appreciative inquiry¹ to maximise the use of the evaluation findings by the intended users. The evaluation used a mixed methods approach drawing on four main sources of information across different levels of stakeholders: 1) Pre-existing documentation (project monitoring data, UN reports, multi-sectoral needs assessments and implementing partner needs assessments); 2) Primary qualitative information (stakeholder interviews and focus group discussions); 3) Primary quantitative information (household phone interviews); and 4) Direct observation.

1.2 Findings

Relevance / Appropriateness

¹ Defined by BetterEvaluation.org as: a strengths-based approach designed to support ongoing learning and adaptation by identifying and investigating outlier examples of good practice and ways of increasing their frequency

7. The RRM is a **highly relevant and important intervention** in Yemen. It provides timely, appropriate support to displaced people. The RRM is implemented using a coordinated approach: RRM1 in collaboration with UN agencies in which each agency's comparative advantage is utilized, and RRM2 in partnership with INGOs in which the INGOs geographic coverage and relationship with authorities is utilized.
8. The RRM approach **aligns with humanitarian principles and with gender equity**. The RRM serves as an entry point for assisting highly vulnerable groups with a focus of women and children. UNICEF has mainstreamed gender equity in the composition of the hygiene kits that take women's needs into consideration,² as well as during RRM2 in providing nutrition screening to pregnant and lactating women and children under five. However, there is some evidence that additional tailoring to the needs of men and children would be appropriate given the limited NFI support received after RRM.
9. Document reviews and interviews show that a **better linkage of cash and general food distribution** together or directly following the RRM1, minimizing the time between in-kind and cash assistance, is very important for many IDPs as this assistance helps them meet a wide range of needs.

Connectedness

10. The RRM was designed to enable continuous, connected assistance to service users until they were linked to longer-term support from the UN Cluster System. However, this was not always possible, **with many service users initially facing long periods without additional assistance**.
11. The **recent integration of cash and additional food into the RRM1 is highly appropriate** to ensure better connectedness, considering the fact that the longer-support assistance does not cover all basic needs and is not always available.

Coherence

12. **UNICEF's work on the RRM response is coherent** with the RRM response delivered under UNFPA leadership and is coherent with UNICEF's work globally as a main actor implementing various RRM's around the globe.
13. To respond quickly to needs, all UNICEF hygiene kits are sourced locally through previously selected retailers.

Coverage

14. A comparison of UNICEF data and the Humanitarian Needs Overview (HNO) indicates that **coverage of the newly displaced population under RRM1 has been nearly comprehensive** (328 out of 333 districts). Only the hardest to reach populations in extremely insecure, conflict frontlines have not been assisted.
15. **RRM2 coverage was always intended to be smaller due to limited funding**, implemented in 5 governorates (27 districts). RRM2 has covered less households than needed support, despite covering a greater number of households than initially planned.

Coordination & efficiency

16. **Partnership approaches were integral to the success of the RRM**, allowing agencies to have a more coordinated approach and reach a greater geographic scope more efficiently.
17. **UNICEF's contribution** to the RRM1 has been done in an **efficient** way, using local retailers for the elaboration and delivery of the kits to the UNFPA main warehouse.

² Incorporation for instance women's sanitary pads in the kits

18. A **greater use of the hotline would provide additional understanding** of the needs, constraints and complaints of service users and could be compared and triangulated with the feedback coming from the implementing partners (IP) in the field and the third-party monitoring (TPM) reports.

Effectiveness

19. According to the secondary data review, RRM delivery **achieved its objective of delivery within 72-hours of displacement 45 percent of the time at best.**³ UNICEF, UNFPA and WFP have been putting in place additional measures to achieve this goal more consistently. Given the difficult operating environment, the evaluation found that this was a significant achievement.
20. RRM1 support was effective at meeting immediate needs, but the inability to connect services users to longer-term support reduced effectiveness over time, with significant time lag between RRM1, RRM2 and the cluster response. Over time, the changes made to the RRM including **adding MPCA and general food assistance (GFA) into RRM1, has improved the effectiveness of the response.**
21. Field interviews and TPM reports show that many service users **paid for transportation to reach distribution points**, and that some had to give part of their kits to pay for transportation. This diminishes the benefit of RRM use, thereby reducing the effectiveness of the RRM.
22. Monitoring data, through TPM reports, together with IP reports, allowed UNICEF to adapt the response. Interviews with UNICEF and IPs indicate that **UNICEF took active steps to customize and improve kits** after issues were identified through TPM.

1.3 Lessons learned and Recommendations

23. The lessons learned are the following:
 - I. The gap between the RRM1 and the longer-term support needs to be properly assessed from the design of the programme and continuity monitored. Stakeholders supporting RRM1 and longer-term assistance need to coordinate to bridge any eventual gaps. Either the RRM1 needs to be longer, or the cluster response needs to be quicker, depending on the funding capacities of both RRM1 partners and clusters.
 - II. The RRM2 cash assistance was highly appreciated by service users. According to Multi-Cluster Location Assessment (MCLA) survey respondents,⁴ cash remains within the top three priority needs as it allows them to directly access their immediate needs. UNICEF's attempt to integrate MPCA as early as possible into the RRM response was very appropriate. This is further proved by the fact MPCA is now integrated into the RRM1. In the Yemen context, it would have been highly relevant to integrate MPCA from the very beginning of the RRM1 response.
 - III. As the selection criteria for the RRM1 does not include all people in need, it sometimes creates confusion and, in rare occasions, tension within communities. Community sensitisation still needs reinforcing in this regard (both to service users and non-service users).
 - IV. Delegating the implementation of a programme involving several recognised international NGOs to one of them creates the risk of inefficiency when the leading agency is facing operational challenges. Keeping the coordination under UNICEF may be less cost-effective, but, in certain circumstances, can be more efficient.
24. The recommendations are the following:
 - I. UNICEF should continue to support RRM implementation as it is a primary source of support to newly displaced people.

³ This figure comes from the October 2021 Moore TPM reports.

⁴ The MCLA interviewed IDPs, returnees, refugees, migrants, and non-displaced households

- II. The current form of RRM (kits + cash + GFA) is an appropriate response to the needs of displaced population in Yemen and should be further continued and supported by the humanitarian community.
- III. For future design and implementation of an RRM, UNICEF should ensure that capacity to provide longer-term support assistance is properly assessed to ensure that the RRM support period is appropriate.
- IV. For future design and implementation of an RRM, UNICEF should advocate and/or fundraise for the integration of MPCA from the beginning if the local context is appropriate and if UNICEF has the risk management capacity to implement it.
- V. UNICEF, together with the UNFPA and WFP, should ensure that communication around the RRM1 response in terms of eligibility criteria and feedback and complaints mechanisms is better disseminated both to service users and non-users.
- VI. UNICEF should coordinate with UNFPA, WFP, the implementing partners, the camp managers, donors and/or the local authorities to consider a way of alleviating the cost of accessing the RRM1 for service users.
- VII. When supporting a consortium approach, UNICEF should ensure that partners have the tools, human resources and technical capacity required to implement the programme as planned. If needed, UNICEF should work with partners to address implementation challenges as they arise.

2 Introduction

25. This report presents the evaluation of the United Nations Children's Fund's (UNICEF) Rapid Response Mechanism (RRM) in Yemen. The evaluation is commissioned by the UNICEF Yemen Country Office (CO) and covers the period from October 2019 to December 2021 as per the Terms of Reference (ToR) (Annex 1). The findings and recommendations of this evaluation will strategically inform UNICEF Yemen and other UNICEF operations globally to improve its emergency response.
26. The evaluation provides an independent and impartial assessment of the RRM in Yemen and examines the effectiveness of the mechanism against its stated objectives; identifies key achievements, challenges and lessons learned; and generates practical recommendations for updating and improving both the RRM in Yemen and implementation of the RRM in other contexts.
27. The expected users of this evaluation are the UNICEF Yemen Country Office and its partners in the trilateral agreement (UNFPA and WFP), the consortium of NGOs with ACF, other partners including the Ministries of Public Health and Water and Environment, and donors.

2.1 Country context

28. After almost eight years of war, Yemen is experiencing one of the world's largest humanitarian crises, with the collapse of several key economic sectors, internal displacement, widespread poverty, food insecurity and poor health.⁵ The political infrastructure is ill equipped to respond to these challenges.⁶ As of 2022, 20.7 million people, two out of every three Yemenis, need some form of humanitarian and protection assistance.⁷
29. **Economy:** Yemen is the only Middle Eastern country with a "low" human development index (HDI) score, as categorised by the United Nation Development Programme (UNDP). With a HDI of 0.470, Yemen is 179th out of 189 countries ranked in the 2020 report.⁸ Its gross national income (GNI) based on purchasing power parity (PPP 2017) is \$1,594 per capita. In August 2020, media reported that most of Yemen's public workers across the country have gone unpaid for years as the country's finances and economy collapsed due to the war.⁹
30. Reliable information on the current economy is absent, as official statistics are no longer produced. Yemen's economy is largely informal and relies on remittances and aid inflows to fund consumption. Since the collapse of the oil sector, agriculture dominates the economy but suffers from an increasing frequency of climate- and pest-related disruptive events.¹⁰

⁵ UNICEF Yemen Humanitarian Situation report Mid-Year, June 2022

⁶ Annex 2 provides additional details on the political situation in Yemen.

⁷ OCHA; Humanitarian Response Plan 2021.

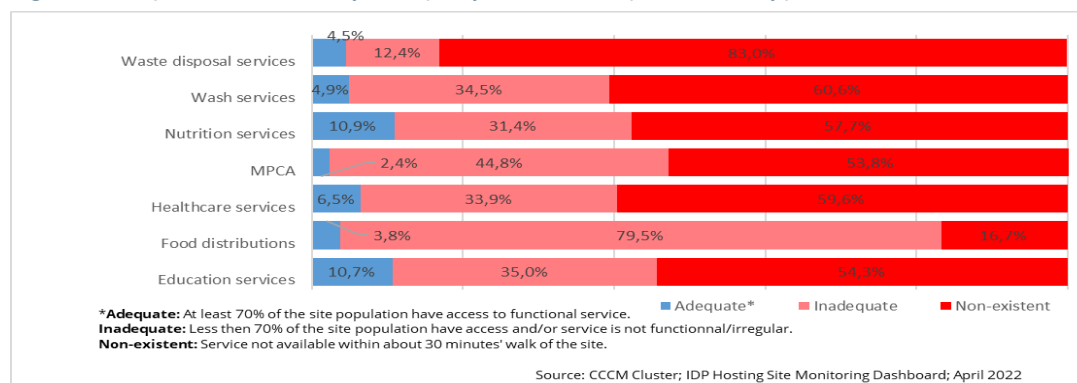
⁸ UNDP; Human Development Report 2020.

⁹ The New Arab; Protests erupt in Yemen's Taiz over unpaid salaries; August 5, 2020

¹⁰ World Bank; Macro Poverty Outlook – Republic of Yemen; 2022

31. **Internal displacement:** The 2022 Humanitarian Needs Overview (HNO) reports at least 4.3 million people have been internally displaced since the beginning of the conflict, more than 10 percent of the total population of 31.9 million.¹¹ Nearly 40 percent of internally displaced people (IDP) live in informal sites where access to basic services is inadequate or non-existent.¹² Only around 10 percent of sites have some “adequate” services, as per data collected by the Camp Coordination and Camp Management (CCCM) Cluster in Yemen (Figure 1).

Figure 1 Proportion of sites by adequacy of services, per service type



32. **Poverty:** Before the conflict, approximately half the population was poor. Poverty levels have increased following the prolonged conflict with over 78 percent of Yemenis now living in poverty, with women being among the most vulnerable.¹³ The value of the Yemeni Riyal continues to depreciate, resulting in an increase in food prices and pushing more people into poverty. More than 40 percent of households now find it difficult to buy even the minimum amount of food and many have also lost their primary source of income.¹⁴
33. **Food security:** The Integrated Food Security Phase Classification (IPC) reveals how the acute food insecurity and malnutrition situation in Yemen has deteriorated over the last decade. The number of people classified in IPC Phase 3 and above¹⁵ - i.e., in need of humanitarian assistance- has increased from 10 million in 2012 to 17.4 million as of May 2022. This figure is projected to increase to 19 million in the second half of 2022.¹⁶ The overall figure includes an estimated 31,000 people facing catastrophic/famine conditions (IPC Phase 5), forecast to rise to 161,000 by June 2022. In addition, approximately 2.2 million children under the age of five, including 538,000 severely malnourished and about 1.3 million pregnant and lactating women, are projected to suffer from acute malnutrition over the course of 2022.¹⁷ Yemen’s progress towards SDG 2 (0 Hunger) is stagnating.¹⁸
34. **Health and sanitation:** Yemen’s health system is on the brink of collapse.¹⁹ Half the health facilities have either been partially damaged or destroyed by conflict, and medicines and medical equipment are in short supply. Outbreaks of water-borne diseases such as cholera and diphtheria

¹¹ OCHA, Yemen Humanitarian Needs Overview 2022

¹² UNHCR; <https://reporting.unhcr.org/needs-mount-as-conflict-in-Yemen-rages-on>. (Accessed on May 20, 2022)

¹³ World Bank, Yemen Overview, 2022. <https://www.worldbank.org/en/country/yemen/overview>

¹⁴ World Bank; <https://www.worldbank.org/en/country/yemen/overview#1>. (Accessed on May 23, 2022).

¹⁵ The IPC acute food insecurity phases range from phase 1, minimal, to phase 5, famine. Phase 3 is considered as crisis when households either have food consumption gaps that are reflected by high or above-normal acute malnutrition levels or are only marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.

¹⁶ IPC, Yemen: Acute Malnutrition Situation January- May 2022 and Projection for June - December 2022, <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155480/?iso3=YEM>. (Accessed on May 20, 2022).

¹⁷ United Nations Central Emergency Response Fund. CERF Allocation Yemen: Economic Disruption, 20 May 2022. Available at: <https://cerf.un.org/what-we-do/allocation/2022/summary/22-RR-YEM-52742>

¹⁸ Sustainable development report, <https://dashboards.sdgindex.org/profiles/yemen-rep> (Accessed 28 November 2022).

¹⁹ UNICEF, <https://www.unicef.org/yemen/health>. (Accessed on May 20, 2022)

show how precarious public health is in the current situation. The country is stagnating in terms of progress towards SDG 3 (health) with a worsening in many underlying indicators.²⁰

35. Yemen is one of the most water-scarce countries in the world.²¹ Conflict has exacerbated the situation with an estimated 16 million people in urgent need of water, sanitation, and hygiene (WASH) assistance.²² The disruption of public services and lack of access to appropriate WASH facilities leads to rampant spread of disease. Cumulative figures as of April 2021 report 2.5 million suspected cases of cholera and almost 4,000 deaths.²³ Other reported outbreaks of infectious diseases include dengue, diphtheria, malaria, vaccine-derived poliovirus type 1 and COVID-19.²⁴ As with health and food security, the country's progress towards SDG 6 (water and sanitation) is stagnating.²⁵
36. **COVID-19:** Yemen does not have the means to respond to the COVID epidemic, as most health workers have deserted hospitals and there is a severe lack of equipment.²⁶ The United Nations High Commission for Refugees (UNHCR) reports there are so many deep-rooted problems affecting people's lives in Yemen that the country "can't even afford to worry about the Coronavirus".²⁷ As of May 2022, the World Health Organisation (WHO) registered a total of 828,687 vaccine doses administered, with 11,819 confirmed COVID-19 cases and 2,149 reported deaths.²⁸
37. Aside from the health-related effects of the COVID-19, the pandemic has also caused a sharp drop in remittances from the diaspora. Since remittance is the largest source of foreign currency in Yemen and a lifeline to millions of families, reduced remittance has had devastating financial consequences on the population.²⁹
38. **Gender:** Yemen has a high maternal mortality rate³⁰ and a large gender gap in literacy³¹ and basic education.³² Gender discrimination is systematic and women and girls face structural inequalities and discrimination even within the formal and informal justice system. UNICEF's Gender Based Violence (GBV) Assessment and Action Plan³³ indicates that extreme poverty, displacement, and out of school children are all underlying drivers for elevated GBV risks and child marriage. In this context, humanitarian support for women is both sensitive and challenging for humanitarian actors, given the limited access to women, limited input from women into projects, and limited gender-related data.
39. According to UN Women, Yemen has achieved some progress in improving women's rights but is far from achieving gender equity. Importantly, data is unavailable to measure all indicators needed to monitor gender achievements towards the SDGs.³⁴ Yemen scores low on performance to achieve SDG 5 (gender equality) and progress is stagnating. Women are under-represented in

²⁰ Sustainable development report, <https://dashboards.sdgindex.org/profiles/yemen-rep> (Accessed 28 November 2022).

²¹ World Bank; Dire Straits - The Crisis Surrounding Poverty, Conflict, and Water in the Republic of Yemen; 2017

²² UNICEF, <https://www.unicef.org/yemen/water-sanitation-and-hygiene> (Accessed on 11 November 2022)

²³ World Health Organisation; Cholera Situation in Yemen, April 2021.

²⁴ OCHA ; Humanitarian Response Plan (page 13).

²⁵ Sustainable development report, <https://dashboards.sdgindex.org/profiles/yemen-rep> (Accessed 28 November 2022).

²⁶ Médecins sans Frontières; <https://www.msf.fr/actualites/coronavirus-au-yemen-c-est-un-pays-qui-n-a-pas-les-moyens-de-repondre-a-cette-epidemie>. (Accessed on May 23, 2020)

²⁷ <https://news.un.org/fr/story/2021/02/1090452>. (Accessed on May 23, 2022)

²⁸ WHO; <https://covid19.who.int/region/emro/country/ye>. (Accessed on May 23, 2022)

²⁹ OCHA; Humanitarian Response Plan 2021.

³⁰ In 2021, MMR was 164 maternal deaths per 100,000 live births

³¹ The 2020 Global Gender Gap Index found that only a third of women in Yemen are literate.

³² The rate of girls aged 6 years enrolled in schools is 40 percent, compared to 63 percent of boys. Source: GIZ. Promotion of Women's Participation in the Peace Process and Post-Conflict Agenda, August 2018.

³³ UNICEF; Social Protection and COVID-19 Response Project (SPCRP) – GBV/SEA Assessment and Action Plan. 22 February 2021.

³⁴ UN Woman; <https://data.unwomen.org/country/yemen> (accessed on October 31, 2022). Data is missing on violence against women, unpaid care and domestic work and key labour market indicators, such as the gender pay gap

public and elected office, holding only 4.1 per cent of managerial and decision-making positions and have minimal leadership roles in national and local peace agreements.³⁵

40. **Humanitarian response:** In 2021 the Yemen Humanitarian Coordinator described the situation as “the world’s worst humanitarian crisis for the past four years, [...] now hurtling towards the worst famine the world has seen in decades”.³⁶ The 2022 Yemen Humanitarian Response Plan (YHRP)³⁷ estimated that there were approximately 208 humanitarian partners in country responding to the crisis. The humanitarian community in Yemen requires US\$4.27 billion to provide principled assistance to 17.3 million people. By November 2022, US\$2.31 billion had been received, leaving US\$1.96 billion in unmet requirements, and forcing a reduction or closure of critical assistance programmes.³⁸ Lifesaving assistance continues.
41. The 2022 YHRP centres on three strategic objectives: i) life-saving multi-sectoral humanitarian assistance; ii) improved living standards and resilience through timely and safe provision of assistance; and iii) prevention and mitigation of risks, and facilitation of redress. All traditional humanitarian cluster groups are present in Yemen, except for Early Recovery.
42. A key avenue for newly displaced households³⁹ to receive life-saving assistance is the Rapid Response Mechanism (RRM). The RRM aims to provide a minimum package of critical life-saving assistance. It is led by UNFPA in partnership with UNICEF and WFP. In 2022, the RRM consists of immediate support (kits), plus multi-purpose cash assistance (MPCA) and emergency food assistance (as in-kind, cash or voucher transfers) over a longer period. The RRM targets 600,000 newly displaced people, including people in difficult to reach areas, including conflict frontlines.
43. MPCA is led by the International Organization for Migration (IOM) and the Danish Refugee Council (DRC) through the Cash Consortium Yemen, under the Cash and Market Working Group, under the leadership of WFP and the Food Security and Agriculture Cluster (FSAC). Food assistance is also provided through the FSAC. The RRM1 became a sub-cluster of the Emergency Cluster in 2017 and was transformed into a Cluster in 2018. The RRM theory of change is provided in Annex 2.

3 Subject of the evaluation

44. This evaluation focuses on UNICEF’s role in the Yemen RRM from October 2019 to December 2021. It includes two “lines” of support, implemented and/or funded by UNICEF. RRM terminology has evolved over time and differs between actors. For this report, the two lines of support provided by UNICEF are RRM1 and RRM2, elaborated below.

3.1 UNICEF RRM1 response

45. The “first line” (RRM1) of the UNICEF-supported RRM is the provision of hygiene kits to the UNFPA-led kit distribution (UNFPA provides dignity kits⁴⁰ and WFP provides ready-to-use food kits) to cover immediate needs⁴¹ after displacement until the cluster response is in place.⁴² The contents of the three kits are in Annex 3. In some locations, households have been displaced multiple times, and thus may have been targeted for RRM1 on multiple occasions at different sites. The eligibility criteria to access RRM1 is clearly defined as internally displaced people that have been displaced for less than 6 months. In practice, when those people who had not

³⁵ UNDP; <https://www.undp.org/yemen/gender-equality> (accessed on October 31, 2022)

³⁶ OCHA; Humanitarian Response Plan 2021 (page 5)

³⁷ OCHA; <https://reliefweb.int/report/yemen/yemen-humanitarian-response-plan-2022-april-2022>

³⁸ OCHA; <https://fts.unocha.org/appeals/1077/summary> (accessed on November 14, 2022).

³⁹ The RRM targets people displaced by armed conflict or flood due to climate change.

⁴⁰ While this report refers to dignity kits, certain documents refer to transition kits, which are the same thing.

⁴¹ WFP food ration is for a household (HH) of six persons for five days, whilst the hygiene and the transit kits are for a HH of seven persons for a period of one month (RRM Cumulative and New Lists Reports)

⁴² Rapid Response Mechanism in Yemen, Terms of Reference, September 2018

registered within the six months are in minority in the area, and in order to avoid any conflict between people, those IDPs can also benefit from the assistance.

RRM1

Objective: To distribute all three kits (UNICEF, UNFPA and WFP) to newly displaced people within the first 72 hours of their displacement.

Target groups: All newly displaced people.

Coverage: Nationwide i.e., all 22 governorates, including 328 out of 333 districts

Implementation period: October 2018 to present

Budget:⁴³ Requirements for 2019: 49 million USD; 2020: 26 million USD; 2021: 38 million USD

Partners: UNFPA, UNICEF and WFP

3.2 UNICEF RRM2 response

46. The “second-line” (RRM2) of the UNICEF-supported RRM refers to the activities implemented by the consortium of six INGOs, led by ACF and implemented between June 2018 and June 2020. It targeted the most vulnerable households in locations where partner INGOs had access. The RRM2 was intended to fill the gap between immediate support (RRM1) and the response from the clusters. The RRM2 response included rapid, multi-sector needs assessments (MSNA), provision of cash grants, emergency water and sanitation, and nutrition screening and referral.

RRM2

Objective: Enable the most vulnerable people to bridge the gap between RRM1 and the cluster response.

Target groups: Newly displaced people targeted with first line response meeting vulnerability criteria determined during rapid needs assessment: non-food item (NFI) score, food consumption score (FCS), access to safe water; host communities

Coverage: 5 governorates (out of 22), 27 districts (out of 333)

Implementation period: June 2018 until June 2020

Budget: USD 17,835,889.26⁴⁴

Partners: UNICEF supported consortium of 6 INGOs: ACF, ACTED, Oxfam, the Danish Refugee Council (DRC), the Norwegian Refugee Council (NRC), and Save the Children

Rapid needs assessment	Assessment of RRM1 population to establish needs in food security, nutrition, WASH, shelter, non-food items, and service user priorities.
Multi-purpose cash assistance (MPCA)	Assist targeted population to meet immediate basic needs, improve immediate household availability and access to food for the most vulnerable.
	One-off transfer of 52,000 YR per household (~ USD 110) according to the survival minimum expenditure (SMEB), Cash and Market Working Group CMWG guidance ⁴⁵
NFI/Shelter	Provide shelter kits (a tent) Provide NFI kits containing cooking and kitchen utensils
Water, sanitation, and hygiene (WASH)	Construct emergency latrines Water trucking, water distribution Water sources Hygiene promotion
Nutrition	Nutrition screening for children and pregnant and lactating women.

4 Key stakeholders

47. A range of stakeholders both internal and external to UNICEF will have an interest in the results of this evaluation, and many played a role in the evaluation process. Key stakeholders involved in the evaluation include staff from the UNICEF Yemen CO and Field Offices (FO), RRM1 partners and national NGO implementing partners. For RRM2, the primary stakeholders interviewed were the INGOs who were part of the consortium led by ACF. Camp managers, local authorities and users of both lines of RRM were also interviewed. No interviews were conducted with donors or

⁴³ According to the Humanitarian Response Plans 2019, 2020 and 2021.

⁴⁴ Total contribution according to ACF final report

⁴⁵ As of 2020, the MPCA value has increased to 65,000 YR in line with market prices

the Government of Yemen: neither with national level representatives of the Internationally Recognized Government (IRG) in Aden nor with the De-Facto Authorities in Sana'a. Annex 4 provides a complete stakeholder analysis.

5 Evaluation purpose, objectives, and scope

48. **Evaluation purpose:** The purpose of the evaluation is to provide an impartial and independent evaluation of the RRM in Yemen. The evaluation assesses the effectiveness of the RRM in achieving its stated objectives. The evaluation also identified key challenges, lessons learned, and intended and unintended consequences, while providing practical recommendations for improving the RRM in Yemen specifically, and for UNICEF emergency preparedness and response intervention models more generally. This evaluation will help UNICEF, other UN agencies and other partners to inform future response planning, coordination, and resource advocacy and allocation.
49. **Objectives:** The evaluation focusses on the three main objectives of: 1) assessing effectiveness and timeliness of the response; 2) determining the utility of the RRM partnership (both RRM1 and RRM2); and 3) examining the relevance of the RRM in meeting the needs of affected populations and addressing issues of gender and protection.⁴⁶
50. **Scope:** In line with the ToR, the evaluation scope is limited to assessing effectiveness and outcome-level results of RRM activities from October 2019 to December 2021.
51. The evaluation focuses on the RRM in Hajjah, Hodeidah, Marib, Saada, and Taiz governorates. However, given the constraints of collecting data in Yemen, in-field data collection focused on two governorates and four districts: Marib (Marib City and Al-wadi), and Taiz (Al-Ma'afar and Al-Shamayatin). The evaluation has not attempted to compare governorates nor to generalise findings from these governorates to the whole of Yemen. Findings presented from single governorates should not be considered as representative of the situation country-wide.

6 Evaluation Approach and Methodology

6.1 Approach

52. The evaluation employed a utilisation-focused approach and appreciative inquiry⁴⁷ to maximise the use of the evaluation findings by the intended users. The evaluation used a mixed methods approach drawing on four main sources of information across different levels of stakeholders: 1) Pre-existing documentation (project monitoring data, UN reports, multi-sectoral needs assessments and implementing partner needs assessments); 2) Primary qualitative information (interviews with key stakeholders and focus group discussions); 3) Primary quantitative information (household phone interviews); and 4) Direct observation.
53. During the inception phase, the evaluation team developed an **evaluation matrix** which aims to ensure consistency in data collection throughout the evaluation. The evaluation matrix defines a **rubric** for how judgment was to be informed; the criteria and **indicators**, including gender-responsive and human-rights based indicators, on which answers were to be based; as well as the utilised information sources and analysis methods. The incorporation of gender and other cross-cutting themes in indicator analysis is described in section 6.2 below. The evaluation matrix is provided in Annex 5.
54. The evaluation uses the OECD/DAC evaluation criteria of relevance, connectedness, coherence, efficiency and effectiveness, and the humanitarian criteria of coverage and coordination. Per the ToR, the criterion of impact was not considered given the lack of a baseline and the fact that some

⁴⁶ The issues of gender and protection have not been addressed through interviews with newly displaced populations who used RRM assistance, but rather through other data sources.

⁴⁷ Defined by BetterEvaluation.org as: a strengths-based approach designed to support ongoing learning and adaptation by identifying and investigating outlier examples of good practice and ways of increasing their frequency

activities are still ongoing. Sustainability was also excluded per UNICEF request as the RRM is an emergency mechanism. Cross-cutting issues of gender and equity have been integrated into the evaluation criteria per the ToR. The evaluation questions were grouped under the OECD Criteria and are presented in the evaluation matrix (Annex 5).

55. The evaluation approach was designed considering the security situation in Yemen and the spread of COVID-19. The evaluation team (ET) continuously adapted data collection techniques and plans as required to account for the changing security in the country.
56. The ET was composed of three core team members (two international evaluators and one national) supported by local enumerators. Given the security constraints, the ET followed a hybrid approach whereby the international team members conducted interviews remotely while the national evaluator conducted in-country data collection with the support of enumerators.

6.1.1 Data collection

57. **Desk review:** The document and data review included 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 assessments, plans and appeals for Yemen; and other relevant secondary research, data, and evidence.
58. The ET comprehensively analysed the information according to the evaluation questions, indicators and criteria. The results of the document and data review were triangulated with data collected during the evaluation with the aim of confirming or challenging assumptions, and filling key information gaps.
59. **Primary data collection:** The methodology relied heavily on gathering the perspectives and experiences of key stakeholders involved in the delivery of the RRM1 and RRM2 and on feedback provided by displaced and conflict affected people accessing assistance and services through the RRMs. The ET interviewed 309 stakeholders including 130 women through remote interviews, face-to-face interviews, household phone interviews and focus group discussion (Table 1). Annex 6 provides the complete list of people met.

Table 1: Number of people included in primary data collection

	Number of people met	Number of women met
Interviews	55	10
Household (HH) phone interviews	90	36
FGD	164	84
TOTAL	309	130

60. **Remote interviews (in English) by international evaluators:** The two international evaluators carried out remote interviews with key RRM partners at national and sub-national levels. This approach was helpful in seeking to understand implementation across different governorates and districts, which have distinct challenges and differences. The international evaluators used a standard protocol and set of questions to guide the interviews, tailored to the specific area of expertise and experience of the interviewees (see Annex 7). A primary list of key interviewees (KI) was originally provided by UNICEF, with purposeful sampling to include people thought to be best able to provide the data needed (Annex 8).
61. **In-country field interviews and focus group discussions (in Arabic) by national evaluators:** The national evaluators carried out in-country interviews with other stakeholders such as community leaders, camp managers and implementing partners. Focus groups discussions (FGD) were held in six districts with service users. Data collection was done by two enumerators (one man and one woman) and one supervisor per governorate.
62. **Household interviews (by phone, in Arabic) by RMTeam enumerators:** RMTeam enumerators conducted telephone interviews with people who have previously received assistance through the

RRM1. The evaluation team randomly selected the people to be interviewed from the complete service user list provided by UNICEF. The complete report provided by RMTeam is provided in Annex 9.

63. Each topic covered in the interviews, FGDs and household interviews directly contributes to answering the evaluation questions. Annex 10 shows the relationship between the EQs and the stakeholder group responses.
64. **Direct observation:** Data collection did not coincide with RRM1 distribution; hence, no direct observation has been done in this matter. However, the ET conducted six direct observations of water access, latrine access, and shelter activities implemented during the RRM2.

6.1.2 Geographical scope and on-site service user sampling

65. Initially, the ET selected Marib, Taiz and Hajjah governorates for data collection based on the priority areas specified in the evaluation ToR.⁴⁸ However, following discussion with the UNICEF evaluation manager, the governorate of Hajjah was removed from the evaluation geographical scope specified in the Inception Report (IR) due to access constraints. Table 2 below gives a brief description of the two selected governorates.

Table 2: Description of the two governorates for the in-country evaluation mission

Governorate	Authority	
Marib governorate ⁴⁹	IRG	<ul style="list-style-type: none"> • Pivotal frontline in the conflict. • In the early months of Yemen’s conflict, Marib emerged as a refuge for IDPs. • Marib’s small pre-war population of about 350,000 is estimated to have grown to between 1.5 million and 3 million people, with most new arrivals settling in the capital, Marib City.
Taiz Governorate (Taiz) ⁵⁰	IRG/De Facto	<ul style="list-style-type: none"> • One of the most populated in Yemen with a relatively high level of education, and a reputation as a modern region • The city and the governorate are divided between the two sides of the conflict.

66. Within each governorate, two districts were chosen based on accessibility and coverage of both RRM1 and RRM2 interventions. Within each district, three sites were selected (Annex 8). Priority was given to areas where the RRM1 has more recently been activated, making it easier for community-level data collection among people who have recently received assistance. Only districts under the IRG were included.

6.1.3 Training of enumerators

67. The ET conducted a two-day training in Sana’a for RMTeam enumerators to ensure comprehensive understanding of the evaluation purpose and the data collection tools. UNICEF also provided training to enumerators on Prevention of Sexual Exploitation and Abuse (PSEA) and safety in the field (BSafe Security training). The enumerators piloted all data collection tools and adapted them as needed. Further details on the training are provided in Annex 11.

6.2 Data analysis and validation

68. **Data analysis:** The ET met virtually for regular coordination of the evaluation (weekly meetings) and for in-depth analysis at the end of data collection. The analysis meeting was used to

⁴⁸ Hajjah governorate (Abs and Washha districts), Hodeidah governorate (As Sukhnah, Al Mansuriyah, Bayt al-Faqiah, Al-Hali, Al-Zuhrah, Az Zaydiah, Al Qanawis, Al-Khawkhah, Al Tuhayat, Hays districts), Marib governorate (Marib and Al-Wadi districts), Saada governorate (Sahar, Alsafra, Kitaf, Munabbih, Haydan, Saqin, Qatabir, Alhishwah, Sa’ada, Razih districts), Taiz governorate (Al-Ma’afar & Ash Shamayatyn districts).

⁴⁹ <https://Sana'acenter.org/files/How-Outsiders-Fighting-for-Marib-are-Reshaping-the-Governorate-en.pdf> (April 27, 2022)

⁵⁰ https://www.ofpra.gouv.fr/sites/default/files/atoms/files/2105_ymn_tribus_et_conflits_fonciers_Taiz_152168_web.pdf (April 27, 2022)

triangulate data gathered in different ways and from different sources to answer the evaluation questions, according to the evaluation matrix.

69. Pre-existing quantitative data were analysed ahead of the analysis meeting and provided a basis on which the ET built on (noting the limitations of existing quantitative data). Qualitative data collected during the evaluation was analysed according to the evaluation questions to identify patterns and test findings. A light form of contribution analysis⁵¹ was 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.⁵²
70. **Gender and other cross-cutting issues:** Gender and equity principles were integrated into the analysis methodology in line with UNICEF's Gender Action Plan (2018-2021) and based on the gender-related United Nations Evaluation Group (UNEG) norms and standards⁵³ and UNICEF's Core Commitments to Children (CCC).⁵⁴ Data was 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. Other key issues that were incorporated into the analysis include PSEA and accountability to affected populations (AAP).
71. **Data protection.** The ET followed principles of informed consent, voluntary participation, and confidentiality for all interviews conducted. No compensation for participation in the evaluation process was provided. Data quality control mechanisms were applied throughout the analysis process to preserve the integrity and confidentiality of the data. All interview notes and other quantitative and qualitative information will be kept on the ET computers until three months after the finalisation of the evaluation as per the requirement in the ToR.

6.3 Ethical considerations

72. The evaluation was conducted to ensure compliance with ethical and moral principles through the application of the UNEG Code of Conduct for Evaluation and UNEG Ethical Guidelines for Evaluation alongside the Ethics Review Board guidance in conducting this evaluation. There is no conflict of interest for any team member supporting this evaluation.
73. Key ethical principles of the evaluation methodology included: 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 to inform the evaluation (notably women, people with disabilities, children, and adolescents, and *muhamasheen*⁵⁵ when possible); commitment to ensure that participation in the evaluation is voluntary 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.
74. 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, with UNICEF's agreement, did not conduct primary data collection exercises with children/adolescents. Rather, the team made a concerted effort to draw on secondary data and information in relation to these important groups and worked with parents and other adult interviewees to build an understanding of the perspectives of children/adolescents.

⁵¹ Gagnon, Yves-Chantal. (2010). *The Case Study as Research Method: A Practical Handbook*. Presses de l'Université du Québec

⁵² The theory of change presented in the evaluation ToR has been used for reference.

⁵³ UNEG System Wide Action Plan (UN-SWAP) evaluation performance indicator (EPI).

⁵⁴ UNICEF (2020) Core Commitments for Children in Humanitarian Action

⁵⁵ The *Muhamasheen* are a Yemeni minority who suffer from caste-based discrimination, characterised by deep-seated poverty and exclusion.

75. The ET operated within UNICEF's security and safety guidelines for both evaluation stakeholders and the ET. All national and local authority rules, regulations and norms related to preventing the spread of COVID-19 were adhered to, as were global and country-specific COVID-19 protocols specified by UNICEF. Similarly, national and local authority rules and regulations related to service users' engagement and field data collection were adhered to. As a result, lines of inquiries deemed too sensitive in the local context, including those related to gender/protection and similar topics, were assessed through secondary sources.

6.4 Evaluation limitations

76. **COVID-19 and security issues** excluded the international ET from travelling to Yemen. Hence, international team members only conducted data collection with English speaking stakeholders remotely.
77. **Access to RRM locations:** Challenges faced by UNICEF in obtaining the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) approval for data collection in the governorate of Hajjah meant that UNICEF requested the ET to conduct field data collection in Taiz and Marib governorates only, in areas controlled under the Internationally-Recognised Government. This limited the coverage of field data collection to four districts across Taiz and Marib. Findings from primary data are presented but cannot be generalized to the entirety of Yemen. Unfortunately, no mitigation measures were able to be taken for primary data collection to expand into additional territories.
78. **Access to interviewees.** UNICEF decided that the ET would not undertake interviews with donors or high-level authorities such as ministries due to the sensitivity of the political situation in Yemen.
79. **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 the ET was not able to gather data to retrospectively construct one. The lack of baseline data has been mitigated somewhat by reviewing secondary documents from when the RRM started (2018), emphasising the value of qualitative data, and relying on stakeholder perceptions as the main source of evidence for changes.
80. **Gender issues:** There are several relevant but very sensitive gender-related issues in Yemen that the ET has not attempted to assess. These include GBV, sexual exploitation, and abuse and the low level of rights-awareness among Yemeni women. The exclusion of these issues was agreed in advance with UNICEF.
81. **Recall period and attribution:** The evaluation period begins from October 2019. Since then, international staff have rotated and it was difficult to find people that were present at the time, especially within the international agencies. It was also difficult to locate service users who were supported during the period under review. Many service users have received support from other sources since the UNICEF supported RRM1 and RRM2, so it may not always be possible for respondents to recall who provided what support.
82. Data from multiple sources have been triangulated to compensate for a lack of service user recall or for an inability to attribute assistance to the RRM. In instances where key UNICEF and partner staff have moved on, the ET worked with UNICEF to contact them for their participation.
83. **Data disaggregation:** TPM report data could not be disaggregated by governorate to enable contextualised findings and compare data from one governorate to the other. Data from each TPM report contains data from up to 21 different governorates depending on the implementation period.

7 Evaluation findings

84. This section on evaluation findings is structured according to the OECD-DAC evaluation criteria and answers each of the evaluation questions included in the evaluation matrix.

7.1 Relevance/ Appropriateness

Relevance of the trilateral agreement

85. The trilateral agreement between UNFPA, WFP and UNICEF is relevant and appropriate for addressing emergency preparedness and response in Yemen. The trilateral agreement is a good example of the “delivering as one” approach, in line with the “one-UN” approach to coordinated response and an appropriate use of each agency’s comparative advantages. Together, the three kits provided by RRM1 meet the immediate needs of the displaced population.
86. Each of the three UN agencies have recognised expertise in relevant areas of the RRM response. Namely, protection/gender-based violence (UNFPA), food assistance (WFP) and WASH and nutrition (UNICEF). Agency-level comparative advantage is detailed in Table 3 below.

Table 3: Comparative advantages of UNFPA, UNICEF and WFP for RRM1

UNFPA (lead)	<ul style="list-style-type: none"> • Technical experts in gender-based violence and provision of dignity kits (Protection Cluster GBV Focal Point) • Previous experience with RRM • Manages a database of displaced people • Pre-existing warehouse and logistic network across Yemen, including 12 implementing partners • Perceived neutrality vis-à-vis the conflict actors • Pre-existing network of local authorities, NGOs, displaced people, etc.
UNICEF	<ul style="list-style-type: none"> • Technical experts in nutrition, WASH, and provision of hygiene kits (Nutrition and WASH Cluster leads) • Strong supply chain capacity and relationships with suppliers in Yemen
WFP	<ul style="list-style-type: none"> • Technical experts in food security and provision of food kits, and general food distributions (Food Security Cluster lead). • Largest food delivery agency in Yemen: over 11 million food recipients in 2021 representing 1.15 million tonnes of food assistance.⁵⁶

87. In 2018, it was agreed that UNFPA would lead coordination of RRM1, building on its important social and logistic networks in Yemen and previous RRM experience in Iraq. Evaluation interviews confirm the appropriateness of UNFPA as lead of the RRM to coordinate the supply, pre-positioning, and delivery of all three UN kits to displaced people.
88. The three UN agencies agreed on implementing a blanket, “no-regret” approach to inclusion error for RRM1,⁵⁷ enabling as many displaced households as possible to be reached quickly without verification of household vulnerability. The evaluation found this was the most appropriate approach given the high vulnerability of the population, and the highly fluid and complex context.

Alignment of RRM with stakeholder priorities

89. **United Nations:** By providing immediate, life-saving emergency assistance to newly displaced families, the RRM aligns with several Sustainable Development Goals (SDG) including SDG 2 Zero Hunger (Food kits), SDG 3 Good Health and Well-being (Hygiene kits, WASH, and nutrition activities) and SDG 5 Gender Equality (Transition/Dignity kits).
90. Continued displacement confirms the ongoing relevance of the RRM. According to the 2022 HNO, the war in Yemen continues to cause substantial displacement with an estimated 286,700 people newly displaced in 2021. From January to October 2022, RRM1 reached 255,997 newly displaced individuals.⁵⁸
91. The inadequacy of WASH services in IDP camps has led to significant health-related risks. This, combined with extreme poverty preventing purchase of essential items, supports UNICEF

⁵⁶ WFP, Annual Country Report 2021 (page 5)

⁵⁷ UNFPA ; Rapid Response Mechanism in Yemen - Terms of Reference ; September 2018 (page 8)

⁵⁸ OCHA; <https://reliefweb.int/report/yemen/yemen-rapid-response-mechanism-first-line-response-rrm-cumulative-report-jan-oct-2022>

provision of hygiene kits under RRM as highly coherent with needs identified in the HNO. Provision of hygiene kits is also directly in line with Strategic Objectives 1 and 2 of the 2022 YHRP: i) life-saving multi-sectoral humanitarian assistance; ii) improved living standards and resilience through timely and safe provision of assistance. Finally, distribution of hygiene kits is in line with WASH Cluster priorities to 'Address acute WASH needs'.⁵⁹

92. **UNICEF:** The RRM also directly aligns with two of the five goals of the UNICEF Strategic Plans 2022-2025: Goal area 1: Every child survives and thrives and Goal area 4: Every child lives in a safe and clean environment.⁶⁰ The RRM also fits with the UNICEF Humanitarian Action for Children 2021 overview which specifies UNICEF as "remain[ing] committed to establishing effective linkages between its humanitarian action and development programming, contributing to peacebuilding and supporting countries to strengthen capacities and systems". It also fits with the Humanitarian Action for Children (HAC) overview 2018, 2019 and 2020 which stress the need to scale up cash transfer interventions (RRM2).⁶¹
93. **Yemen government:** The alignment with national priorities is hard to assess as the evaluation included interviews only with district level authorities. Evaluation interviews indicate that obtaining authorisation to access the displaced population is the main challenge for all humanitarian actors.⁶² Even if access is given at the governorate level, it can still be denied at district level. The reported challenges in gaining access and layered decision-making at governorate and district level highlight challenges in operation within the Yemeni context. However, when talking to local authorities, they are unanimous in saying that they share the same priority as the humanitarian community which is to reduce the population's suffering.
94. Access can be denied by authorities for various reasons. Interviews with NGOs, UN agencies and clusters indicate that some international NGOs have been denied access because they also intervene in areas occupied by the opposing party. Access has also been reportedly denied based on the nature of the items distributed in the kits (e.g., providing sanitary pads for women is controversial in some locations).
95. Over the four years of RRM implementation to date, the UN agencies and partners have worked hard to increase awareness among local authorities of the importance of the RRM1 kits and the humanitarian principles of humanity, neutrality, impartiality and independence that govern UN humanitarian action. According to interviews with clusters and UN agencies, this has led to significant improvement in access authorisation. The humanitarian actors interviewed acknowledge that authorities at all levels are now better aware of RRM1 and, since 2020, access restrictions are mainly only related to access to frontline zones. Authorities interviewed at district level recognised that the RRM is in line with the priorities of alleviating suffering resulting from displacement.

Alignment with population needs and priorities

96. First-line response needs were estimated based on an understanding of basic needs (food, shelter, water, sanitation, hygiene promotion) and the trends of movement and displacement of 2020. No direct assessment of household needs is done before RRM1 distribution due to the high vulnerability of the population. Post-distribution monitoring (PDM) is carried out following distribution to assess response appropriateness.

⁵⁹ OCHA; <https://reliefweb.int/report/yemen/yemen-humanitarian-response-plan-2022-april-2022>

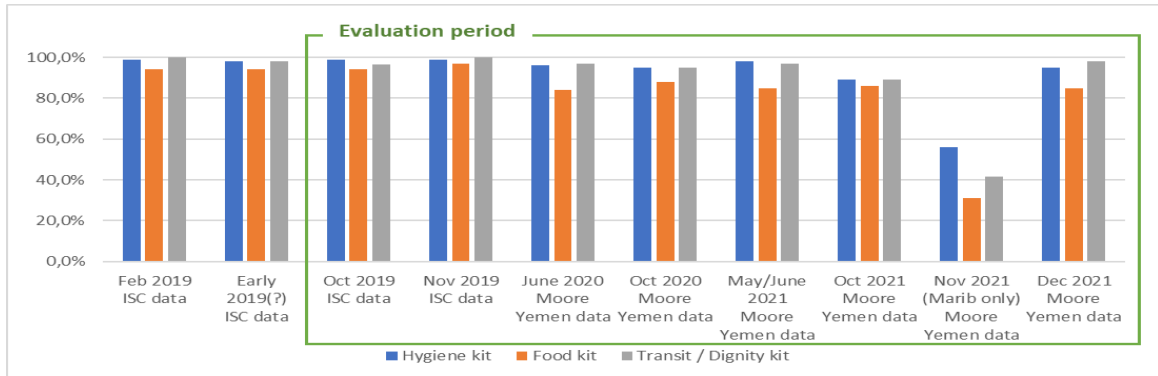
⁶⁰ UNICEF; Humanitarian Action for Children; 2021.

⁶¹ UNICEF; HAC overview; 2018, 2019, 2020 and 2021.

⁶² For the northern region, access permits are delivered by the Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA), and for the southern regions by the Ministry of Planning and International Cooperation (MoPIC).

97. **RRM1:** To ensure continued alignment with population needs over time, RRM1 uses third party monitoring (TPM) services to conduct PDM. Each TPM round includes the districts that RRM was implemented in during that period, so the locations vary, with up to 21 governorates involved each quarter. On a quarterly basis, TPM provides feedback to UNFPA, which is then shared with WFP and UNICEF. TPM data shows over 95% of service users satisfied with UNICEF's hygiene kits and UNFPA's transit/dignity kits (Figure 2).

Figure 2: Appropriateness of kits according to service users



Sources: ISC and Moore Yemen data.

98. Community leaders and camp managers in Taiz and Marib Governorates interviewed for the evaluation gave different opinions of the appropriateness of the items received. While five out of six interviewees in Taiz reported that the RRM1 provides the right assistance (but not always enough), only two out of six interviewees in Marib said the same, the others saying that the assistance did not meet basic needs. Although field level data collection cannot be generalised to other locations, it suggests the need to reassess the contents of the RRM1 kits, not only with service users, but also with community leaders and camp managers to get their point of view (as they may talk more freely than service users) and ensure feedback is integrated in the overall response. TPM reports from Marib 2021 also suggested the need to regularly reassess kit content.
99. **RRM2:** The RRM2 response was originally designed based on data shared by Global Camp Coordination and Camp Management (CCCM) and Nutrition and WASH Clusters. Then, as part of RRM2, consortium partners carried out multi-sectoral needs assessments (MSNA) in their operational areas. The results of the MSNA confirmed that the types of interventions included in RRM2 were appropriate, but there was greater need than resources could address. The MSNA has changed over time with more sectors/clusters being involved in the data collection. This enabled a more appropriate cluster response, and changes to the RRM itself.
100. Access to sanitation facilities and clean water is a basic need, so providing sanitation and hygiene activities for IDPs is highly relevant. Similarly, the provision of MPCA to displaced people to meet multiple needs has been one of the most appropriate and highly regarded responses of the RRM according to participant feedback.
101. The 2018 and 2021 Multi-cluster Location Assessment (MCLA) reported cash as being one of the top three priority needs together with food, livelihoods, and NFIs. The UNICEF supported MPCA was based on market assessments in partner operational areas. The value was harmonized across partners and regularly revised. It was originally provided as a one-off transfer; however, this was inadequate to meet the needs of households until users received long-term support. In 2020, when IOM/DRC took over the leadership of the CWG, the MPCA was revised and is now provided in multiple tranches as part of RRM1 and provided together with the three RRM1 kits.⁶³

⁶³ The MPCA is coordinated by the Cash Working Group, not by UNFPA.

102. The provision of NFI/shelters was also appropriate since most IDP families are displaced without any household items. As with the cash response, the relevance of NFI/shelters was supported by 2018 and 2021 MCLA reporting of NFIs as a top three priority need.
103. Nutrition activities within the RRM were screening and referral of malnourished children under five years and malnourished pregnant and lactating women to health centers. Stakeholders (implementing NGOs and clusters) also felt this was highly appropriate given the context, as it potentially enabled lifesaving assistance through early detection of malnourishment and referral to health centers for specialized treatment. Furthermore, these activities helped to increase nutrition and health awareness amongst service users. However, evaluation interviews indicate that many families could not afford to travel to health facilities, so it is unlikely that they went to receive treatment

RRM incorporation of equity principles and instruments

104. The RRM serves as an entry point for assisting highly vulnerable groups with a focus on women and children. UNICEF has worked hard to improve the system and institutional capacity to better integrate gender into the RRM. Some examples include improving sex- and age-disaggregated data and conducting a Gender Programmatic Review (GPR) during 2019-2020 to inform the UNICEF programme on how to improve gender equality. UNICEF also ensured that the Emergency Preparedness Plan (EPP) supported the integration of gender as a main response within the reporting system: Gender Equality Monitoring Markers through the Gender Cluster's Gender and Age Marker for Monitoring (GAMM) and with the Gender Equality Markers within UNICEF gender expenditure.
105. The RRM focus on women is also evident in the hygiene and dignity kits from UNICEF and UNFPA as both include several items for women and girls, including women's underwear, clothing, sandals, and sanitary pads. This also aligns with UNICEF's Gender Action Plan 2018-2021 in which facilitating accessible and dignified menstrual hygiene management is part of its five targeted priorities.⁶⁴ PDM and evaluation interviews with RRM partners indicate that, while the additional support to women was appropriate and appreciated, service users also need other specific items for infants and children, including infant formula and diapers. In household phone interviews conducted for this evaluation, including additional items for infants and children was also mentioned as was the need to provide men's clothing (see Table 13 in Annex 9).
106. RRM2 is similarly gender-responsive in providing nutrition screening to pregnant and lactating women and children under five. These programming considerations are in line with UNICEF's Core Commitments for Children in Humanitarian Action (CCC) gender equality and empowerment of girls and women (GEEW) commitment three to deliver gender-responsive programming.
107. RRM2 targeting criteria ensured that the most vulnerable households were specifically targeted from the RRM1 lists, based on the vulnerability criteria determined by the Food Security and Agriculture Cluster (FSAC).⁶⁵ This targeting is directly relevant to the CCC principle on equity as it reaches the most disadvantaged children and their communities with humanitarian assistance.
108. The RRM respect for accountability to affected populations (AAP) commitments, including commitment two of the CCC, appears limited based on low awareness of feedback mechanisms reported by assessed stakeholders. This is discussed further in the section in section 7.5 on coordination and efficiency below.

⁶⁴ UNICEF, UNICEF Gender Action Plan, 2018 2021, 2017

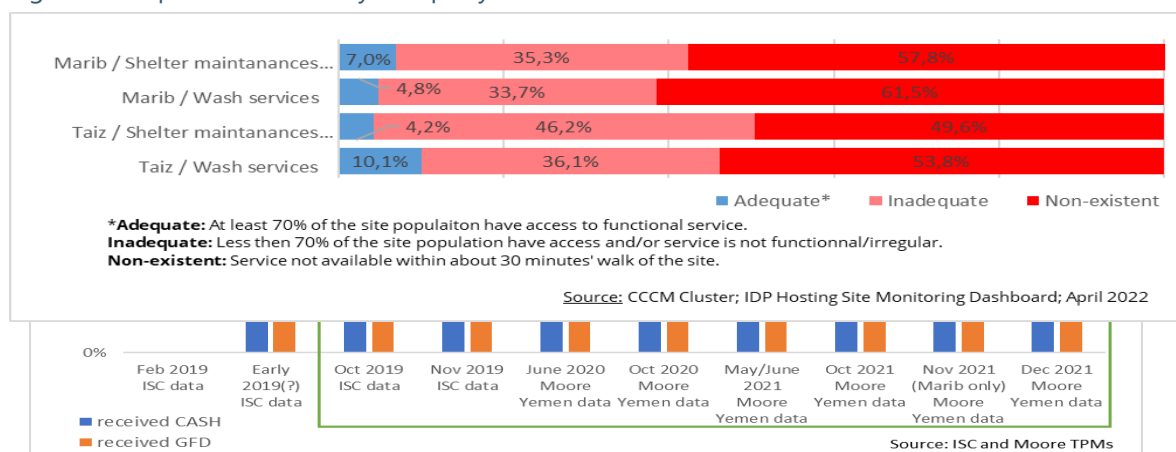
⁶⁵ UNICEF, UNICEF RRM Consortium- MPCA Background. 1) Severely food insecure IDPs households 2) IDP households with children with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM) 3) Vulnerable women-headed IDP households 4) IDP child headed households 5) Vulnerable IDP households with no productive assets or functional means of income 6) Vulnerable IDP households headed by elderly 7) Vulnerable IDP households headed by chronically ill households 8) Vulnerable IDP households headed by physically challenged heads 9) Vulnerable marginalized communities (if displaced), e.g. *Muhamasheen* 10) Households meeting other vulnerability criteria as identified by communities

7.2 Connectedness

Linking displaced families to longer-term services

109. The ToR identifies the purpose of the RRM as an “initial rapid emergency response, which will then be quickly followed-up by cluster-specific first line responses that are coordinated through the Inter-Cluster Coordination Group”.⁶⁶ However, evaluation data from stakeholder interviews, FGDs, desk review and phone interviews with service users identified evidence of significant gaps between RRM1 and cluster responses. For example, 58 percent of phone interview respondents reported that they had not found another way of getting food once they had finished the food provided by RRM1 and 36 percent said that they had found food but not in sufficient quantity (Figure 29 in Annex 9). PDM data from UNFPA since 2019 shows a similar disconnect between

Figure 4: Proportion of sites by adequacy of WASH and shelter services



RRM1 and connected services. On average, only 27 percent of IDPs had received MPCA⁶⁷ at the time of the PDMs, and only 23 percent had been linked to the general food distributions by WFP (Figure 3).

110. Evidence from service user FGDs supports other information sources indicating high levels of unmet needs after RRM1 in some locations. For example, two thirds of the IDPs included in FGDs in Taiz reported not having received any other support since RRM1. In contrast, in Marib, most FGD participants reported receiving MPCA and shelter kits. An important limitation in ensuring connectedness was continued population movements past initial displacement. Following receipt of RRM1, service users often moved to whatever areas they could, without notifying humanitarian response actors.
111. Shifting from a blanket approach (RRM1) to a targeted approach based on vulnerability (RRM2) was not conducive to connectedness as the UNICEF RRM2 response was limited by funding. As a result, many people were excluded from RRM2 support despite high vulnerability. According to interviews, RRM2 partners did their best in difficult circumstances (lack of funding, lack of public services, difficulty in accessing certain areas, etc.) to link RRM service users to their other programmes but connectedness to the cluster responses varied by location and cluster.
112. Evaluation field observations also showed a lack of connectedness between the RRM2 provided shelters and longer-term services. For example, none of the IDPs in camps visited during the evaluation have moved from the RRM2-provided emergency shelters to more durable shelters. Tents and wooden houses have severely deteriorated over the three last years, and the humanitarian community has not yet been able to connect IDPs with longer-term shelter support.

⁶⁶ Rapid Response Mechanism in Yemen, Terms of Reference, September 2018

⁶⁷ In 2019-2021 only 40% of the registered RRM1 population were eligible for cash based on vulnerability targeting criteria, subject to verification.

Information on the CCCM cluster dashboard corroborates this finding. As of April 2022, the CCCM cluster reports that at least half of the IDP sites in Marib and Taiz have no shelter maintenance or WASH services, with a further 30 percent, or more, living with inadequate service provision (Figure 4).

113. Interviews with development partners including representatives from UN Clusters indicate that, overall, long-term support is limited, mainly due to low levels of funding and donor fatigue.
114. The **Food Security and Agriculture Cluster** (FSAC) continues to provide critical general food assistance across Yemen, including supporting many of the newly displaced households after receiving RRM. For many households, this is their main source of food.
115. During the UNICEF supported RRM2 response, the **Health Cluster** faced outbreaks of measles and cholera. In response, the RRM2 WASH emergency water and latrine distributions were scaled up where possible, rather than starting the planned longer-term support. At the same time, there was limited donor funding for the sector, which meant that priorities were constantly being juggled to ensure the best use of funds.
116. UNICEF is the lead agency for both the Nutrition and WASH Clusters; however, this did little to support connectedness between RRM and cluster responses due to lack of funds for the required interventions. The **Nutrition Cluster** also had difficulties linking to the RRM due to differences in their approach. The cluster response targeted both host communities and accessible IDPs and supported nutrition interventions at the health centres. Although malnutrition was a key concern, and the RRM2 nutrition screening was appropriate, its ability to connect users to health centres was limited. Although evaluation interviews indicated that acute malnutrition cases were referred to health centres after screening, there is no data to verify the numbers of referrals, and whether treatment was received. Evaluation interviews indicate that referred people were unlikely to go to the health centres because of lack of money for transport. The COVID-19 pandemic also contributed to low use of health centres.
117. Connectedness was also limited in the WASH sector. The UNICEF RRM1 hygiene kit was designed to match **WASH Cluster** Guidelines but the emergency water access activities (including water trucking) through RRM2 were difficult to hand over to the cluster mainly due to the cost of the activity.
118. Overall, there have been several challenges in implementing the long-term cluster response, resulting in significant delays, and reducing connectedness after RRM2. Life-saving support is now being prioritized due to lack of funding for other interventions. The RRM is now implemented as kits, MPCA and food assistance, provided over a longer period until households are connected into the ongoing food assistance. Information on the proportion of RRM service users being referred to long-term services remains limited.

7.3 Coherence

RRM fit with other agencies work on emergency preparedness and response in Yemen

119. UNICEF's work on the RRM1 focuses on the design, preparation and prepositioning of the hygiene kit provided under UNFPA's leadership in the response. According to the various UNFPA stakeholders interviewed, UNICEF's work on the RRM fits in all aspects with the preparedness and response requirements of such an operation.
120. To respond quickly to needs, all kits are sourced locally through previously selected retailers. UNICEF has established seven long term agreements (two or three-year agreements) with national retailers. Pre-positioning at the UNFPA warehouse⁶⁸ in Sana'a is done by retailers once UNICEF has validated the quantity and quality requested.

⁶⁸ In 2019, the warehouse used was the Logistics Cluster warehouse.

121. The RRM2 was a good example of second line activities complementing RRM1 to better achieve coherence between RRM1 and long-support assistance from the cluster response.

RRM fit with other agencies work on emergency preparedness and response Globally

122. UNICEF currently participates in several other RRM responses, including the Democratic Republic of Congo (DRC, 2004 – ongoing), Central African Republic (CAR, 2013 - ongoing), South Sudan (2014 – ongoing), and Libya (2019 – ongoing). UNICEF was also part of the RRM in Iraq (2017 – 2019). The Yemen RRM is coherent with UNICEF contributions to RRM in other countries.
123. UNICEF always works with partners to implement RRM when needed. UNICEF usually partners with other UN agencies for RRM implementation. For example, in DRC, UNICEF implements RRM activities in coordination with WFP's food distribution. In South Sudan, UNICEF has been working with WFP and FAO, in Iraq with UNFPA and WFP and in Libya with UNFPA, WFP and IOM. In CAR and DRC, UNICEF also works in partnership with international and/or local NGOs.
124. There is no standardized approach to UNICEF's RRM activities, which is appropriate. The response is different from one country to the other, adapting based on the local context. Services users are IDPs, returnees, host families, etc. The services provided vary from one country to the other: cash transfers, coupons, WASH assistance, education items, hygiene kits, shelter, etc. based on the specific needs of service users.

7.4 Coverage

Reach of RRM

125. **RRM1:** RRM1 coverage was planned based on population movements, security concerns at the time, and established IDP sites. The 2022 Humanitarian Needs Overview (HNO) reports at least 4.3 million people were internally displaced as of 2021, representing an increase of 0.96 million between 2019 and 2021.⁶⁹ Since the conflict began, UNICEF data shows that RRM1 reached 222,965 HH (1.4 million people)⁷⁰ over the period of evaluation (from August 2019 until December 2021).⁷¹ As stated by the 2021 MCLA, 22 percent of households were displaced twice, eight percent were displaced three times and two percent were displaced more than three times. Taking multiple displacement into consideration, the calculated number for IDPs reached by the RRM1 would be 962,109 people,⁷² which matches with the figure of displaced people given by the HNO. Those figures also match interviews undertaken with UN agencies, clusters and implementing partners that believe that the coverage of the RRM1 is nearly 100 percent.
126. RRM1 has targeted people in hard-to-reach areas, and there are many examples of RRM being implemented under very difficult circumstances. For example, in Alabdyieh District of Marib when it was besieged and in Hodeidah, Taiz, Al Dhali, and other districts that were contested. Only people living in the hardest to reach areas, including extremely insecure conflict frontlines, have not been assisted.
127. When talking to IDPs, camp managers and community leaders, their perception of RRM coverage is different. For example, 30 percent of service users interviewed for the evaluation report that there are a "few" people in need that have not received the kits and 13 percent reported "many" people not having received the kits (see Figure 56 in Annex 9). Half of the community leaders and camp managers met said that several vulnerable people have not been reached by the RRM1. However, it is likely that these comments stem from lack of awareness that

⁶⁹ OCHA, Yemen Humanitarian Needs Overview 2022

⁷⁰ Multi-Cluster Location Assessment, 2021, page 19.

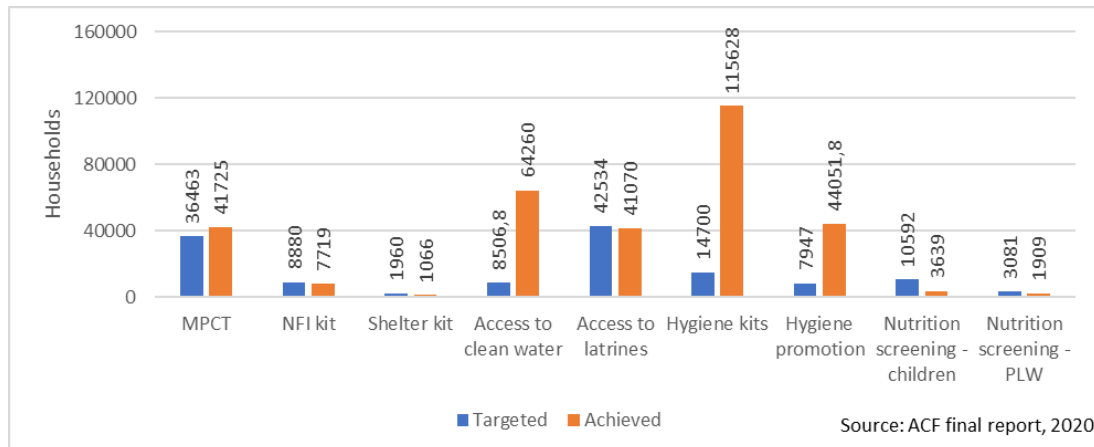
⁷¹ According to the same UNICEF database, the number of HH reached from August 2019 until August 2022 is almost 287,000 HH.

⁷² $1,404,679 = x (70\% + 22\% \times 2 + 8\% \times 3 + 2\% \times 4)$; $x = 1,404,679 / 146\%$; $x = 962,109$

RRM targets only “newly displaced” hence their statement that vulnerable households were excluded.

128. **RRM2:** Coverage of RRM2 was always intended to be much smaller than RRM1, based on limited funding. RRM2 activities were implemented in up to 27 districts, with anticipated coverage differing by activity. The largest planned intervention was access to emergency latrines for 42,534 HH (~40 percent of RRM1) (Figure 5). However, the geographic split of partners allowed a greater area to be covered than would otherwise have been possible, with several activities reaching more people than planned. Ultimately the RRM2 intervention with the largest coverage was provision of additional hygiene kits (115,628 HH; 100+ percent of RRM1).

Figure 5: Coverage of RRM2 activities



129. According to the data for the HNO 2022, the number of IDPs during the period of RRM2 was 660,000 thousand people (104,762 HHs). Based on the HNO figure, despite reaching more people than planned for some activities, the RRM2 activities reached 61% of IDP households with water access; around 40% for MPCA, access to latrines and hygiene promotion; and less than 1% for activities such as provision of shelter, NFI kits and nutrition screening.

Groups with difficulty accessing RRM

130. Interviewees indicated that no newly displaced people have been excluded from the RRM1 due to ethnic background, gender or disability. Rather, the main reasons for excluding people in need were poor access to their location and people coming to register late.
131. Data from TPMs identifying incurred costs and far distances to reach distribution sites indicate that the most vulnerable households may have had trouble reaching some RRM sites. The TPMs recommended the RRM address issues of transportation cost and distance to distribution point as barriers to accessing the RRM. FGDs confirmed that some people had to pay or trade kit items to reach RRM sites.
132. Lastly, the selection criteria based on new displacement within the last 6 months did not allow for prioritization of some highly vulnerable population groups. Several KIs mentioned that there were highly vulnerable groups that were excluded from the RRM because they were not newly displaced as per the objective of the programme. This included *Muhamasheen*,⁷³ host communities, returnees, refugees, and migrants. Exclusion of people from these groups has caused some tensions due to their high vulnerability but explicit exclusion from the RRM. The MCLA reports that only 6 percent of refugee households confirmed receiving any assistance, and

⁷³ The *Muhamasheen* are a Yemeni minority who suffer from caste-based discrimination, characterised by deep-seated poverty and exclusion.

migrants were also less assisted compared to other vulnerable groups. This is despite the fact that asylum seekers and migrants are considered among the “most vulnerable segments of society”.⁷⁴

7.5 Coordination & Efficiency

Partnership modality

133. Coordination between development partners and government authorities is an ongoing challenge for humanitarian actors in Yemen. Acting as “one-UN” has supported coordination between UN agencies and implementing partners and contributed to better communication with the authorities, reducing interaction for the local authorities to one counterpart and limiting potential discordance when coordinating with humanitarian actors.
134. According to KIs, the challenges of accessing the displaced population across Yemen means that authorities give preference to agencies with a pre-existing presence in a location, and who have a good relationship with authorities. These access constraints support the partnership/consortium approach as an appropriate approach to reach IDPs in a timely manner, as the RRM dictates, with different agencies responsible for providing support in the locations where they have easier access. The partnership/consortium approach also enables response to be harmonized including what items will be provided, what value of cash will be provided, with a specified timeframe for implementation identified (even if it is not always possible to reach this timeframe).
135. **RRM1:** The partnership between UNFPA, UNICEF and WFP is based on a no-cost memorandum of understanding (MoU) between the three agencies. The partnership contributed to a well-coordinated approach, and efficient and cost-effective delivery of RRM1, using a common warehousing, pre-positioning, and distribution system. None of the agencies could have provided this amount of assistance on their own. The only inefficiency is their commitment to “delivering as one” because if one agency is late in providing kits, it delays the whole distribution process.
136. Stakeholders reported that UNICEF has been efficient with their prepositioning of kits in the UNFPA main warehouse, with no pipeline breaks. UNICEF efficiency relies on national sourcing of all the elements of the hygiene kit, no distribution of perishable items, and good anticipation and coordination with UNFPA and suppliers. Suppliers can provide complete kits within one or two weeks of receiving the purchase order from UNICEF.
137. Relationships between UN partners on RRM1 has been strong, with evaluation interviews with all three agencies expressing support for the partnership approach. Both implementation and monitoring of RRM1 is coordinated, with the methodology and questionnaires reviewed by all agencies before each quarterly TPM, and feedback is always shared with all three agencies so that they can continue to improve the response.
138. The RRM partners also received significant technical support from the UN clusters, including the Emergency Cluster on the acceptability of collapsible jerrycans, which made the distribution and use of them easier for both partners and IDPs, as they are cheaper to transport and easier to carry.
139. **RRM2:** Unlike the RRM1 partnership, the UNICEF-funded ACF-led consortium of INGOs⁷⁵ for RRM2 delivery faced several challenges throughout its implementation resulting in a less coordinated response. Initially, coordination was difficult due to ACF human resource constraints and the location of the Consortium Coordinator, initially outside of Yemen, and then based in Sana’a (under de facto authority) before moving to Aden (IRG controlled area). While the coordinator was in Sana’a, consortium coordination was done at national level. Interviews with consortium partner field office staff indicated that, at that time, they felt they were left to “fend

⁷⁴ Multi-Cluster Location Assessment, 2021, page 38 and 43.

⁷⁵ The six NGOs were ACF, Acted, DRC, NRC, Oxfam, and SCI

for themselves” with limited support, either from ACF or from UNICEF. However, even when the ACF coordinator was based in Aden, coordination challenges continued.

140. Another main challenge for coordination was due to the fact that many consortium partners lacked an RRM focal point, with RRM activities being considered as part of the agency’s wider programme. As a result, attempts to coordinate RRM as a separate component proved challenging, making coordination “voluntary”. Many of the consortium partners also faced challenges with local authorities including not being able to access the field, lack of access to registration lists, and authorities’ distrust of humanitarian presence in general. Delays in starting activities were notable, including a 6-month suspension of a consortium partner and delays caused by the COVID-19 pandemic. All these challenges meant that ACF was granted a no-cost extension to complete agreed activities. Evaluation interviews with consortium partners indicate that the no-cost extension was necessary given the challenging operating environment and the geographic spread of activities.
141. Despite all the challenges, RRM2 interventions were implemented as planned, based on agency presence in their area of intervention and established relationships with authorities. Some activities even exceeded targets as per Figure 5. Interviews with consortium partners indicate that the consortium approach was the only way to achieve coverage across multiple governorates, as agencies are only permitted to work in specific areas.
142. Common reporting tools and mechanisms were in place and used by RRM2 INGOs on a monthly basis to report achievements as part of the clusters results. However, for monitoring, each INGO had its own format. Although results were reported to UNICEF, there were no unified format in place to align results.
143. As with RRM1, UNICEF’s pre-positioning of RRM2 NFIs, shelter kits, and WASH items enabled partners to implement those activities in a timely manner, to meet the needs of newly displaced households, and to provide training for water community committees on aspects of water analysis.
144. The RRM2 partners also received significant technical support from the Cash and Markets Working Group (CMWG) of the FSAC, ensuring that the value of the cash transfer was appropriately calculated, harmonized across partners and regularly reviewed.
145. **Limited UNICEF support to the RRM2 consortium:** Evaluation interviews with consortium partners and UNICEF indicate that UNICEF had limited human resources to support RRM2. Further, interviews indicate that UNICEF only engaged with ACF and did not attend consortium coordination meetings or communicate with the INGO partners. According to some partners interviewed, the coordination challenges experienced by ACF meant that they would have preferred a sub-agreement for each consortium member as single projects funded by UNICEF.⁷⁶
146. Consortium partners interviewed felt that UNICEF could have done more to support consortium field access by advocating to authorities on their behalf. They felt that, as UNICEF had dedicated RRM staff at governorate level, UNICEF had better relationships with local authorities compared to consortium partners and could have used their position to advocate for consortium access. However, according to interviews with UNICEF and other UN partners, UN OCHA was responsible for negotiating for INGO access per the Resident Coordinator guidance, with other UN agencies, including UNICEF, only occasionally involved.

Referral to cluster response

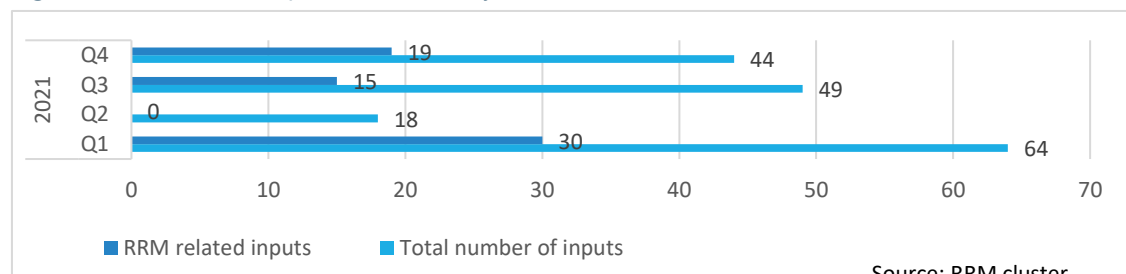
147. **RRM database:** RRM1 is the main entry point for IDPs to access humanitarian assistance. Hence, the referral systems linking the RRM1 to longer-term assistance is a critical aspect of the response, requiring efficient coordination within the humanitarian community. Prior to 2019, this was

⁷⁶ According to lessons learned exercise done September – November 2019 by the ACF consortium

relatively difficult, with agencies having their own service user lists, and unable to link between agencies. An important improvement was the development of the RRM database, introduced in July 2019. Information gathered by RRM partners about the affected populations was uploaded to a centralised database managed by UNFPA to enable referrals to relevant humanitarian stakeholders for cluster-based responses. The service user lists are now shared twice a week.

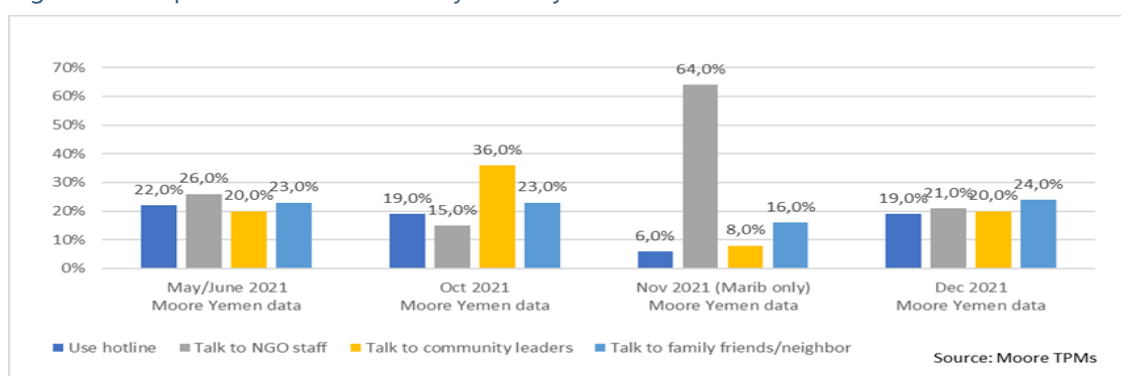
148. The RRM Cluster also now has harmonized household-level data collection and registration formats to speed up and improve the tracking of newly displaced people and the quality of referrals from RRM1 to cash assistance, allowing real time referrals in locations where enrolment modalities have been successfully established and streamlined.⁷⁷ RRM data is now available on dashboards, updated daily and available to share with the humanitarian community, although exact numbers of referrals, and to which cluster response, is not available. Referrals from nutrition screening (RRM2) to health centres (health cluster) were not tracked.
149. The information included in the database has also become more comprehensive over time. Between 2019 and 2021, only basic information was collected concerning displacement and shelter. In 2022, additional information was included such as access to water and latrines, schooling information, and information on vulnerable household members.
150. **RRM Cluster hotline:** The RRM Cluster hotline provides another avenue for referrals, and a system for redress. The hotline is part of the UNFPA global hotline, with enquiries forwarded to the relevant partners according to needs (UN agencies, clusters, NGOs, etc.). For example, when complaints are related to the access to the RRM1, the request is directly transferred to the local implementing partners. When IDPs call regarding the hygiene kits, they are redirected to the UNICEF hotline. However, the very low call volume relative to population served, only 64 calls were reported related to hotline in 2021, indicates that very few people are accessing the hotline (Figure 6).

Figure 6: Number of requests received by the RRM cluster hotline in 2021



151. Evidence from TPM reports support the conclusion that the hotline was not the main mechanism used for providing feedback. Rather, respondents reported talking to NGO staff or to

Figure 7: Complaint mechanism mostly used by service users



⁷⁷ https://yemen.unfpa.org/sites/default/files/pub-pdf/rrm_case_study_-_final_version_-_3_feb_2021_-_pdf.pdf

community leaders (Figure 7).⁷⁸ According to interviews, reasons for not using the hotline could be due to the lack of communication regarding its existence and utility, that some IDPs may not have access to a phone, that the RRM cluster hotline is not free of charge, or that IDPs prefer talking to implementing partners rather than using the phone. Each TPM of the evaluation period recommended raising service user’s awareness of the complaint mechanism.

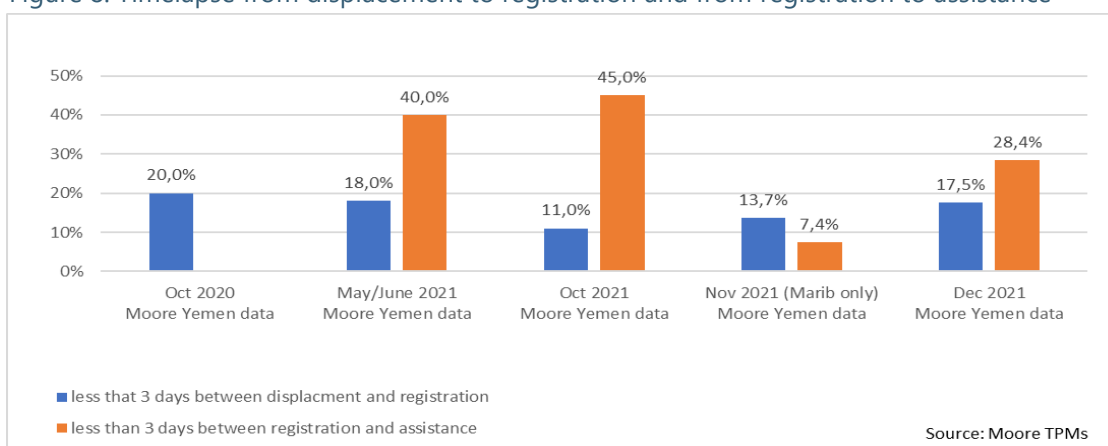
152. Limited awareness of the hotline is further supported by phone surveys conducted for this evaluation where 60% of respondents were not aware of how to make complaints about services provided (Figure 58 in Annex 9).
153. Each UN agency, cluster and several humanitarian actors have their own complaint mechanism or hotline. UNICEF has a Grievance Redressal Mechanism through which service users of the different UNICEF programmes and community members can report any type of discontent, file grievances or ask for information. This also allows UNICEF to refer service users to other service providers depending on their needs. However, the ET could not access the UNICEF hotline quarterly reports to determine if the mechanism has been used by RRM service users and, if so, the issues that were mentioned.
154. Interviews with Cluster Coordinators indicate that clusters are well coordinated and that referrals are usually forwarded from cluster to cluster, but no figures nor statistical data are available in this regard. Interviews indicate that increased transparency and efficiency could be achieved through a common RRM complaint mechanism, or at least one mechanism between WFP, UNICEF and UNFPA, following the one-UN approach.

7.6 Effectiveness

Timeliness of RRM1

155. **RRM1:** The objective of RRM1 is to assist newly displaced people within the first 72 hours of displacement.⁷⁹ In practice, this is the period between registration and receipt of assistance. The RRM monthly snapshot for October 2022, indicates average response time of 1.4 days after registration.⁸⁰ TPM data only included a question on timeliness from October 2020. In 2021, monitoring found that an average of 30.2 percent of people⁸¹ received the RRM assistance within 72 hours of registration (Figure 8). However, delays between displacement and registration could still lead to substantial delays in service delivery. For example, evaluation data collected through

Figure 8: Timelapse from displacement to registration and from registration to assistance



⁷⁸ The data from November includes only Marib. The high percentage of respondents reporting talking to NGO staff, compared to other months of data collection, should not be considered as a generalizable pattern to all RRM implementation sites.

⁷⁹ OCHA, Humanitarian Response Plan, 2021

⁸⁰ UNFPA; <https://reliefweb.int/report/yemen/yemen-rapid-response-mechanism-first-line-response-rrm-monthly-report-october-2022>

⁸¹ According to figure 11.

service user phone calls indicates a long period between displacement and registration with 37 percent of IDPs reporting being registered more than two months after displacement.

156. Information from interviews with implementing partners and UN staff contradict TPM data, with interviewees indicating that RRM1 kits are received within 72 hours of displacement alerts “most of the time” and even faster on some occasions. Some KIs stated that on “rare occasions” the distribution can be delayed up to two or three weeks. Examples of why RRM1 might be delayed include all three UN kits not being available, lack of authorization to access field sites and inaccessibility of IDPs in a conflict zone/front line.
157. The evaluation found that these reasons are significant and commonplace. However, failure to meet the 72-hour target does not undermine the importance of maintaining the RRM objective. All KIs appreciated the constraints faced in the difficult operating environment and appreciated that RRM partners work hard to try and achieve the timeliness target.⁸²

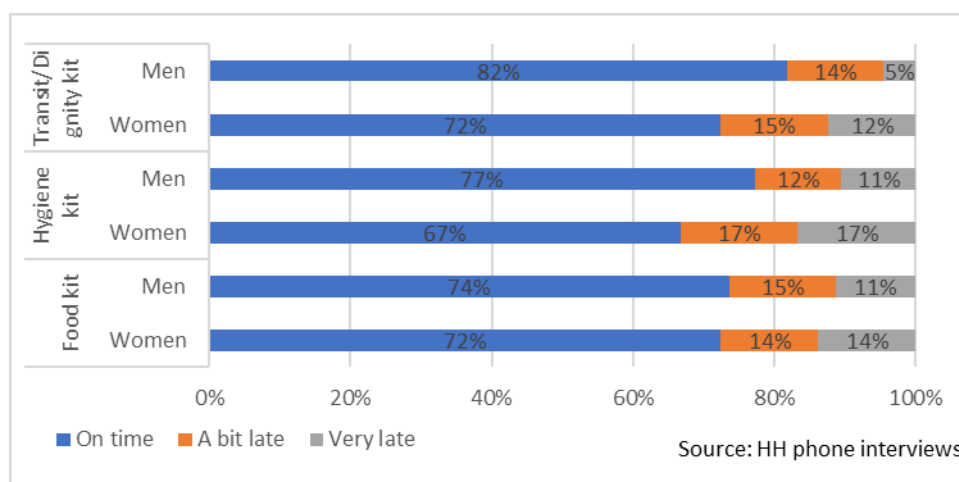
Monitoring

158. Monitoring measures have been planned since the conception of the RRM1 to ensure accountability towards service users.⁸³ The two main monitoring tools used by UNICEF to monitor RRM1 are TPM reports and the RRM Hotline.
159. In addition to their own TPM reports, UNICEF also uses the UNFPA quarterly TPM reports to iteratively review hygiene kit appropriateness. Before each monitoring round, UNICEF receives the questionnaire used by the TPM to review and adapt if needed. This allows UNICEF to orientate the TPM to get relevant information. TPM reports, together with IP reports, allow UNICEF to adapt the response as needed. Interviews with UNICEF and IPs indicate that UNICEF took active steps to customize and improve kits after issues were identified through TPM, including resolving the issue of mirrors sometimes breaking by better protecting them in the kits.
160. As explained above, the RRM Hotline is not frequently used by the RRM service users. The ET did not have access to the types of complaints received by the hotline and can therefore not evaluate the use of hotline data on measuring the effectiveness of the RRM1.

RRM quality standards

161. Most households interviewed for this evaluation (47%) reported that RRM1 kits were received “on time” compared to their needs. However, it is interesting to note that regarding the hygiene

Figure 9: Timeliness according to RRM1 service users interviewed



⁸² The effectiveness and efficiency of UNFPA and WFP was only broadly covered by the evaluation, the scope of the evaluation being on UNICEF's implementation. The ET does acknowledge some difficulties for WFP to preposition the food kits in a timely manner. A specific evaluation would be needed to clearly assess the factors undermining WFPs efficiency at times.

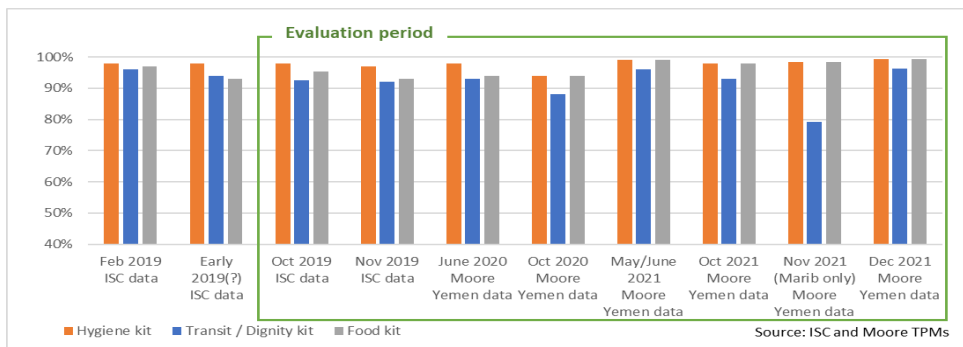
⁸³ See Rapid Response Mechanism in Yemen Terms of Reference; September 2018 for detailed information.

and dignity kits, there is a 10 percent difference between women and men’s opinions. While 82% of men say that the dignity kit was received on time, only 72 percent of women agree. Similarly, 77 percent of men say they received the hygiene kits on time according to their needs, whilst only 66 percent of women say the same (Figure 9). This discrepancy between male and female respondents flags potential differences in the service needs between male and female users and warrants further review by UNICEF and partners to ensure the response meets these unique needs.

162. In phone interviewees, approximately half (n=41) suggested improvements including increasing the amount of washing powder and including diapers for babies. TPM data is similarly positive with, on average, 95 percent of users interviewed satisfied with the kits they received (Figure 10).

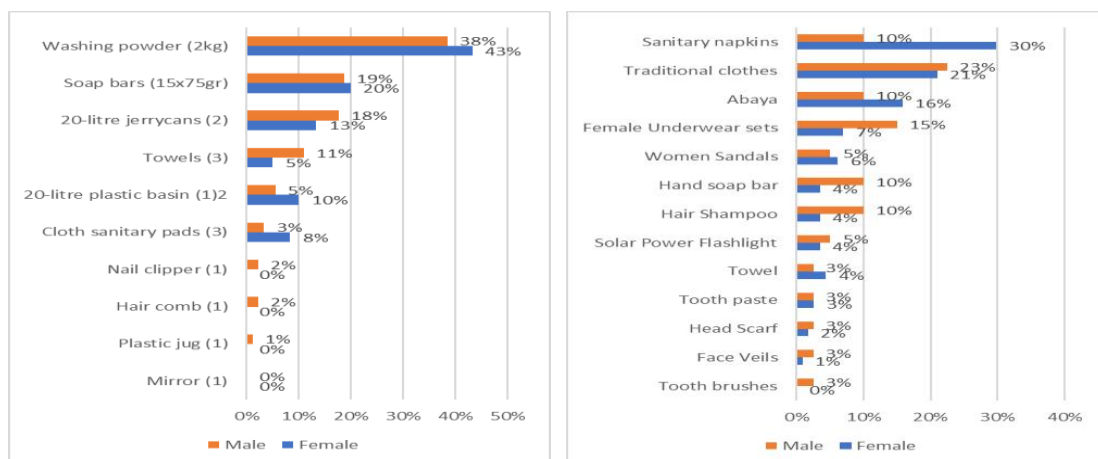
163. The HH phone interviews asked people to rank the most useful items received, with washing

Figure 10: Satisfaction rate of RRM1 service users



powder and soap ranked the most useful items in the hygiene kits, while disposable sanitary pads and traditional clothes are the two preferred items of the transit kit (Figure 11). Some women said that the cloth sanitary pads are less appreciated compared to the disposable ones, and that they are not suitably adapted to the context (scarcity of water and washing powder) and the cultural environment. The ET tried to triangulate this finding when talking to women service users. However, the women interviewed said that reusable pads were good because they did not have enough money to buy disposable ones.

Figure 11: Preferred items from the UNICEF hygiene and UNFPA transit kits



164. Overall, evaluation interviews indicated that the WFP food kit was the most important, but that the amount of food they received was not sufficient. Only 6 percent of interviewed service users had found another source of food for their family once the food kits were finished (see Figure 29 in Annex 9).

165. All service users interviewed for the evaluation reported being treated well by the implementing partner during distribution. However, 57 percent of IDPs participating in FGDs for this evaluation said they needed to pay something to reach the distribution sites (50 percent less than 5,000

Riyal, 43 percent between 5,000 and 10, 000 Riyal and 7 percent over 10,000 Riyal). IDPs who did not have enough money had to exchange some of the received goods against transportation, hence reducing the effectiveness of the assistance. Several TPMs have also made recommendation regarding the issue of transportation cost and distance to distribution point.

166. **RRM2:** The evaluation found different levels of effectiveness of the RRM2 activities.
167. **WASH - Emergency water and latrines, and hygiene promotion:** The WASH-related response was put in place quickly as part of RRM2 to decrease the potential risk of epidemic outbreaks. Hygiene promotion activities were important to inform communities about the importance of handwashing and other general hygiene good practices. Evaluation interviews indicate that these activities contributed to the prevention of water-borne disease outbreaks, especially cholera.
168. Evaluation field observations found that some of the emergency water sources and latrines constructed between 2018 and 2022 continue to be in use though quality standards are consistently an issue. In Marib, one of the camps visited had suffered severe deterioration of the water service after the end of RRM2 but is now connected to the public water system while the second camp is still relying on the well-constructed water system built during RRM2. In Taiz, half of the water systems observed were not maintained but do continue functioning. However, they do not provide sufficient water for the number of people who access it.
169. All six emergency latrine sites observed still had functioning latrines. However, the quality and quantity of latrines differed by location. None of the latrines had been maintained or upgraded since they were constructed, and none are currently of adequate standard.⁸⁴ The ET is aware that only six observations cannot reflect the reality of the entire response. However, these findings triangulate well with the CCCM cluster Monitoring Dashboard that shows that 53.8 percent of the camp population in Taiz and 61.5 percent of the camp population in Marib do not have access to adequate WASH services⁸⁵ (Figure 4).
170. **MPCA:** All evaluation stakeholders reported that the MPCA was one of the most effective interventions of the RRM2. Although there were initially several implementation challenges, including limited liquidity and issues with the service providers, stakeholders report that the MPCA was very effective at enabling households to meet their needs. MPCA is now considered to be part of RRM1 enabling households to meet additional needs over a longer period. The value of the MPCA is now calculated, implemented, and monitored under the Cash Consortium of Yemen led by IOM. The MPCA value is harmonized across agencies and regularly reviewed. It is now implemented across most RRM locations, except for the areas on the frontline where there is poor access.
171. **NFI/Shelter kits:** Camp managers interviewed for the evaluation reported that the NFI kits, especially the mattress and kitchen items, were among the most useful items that displaced households received. Shelter kits enhanced protection and dignity of service users against harassment and the impact of environmental factors such as heat, cold and rain. Shelter kits also enabled families to stay in one place, avoiding the hazards of further displacement and enabling access and identification through partner organizations. Concerns about the NFI/Shelter kits included the lack of budget to support shelter construction, the selling of shelter kits to access cash, and lack of coordination as to where people could set up their shelters.
172. **Nutrition screening and referral:** Nutrition screening was carried out for children under five years old and pregnant and lactating women. Malnourished cases were referred to health centres for treatment. However, evaluation interviews indicate that many families could not afford to

⁸⁴ Third party quality assessment was managed at completion of the emergency latrines in 2019 and 2020. At the time it met the set requirement as defined by UNICEF.

⁸⁵ CCCM Cluster IDP Hosting Site Monitoring Dashboard. https://reach-info.org/yem/cccm_sites/ (visited on October 21, 2022)

travel to health facilities, so it is unlikely that they went to receive treatment. Interviews also indicate that many health centres were not functional, particularly in remote areas, which would have also prevented treatment. This activity has since been revised to address these concerns, and it is now implemented by various NGOs through mobile clinics to take people to PHCs and/or provide incentive (money) so that people could pay to travel and receive treatment.

8 Conclusions

8.1 Relevance/Appropriateness

173. The RRM is a highly relevant and important intervention in Yemen. It is aligned with the needs and priorities of service users providing appropriate and timely support to displaced people, many of whom have left their homes without having a chance to take their belongings with them.⁸⁶ Whilst the contents of all kits are appropriate to meet IDP needs, it is important to continue to assess appropriateness, especially knowing that further assistance may be delayed or nonexistent.
174. Document reviews and interviews show that the new model of RRM incorporating cash and food assistance earlier in the response is perceived by a range of stakeholders as the most important part of the response.
175. The RRM approach aligns UN mandates, under a trilateral agreement, to meet the Agenda 2030 goals under SDG 2, 3 and 5. The response is in line with UNICEF Strategic Plan Goals 1 and 4. Greater access granted to the humanitarian community over time shows successful advocacy by UN and INGO actors and a greater acceptance of the RRM modality.
176. RRM1 inclusion of items to support women and girls in hygiene and dignity kits supports gender equity. However, there is some evidence that additional tailoring to the needs of men and children would be appropriate given the limited NFI support received after RRM.

“RRM is really important in Yemen, even in ‘normal’ times, and even more important in ‘extraordinary’ times”.
Duty bearer interview

8.2 Connectedness

177. The RRM was designed to enable continuous, connected assistance to service users until they were linked to longer-term support from the UN Cluster System. However, the operating environment has meant that this was not always possible, with many service users initially facing long periods without assistance. The recent integration of cash and additional food as part of RRM1 is highly appropriate to ensure better connectedness, because the longer-term assistance does not cover all basic needs. Although funding limitations have reduced the implementation of long-term assistance, it is still very much needed given high needs among affected population. Finding efficient mechanisms to support adequate referral to other services is also important.
178. For future RRM interventions, it is important to ensure that the design of the RRM is realistic in its capacity to bridge the gap between immediate assistance and whatever long-term support is available, and ensure users are aware of what support will be provided, and for how long.

8.3 Coherence

179. UNICEF’s work on the RRM response in Yemen is coherent with other RRM responses around the world. It has been led by UNFPA as in Iraq and works through partnerships with both UN agencies and with INGO partners as in other contexts.

⁸⁶ 33% of people interviewed for the evaluation said they have taken nothing with them when leaving their homes.

8.4 Coverage

180. RRM coverage was planned based on population movements, security concerns at the time, and established IDPs sites. The coverage of the RRM1 is high considering that the assistance only concerns newly displaced people. Only the hardest-to-reach populations (frontline conflict areas), have not been assisted. However, at community level, interviews indicate that some highly vulnerable people have not been assisted. This is likely due more to a lack of awareness of RRM eligibility criteria rather than major gaps in coverage.
181. RRM2 was always intended to be smaller, due to limited resources, implemented in 5 governorates (27 districts). RRM2 has covered less households than needed support, despite covering a greater percentage of the RRM1 population than initially planned.

8.5 Coordination & Efficiency

182. The RRM has been implemented using a partnership approach with UNICEF partnering with UNFPA and WFP to implement RRM1, and a UNICEF funded consortium of six INGOs to implement RRM2. These partnership approaches were integral to the success of the RRM, allowing agencies to have a more coordinated approach and reach greater geographic coverage more efficiently based on INGOs presence in distinct geographic locations and good relationships with authorities. However, the experience of the RRM consortium highlighted the need to ensure that all participating agencies have focal points and prioritize coordination for a harmonised approach.

8.6 Effectiveness

183. The RRM objective was to provide assistance within 72-hours of displacement. According to the secondary data review, this objective has been reached a maximum of 45 percent of the time.⁸⁷ The ET acknowledges that UNICEF, UNFPA and WFP have done all that is possible to achieve the target in a very challenging operating environment, and that the 72-hour objective was too optimistic in the early stages of the RRM given access challenges. Despite low achievement of the 72-hour objective during the evaluation period, timeliness has continued to improve. PDM reports indicate high levels of satisfaction (90%) with timeliness, despite frequent delivery past 72 hours.
184. The RRM support has been effective at meeting immediate needs, although the volume of food received in the kits was insufficient to meet needs for a long enough period, especially for larger households. This was partly due to the short period it was intended to cover, and partly because of the lag between RRM1, RRM2 and longer-term cluster support. Over time, the changes made to the RRM including adding MPCA and general food assistance (GFA) into RRM1 has improved the effectiveness of the RRM.
185. Increasing the frequency of MPCA and ensuring the value is regularly reviewed has ensured that the cash transfers remain highly relevant, with households able to meet a wider range of needs.
186. Service users report having been well treated during distribution. However, both TPM reports and data collected during the evaluation indicate that a majority of service users needed to pay for transportation to reach distribution points, and that some had to give part of their kits to pay for transportation, reducing the effectiveness of support.

9 Lessons learned

187. The lessons learned from this evaluation are shown in Table 4.

Table 4: Lessons learnt

Lessons learnt

⁸⁷ This figure comes from the October 2021 Moore TPM reports.

1	<p>It is critical to provide continuous assistance to highly vulnerable people. Therefore, preventing a gap in assistance between the RRM1 and the longer-term support needs to be properly assessed and monitored.</p> <p>RRM1 partners need to be coordinate with the cluster response to prevent or bridge any eventual gaps. Either the RRM1 needs to be longer, or the cluster response needs to be quicker, depending on the funding capacities of both RRM1 partners and clusters.</p>
2	<p>The MPCA is highly appreciated by services users and is considered a key element of the RRM in Yemen.</p> <p>UNICEF’s attempt to ensure MPCA is provided as early as possible in the RRM is very appropriate.</p>
3	<p>In a context with large numbers of highly vulnerable households, targeting one specific group – “newly displaced” only - leads to “exclusion” of other highly vulnerable groups, who may also be excluded from the longer-term assistance. This can result in confusion and community tensions.</p> <p>Selection criteria needs to be made clear and regular awareness raising done.</p>

10 Recommendations

188. The findings of this evaluation provide seven recommendations presented below in the order of importance according to the evaluation team.

Change desired	Recommendations	Timeframe	Responsibility
RRM should continue to support newly displaced people	<p>Recommendation 1: UNICEF should continue to support RRM implementation as it is a primary source of support to newly displaced peoples. UNICEF should continue to advocate to ensure RRM remains a high priority to the donor community.</p>	N/A	UNICEF CO together with RB
The RRM1 should be continued in Yemen under its current form: kits + cash + GFA	<p>Recommendation 2: The current form of RRM (kits + cash + GFA) is an appropriate response to the needs of displaced populations in Yemen and should be further continued and supported by the humanitarian community by:</p> <ol style="list-style-type: none"> I. If funds allow, ensuring that MPCA is accessible to service users as soon as possible after receipt of kits, minimizing the period between in-kind and cash assistance. If there are not sufficient funds, UNICEF should advocate for additional funding. II. Ensuring that GFA and MPCA continue as long-term support to users. More specifically for UNICEF: III. UNICEF should consider how to re-engage in RRM MPCA implementation under the Yemen Cash Consortium and IOM-led Cash Working Group. 	Within the next 6 months	- - UNICEF CO together with RB

<p>Future RRM design⁸⁸ should ensure sufficient assistance is provided to service users until the humanitarian community can provide longer-support assistance.</p>	<p>Recommendation 3: For future design and implementation of RRM, UNICEF should ensure that the capacity of providing longer-term assistance is properly assessed so that the RRM support period is appropriate.</p> <ol style="list-style-type: none"> I. Sensitising UN implementing partners on the importance of bridging the gap between RRM and long-support services. II. Map the capacity of the humanitarian actor/clusters to respond in a timely manner. III. Incorporate a wide range of actors the humanitarian community in the design of the RRM to ensure the design is in line with their capacity to respond after the RRM. 	<p>N/A</p>	<p>UNICEF RB together with the CO involved.</p>
<p>Future RRM design⁸⁹ should integrate cash assistance from the beginning if the local context is appropriate (functioning markets and agreement of local authorities) and agencies have sufficient risk management capacity.</p>	<p>Recommendation 4: For future design and implementation of RRM, UNICEF should advocate and/or fundraise for the integration of MPCA from the beginning if the local context is appropriate and if UNICEF has the risk management capacity to implement it, i.e.:</p> <ol style="list-style-type: none"> I. That the markets can respond to the demand of the populations. II. That a secure, appropriate cash transfer mechanisms can be identified. III. That a cash working group is functioning, with capacity of implementing timely, large scale MPCA. IV. That local authorities are well sensitised on the cash approach as an effective assistance approach. V. That donors are ready to provide funding specifically for MPCA. 	<p>N/A (Regarding donor sensitisation on MPCA, this needs to be part of an ongoing work with donors. However, this evaluation has not assessed UNICEF work on donor sensitisation for MPCA.)</p>	<p>UNICEF RB together with the CO involved.</p>
<p>Communication around the RRM response in Yemen</p>	<p>Recommendation 5: UNICEF, together with the UNFPA and WFP, should ensure that communication around the RRM1 response is better disseminated:</p>	<p>Within the next 6 months.</p>	<p>UNICEF with UNFPA and WFP</p>

⁸⁸ In other countries

⁸⁹ In other countries

<p>should be better disseminated amongst service users and community leaders, especially regarding selection criteria and complaint mechanisms.</p>	<ul style="list-style-type: none"> I. Ensure regular communication regarding RRM1 selection criteria not only to selected users but also to community leaders, camp managers and host communities. II. Sensitize the community on the availability of the hotline for providing feedback and complaints about the RRM. III. See with UNFPA and WFP how a dedicated RRM1 hotline can be better integrated, and which is known and accessible by all. 		
<p>Service users in Yemen can benefit from RRM without having to pay transportation costs.</p>	<p>Recommendation 6: The cost of transportation to the distribution point should not be borne by the service users.</p> <p>For the Yemen RRM, UNICEF should coordinate with UNFPA, WFP, the implementing partners, the camp managers or the local authorities to consider a way of alleviating the cost of accessing the service. The possibility of including transport costs should also be discussed with donors.</p>	<p>Within the next 6 months.</p>	<p>UNICEF with UNFPA and WFP</p>
<p>Increased engagement with supported consortium partners</p>	<p>Recommendation 7: When supporting a consortium approach, UNICEF should ensure that partners have the tools and technical capacity required to implement the programme as planned. If needed, UNICEF should work with partners to address implementation challenges as they arise (e.g. advocate for access for IPs, regularly attend consortium meeting, provide technical assistance as required, ensure joint harmonised monitoring tools are used, etc.)</p>	<p>N/A</p>	<p>UNICEF CO together with RB</p>

11 Annexes

Annex 1. Terms of reference

UNICEF YEMEN TERMS OF REFERENCE FOR SERVICES - INSTITUTIONS
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SHORT TITLE OF ASSIGNMENT

Evaluation of the Rapid Response Mechanism (RRM) in Yemen

BACKGROUND

1. The ongoing conflict in Yemen has led to the displacement of over 4 million IDPs. In 2020, fighting erupted along new frontlines, bringing the number of active frontlines in 2021 to 49. Hostilities and violence continue to be intense in several governorates of the country including Hodeidah, Hajjah, Taiz, Hadramut, Sana'a and Aden and are most intense in Marib Governorate which have led to further displacements and, in some areas, even multiple ones leading to further vulnerabilities among this population.

2. The sudden displacement increases the vulnerability of the affected population, especially children and women. The most critical immediate needs of displaced persons are usually food and basic personal hygiene and dignity materials as families are uprooted suddenly from their homes, often leaving with nothing more than the clothes on their backs. Based on UNICEF's experience implementing Rapid Response Mechanism (RRM) activities, the project focuses on providing RRM kits and RRM complementary interventions in the areas of WASH and Nutrition, which have significant funding gaps.

3. UNICEF, together with UNFPA and Action Contre la Faim (ACF), co-leads the RRM in Yemen. The RRM trilateral agreement UNICEF, UNFPA and WFP started in October 2018 and is still ongoing. Its main objective was to increase effective and efficient immediate first line life-saving response to affected families at and around frontlines in Yemen. The tri-lateral agreement is complemented with UNICEF RRM Consortium (led by ACF and other partners) for additional activities related to UNICEF sectors. As per the Yemen Humanitarian Response Plan (YHRP) 2019, there are two lines of response to the RRM:

- First-line RRM: The UNFPA-led inter-agency distribution of RRM kits (ready-to-eat food, hygiene kit, dignity kit) that are to reach the affected population at scale within 72 hours from registration.
- Second-line RRM: The UNICEF RRM Consortium package, provided by the ACF-led consortium and other humanitarian actors, targets more specific areas, as well as certain gaps in the initial blanket response, such as emergency water and sanitation, and nutrition screening for the most vulnerable families.

4. Before its discontinuation in March 2020, the RRM also had a cash component. Both RRM are complementary and designed to ensure continuity in the emergency response until the regular cluster response is underway.

5. The RRM objective is to provide a minimum package of immediate most critical lifesaving assistance for the newly displaced families on the move, in collective sites, hard to reach areas or stranded in the military frontlines due to conflict, natural disasters, or sudden urgent needs until, ideally, the cluster response is triggered. The minimum package is provided within 72 hours from alert of the displacement. Sudden displacement triggers a wide range of critical humanitarian needs for immediate assistance and medium to long terms support at individual, household, and community level. The most critical immediate needs of the newly-displaced persons are usually food and basic personal effects for hygiene and dignity as families are forced to flee suddenly from their homes without having a chance to bring their belongings.

6. The first- line response of distribution of RRM is complemented by UNICEF consortium life-saving interventions at IDPs sites. Action Contre la Faim (ACF), with support from UNICEF, leads a pilot Rapid Response Mechanism Project in Yemen. This project is a consortium constituted of ACF and other INGOs and NGOs with access to hard-to-reach areas. The scope of this project is to enhance rapid responses through effective needs identification using Multi-sectoral Rapid Needs Assessments, and a timely WASH and Nutrition response. For sustainability purposes, the project also channels through existing coordination mechanisms including clusters, Humanitarian Coordination Team (HCTs), and other humanitarian actors' solutions beyond the one- month assistance provided by the RRM.

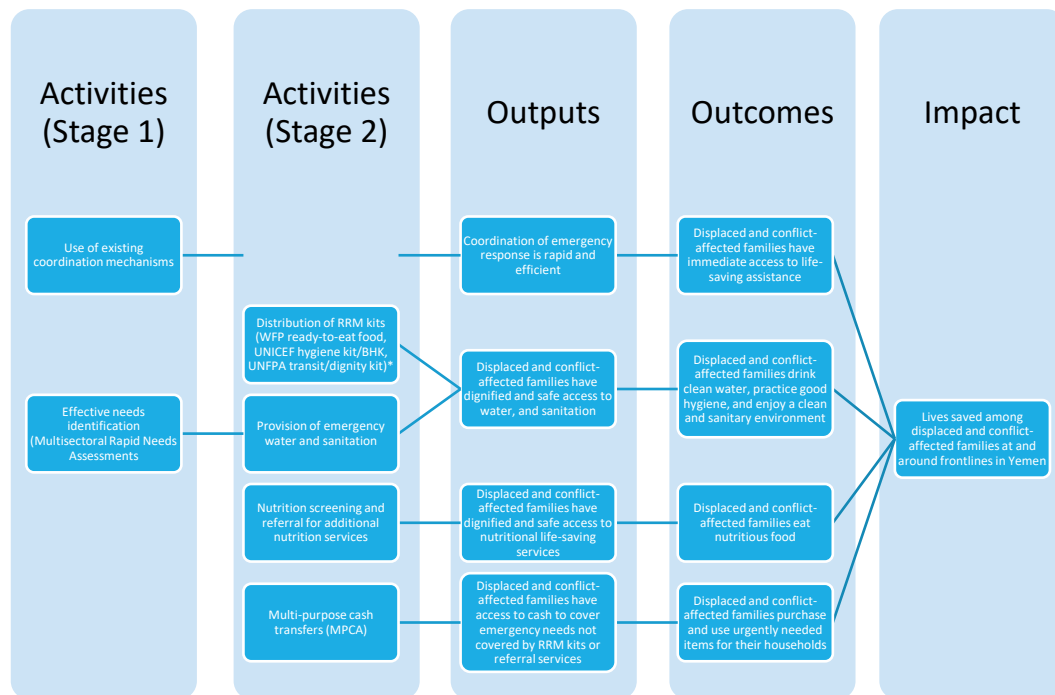
7. RRM, through its first-line response, tends to cover around 333 districts across the active frontlines. Specific response areas change as per the volatile context of the conflict.

8. Complementary RRM second-line response focuses on host communities with high presences of newly-displaced populations and in spontaneous IDP sites to serve as the first resort until the cluster response starts. Areas of response five governorates with active frontlines or hard-to-reach areas including:

- **Hajjah governorate** (Abs and Washha districts)
- **Hodeidah governorate** (As Sukhnah, Al Mansuriyah, Bayt al-Faqiah, Al-Hali, Al-Zuhrah, Az Zaydiyah, Al Qanawis, Al-Khawkhah, Al Tuhayat, Hays districts)
- **Marib governorate** (Marib and Al-Wadi districts)
- **Saada governorate** (Sahar, Alsaфра, Kitaf, Munabbih, Haydan, Saqin, Qatabir, Alhishwah, Sa'ada, Razih districts)
- **Taiz governorate** (Al-Ma'afer & Ash Shamayatyn districts)

9. The selection of these districts came after a thorough discussion with UNICEF clusters to avoid any duplication of the planned response in the areas of WASH and Nutrition.

10. The first-line response needs were estimated based on the trends of movement and displacement of 2020, while the second-line response, which includes life-saving interventions, needs were estimated on the basis of data shared by Global Camp Coordination and Camp Management (CCCM), Nutrition and WASH clusters. In total, UNICEF RRM funding stands at \$4.5 million, with another 2.3 million needed.





OBJECTIVE
<p>Purpose</p> <p>11. The RRM has now matured and 2021 is useful timing for the type of stocktaking exercise that can be supported by an evaluation. An evaluation would assist UNICEF Yemen to outline an improved model for planning preparedness and response but that could also serve as a model for other significant UNICEF emergency operations in terms of effective and efficient emergency preparedness and response.</p> <p>12. The purpose of the evaluation is to 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. The evaluation will systematically generate evidence on the RRM in Yemen, assessing the effectiveness of the mechanism in achieving its stated objectives. Besides the assessment of the intended effects of the mechanism, the evaluation also aims to identify potential unintended effects. The learning will benefit emergency planning, as well as inform further improvement. It will also benefit UNICEF and other UN agencies, as well as other partners and the MWE and MoPHP, who work with partners to ensure access and collection of information, for future program planning, coordination, and resource advocacy and allocation.</p> <p>Objective</p> <p>13. The objective of the independent evaluation of the RRM to provide accountability and learning. The evaluation will provide accountability to UNICEF, local authorities, other UN agencies, donors, communities, private sector partners, and affected populations with respect to the RRM's capacity to respond emergencies. It will also provide learning as to the relevance, efficiency, and effectiveness, as well as coherence, coverage, and coordination, of the RRM in Yemen and identify some of RRM's best practices in emergencies, in Yemen and globally.</p> <p>More specifically, the objectives of the evaluation are to:</p> <ul style="list-style-type: none">• Assess the ability of the YCO's RRM mechanism to ensure timely emergency response• Determine the degree to which coordination under the RRM partnership modality engaged stakeholders and served the goals of effective and timely first- and second-line response

- Examine the RRM mechanism's trilateral agreement and its relevance/appropriateness to the contexts of Yemen
- Undertake analytical (qualitative and quantitative) assessment of the progress achieved in implementing emergency response in Yemen and examine programme relevance/appropriateness and performance, identifying key successes, good practices, weaknesses, and gaps / constraints that need to be addressed.
- Examine how well the RRM mechanism has served the affected population and addressed cross-cutting issues such as gender and equity protections.

SCOPE OF WORK, ACTIVITIES, TASKS, DELIVERABLES AND TIMELINES, PLUS BUDGET PER DELIVERABLE

Scope

14. The scope of this evaluation will be limited to assessing effectiveness and other outcome-level results of the RRM; it will not be an impact evaluation. The evaluation will focus on the RRM in Hajjah, Hodeidah, Marib, Saada, and Taiz governorates from the October 2019 through 2021. Given the current constraints on collecting data in Yemen, the evaluation will focus on these governorates as individual locations and will neither compare governorates nor attempt to generalize findings from these governorates to the whole of Yemen. The evaluation will focus on members of the primary affected populations: internally-displaced people (IDPs) and other conflict-affected people. The evaluation will also sample members of vulnerable groups, such as children, adolescents, women, people with disabilities, and *muhamasheen* when possible, as disaggregated data for these groups will be needed. The interplay of multiple factors of marginalization (eg, women with disabilities, *muhamasheen* adolescents) will also be considered, and the evaluation will be designed in such a way that the findings can inform lessons learned and recommendations for future implementation throughout the country.

Evaluability

15. The RRM has a post-distribution monitoring program in place, as well as UNICEF's ongoing third-party monitoring. However, there is no baseline assessment for the mechanism, though the cluster partners conduct rapid assessments from which some data may be available to stand in for a baseline. However, the program has operated by a consistent informal program logic, articulated under Background above, and monitoring has been conducted weekly according to output and outcome indicators such as number of kits distributed and incidence

rates, respectively. The absence of a baseline assessment limits the ability of the evaluation to determine impact, which is why evaluation questions related to impact were not included in this ToR (see Evaluation Questions, below), but UNICEF assumes that the evaluation team will identify and make use of any data that could stand in for baseline measures in considering the effectiveness and other aspects of the programme covered by the evaluation questions.

Evaluation Questions

16. The key questions for this evaluation were formulated based on the OECD-DAC criteria, as elaborated in ALNAP. The OECD-DAC criteria have been limited to relevance, coherence, coverage, coordination, efficiency and effectiveness for this evaluation in order to focus the evaluation on the questions most relevant for the purposes outlined above. The humanitarian criteria of coordination and coverage have also been included. In addition, given the current context of Yemen, which faces both conflict and now COVID-19, the criteria selected have been chosen because they are the most manageable criteria that can be employed to answer the key evaluation questions in this context. Given the program's lack of a baseline, the impact criterion has been removed. Connectedness and sustainability have also been removed because the RRM is an emergency mechanism. However, cross-cutting issues of gender and equity have been integrated into the evaluation criteria. Thus, the evaluation aims to answer the following questions:

Relevance/Appropriateness

- a. How relevant/appropriate has the trilateral agreement among UNICEF, UNFPA, and WFP been for addressing emergency preparedness and response in Yemen under the RRM?
- b. To what extent has the RRM aligned with national, governorate, and district priorities? With UNICEF/UN priorities?
- c. To what extent has the RRM aligned with the needs and priorities of displaced and conflict-affected people?
- d. To what extent has the RRM incorporated UNICEF's Core Commitments for Children and human rights and equity principles and instruments, including those related to gender equity, in its work?

Connectedness

- e. 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?

Coherence

- f. How does UNICEF's work on the RRM fit together with other UN agencies' work on emergency preparedness and response in Yemen and globally?

Coverage

- g. How well has the RRM been able to reach the entire population of displaced and conflict-affected families in the sampled areas?
- h. Which vulnerable groups in society have faced the most difficulty accessing the services of the RRM, and why?

Coordination & Efficiency

- i. 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?
- j. 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?

Effectiveness

- k. To what extent has the RRM met its stated objective of providing immediate, life-saving assistance to the affected population within 72 hours?
- l. To what extent has an intervention strategy, including related indicators, been developed to monitor the effectiveness of the RRM and provide adequate corrective measures?
- m. To what extent has the service delivery met expected quality standards? What factors have contributed to and hampered the meeting of quality standards?

Stakeholders

The following stakeholders have been identified for this evaluation:

- UNICEF
- UNFPA
- WFP
- INGO Consortium partners and other NGOs
- Donors
- Ministries of Public Health and Water and Environment
- Local authorities at the governorate and district levels
- Cluster
- Displaced and conflict-affected families

Methodology

17. Given the nature of the program, data availability, and the current context of COVID-19, this evaluation will make use of existing quantitative data and will only collect new qualitative data, primarily remotely. There are RRM data available; however, there are gaps in the available data. The data that is available includes weekly lists of displaced population, UN agency access reports, and implementing partner needs assessments. There is no existing baseline study, and data from early stages of the programme may be used to attempt to reconstruct one, but the evaluation team should anticipate that existing data will not be adequate to constitute a true baseline.

18. Due to the current security situation in Yemen and the spread of COVID-19, this evaluation will not collect new quantitative data; the evaluation team should anticipate working with gaps in data and mitigating the effects of incomplete quantitative data. The evaluation methodology will be based on the evaluation framework. The selected evaluation team will be requested to refine and submit the final detailed methodology for review by UNICEF at Country Office, Regional Office and NY Headquarters level at the inception phase. UNICEF anticipates that the methodology will include an extensive desk review, given that no additional quantitative data will be collected.

Inception

19. The evaluation manager will organize a briefing for the evaluation team within one week of the signing of the evaluation contract. By the time of the briefing, the evaluation team will receive all documents required for the writing of the inception report and desk review. After the briefing, the evaluation team will have one week to develop the inception report, which should include an elaborated methodology as well as a workplan with

timeline and data collection instruments. Requests for additional documents and data should also be begun at this time. After the submission of the inception report, UNICEF will have three weeks to provide feedback and obtain ethical clearance. The evaluation team will then have one additional week to revise and submit the final inception report. It is to be expected that the inception process may be delayed by the need for official clearances; changes to the inception schedule should be expected, and consultants will need to be flexible and adaptable to such challenges that exist in the humanitarian context of Yemen.

20. Given forced mobility of the affected population, the instrumentation for the evaluation should include questions on multiple experiences of displacement.

Desk Review

21. The desk review for the RRM should be extensive given the inability to collect additional quantitative data in the current circumstances. The desk review should include a review of RRM records and related data at the national, governorate, and district levels (based on availability). UNICEF staff will provide data that are readily available, from various sources. In addition, the desk review is expected to include secondary data and documents when available. Given the rapidly-evolving situation with COVID-19, methodology for data collection should be reexamined at the end of the desk review to determine whether any data collection (such as interviews) can take place face-to-face or if all of it should proceed remotely.

Data Collection

22. After final methodology and data collection instruments are finalized at the inception stage, data collection will begin with training of data collectors on the final versions of instruments for this evaluation. It is envisioned that this training be conducted remotely unless the evaluation team includes a data collection manager located in Yemen, in which case, it could possibly take place in a physically-distanced setting using appropriate health and safety protocols.

23. Due to COVID-19 and the humanitarian situation in Yemen, most interviews should be remote, though interviews with affected populations and end service point partner staff may need to take place in person. Data collection itself will consist primarily of interviews conducted remotely with key informants to include UN agency staff; ministry and governorate- and district-level staff; NGO and cluster partners; donors; and members of affected populations. When organizing interviews, attention will be given to ensure gender balance, geographic

distribution, representation of all population groups and representation of the stakeholders / duty bearers at all levels (policy / service providers /parents / community). When possible, existing quantitative data should be disaggregated by gender, geographical location, IDP status, and other variables to be finalized at the time of the inception report.

Data Analysis and Reporting

24. Given the sensitive context of Yemen, the evaluation team should pay special attention to data quality control. The evaluation team, working together with UNICEF, will exercise data quality control mechanisms intended to preserve the integrity and confidentiality of the data. Quality control measures should be included in training for enumerators, and this training should cover confidential handling and storage of evaluation data, as well as culturally-sensitive and ethical data collection (according to UNEG standards) and ethical enumerator conduct. Enumerator training should include role plays to give enumerators practice in responding to various challenges in preserving data quality, integrity, and confidentiality. In addition, the evaluation team should record the interviews and submit them to UNICEF with the final report. The evaluation team should store the recordings and coded data securely and keep them for 90 days after the submission of the final report. After 90 days, the data should be deleted.

25. Data analysis should be guided by the evaluation questions, and the final report should be structured around each of the overarching evaluation criteria – relevance, coherence, coverage, coordination, efficiency, and effectiveness - instead of individually by evaluation question. Analysis should focus existing quantitative data on descriptive statistics, as there is no baseline, and qualitative data should be mined for patterns. Data should be triangulated across sources. In addition, evidence of unintended consequences should be highlighted. Throughout the analysis, whenever possible, existing data should be disaggregated by the variables agreed in the inception report.

26. The final report should be shared with the evaluation technical and steering committees as a draft for comments. The draft report should be organized around these criteria and should be comprehensive and provide detailed and specific results and conclusions, as well as clear recommendations.

Ethical Considerations

27. Ethical issues and considerations as per the UNEG ethical standards for evaluation should be adhered to. This includes explicit reference to the obligations of evaluators (independence, impartiality, credibility, conflicts of interest, accountability); ethical safeguards for participants appropriate for the issues described (respect for dignity and diversity, right to self-determination, fair representation, compliance with codes for vulnerable groups, confidentiality, and avoidance of harm); and if the evaluation team plans to interview children, the UNICEF procedures for 'Ethical Research Involving Children' should be explicitly referred to.

Limitations

28. The emergency situation in Yemen has, in many cases, caused repeated displacement of the same populations. The evaluation team should take account of the continuous movement of people in and around frontline conflict areas and design instrumentation accordingly, as some families may have been displaced multiple times and used multiple rounds of RRM services. In addition, families may be difficult to locate and may have moved from the place in which an evaluation team expected them to be located; additional time may be necessary to locate some parts of the affected population, and time should be built into the data collection phase for this possibility.

As noted in the evaluability section above, the RRM lacks some aspects of ideal evaluability. The lack of a baseline assessment prevents some components of robust evaluation. However, the RRM needs assessment can and should be used to substitute for some aspects of the baseline, when possible.

29. Data collection in Yemen requires official clearances. Clearances could significantly delay the evaluation, particularly at the inception phase, and consultants should be prepared for the timeline to change, in some cases by long periods of time, should these clearances be delayed. Consultants should also be aware that data collection instruments may require official review. Flexibility and adaptability will be key factors in the selection of consultants.

30. Given the current security situation in Yemen and restrictions in access, as well as COVID-19, the evaluation will be kept small in geographical scope, focusing on few governorates instead of covering the whole country. Selection of samples may rely on convenient and purposive sampling rather than randomized methods. Alternative methods may also be used. However, the evaluation team will have to provide the justifications and framework for the sample selection methods to be used.

31. Internet connectivity in Yemen is unreliable in many areas, particularly those closest to lines of conflict. The evaluation team should not expect to be able to collect data using internet-enabled devices or via remote data collection with the affected population in most cases.

32. In-country visits by international evaluators will not be possible. Evaluation teams should include qualified Arabic-speaking team members based in Yemen for data collection.

33. In addition to the access restrictions listed above, given the humanitarian situation of Yemen and the onset of COVID-19, the evaluation team should remain cognizant that the programmatic staff dealing with this evaluation will continue to face heavy workloads and will not be as available to respond to questions as in many other contexts globally under different circumstances. Communication should flow strictly through the Evaluation Manager so as to limit further overloading already-overburdened programmatic staff; the evaluation team should be aware that tight and early coordination with the Evaluation Manager is necessary when questions for program staff arise, and that responses could take a longer-than-average time under the current circumstances.

34. As a result of the constraints listed above, this evaluation will not attempt to cover impact, and will focus on the objectives listed in the Purpose and Objectives section.

Governance

35. The evaluation will be funded and managed by UNICEF in collaboration with partner institutions and donors, with technical consultation with the UNICEF regional office. A steering committee will be established to approve the terms of reference, endorse the inception report and ensure that all deliverables are of the required quality. A technical committee will be established to provide technical inputs on the deliverables. The Evaluation Manager will supervise the evaluation team and act as secretariat to the steering committee. Stakeholders, including the WASH cluster and MWE and MoPHP authorities, will provide the evaluation team access to data and information and facilitate remote data collection via the Evaluation Manager. The Evaluation Team Leader will manage the evaluation team and serve as the liaison with UNICEF and the steering and technical committees. The Evaluation Manager and Team Leader will hold biweekly calls to facilitate the evaluation and address any challenges that arise. The evaluation will require clearance by an ethical board via the UNICEF MENA Regional Office.

Deliverables

36. The contract will have the following deliverables:

- 1- Inception report outlining the interpretation of ToRs and methodology to be applied (including perceived limitations), ethical considerations, timeframe of assignment and data collection instruments.
- 2- Presentation of preliminary findings. The evaluation team should present the preliminary findings and conclusions to stakeholders in a workshop, probably to be conducted remotely.
- 3- Draft evaluation report for comments. The draft report should be comprehensive and provide detailed specific results, conclusions, and clear recommendations.
- 4- Completed comments matrix. The completed matrix should be submitted with the final evaluation report.
- 5- Final evaluation report. Generally, the final report should be within the page limit of 25 pages, plus a standalone Executive Summary and appendices. However, the structure of the report should be discussed during the inception phase.
- 6- The evaluation team should submit all the qualitative instruments, raw data (raw qualitative data-original recordings and transcriptions of qualitative data) and datasets used in analysis.

In the table below the timeline is laid out. In several of the stages more than one person would work on the deliverable in parallel.

Task	Timeline	Deliverable	Responsibility
Organize and conduct briefing meeting	1 day		Evaluation manager
Submit inception report with data collection instruments	1 week	Draft inception report with instruments	Consultant
Obtain ethical clearance and provide feedback on inception report	2 weeks		Evaluation manager and steering committee

Revise and submit final inception report	1 week	Final inception report with instruments	Consultant
Conduct desk review and secondary data analysis	3 weeks		Consultant
Train data collectors on approved instruments	1 week		Consultant
Collect data (primarily remotely) and analyse data	3 weeks		Consultant
Prepare draft report	2 weeks	Draft evaluation report	Consultant
Provide feedback on draft report	2 weeks		Evaluation manager and steering committee
Submit final evaluation report with completed comments matrix, raw data, and datasets	1 week	Final report with comments matrix, raw data, and datasets	Consultant
Management response	60 days		UNICEF Country Rep

37. The report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.

Payment

38. All interested institutions or group of consultants are requested to include in their submission detailed costs including:

- Daily rate including hours per day
- Additional expenses (interpretation and translation, costs for training data collectors, etc.) to be agreed prior to commencing project
- The consultants would be required to use their own computers, printers, photocopier etc.

39. The total budget for the evaluation is \$100,000. Payment is contingent on approval by the Evaluation Manager and will be made in three instalments:

- 25 percent after the inception report
- 45 percent after the completion of the draft report
- 30 percent on completion of all deliverable and final report to the satisfaction of UNICEF.

QUALIFICATIONS, SPECIALIZED EXPERIENCE AND ADDITIONAL COMPETENCIES

Pre-qualification of the institute

40. The bidding institute should be internationally-certificated and should include qualified Arabic-speaking enumerators based in Yemen. The enumerators, whenever possible, should be based in the same districts or governorates in which the affected population is located.

41. The bidding institute should also demonstrate financial credibility. The table below sets out the required skills for team members. Ideally the team will be mixed in terms of gender and cultural backgrounds. The number of days indicated is subject to change depending on the specifics of the consultant company's proposal. A smaller team can be proposed as long as the team has the required skills necessary to answer the evaluation questions.

<p>Team Leader / Evaluation Specialist</p>	<ul style="list-style-type: none"> • Relevant master’s degree (evaluation, development studies economics, social science, etc.) • Minimum of 10 years of experience in leading evaluation teams in the UN system and in politically-sensitive and crisis-affected environments • Demonstrated leadership of 5 evaluations, with participation in at least 20 evaluations, at least some of which are related to WASH, public health, or nutrition • Minimum 5 years of experience working in humanitarian contexts • Experience integrating gender and human rights into evaluations using social science methodologies • Experience working with both quantitative and qualitative analysis • Proven ability to produce high-quality reports for a policy audience • Strong interpersonal skills and ability to work with senior officials • Cultural sensitivity, especially as demonstrated through similar assignments in the Middle East and other regions of the Global South • Fluency in English, proficiency in Arabic (preferred) 	
<p>Emergency Specialist (International)</p>	<ul style="list-style-type: none"> • Relevant master’s degree in humanitarian emergencies, public health, water engineering, or related field • Minimum 7 years of experience in analysing emergency programming across multiple emergency contexts, specifically with RRM • Strong experience in communication with communities • Experience reviewing and providing input for evaluation reports • Experience living and working in humanitarian contexts and familiarity/ background with WASH and nutrition in these contexts • Good understanding of gender and equity issues in relation to emergencies, WASH, public health, and nutrition, and the application of gender / equity analysis to policy and planning in emergency contexts • Strong interpersonal skills and ability to work with senior officials 	

	<ul style="list-style-type: none"> • Cultural sensitivity, especially as demonstrated through similar assignments in the Middle East and other regions of the Global South • Fluency in English, Arabic preferred 	
Emergency Specialist (National)	<ul style="list-style-type: none"> • Relevant master's degree in humanitarian emergencies, public health, water engineering, or related field • Minimum 7 years of experience in analysing emergency programming, specifically with RRM's • Experience with emergency distribution and monitoring of emergency distribution • Strong experience in communication with communities • Experience reviewing and providing input for evaluation reports • Experience living and working in humanitarian contexts and familiarity/ background with WASH and nutrition in these contexts • Good understanding of gender and equity issues in relation to emergencies, WASH, public health, and nutrition, and the application of gender / equity analysis to policy and planning in emergency contexts • Strong interpersonal skills and ability to work with senior officials • Cultural sensitivity • Fluency in English and Arabic 	
Data Analyst	<ul style="list-style-type: none"> • Relevant degree in statistics or data management • Experience working with WASH and/or public health or nutrition data in an emergency context • Experience in processing and analysing qualitative and quantitative data from different sources • Experience wrangling, cleaning, and analysing multifaceted complicated data sets • Experience working in humanitarian contexts (preferred) • Cultural sensitivity • Fluency in English, professional proficiency in Arabic 	

Data Collection Team Manager	<ul style="list-style-type: none"> • Relevant degree in nutrition, public health, WASH, or social sciences • Experience in managing data collection initiatives in emergency contexts • Experience conducting quality control of qualitative data collection in emergency contexts • Experience in working in humanitarian settings • Experience in recruiting/training enumerators • Strong interpersonal skills and leadership skills to provide oversight and guidance to enumerators • Familiarity with the ethical guidance for research with at-risk populations • Cultural sensitivity • Fluency in Arabic and professional proficiency in English 	
Enumerators	<ul style="list-style-type: none"> • Relevant degree in nutrition, public health, water engineering, social sciences, statistics, data management, or related field • Experience in collecting qualitative data • Experience in working in humanitarian settings • Strong interpersonal skills • Cultural sensitivity • Fluency in Arabic 	

CONDITIONS OF WORK
<p>Location</p> <p>42. The work will be home-based.</p> <p>ICT Considerations and Data Security</p> <p>43. The evaluation team will require access to some of the UNICEF internal databases and documents. Where UNICEF engages third parties to conduct monitoring on its behalf, they are obliged to implement appropriate data security measures. UNICEF data, including intellectual property rights, are the exclusive property of UNICEF and the evaluation team has a limited, nonexclusive permission to access and use the data. As provided in the</p>

contract, the data will be used solely for the purpose of performing its obligations under the contract. The evaluation team has no other rights under the contract, whether express or implied, to any UNICEF data or its context. To maintain the integrity of stored data, data should be protected from physical damage as well as from tampering, loss, or theft by limiting access to the data.

44. Data stored on paper, such as on data collection tools should be kept in a safe, secure location away from public access, e.g., a locked filing cabinet. Confidentiality and anonymity should be assured by replacing names and other personal information with encoded identifiers.

45. All data collected by the evaluation team at UNICEF's request is the sole property of UNICEF. The consultant agency will hand over all reports and raw data to UNICEF upon satisfactory completion of the evaluation. In terms of disposal, the evaluation data will be retained for a minimum of 3 months after UNICEF approval of the evaluation report and raw datasets. Paper documents will be shredded and digitally stored information destroyed or securely overwritten. The consultant will be expected to provide UNICEF with a letter confirming that the data has been disposed appropriately. All evaluation data will be stored centrally in one database by the Evaluation section.

Evaluation Process of the Proposal

46. Bidding institutes are requested to submit CVs of the proposal team members and a financial proposal. Assessment will be done based on the CVs of the proposed team members on a pass/fail basis, and then financial proposals of qualified, pre-selected finalists will be evaluated for competitiveness.

Unsatisfactory Performance

47. In case of unsatisfactory performance, the payment will be withheld until quality deliverables are submitted. If the selected organization is unable to complete the assignment, the contract will be terminated by notification letter sent 30 days prior to the termination date. In the meantime, UNICEF will initiate another selection process to identify appropriate candidate.

Conditions and Administrative Issues

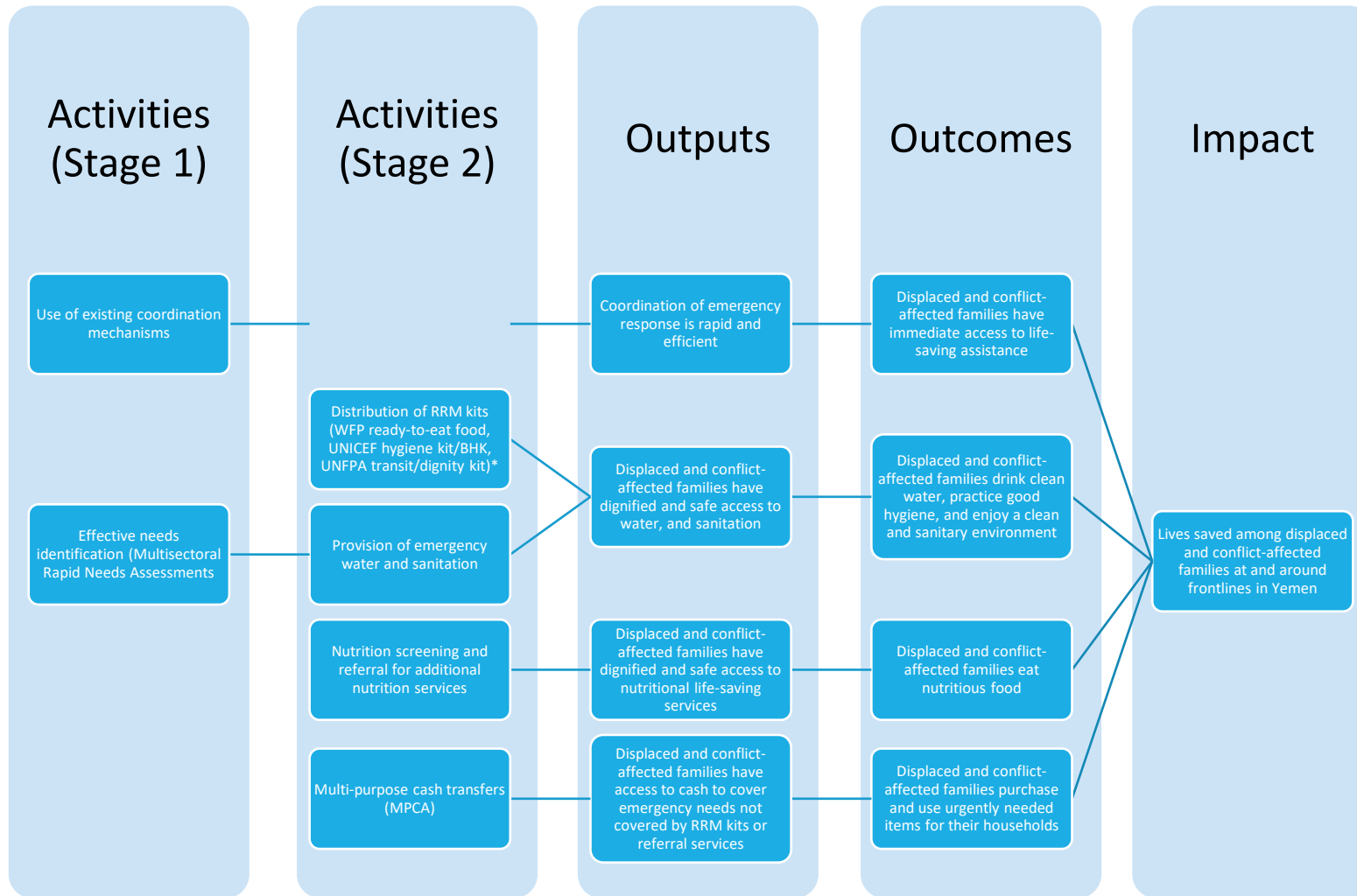
48. The contractor will work on its own computer(s) and use its own office resources and materials in the execution of this assignment. The contractor's fee shall therefore be inclusive of all office administrative costs.

49. Granting access to UNICEF ICT resources for consultants/non-staff is considered as 'exception,' and therefore shall only be granted upon authorization by the head of the office on justification/need basis. This includes creation of a UNICEF email address, as well as access to ICT equipment such as laptops and mobile devices.

50. All persons engaged under a UNICEF service contract, either directly through an individual contract, or indirectly through an institutional contract, shall be subject to the UN Supplier Code of Conduct: <https://www.ungm.org/Public/CodeOfConduct>

51. Please also see UNICEF's Standard Terms and Conditions attached.

Annex 2. Rapid Response Mechanism Theory of Change



Annex 3. Content of kits

UNFPA RRM TRANSIT KIT		
#	Item	UOM
1	Sanitary napkins	8 packs of 10
2	Female Underwear sets	3 sets of 2, set of each sizes: L / XL / XXL
3	Traditional Cloths	3 pieces-sizes - L/XL/XXL
4	Hair Shampoo	1 bottle
5	Tooth paste	1 tube
6	Tooth brush	2 pieces
7	Hand soap bar	3 bars
8	Towel	3 pieces
9	Nail Clipper	1 piece
10	Hair comb	1 piece
11	Solar Power Flashlight	1 piece
12	Women Sandals	3 pairs size S/ M / L
13	Abaya	3 pieces size-M/L/XL
14	Head Scarf	3 pieces
15	Backpack with UNFPA logo	1 piece
16	Face Veils	3 pieces
17	Packaging	1 carton box

UNICEF Basic Hygiene Kit				
No	Item description	consumable / non-consumable	Distribution Unit	Quant.
1	Soap bar (branded), non-perfumed, non-allergic- 75g	Consumable	Piece	15
2	Washing powder, concentrated- 2kg	Consumable	Kg/Packet	1
3	Towels, reusable, highly absorbent soft /flannel cotton, 50x80 cm, dark color	Non-consumable	Piece	5
4	Plastic basin for washing clothes- 20 liters	Non-consumable	Piece	1
5	Jerry cans made of food safe plastic (20 liters), 800 gm white,quality assured plastic to avoid any kind of damage, UNICEF logo embossed in the two sides	Non-consumable	Piece	2
6	Plastic jug (Ebrike) for water delivery 2.5 liter	Non-consumable	Piece	1
7	Menstrual hygiene items- Clothes sanitary pads (2 Cloth holder + 3 Winged Cloth pad + Straight Cloth pad + plastic bag (with paper page of direction of use)	Consumable	Pack Of 5 Pads	1 each

8	Stainless steel Nail clipper- Nail clipper (8cm)	Non-consumable	Piece	1
9	Hair comb, Plastic - length 10 cm with two side removing lice one each, length 18.5 cm width from 1.5 to 3cm one each, length 17.5cm width from 3 to 3.5 cm one each, and length 12 cm width 2 cm one each)	Non-consumable	Piece	4
10	Circular mirror 10cm diameter with plastic stand 1cm-	Non-consumable	Piece	2
11	carton with UNICEF logo	consumable	Piece	1

WFP IRR CONTENT		
Item discription	Quantity	Weight/each
Bazalia	10	400 gm
Beans	10	400 gm
Canned Tuna	16	160 gm
Dates	2	1000 gm

Annex 4. Stakeholders in the evaluation by interest and role

Stakeholder	Interest in the Evaluation	Role in the Evaluation
Internal Stakeholders		
UNICEF Yemen Country Office	<p>Responsible for the country level planning and operations implementation. The CO and FOs are called upon to account for performance and results of its operation internally as well as to service users and partners.</p> <p>The CO directly commissioned the evaluation and is responsible for signing off on the evaluation findings and formulating and implementing the management response.</p>	<p>Commissioning the Evaluation and drafting the ToR</p> <p>Participation in interviews</p> <p>Support the logistics and operationalisation of the evaluation</p> <p>Support for planning, implementation, and dissemination of the evaluation</p> <p>Providing guidance to the evaluation team, and comments on the deliverables to enhance the quality and accuracy of the evaluation</p> <p>In charge of developing a management response and implementing the recommendations</p>
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.	<p>Reviewing the ToR</p> <p>Participation in interviews</p> <p>In charge of developing a management response and implementing the recommendations</p>
External Stakeholders		
National Level		
Ministry of Public Health (MoPHP) and Ministry of	Key partners with UNICEF. Interested in lessons from past and for the future direction.	not interviewed

Water and Environment (MWE) –		
Supreme Council for the Management and Coordination of Humanitarian Affairs and International Cooperation (SCMCHA)	SCMCHA cleared the data collection tools used in the northern part of the country.	not interviewed
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: ACF, Save the Children International, NRC, OXFAM, ACTED	Key partners and implementers in the RRM second line/consortium response. Learning from the evaluation will be directly relevant and applicable to their work.	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
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	Facilitate coordination among partners to ensure that there are no duplications and ensure links across sectors. Learning from the evaluation will be directly relevant and applicable to their work.	Participation in interviews (Cluster Coordinators)

(PSEA), inclusion and gender		
Donors	Providing funding for the programme. Collaborate on strategic direction and support with determination of programme priorities.	not interviewed
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 in 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 accessing 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 its relevance and effectiveness for current and future situations specifically.	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)

Annex 5. 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 	
Evaluation Questions			
Relevance/Appropriateness			
Question	Indicators and criteria	Data collection methods	Data sources
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). 	interviews	UNICEF staff; UNFPA and WFP staff; RRM partner staff; government staff; other UN agency staff; donors
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. 	Document and data review interviews	National and sub-national plans and strategies; HNOs and HRP; UNICEF HACs; RRM strategies and plans UNICEF staff; other UN agency staff; government staff
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. 	Document and data review Interviews and FGDs/telephone interviews with service users	HNOs; RRM and other needs assessment and analyses

	<ul style="list-style-type: none"> • 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. 	Direct observation	Displaced and conflict affected people; UNICEF staff; RRM partner staff (UN and NGO)
EQ4. To what extent has the RRM incorporated equity principles and instruments, including those related to gender equity, in its work? ⁹⁰	<ul style="list-style-type: none"> • Evidence of references to or alignment with UNICEF’s human rights and equity principles (including gender equity) in RRM planning and monitoring documents. • Awareness of UNICEF stakeholders of UNICEF’s 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 human rights and equity principles (including gender equity) within the RRM mechanism. • External stakeholder perceptions of the extent to which the RRM is aligned to key aspects of the principles, including Accountability to Affected Populations (AAP), PSEA, localization, equity, gender equality, disability, etc. 	<p>Document and data review</p> <p>Interviews</p> <p>Direct observation</p>	<p>RRM strategy and planning documents; RRM reporting; RRM communication and advocacy materials</p> <p>UNICEF staff; RRM partner staff (UN and NGO); donors</p>

⁹⁰ It was agreed with UNICEF that the analysis of the incorporation of UNICEF’s Core Commitments for Children would be removed for the evaluation question as children are not specifically targeted by the RRM.

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 service users of RRM. 	<p>Document and data review</p> <p>Interviews, FGDs/telephone interviews with service users</p>	<p>RRM plans and strategies; RRM reporting; partner reporting; TPM; PDM</p> <p>Displaced and conflict affected people; UNICEF staff; partner staff (UN and NGO); cluster coordinators; local authorities</p>
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. 	<p>Document and data review</p> <p>Interviews</p>	<p>HNOs and HRPs; UN and partner COVID-19 strategies and plans; RRM strategies and plans</p> <p>UNICEF staff; partner staff (UN and NGO); cluster coordinators; donors</p>

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 service users themselves. 	<p>Document and data review</p> <p>Interviews, FGDs/telephone interviews with service users</p>	<p>RRM monitoring data; RRM monitoring systems and tools, including PDM and TPM</p> <p>UNICEF staff; partner staff (UN and NGO)</p>
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. • Feedback from local authorities and/or community leaders and service users themselves. 	<p>Document and data review</p> <p>Interviews, FGDs/telephone interviews with service users</p>	<p>RRM reporting; TPM reports; PDM reports; AAP reporting; RRM assessments</p> <p>Displaced and conflict affected people; UNICEF staff; partner staff (UN and NGO); TPMs</p>
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. 	<p>Document and data review</p> <p>Interviews</p>	<p>RRM reporting, including partner reports; RRM budget and expenditure data</p> <p>UNICEF staff; partner staff (UN and NGO); cluster coordinators; donors</p>

	<ul style="list-style-type: none"> • 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. 	<p>Document and data review</p> <p>Interviews, FGDs/telephone interviews with service users</p>	<p>RRM reporting; partner reporting</p> <p>Displaced and conflict affected people; UNICEF staff; partner staff (UN and NGO); TPMs</p>
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. 	<p>Document and data review</p> <p>Interviews, FGDs/telephone interviews with service users</p> <p>Direct observation</p>	<p>RRM reporting; TPM reports; PDM reports; AAP reporting</p> <p>Displaced and conflict affected people; UNICEF staff; partner staff (UN and NGO); TPMs</p>
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 	<p>Document and data review</p> <p>Interviews</p>	<p>RRM monitoring data; RRM monitoring systems and tools, including PDM and TPM</p> <p>UNICEF staff; partner staff (UN and NGO); TPMs</p>

	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. • 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. 	<p>Document and data review</p> <p>Interviews</p> <p>Direct observation</p>	<p>RRM strategies and plans; RRM reporting; RRM monitoring data; RRM monitoring systems and tools, including PDM and TPM</p> <p>UNICEF staff; partner staff (UN and NGO); TPMs</p>

Annex 6. List of interviewees

Semi-structured interviews

N°	Position	Woman/man	Organisation	Category	Date	Place
1	RRM coordinator	Woman	UNICEF	UNICEF	Apr-11	Remote
2	RRM coordinator	Woman	WFP	UN	Apr-12	Remote
3	RRM coordinator	Man	UNFPA / RRM cluster	UN	Apr-12	Remote
4	Head of sub-office	Man	UNFPA	UN	Apr-13	Remote
5	Grant management, reporting	Man	Save the children	NGO	Apr-14	Remote
6	Programme manager for RRM	Man	DEEM	NGO	Apr-18	Remote
7	Regional focal point for RRM	Man	Save the Children	NGO	Apr-18	Remote
8	Former RRM focal point	Man	DRC	NGO	Apr-19	Remote
9	Programme assistant RRM	Woman	IOM	NGO	Apr-19	Remote
10	Cluster coordinator	Man	Health Cluster	Cluster/WG	Apr-20	Remote
11	Coordinator	Man	Cash working group	Cluster/WG	Apr-21	Remote
12	Procurement / Supply	Man	UNICEF	UNICEF	Apr-21	Remote

13	RRM Marib coordinator	Man	UNFPA	UN	Apr-25	Remote
14	RRM southern coordinator	Woman	UNFPA	UN	Apr-26	Remote
15	RRM Hajjah hub coordinator	Man	UNFPA	UN	Apr-26	Remote
16	TPM	Man	MOORE	TPM	Apr-27	Remote
17	RRM Hajjah hub coordinator	Man	NRC	NGO	Apr-27	Remote
18	Cluster coordinator	Man	Nutrition cluster	Cluster/WG	May-03	Remote
19	Logistic officer	Man	UNFPA	UN	May-17	Remote
20	Deputy Regional Operations Director	Man	ACF/ Middle-Est	NGO	May-19	Remote
21	Cluster coordinator	Man	WASH cluster	Cluster/WG	May-19	Remote
22	Cluster co-coordinator	Man	CCCM cluster	Cluster/WG	May-19	Remote
23	Cluster co-coordinator	Woman		Cluster/WG		
24	Senior associate	Man		Cluster/WG		
25	Associate	Woman		Cluster/WG		

26	Social Protection Officer	Man	UNICEF	UNICEF	May-23	Remote
27	Emergency officer	Woman	UNICEF	UNICEF	May-23	Remote
28	Deputy country director	Man	UNICEF	UNICEF	May-23	Remote
29	MEAL officer	Woman	UNICEF	UNICEF	May-24	Remote
30	Emergency officer	Woman	UNICEF	UNICEF	May-25	Remote
31	Programme officer	Man	UNICEF	UNICEF	May-26	Remote
32	M&E officer	Man	ACTED	NGO	May-26	Remote
33	Project manager	Man		NGO		
34	Project manager	Man		NGO		
35	Emergency officer	Man	UNICEF	UNICEF	May-26	Remote
36	RRM coordinator	Man	Care	NGO	May-30	Remote
37	Programme manager	Man	OXFAM	NGO	Jun-16	Remote
38	Camp manager	Man	Camp manager	Camp manager	Sep-09	Taiz
39	Camp manager	Man	Camp manager	Camp manager	Sep-09	Taiz
40	Camp manager	Man	Camp manager	Camp manager	Sep-09	Taiz
41	Community leader	Man	Community leader	community leader	Sep-12	Taiz
42	Community leader	Man	Community leader	community leader	Sep-12	Taiz
43	Community leader	Man	Community leader	community leader	Sep-14	Taiz

44	Coordinator for the IDP executive unit	Man	Government	government	Sep-17	Almaafer / Taiz
45	Director of the executive unit of IDP affairs	Man	Government	government	Sep-17	Taiz
46	President of the services committee	Man	Government	government	Sep-18	Alshamaytain / Taiz
47	Camp manager	Man	Camp manager	Camp manager	Oct-03	Marib
48	Camp manager	Man	Camp manager	Camp manager	Oct-03	Marib
49	School manager and key leader	Man	Community leader	community leader	Oct-04	Marib
50	INGO staff	Man	Community leader	community leader	Oct-05	Marib
51	Camp manager	Man	Camp manager	Camp manager	Oct-05	Marib
52	Sheikh	Man	Community leader	community leader	Oct-06	Marib
53	Governorate executive unit RRM focal point	Man	Government	government	Oct-06	Marib
54	Executive unit deputy manager	Man	Government	government	Oct-12	Marib Alwady / Marib

55	Acting as executive unit manager	Man	Government	government	Oct-13	Marib City / Marib
56	RRM project manager	Man	Vision Hope International	ngo	Oct-14	Phone
57	Project officer	Man	FMF	NGO	Oct-14	Phone
58	Project officer	Man	SHS	NGO	Oct-14	Phone
59	RRM project manager	Man	Building Foundation for Development	NGO	Oct-14	Phone
60	M&E officer (hotline)	Man	UNFPA	UN	Oct-24	Remote
61	Programme associate	Woman		UN		

Category	Total
Camp manager	6
Cluster/WG	8
Community leader	6
Government	6
NGO	16
TPM	1
UN	7
UN	2
UNICEF	9
Grand Total	61

Focus group discussions (semi-guided)

N°	Number of people	Number of women	Organisation	Date	Place
1	7	7	IDPs having benefited from 1 st line RRM	Sept 7	Almaafer / Taiz
2	8	0	IDPs having benefited from 1 st line RRM	Sept 7	Almaafer / Taiz
3	7	0	IDPs having benefited from 1 st line RRM	Sept 7	Alshamayatain / Taiz

4	8	8	IDPs having benefited from 1 st line RRM	Sept 7	Alshamayatain / Taiz
5	8	0	IDPs having benefited from 1 st line RRM	Sept 8	Almafer / Taiz
6	8	8	IDPs having benefited from 1 st line RRM	Sept 8	Almafer / Taiz
7	7	7	IDPs having benefited from 1 st line RRM	Sept 8	Almafer / Taiz
8	7	0	IDPs having benefited from 1 st line RRM	Sept 8	Almafer / Taiz
9	8	8	IDPs having benefited from 1 st line RRM	Sept 9	Alshamayatain / Taiz
10	8	0	IDPs having benefited from 1 st line RRM	Sept 9	Alshamayatain / Taiz
11	6	0	IDPs having benefited from 1 st line RRM	Sept 9	Alshimaytain / Taiz
12	7	0	IDPs having benefited from 1 st line RRM	Sept 9	Alshimaytain / Taiz
13	6	0	IDPs having benefited from 1 st line RRM	Oct 2	Almatar / Marib Alwady / Marib
14	7	7	IDPs having benefited from 1 st line RRM	Oct 2	Almatar / Marib Alwady / Marib
15	8	0	IDPs having benefited from 1 st line RRM	Oct 3	Alrumaylah / Marib Alwady / Marib
16	8	8	IDPs having benefited from 1 st line RRM	Oct 3	Alrumaylah / Marib Alwady / Marib
17	6	6	IDPs having benefited from 1 st line RRM	Oct 4	Alqawz / Marib Alwady / Marib
18	6	0	IDPs having benefited from 1 st line RRM	Oct 4	Alqawz / Marib Alwady / Marib
19	6	6	IDPs having benefited from 1 st line RRM	Oct 5	Almatar / Marib Alwady / Marib
20	6	0	IDPs having benefited from 1 st line RRM	Oct 5	Almatar / Marib Alwady / Marib
21	7	7	IDPs having benefited from 1 st line RRM	Oct 5	Maya camp / Marib Alwady / Marib
22	6	6	IDPs having benefited from 1 st line RRM	Oct 5	Maya camp / Marib Alwady / Marib
22	6	6	IDPs having benefited from 1 st line RRM	Oct 6	Alzeraah / Marib Alwady / Marib
24	6	0	IDPs having benefited from 1 st line RRM	Oct 6	Alzeraah / Marib Alwady / Marib
Total	167	84			12: Taiz 12: Marib

Observation

N°	Type of observation	Date	Location
1	Access to water, Access to latrines, Shelter	Sept 7	Almonajj / Almaafer / Taiz
2	Access to water, Access to latrines, Shelter	Sept 8	Althahrah / Alshamayatain / Taiz
3	Access to water, Access to latrines, Shelter	Sept 8	26 September camp / Almaafer / Taiz
4	Access to water, Access to latrines, Shelter	Sept 9	Alboragah / Almaafer / Taiz
5	Access to water, Access to latrines, Shelter	Oct 3	Al-Rumayla camp / Marib city / Marib
6	Access to water, Access to latrines, Shelter	Oct 5	Al-Somaya camp / Marib Alwadi / Marib

Annex 7. Data collection tools

This annex lays out the principles that guided the evaluation team in its conduct of face-to-face and remote (zoom/skype/phone) interviews and FGDs. The evaluation team conducted interviews with participants selected for their first-hand knowledge of the UNICEF RRM Programme in Yemen.

Interviews were “semi-structured”, intended to provide some guidance to a conversation, but with the flexibility to be modified as needed. The interviewer was able to take the conversation in different directions as themes emerged and had the freedom to focus on some aspects of the evaluation matrix more than others, depending on the experience and expertise of the interviewee. It is important to note that not all questions were considered relevant for all stakeholder groups. Thus, the interviewer re-phrased the questions as they saw fit to make them appropriate for their audiences.

All data collection tools used in the field were translated to Arabic. Before field work, data collection tools were submitted for approval to the SCMCHA.

Where appropriate and feasible, interviews with UNICEF national staff and other national actors took place in Arabic based on interview guides developed in English (two members of the core evaluation team are fluent in both Arabic and English). Interviews with international staff (UNICEF and external stakeholders) took place in English.

The ET member carrying out each interview introduced the purpose and nature of the interviews and of the evaluation. This includes:

- Mention the duration of the interview (generally 45-60 minutes)
- Providing an overview of the two overall objectives of the evaluation
- Mention that interview notes will be transcribed and will be used to inform the final report. However, the interview content including quotes will not be attributed to the responder. Should the ET wish to quote an individual in the report it will be done anonymously.
- Inform that participation is voluntary, and subject may choose to not respond to any or all questions, or may withdraw anytime without consequences.
- Inform participants of ability and process for retracting data.
- Inform those interviewees can get back to us latter either by email or by contacting UNICEF and /or its implementing partner (depending on what is most appropriate).
- Obtain informed consent (verbal) for all the above.

Eleven semi-structured guides have been elaborated. Each guide together with their respective introduction text are presented below.

1. FGD with IDPs
2. Household interviews with IDPs
3. UNICEF field officers
4. Local authorities
5. Community leaders and camp managers
6. Third party monitors
7. Implementing partners for first-line response
8. UN agencies
9. Second-line response partners
10. Donors
11. Cluster coordinators

Questionnaire #1

INTRODUCTION TEXT

"Hello, my name is XXXXX. I am here today because I am conducting an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Thank you for being here today. I am not part of any local or international NGO nor any UN agency so I will be asking you questions as a neutral person. What you tell me today will help us understand more about the support provided by the United Nations to the Yemenite population.

You are among many people that have received assistance from national and international NGOs. We would like to understand what they are doing well, and what does not work. We are interviewing many people in your situation. The idea is to then go back to UNICEF and tell them what they need to continue doing, and what they need to change or do better. Are you willing to help us on this?"

Wait for answer from the assistance and see if people are at ease.

"Before you start, can you please confirm that you have all left your home and that you have then received assistance, namely a first package with food (bazalia, beans, canned tuna, and dates), a second package with soap, washing powder, jerry cans, towels and other things and a third package more for women with clothing and sanitary napkins but also shampoo, toothpaste and other items?"

Wait for answer. If either they are not IDPs or have not received anything, double check. If still negative, politely ask the people concerned to leave the room.

"The discussion is likely to last between 45-60 minutes depending on your answers and how much you want to say. Participation is voluntary, and you do not have to take part in this discussion. You can change your mind and leave at any time. You don't have to answer all the questions I ask if you don't want to. You can also retract yourselves on what you just said by saying so. There is no direct benefit to you for being part of this discussion, nor will anything you say risk your access to the project services now or in the future. We will be taking notes during the discussion, but we won't name anyone here in the report, and all quotes in the report will be anonymous. **The Evaluation team will treat all information gathered from this group confidentially and will not share it with others in a way that can be traceable to this group. However, the Evaluation Team cannot guarantee confidentiality by respondents.** Does everyone understand, and does everyone accept to participate in the discussion?"

Wait for consent of the audience. Reply to any concerns related to the above statements. People that do not accept are invited to leave the audience.

"Can we now start with the questions?"

Wait for consent of the audience and start.

Questions	EQ relation	Type of data
GENERAL		
1.1. Number of people.	NA.	Number
1.2. Number of men	NA.	Number
1.3. Number of women	NA.	Number
1.4. Place	NA.	Text
1.5. Date	NA.	Date
TIMING		
1.6. Could you please tell me how long after left your home did you register as a displaced person?	EQ.11	1. Average number of days 2. Maximum number of days in the group 3. Minimum number of days in the group

1.7. How long after you were registered did you receive the food, hygiene and transit/dignity kits?	EQ.11	1. Average number of days 2. Maximum number of days in the group 3. Minimum number of days in the group
<p><i>"Now I would like to go through each of the kits with you so we can see understand if the items in the kits were items that you needed. We want to know if the United Nations should change or add anything to the kits. For this I need to be honest and tell me what you think was good or not so good. Shall we start?"</i></p> <p>Wait for respondent to confirm.</p>		
FOOD KITS		
1.8. Did you receive a food package? [If not, go to the hygiene kit]	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.9. If Answer 3 or 4, explain.	NA.	Text
1.10. Regarding the food package, would you say that you received it [1. On time, 2. A bit late or 3. Very late] in regard to your needs at the time you received it?	NA.	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.11. At the time, would you say that the food package was your main source of food for you and your family?	EQ.3	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.12. Was any of the food you received damaged?	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.13. If so, explain (only for the one question above).	NA.	Text
1.14. Did you like the food you received? Would you say it was [1. Good, 2. Average, 3. Not good]	NA.	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.15. If average or not good, please say why.	NA.	Text
1.16. How long did the food last?	NA.	Number of days

1.17. By the time the food you received was finished, had you found other food for you and your family? [1. Yes, enough for all, 2. Yes, but not in sufficient quantity, 3. No, did not find food]	NA.	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.18. Do you have any suggestions for improving the food package?	NA.	Text
1.19. Were there any additional items that you URGENTLY needed at the time of the distribution that were NOT included in the assistance you received? (If yes, request to list top 3)	NA.	Text
HYGIENE KITS		
1.20. Did you receive a hygiene kit? [If not, go to the transit kit]	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.21. If Answer 3 or 4, explain.	NA.	Text
1.22. Regarding the hygiene kit, would you say that you received it [1. On time, 2. A bit late or 3. Very late] in regard to your needs at the time you received it?	NA.	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.23. Were any items damaged?	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.24. If so, explain.	NA.	Text
1.25. What was the most useful items in your kit? 1. Soap bars 2. Washing powder 3. Towels (3) 4. 20-litre plastic basin (1) 5. 20-litre jerrycans (2) 6. Plastic jug (1) 7. Mirror (1) 8. Hair comb (1) 9. Nail clipper (1) 10. Cloth sanitary pads (3) 11. No items were useful	NA.	List top three items mentioned
1.26. If at least one person responds 11., explain		
1.27. Do you have any suggestions for improving the hygiene kit?	NA.	Text
TRANSIT/DIGNITY KIT		
1.28. Did you receive a transit kit? [If not, go to distribution]	NA/	1. All yes

		<ul style="list-style-type: none"> 2. At least half yes 3. Less than half yes 4. No yes
1.29. If Answer 3 or 4, explain.	NA.	Text
1.30. Regarding the Transit kit, would you say that you received it [1. On time, 2. A bit late or 3. Very late] in regard to your needs at the time you received it?	NA.	<ul style="list-style-type: none"> 1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.31. Were any items damaged?	NA.	<ul style="list-style-type: none"> 1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.32. If so, explain.	NA.	text
1.33. What was the most useful items in your kit? <ul style="list-style-type: none"> 1. Sanitary napkins 2. Female Underwear sets 3. Traditional clothes 4. Tooth paste 5. Tooth brushes 6. Hand soap bar 7. No items were useful 	NA.	List top three items mentioned
1.34. If at least one person responds 7., explain	NA.	Text
1.35. Do you have any suggestions for improving the transit kit?	NA.	text
DISTRIBUTION		
<p>"Thank you for this information. It will help the United Nations and its partners improve their response in the future. I would like to talk about a last point. I have a few questions on how the distribution of those kits took place."</p>		
1.36. How long did it take you to get to the distribution site from where you are staying?	NA.	<ul style="list-style-type: none"> 1. Average number of minutes 2. Maximum number of minutes in the group 3. Minimum number of minutes in the group
1.37. Did it cost you money for transportation to get there?	NA.	<ul style="list-style-type: none"> 1. All yes 2. At least half yes 3. Less than half yes 4. No yes

1.38. Did you receive all three kits the same day, or did you have to come back on another day?	NA.	Number of people that received the same day Number of people that had to come back
1.39. Once you arrived at the distribution site, how long did you have to wait to receive the kits?	NA.	1. Average number of minutes 2. Maximum number of minutes in the group 3. Minimum number of minutes in the group
1.40. Would you say the people that distributed the kits treated you well?	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.41. If any reported 3 or 4 could you please explain.	NA.	Text
1.42. Did you have to pay anyone to receive these kits?	NA.	5. All yes 6. At least half yes 7. Less than half yes 8. No yes
1.43. If so, please explain	NA.	Text
COVERAGE / PROTECTION / FEEDBACK		
1.44. Do you know of any people in a similar situation to yours that did not receive the kits? [1. No, 2. Yes, but few, 3. Yes, many]	EQ.7/EQ.8	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.45. If 2 or 3, please explain why?	EQ.7/EQ.8	Text
1.46. Did the fact you received those kits create tension or jealousy with people living around you? [1. No; 2. Yes, but not much; 3. Yes, quite a bit]	NA.	1. How many people answered 1 2. How many people answered 3 3. What answer gave the majority of people
1.47. Do you know how to complain or give feedback on the assistance you received or didn't receive?	EQ.13	1. All yes 2. At least half yes 3. Less than half yes 4. No yes

1.48. If so, have you used this service?	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.49. If so, where you satisfied?	NA.	1. All yes 2. At least half yes 3. Less than half yes 4. No yes
1.50. If not, explain.	NA.	Text
CONNECTEDNESS		
1.51. Beside of the kits, have you received any other support from any other agency if you needed it? Explain (<i>be specific: second-line RRM/ other type of support</i>)	EQ.5	Text
<p><i>"Thank you very much for your time. Is there anything you would like to add in relation to what we have been talking about?"</i></p> <p><i>If you need to reach back to us regarding this interview, you can contact us</i></p>		
1.52. Is there anything else that you would like to say about the assistance you received?	NA.	Text
1.53. Have you any recommendation for improving assistance?	NA.	Text

Household interviews or Phone interview for IDPs

Questionnaire #2

INTRODUCTION TEXT
<p><i>"Hello, my name is XXXXX. I am interviewing/calling you because I am doing an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Do you have a moment to talk to me? Would you please be willing to answer to some question for 20 to 30 minutes? You do not have to participate if you do not feel comfortable."</i></p> <p><i>Wait for answer (if negative, thank the person and wish them a good day. If positive, continue)</i></p> <p><i>"Before you start, can you please confirm that you are registered as an IDP and have received assistance from international agencies? This might include a food package (bazalia, beans, canned tuna, and dates), a hygiene package (soap, washing powder, jerry cans, towels and other items) and another package for women (clothing, sanitary napkins but also shampoo, tooth paste and other items)."</i></p> <p><i>Wait for answer (if either they are not IDPs or have not received anything, double check. If still negative at one of the questions, great and hang-up). If positive at both questions, proceed –</i></p> <p><i>"Before I start with my questions, I would like to tell you that I have not been part of providing this assistance. My work is only to assess whether the work has gone well. I will be asking you question as a neutral person so you can feel free to answer honestly. I will not be sharing your name with any of the agencies. I will be asking many people the same questions and reporting the overall result. This report will help to improve the support provided to you by understanding what you and your family, and many others, liked or disliked, what you would have preferred, and how things could be done better next time, either for you or other families in need. Participation is voluntary, and you do not have to take part in this discussion. You can change your mind and leave at any time. You don't have to answer to all the questions I ask if you don't want to. You can also retract yourself on what you just said by saying so. There is no direct benefit to you for being part of this discussion, nor will anything you say risk your access to the project services now or in the future. We will be taking notes</i></p>

<p>during the discussion, but we won't name anyone here in the report, and all quotes in the report will be anonymous. Do you understand, and do you accept to participate?</p> <p>Wait for consent. If no questions, start the questionnaire. If the interviewee has a question about the interview, answer if you're able.</p>		
Questions	EQ relation	Type of data
GENERAL		
2.1. What is your position in the household? [1. Mother, 2. Father, 3. Grandmother, 4. Grandfather, 5. Daughter, 6. Son, 7. Other]	NA.	1 to 7 and text if needed
2.2. What is your age?	NA.	Number
2.3. How many people are in the household?	NA.	Number
2.4. How many are children (under 18)?	NA.	Number
TIMING		
2.5. Could you please tell me how long after left your home did you register as a displaced person?	EQ.11	Number of days
2.6. How long after you were registered did you receive the food, hygiene and transit/dignity kits?	EQ.11	Number of days
2.7. Would you say that the kits you received arrived [1. On time, 2. A bit late or 3. Very late] in regard to your needs at the time you received them?	EQ.11	Enter 1, 2 or 3
2.8. How many persons did you register for your family?	NA.	Enter number
2.9. How many female adults (18+)	NA.	Enter number
2.10. How many male adults (18+)	NA.	Enter number
2.11. How many female children (under 18)	NA.	Enter number
2.12. How many male children (under 18)	NA.	Enter number
<p><i>"Now I would like to go through each of the kits with you so we can see how well those kits were adapted to your needs. The idea is to see how the United Nations can do better next time. For this I need to be honest and tell me what you think was good or not so good. Shall we start?"</i></p> <p>Wait for respondent to confirm</p>		
FOOD KITS		
2.13. Did you receive a food kit?	NA.	Yes/No
2.14. If not why? [If not, go to the hygiene kit]	NA.	Text
2.15. What items of food did you receive? <i>(If anything missing, the enumerator should check again if the respondent didn't forget the missing items-the missing item can be given for recall)</i>	NA.	Tik boxes
<ol style="list-style-type: none"> 1. Bazalia (10 boxes / 400gr) 2. Beans (10 boxes / 400gr) 3. Canned tuna (16 boxes / 160gr) 4. Dates (2 packs / 1kg) 5. Other 		
2.16. [Add comments to the former question if needed.]		Text

2.17. Regarding the food package, would you say that you received it [1. On time, 2. A bit late or 3. Very late] in regard to your needs at the time you received it?	NA.	Enter 1, 2 or 3
2.18. At the time, would you say that the food package was your main source of food for you and your family?	EQ.3	Yes/No
2.19. Did you like the food you received? Would you say it was [1. Good, 2. Average, 3. Not good]	NA.	Enter 1, 2 or 3
2.20. If average or not good, please say why.	NA.	Text
2.21. Did you eat all the food yourselves?	NA.	Yes/No
2.22. If no, Did you share some of the food with others?	NA.	Yes/No
2.23. Did you have to sell any of the food?	NA.	Yes/No
2.24. If so, why?	NA.	Text
2.25. How long did the food last?	NA.	Number of days
2.26. By the time the food you received was finished, had you found other food for you and your family? [1. Yes, enough for all, 2. Yes, but not in sufficient quantity, 3. No, did not find food]	NA.	1,2 or 3
2.27. What would you suggest to make those food packages better for a displaced family as yours?	NA.	Text
2.28. Were there any additional items that you URGENTLY needed at the time of the distribution that were NOT included in the assistance you received? (If yes, ask to list top 3.)	NA.	Text
HYGIENE KITS		
2.29. Did you receive a hygiene kit?	NA.	Yes/No
2.30. If not why? [If not, go to the transit kit]	NA.	Text
2.31. What hygiene items did you receive? <i>(If anything missing, the enumerator should check again if the respondent didn't forget the missing items-the missing item can be given for recall)</i> <ul style="list-style-type: none"> • 1. Soap bars (15x75gr) 2. Washing powder (2kg) 3. Towels (3) 4. 20-litre plastic basin (1) 5. 20-litre jerrycans (2) 6. Plastic jug (1) 7. Mirror (1) 8. Hair comb (1) 9. Nail clipper (1) 10. Cloth sanitary pads (3) 11. Other 	NA.	Tick boxes
2.32. [Add comments to the former question if needed.]	NA.	Text
2.33. Regarding the hygiene kit, would you say that you received it [1. On time, 2. A bit late or 3. Very latte] in regard to your needs at the time you received it?	NA.	Enter 1, 2 or 3
2.34. Were any items damaged?	NA.	Yes/No
2.35. If so, explain.	NA.	Text
2.36. What were the 2 most useful items in your kit? <ul style="list-style-type: none"> 1. Soap bars (15x75gr) 2. Washing powder (2kg) 3. Towels (3) 4. 20-litre plastic basin (1) 5. 20-litre jerrycans (2) 	NA.	

6. Plastic jug (1) 7. Mirror (1) 8. Hair comb (1) 9. Nail clipper (1) 10. Cloth sanitary pads (3) 11. No items were useful		
2.37. If 11, explain.	NA.	Text
2.38. What would you suggest to make hygiene kits better for a displaced family as yours?	NA.	Text
TRANSIT/DIGNITY KIT		
<p><i>"Thank you for this information. I would now like to go through the last kits, which is the transit kit."</i></p> <p>If the interviewee is male, it would be better for us to talk to the oldest female in the family. Hence, we can say the following:</p> <p><i>"This last kit is mainly for women. Would you mind if we talk with a woman in the household about the content of the last kit?"</i></p> <p>If the interviewee changes, thank the person on the phone and tell that person that we'll finish the interview with the new person. Then go over the introduction with the new person.</p>		
2.39. [Has the interviewee has changed?]	NA.	Yes/No
2.40. If so, is it [1. Wife, 2. Mother, 3. Grandmother, 4. Daughter, 5. Other]	NA.	1 to 4
2.41. Did you receive a transit kit?	NA.	Yes/No
2.42. If not why? [If not, end interview]	NA.	Text
2.43. What transit items did you receive? <i>(If anything missing, the enumerator should check again if the respondent didn't forget the missing items-the missing item can be given for recall)</i>	NA.	Tick boxes
1. Sanitary napkins 2. Female Underwear sets 3. Traditional clothes 4. Tooth paste 5. Tooth brushes 6. Hand soap bar 7. Other/comments		
2.44. [Add comments to the former question if needed.]	NA.	Text
2.45. Regarding the Transit kit, would you say that you received it [1. On time, 2. A bit late or 3. Very latte] in regard to your needs at the time you received it?	NA.	Enter 1, 2 or 3
2.46. Were any items damaged?	NA.	Yes/No
2.47. If so, explain.	NA.	Text
2.48. What were the 2 most useful items in your kit?	NA.	Enter two items
1. Sanitary napkins 2. Female Underwear sets 3. Traditional clothes 4. Tooth paste 5. Tooth brushes 6. Hand soap bar 7. No items were useful		
2.49. If 11., explain	NA.	Text
DISTRIBUTION		
<p><i>"Thank you for this information. It will help the United Nations and its partners improve their response in the future. I would like to talk about a last point. I have a few questions on how the distribution of those kits took place."</i></p>		

2.50. How long did it take you to get to the distribution site from where you are staying?	NA.	Minutes
2.51. Did it cost you money for transportation to get there? If yes, how much?	NA.	Yes/No
2.52. Did you receive them on the same day, or did you have to come back on another day?	NA.	Yes, received the same day/No
2.53. Once you arrived at the distribution site, how long did you have to wait you received all three kits?	NA.	Minutes
2.54. How would you say the people that distributed the kits treated you [1. You were treated with respect, 2. You feel that some of the people were not very respectful of you.]	NA.	1 or 2
2.55. If 2, could you please explain.	NA.	Text
2.56. Did you have to pay anyone to receive these kits?	NA.	Yes/No
2.57. If so, please explain	NA.	Text
COVERAGE / PROTECTION / FEEDBACK		
2.58. Do you know of any people in a similar situation than yours that did not receive those kits? [1. No, 2. Yes, but few, 3. Yes, many]	EQ.7 / EQ.8	1 to 3
2.59. If 2 or 3, say why.	EQ.7 / EQ.8	Text
2.60. Did the fact you received those kits create tension or jealousy with the people around you? [1. No; 2. Yes, but not much; 3. Yes, quite a bit]	NA.	1 to 3
2.61. Do you know how to complain or give feedback on the assistance you received or didn't receive?	EQ.13	Yes/No
2.62. If so, have you used this service?	NA.	Yes/No
2.63. If so, were you satisfied?	NA.	Yes/No
2.64. If not, explain.	NA.	Text
2.65. Can you recall what you managed to take with you? Please try and be as specific as possible.	NA.	Give list
CONNECTEDNESS		
2.66. Beside of the kits, have you received any other support from any other agency if you needed it? Explain (<i>be specific: second-line RRM/ other type of support</i>)	EQ.5	Text
<p>"Thank you very much for your time. Is there anything you would like to add in relation to what we have been talking about?"</p> <p>If not, thank again and hang-up</p> <p>If additional information is provided, take note, say goodbye and hang-up.</p>		
2.67. Is there anything else that you would like to say about the assistance you received?	NA.	Text
2.68. Have you any recommendation for improving assistance?	NA.	Text

UNICEF Field Officers

Questionnaire #3

Useful information for conducting the interview.

"An important lesson which has been experienced by UNICEF Yemen over the past four to five years has been that efficient, flexible and responsive programme delivery in the dynamic and risky environment of Yemen requires devolved programme planning, implementation management and budget management and authority at the field level. A review of the progress of the decentralisation strategy⁹¹ was conducted [...] late 2017. It

⁹¹ Division of responsibilities and accountabilities for a more effective decentralisation, August 2016

found that despite some progress, a number of recommendations [...] have not been implemented. The August 2019 CPMP sought to [...] allow for much greater decentralised development and emergency programme and operational planning and management. The decentralization strategy and its accompanying accountability framework have been approved by the CMT and being implemented as from March 2020.” (Strategic note 2021-2021- page 2).

- The minimum package for RRM is provided within 72 hours from alert of the displacement.
- At the field level there are UNICEF Emergency Officers and Chief of Field Officers
- The strategic note 2020-2021 plans for contingency stock at the field level for at least two weeks.

INTRODUCTION TEXT	
<p><i>“Hello, my name is XXXXX. I am conducting an evaluation for UNICEF on the Rapid Response Mechanism since October 2019. Before I start with my questions, I would like to tell you that I have not been part of providing this assistance. I will be asking you question as a neutral person so you can feel free to answer honestly. This report will help to improve the support provided to IDPs through the RRM. You don’t have to answer to all the questions I ask if you don’t want to. There is no direct benefit to you for being part of this discussion. I’ll be taking notes during the discussion, but no name will appear in the report, and all quotes in the report will be anonymous. Do you understand, and do you accept to participate?”</i></p> <p>Wait for consent. If no questions, start the questionnaire. If the interviewee has a question about the interview, answer if you’re able.</p>	
Questions	EQ relation
GENERAL	NA.
3.1. Name	NA.
3.2. Male/Female	NA.
3.3. Position	NA.
3.4. How long have you been involved in the RRM first-line response?	NA.
3.5. What was your role?	NA.
QUESTIONS	
3.6. Do you feel that the kits distributed in the first-line RRM response are appropriate to the needs IPDs have in the first days of displacement?	EQ.3
3.7. According to you, is there any important item/s that are missing from the first-line RRM response?	EQ.3
3.8. According to your knowledge, has the content of the kits changed based on the service users' feedback?	EQ.3
3.9. According to you, does the first-line RRM reach the IDP within the three days following the day they left their homes?	EQ.11
3.10. According to you, does the first-line RRM reach all displaced people? If not, are there specific groups of people who have not been supported by the RRM? Why?	EQ.7 & 8
3.11. How do you feel that gender equity and the integration for disabled people were taken into account in the first-line RRM by UNICEF and the other partners?	EQ.4
3.12. After having received the first-line RRM kits, do the IPDs get referred to longer-term assistance? If so, please explain the process of referral to other actors. If not, why?	EQ.5 & 10
3.13. How long does it take before IDPs receive second line support?	EQ.10
3.14. Now that second line support has finished, what support is available for IDPs after RRM?	EQ.10
3.15. How well is UNICEF-Yemen’s emergency preparedness and response approach adapted to the local context?	EQ.6
3.16. What changes have you seen over time?	

3.17. As a Field Officer, are you satisfied with the approach to the RRM? Do you think things should be done differently? If yes, please explain.	EQ.6
3.18. Does UNICEF-Yemen work with other UN agencies to strengthen emergency preparedness and response? If so, how has this been done?	EQ.6
3.19. According to your experience in the field, does collaboration with other UN agencies help in providing better assistance to the IDPs?	NA.
3.20. Do you have a proper contingency stock of all kits at the governorate or provincial level? According to you, is this contingency stock sufficient? Explain	EQ.6
3.21. Is the RRM flexibly implemented in different parts of the country to respond to the diverse needs and contextual challenges of different governorates and districts? Explain some of the differences in your location.	NA.
3.22. Generally speaking, do you feel that the UNICEF, WFP and UNFPA are properly coordinated to respond to the emergency context in Yemen?	EQ.9
3.23. According to you, is the current M&E system good enough to properly monitor the effectiveness of the RRM and provide adequate corrective measures? Explain. Is there anything that can be done better?	EQ.12
3.24. Do you think RRM assistance has caused any unintended harm, tensions, or security concerns with host communities, or armed groups? Any other unintended consequences ?	NA.
3.25. Anything to add about the success or otherwise of the first-line RRM?	NA.
3.26. Have you been involved in the second-line response? <i>[If not, go to the last question before ending the interview.]</i>	NA.
3.27. According to you, was the second-line response well integrated in the global response provided by the global humanitarian response? Explain	EQ.6
3.28. In your view, was the ACF consortium well prepared to work in the context of Yemen? Explain	EQ.9
3.29. According to you, was the second-line response able to provide in time to the service users? What were the main challenges in providing a timeliness response?	EQ.9
3.30. Anything to add about the success or otherwise of the second-line RRM?	NA.
3.31. We have now finished our questions. Before we finish, is there anything else you would like to say about the RRM and its success or otherwise?	NA.

Local authorities at the governorate and district level

Questionnaire #4

INTRODUCTION TEXT	
<p><i>"Thank you for giving some time to us. My name is XXXX. We are an independent team of consultants evaluating a part of UNICEF's work over the past couple of years. The idea is to see how well has been done their work and see how it can be improved in the future.</i></p> <p><i>More precisely, the evaluation focuses on the assistance given by the consortium of UNFPA, UNICEF and WFP to displaced people in the first few days after they leave their homes. This is called the first-line Rapid Response Mechanism or RRM, through which each displaced household receives a kit of ready-to-use food, a hygiene kit and a transit/dignity kit.</i></p> <p><i>The evaluation also focusses on further assistance financed by UNICEF and implemented by Action contre la faim (ACF) together with 5 other international NGOs. This assistance is referred to as the second-line RRM. Certain people identified in the first line response received additional aid such as cash, additional hygiene kits, hygiene promotion or shelter kits. The second-line RRM also provided safe water to people and access to latrines when this was missing. This second part of the programme ended in March 2020.</i></p>	

<p><i>We came to see you as the representative of the government because we would like to have your opinion on these activities. As with all our interviews, the information we collect is confidential and we do not oblige anyone to participate in the interviews. You may opt out of answering any or all of the questions I would like to ask. You can also retract yourself on what you say just said by saying so. All quotes used from interviews in the report will be anonymous. If you don't want to participate in the interview, please let us know. If you are willing to participate, the interview will take around 30 minutes of your time to us?</i></p> <p><i>Do you have any question and are you willing to participate?"</i></p> <p>Wait for consent. Answer to any question related to the above and start interview.</p>	
GENERAL	EQ relation
4.1. Name	NA.
4.2. Gender	NA.
4.3. Position	NA.
4.4. How long have you been in your current position?	NA.
QUESTIONS	
4.5. Please can explain your role in regards to the assistance provided to displaced populations?	NA.
4.6. Does your department have a role to play regarding the well-being of displaced people due to conflict? If so, please explain.	NA.
4.7. Generally speaking, what do you think about the role national and international humanitarian actors are playing in the country concerning assistance provided to displaced peoples and families? Your response will be confidential so please feel free to be honest.	NA.
4.8. Are you acquainted with the first-line RRM in which UNFPA, UNICEF and WFP provided the kits we mentioned earlier to displaced people in the first 72 hours of their displacement? If so, what is your opinion on this assistance? [If not informed about the assistance, skip to question 4.12.]	EQ.3
4.9. According to you, how soon after leaving their homes are people registered as IDPs?	EQ.11
4.10. According to you, how long after registration do IDPs receive the first-line RRM?	EQ.11
4.11. According to you, does the first-line RRM reach all displaced people? If not, who and why? Are there specific groups of people that are not receiving assistance?	EQ.7 & 8
4.12. Are you acquainted with the second-line RRM lead mostly by Action contre la faim (ACF)? If so, what is your opinion of this assistance?	EQ.3
4.13. Generally speaking, how well do you feel that UNICEF and other UN agencies are working in a coordinated manner between themselves to provide assistance to the people most in need?	EQ.6
4.14. Similarly, how well do you feel that UNICEF and other UN agencies are working in a coordinated manner with local authorities to provide assistance to the people most in need?	EQ.2
4.15. Would you say that UNICEF and your department have common objectives? Please explain.	EQ.2
4.16. Would you say that national and international humanitarian actors are well prepared to work in the local context of emergency? Please explain.	EQ.6
4.17. If is familiar with 1 st line RRM, Do you feel that the longer-term assistance is well coordinated with the RRM provided by UNICEF and its different partners?	EQ.5
4.18. Would you say that UNICEF and its partners are focussed on the most important needs of the population in need, or are they forgetting something?	EQ.3

4.19. If you were to make recommendations to improve the support received by IDPs, what would you say?	NA.
4.20. Is there anything else you would like to say about the success or otherwise of the first or second-line RRM?	NA.

Community leaders (Alshaikh & Alaqil) and camp managers

Questionnaire #5

INTRODUCTION TEXT		
<p><i>"Thank you for giving some time to us. My name is XXX. We are an independent team of consultants evaluating a part of UNICEF's work over the past couple of years. The idea is to see how well has been done their work and see how it can be improved in the future.</i></p> <p><i>More precisely, the evaluation focuses on the assistance given by the consortium of UNFPA, UNICEF and WFP to displaced people in the first few days after they leave their homes. This is called the first-line Rapid Response Mechanism or RRM, through which each displaced household receives a kit of ready-to-use food, a hygiene kit and a transit/dignity kit.</i></p> <p><i>The evaluation also focusses on further assistance financed by UNICEF and implemented by Action contre la faim (ACF) together with 5 other international NGOs. This assistance is referred to as the second-line RRM. Certain people identified in the first line response received additional aid such as cash, additional hygiene kits, hygiene promotion or shelter kits. The second-line RRM also provided safe water to people and access to latrines when this was missing. This second part of the programme ended in March 2020.</i></p> <p><i>We came to see you as community leaders / camp managers because we would like to have your opinion on these activities. As with all our interviews, the information we collect is confidential and we do not oblige anyone to participate in the interviews. You may opt out of answering any or all of my questions. All quote from interviews used in the report will be anonymous. If you don't want to participate in the interview, please let us know. If you are willing to participate, the interview will take around 30 minutes of your time to us?</i></p> <p><i>Do you have any question and are you willing to participate?"</i></p> <p>Wait for consent. Answer to any question related to the above and start interview.</p>		
GENERAL	EQ relation	Type of data
5.1. Name	NA.	
5.2. Gender	NA.	
5.3. Position	NA.	
QUESTIONS		
5.4. How long have you been a community leader / managing this camp?	NA.	Number
5.5. Besides what I explained in the beginning of our discussion, are you aware of the first-line RRM? Can you tell me what it is about? <i>(The enumerator needs to see if the person interviewed has proper knowledge of was the first-line RRM is and evaluate if the person is [1. Fully aware; 2. Partially aware; 3. Not aware])</i>	NA.	1, 2 or 3
5.6. Besides what I explained in the beginning of our discussion, are you aware of the second-line RRM? Can you tell me about it? <i>(The enumerator needs to see if the person interviewed has proper knowledge of was the second-line RRM is and evaluate if the person is [1. Fully aware; 2. Partially aware; 3. Not aware])</i>	NA.	1, 2 or 3
"We are going to talk about the first-line RRM through which IDPs received the three different kits: the food kits, the hygiene kits and the transition/dignity kit."		
5.7. Do you think the RRM provided assistance was the right kind of support that the IDPs needed? If yes how? If no, please explain.	EQ.3	Text

5.8. How were the service users selected? What role did you as a community leader/camp manager play in the selection process?	NA.	Text
5.9. Do you think the selection process was fair and transparent? How?	NA.	Text
5.10. Would you say that all the people in need have been reached by the first-line RRM? Are there certain groups of people that have not been reached? If so, which ones?	EQ.7 / EQ.8	Text
5.11. What have been the key successes and challenges in reaching all IDPs?	EQ.7	Text
5.12. Was anything put in place for elderly people, single women, orphans, people with disabilities for accessing the first-line RRM? Please provide examples.	EQ.4	Text
5.13. Does the first-line RRM overlap service users with assistance from other agencies? (Other agencies do the same kind of RRM)	EQ.5	Text
5.14. Do you feel that the implementing partners of the first-line RRM are well prepared to properly assist IDPs? Explain.	EQ.6	Text
5.15. Who are the implementing partners of the first-line RRM in your areas? (This question will allow to see if there is a difference between international NGOs and local NGOs.)	EQ.6	Text
5.16. On average/usually, how long do service users have to wait for the first-line RRM once they arrive in the camp/in the host community? [1. Less than 3 days; 2. Between 4 and 7 days; 3. Between one and two weeks; 4. More than two weeks]	EQ.11	1 to 4
5.17. If more than 3 days: Why do you think the RRM does not arrive earlier?	EQ.13	Text
5.18. What is the situation of the service users that have benefited from the first-line RRM? Do they now have access to other assistance? If so, what?	EQ.5	Text
5.19. Do the IDPs have access to the services they need? According to you, what are the important services that are missing?	EQ.10	Text
5.20. Do you feel that humanitarian actors work in coordination to properly address the needs of the IDPs?	EQ.5 / EQ.10	Text
5.21. What feedback and complaints mechanisms are available?	EQ.13	Text
5.22. Do you know what people complain most about?	EQ.13	Text
5.23. To conclude, what would you say are the main challenges to the first-line RRM?	NA.	Text
5.24. What would be your advice to improve the first-line RRM?	NA.	Text
5.25. Is there anything else you would like to say about the success or otherwise of the first line RRM?	NA.	Text
"Thank you for this information. Now we will talk about the second-RRM." [Skip if the interviewee was not around at the time.]		
5.26. In your camp/area, which of the following second-line RRM responses were put in place? 1. Cash transfer 2. Shelter kits 3. NFI kits 4. Access to safe water 5. Access to latrines 6. Distribution of basic hygiene kits 7. Hygiene promotion	NA.	Tick boxes

8. Screening for malnutrition 9. None		
5.27. If no second line RRM services provided in your camp, do you know why not? [Then finish the interview.]	EQ.7 / EQ.8	Text
5.28. According to you, what was the most important response of the second-line RRM for the majority of the IDPs? Please rank the three most important.	NA.	Rank the first three
5.29. Can you remember approximately how long it took for people to receive the second-line services, after they'd received the first-line? If so, how long was it? (This question needs to be done for each of the response selected before.) [1. Almost immediate/less than a week; 2. Between one and two weeks; 3. Between two weeks and a month; 4. Between one and two months; 5. Over two months; 6. I do not recall]	NA.	1 to 6 for each type of response
5.30. Did the second-line RRM manage to properly target the service users according to specific needs? Explain per type of response	EQ.3 / EQ.4	Text per type of response
5.31. What would you think could improve those activities if they were to take place again? Explain per type of activity.	NA.	Text
5.32. Is there anything else you would like to say about the success or otherwise of the second-line RRM?	NA.	Text

Third party monitor questionnaire

Questionnaire #6

As much as possible, the evaluator will separate both lines of intervention, in order not to get anyone mixed up. This approach needs to be stated to the interviewee at the beginning.

If the person interviewed has not been part of the actual monitoring, we need to cancel the meeting and ask to be put in contact with the correct person.

INTRODUCTION TEXT		
<p><i>"Thank you for giving some time to us. My name is XXX. We are an independent team of consultants evaluating a part of UNICEF's Rapid Response Mechanism since the end of 2019. The idea is to see what works, what does not work and see how it can be improved in the future.</i></p> <p><i>We came to see you as third-party monitor because we would like to have your opinion on these activities. As with all our interviews, the information we collect is confidential and we do not oblige anyone to participate in the interviews. You may opt out of any or all of the questions I will be asking. All quote from this interview used in the report will be anonymous. If you don't want to participate in the interview, please let us know. If you are willing to participate, the interview will take around 30 minutes of your time to us?</i></p> <p><i>Do you have any question and are you willing to participate?"</i></p> <p>Wait for consent. Answer to any question related to the above and start interview.</p>		
GENERAL		
6.1. Name	NA.	
6.2. Gender	NA.	
6.3. Position	NA.	
QUESTIONS		
FIRST-LINE RESPONSE		
6.4. Have you personally been involved in the monitoring of the first-line RRM? [If not, got the second-line response questions]	NA.	Yes/No

6.5. If so, since when? <i>(This allows the ET to see how well informed is the respondent.)</i>	NA.	Date
6.6. How often did you visit the field to monitor the RRM?	NA.	Text
6.7. According to you your observations, did the first line RRM reach the IDP within three days following the day they left their homes?	EQ.11.	Text
6.8. According to you, does the first-line RRM reach all displaced people? If not, are there specific groups of people who have not been supported by the RRM? Why?	EQ.7 / EQ.8	Text
6.9. What were the main challenges you faced in gaining access to the affected population for monitoring purposes?	NA.	Text
6.10. According to you, what are the major achievements of the first-line RRM?	NA.	Text
6.11. What did you identify as being the major challenges of the first-line RRM between October 2019 until December 2021?	EQ.13	Text
6.12. Have those challenges been addressed properly by UNFPA/UNICEF/WFP?	EQ.13	Text
6.13. If not, what challenges still need to be addressed?	NA.	Text
6.14. What is the main feedback given by the service users about the first-line response?	NA.	Text
6.15. According to your knowledge, has the content of the kits changed based on the service users' feedback?	EQ.3	Text
6.16. What is your opinion on how to improve the first-line response?	NA.	Text
6.17. According to you, are third party monitoring systems good enough to properly monitor the effectiveness of the first-line RRM and provide adequate corrective measures? Is there anything that can be done better? <i>(Limiting the question to just TPM not M&E system as a whole which is asked to UNICE FO)</i>	EQ.12	Text
SECOND-LINE RESPONSE		
6.18. Have you personally been involved in the monitoring of the second-line RRM? <i>[If not, end interview]</i>	NA.	Yes/No
6.19. If so, since when? <i>(This allows the ET to see how well informed is the respondent.)</i>	NA.	Date
6.20. According to you, what are the major achievements of the second-line response?	NA.	Text
6.21. What specific activities have you monitored? 1. Cash distribution; 2. Shelter kits; 3. Non-Food Item kits; 4. Access to safe water; 5. Access to latrines; 6. Basic hygiene kits; 7. Hygiene promotion sessions; 8. Screening of children and pregnant women for malnutrition; 9. Rapidity of assessment and intervention.]	NA.	Numbers. Multiple entry possible
6.22. According to the monitoring you did, for each of the activities monitored, what would you say are the main challenges, and have those challenges been addressed properly? <i>(This needs to be done for each activity.)</i>	NA.	Text linked to the numbers selected in

		previous question
6.23. What is the main feedback given by the service users of the second-line response? <i>(This needs to be done for each activity.)</i>	NA.	Text linked to the numbers selected in previous question
6.24. If the second-line response was to start again, what is you're the main advice you would give to ACF and UNICEF about how to improve the second-line response?	NA.	Text
6.25. According to you, are third party monitoring systems good enough to properly monitor the effectiveness of the second-line RRM and provide adequate corrective measures? Is there anything that can be done better? <i>(Limiting the question to just TPM not M&E system as a whole which is asked to UNICE FO.)</i>	EQ.12	Text

Implementing partner for first-line RRM

Questionnaire #7

NOTE: This interview needs to be done with people who have been involved in the implementation of the first-line RRM. Only the first-line response is discussed in this interview.

INTRODUCTION TEXT		
<p><i>"Hello, my name is XXXXX. I am here/calling today because I am doing an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Thank you for being here today. I am not part of any local or international NGO nor any UN agency so I will be asking you questions as a neutral person. What you tell me today will help us understand more about the support provided by the United Nations to the Yemenite population. You are a person of reference that can help improve the assistance provided to refugees. We need to understand what works well, and what does not work that well. We are interviewing many people with different roles in the project. The idea is to then go back to UNICEF and tell them what they need to continue doing, and what they need to change or do better."</i></p> <p><i>"The discussion is likely to last between 45-60 minutes depending on your answers and how much you want to say. Participation is voluntary, you do not have to take part in this discussion. You can leave at any time. You don't have to answer to all the questions I ask if you don't want to. There is no direct benefit to you for being part of this discussion. We will be taking notes during the discussion, but we won't name anyone here in the report, all quote will be anonymous. Can we now start with the questions?"</i></p> <p>Wait for consent. Answer to any question. Then start the questionnaire.</p>		
Questions	EQ relation	Type of data
7.1. Name	NA.	
7.2. Gender	NA.	
7.3. Position	NA.	
7.4. Name of implementing partner agency	NA.	
7.5. When did you start working on the RRM? (month/year)	NA.	
QUESTIONS		
7.6. Can you please explain the role you had in the implementation?	NA.	Text
7.7. Do you feel that the first-line RRM answers well to the basic and most important needs of newly displaced people?	EQ.3	Text
7.8. According to you, what are the major achievements of the first-line RRM?	NA.	Text

7.9. What did you identify as being the major challenges of implementation from end 2019 until end 2021?	NA.	Text
7.10. Have those challenges been addressed properly by UNFPA/UNICEF/WFP? What are the challenges still pending?	NA.	Text
7.11. Do you think something is missing in the response? If so, what?	EQ.3 / EQ.13	Text
7.12. Would you say that the first-line RRM reached the entire displaced population?	EQ.7	Text
7.13. Do you think that certain people or groups of people have had more difficulty than others in accessing the kits you distributed? If so, explain.	EQ.8	Text
7.14. Would you say that the first-line RRM took into consideration the needs of vulnerable groups such as elderly people, orphans, single female headed households, disabled people, etc? If so, please explain.	EQ.4	Text
7.15. Since 2019 until now, was the first-line RRM always delivered within the first 72 hours of displacement as originally planned? If not, please explain the reasons why and the steps that have been taken to improve the timeliness of delivery since 2019?	EQ.11	Text
7.16. Do you think your agency and the UN agencies involved in the RRM are well prepared to efficiently deliver the first-line RRM? Has this been the case over the whole period from 2019-now? Please explain.	EQ.6	Text
7.17. How easy is it to work with the UNFPA/UNICEF/WFP consortium? Do you think that certain things should change?	EQ.9	Text
7.18. How long does it take (on average) after IDPs receive the first-line RRM for them to receive longer-term support from other programmes? Please be specific. Has this been the case over the whole period from 2019-now? Please explain	EQ.10 / EQ.5	Text
7.19. Do you think the humanitarian response to the IDPs is well coordinated? Does it appropriately respond to the needs of the displaced population? Explain.	EQ.9 / EQ.10 / EQ.6 / EQ.5	Text
7.20. Do you think RRM assistance has caused any unintended harm, tensions, or security concerns with host communities, or armed groups? Any other unintended consequences ?	NA.	Text
7.21. Do you have any recommendations for improving the first-line RRM response?	NA.	Text
7.22. Is there anything else you would like to say about the success or otherwise of the first-line RRM?	NA.	Text

To following interviews took place remotely:

These guides lay out the principles that guided the evaluation team in its conduct of remote (zoom/skype/phone) interviews. The evaluation team conducted interviews with participants selected base on their first-hand knowledge of both first and second line RRM Programme in Yemen.

The interview guides are “semi-structured”, intended to provide some guidance to a conversation, but with the flexibility to be modified as needed. The interviewer was able to take the conversation in different directions as themes emerge and should had the freedom to focus on some aspects of the evaluation matrix more than others, depending on the experience and expertise of the interviewee. It is important to note that some questions were not be considered relevant for all stakeholder.

Interviews took place in English.

The ET member carrying out the interview will introduce the purpose and nature of the interviews and of the evaluation. This includes:

- Mention the duration of the interview (generally 45-60 minutes)
- Providing an overview of the two overall objectives of the evaluation
- Mention that interview notes will be transcribed and will be used to inform the final report. However, the interview content including quotes will not be attributed to the responder
- Mention that there is no obligation to respond to questions asked.
- Inform that participation is voluntary, and subject may choose to not respond to any or all questions, or may withdraw anytime without consequences.
- Inform participants of ability and process for retracting data.
- Inform those interviewees can get back to us latter either by email or by contacting UNICEF and /or its implementing partner (depending on what is most appropriate).
- Obtain verbal consent for participating in the interview

UN agencies

Questionnaire #8

INTRODUCTION TEXT	
<p><i>"Hello, my name is XXXXX. I am here/calling today because I am doing an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Thank you for being here today. I am not part of any local or international NGO nor any UN agency so I will be asking you questions as a neutral person. What you tell me today will help us understand more about the support provided by the United Nations to the Yemenite population. You are a person of reference that can help improve the assistance provided to refugees. We need to understand what works well, and what does not work that well. We are interviewing many people with different roles in the project. The idea is to then go back to UNICEF and tell them what they need to continue doing, and what they need to change or do better."</i></p> <p><i>"The discussion is likely to last between 45-60 minutes depending on your answers and how much you want to say. Participation is voluntary, you do not have to take part in this discussion. You can leave at any time. You don't have to answer to all the questions I ask if you don't want to. There is no direct benefit to you for being part of this discussion. We will be taking notes during the discussion, but we won't name anyone here in the report, all quote will be anonymous. Can we now start with the questions?"</i></p> <p>Wait for consent. Answer to any question. Then start the questionnaire.</p>	
GENERAL	EQ relation
8.1. Name / Gender / Agency / Position	NA.
8.2. Can you tell me briefly about your role in the first-line RRM over the 2019-21 period? When did you start? – <i>check if involved in design or only implementation</i>	NA.
8.3. Have you participated in the second-line RRM? How? <i>(Depending on this answer, the following question will have to consider either the first-line RRM or both first and second-line RRM).- To the ET understanding, only UNICEF has been involved in the second-line RRM)</i>	NA.
RELEVANCE/APPROPRIATENESS	
8.4. How relevant/appropriate has the trilateral agreement among UNICEF, UNFPA, and WFP been for addressing emergency preparedness and response in Yemen under the first-line RRM?	EQ.1

8.5. Do you feel that, overall, the RRM responds appropriately to the needs and priorities of displaced and conflict-affected people? What is the evidence for this?	EQ.3
8.6. Is there anything that could have been changed in the design that would have made the RRM more relevant?	EQ.3
8.7. Would you say that this RRM is in line with the national, governorate and district priorities?	EQ.2
8.8. What kind of support is the government providing to the IDPs?	EQ.2
8.9. How have the needs of vulnerable groups been integrated in the response?	EQ.4
8.10. Why was the 2 nd line RRM stopped? <i>(Maybe only for UNICEF.)</i>	NA.
8.11. When the second-line response was stopped in March 2020, what was the effect on the service users? <i>(Maybe only for UNICEF.)</i>	NA.
8.12. Are there any plans to re-establish a 2 nd line response? Which interventions? <i>(Maybe only for UNICEF.)</i>	NA.
8.13. What changes have you seen (if any) in the RRM because of COVID-19?	EQ.3
CONNECTEDNESS	
8.14. How well does the first-line RRM connect people in need with longer-term services through other humanitarian actors or national institutions?	EQ.5
8.15. How well are the first and second-line RRM connected?	EQ.5
COHERENCE	
8.16. Does the nature of the partnership address the need to strengthen emergency preparedness and response in Yemen? If so, how has this been done?	EQ.6
8.17. Is the RRM coherent with the work of other UN agencies to strengthen emergency preparedness and response in Yemen?	EQ.6
8.18. What have been the main challenges you've faced by working in consortium with other UN agencies?	NA.
COVERAGE	
8.19. How do problems of access, and other constraints in different parts of the country, affect the ability of the RRM to target those most in need?	EQ.7
8.20. How well would you say that the first and second RRM reach the targeted conflict-affected population?	EQ.7
8.21. Is there adequate information available about the number of people requiring RRM assistance? From where, how often updated? <i>(Look at both first and second-line response.)</i>	NA.
8.22. How are decisions made about who receives RRM assistance?	NA.
8.23. Do any people or groups of people have difficulty accessing RRM assistance and services? Which people/groups and why?	EQ.8
8.24. What measures are in place that you know if people/groups have problems accessing RRM assistance and has action been taken to resolve the difficulties?	EQ.8
COORDINATION AND EFFICIENCY	
8.25. In your view, does the RRM make the best use of resources (both time and money) to achieve its objectives?	EQ.9
8.26. Were alternative models of delivering the RRM in a more cost-efficient way considered?	EQ.9
8.27. Are there ways to streamline the programme and improve the cost-efficiency of the RRM in the future?	EQ.9
8.28. Does the use of resources vary in different governorates and districts? Why?	EQ.9
8.29. How well does the current follow-up mechanism work for referrals from UNICEF, UNFPA or WFP as first-line responders, to other partners for further cluster-specific humanitarian interventions?	EQ.10
EFFECTIVENESS	

8.30. Would you say that the first-line RRM met its stated objective of providing immediate, life-saving assistance to the affected population within 72 hours? What is your opinion about the timing?	EQ.11
8.31. How long after the first-line RRM was the second-line RRM effective? What is your opinion about the timing?	EQ.11
8.32. Is there a monitoring system in place to monitor progress, identify challenges, and taking corrective measures? <i>(Prompt only if necessary that the monitoring consists of UNICEF monitoring, PDM, TPM, AAP/feedback mechanisms)</i>	EQ.12
8.33. Do all three UN agencies have access to the monitoring data?	EQ.12
8.34. Do the monitoring tools and approaches work consistently in different governorates and districts?	EQ.12
8.35. How could the monitoring of the RRM be improved?	EQ.12
8.36. What are the quality standards that the RRM is aiming to meet (e.g., Sphere standards, UNICEF CCCs)?	EQ.13
8.37. Does the RRM meet those standards? If not, why not, and what could be done to improve the quality of RRM assistance/services in the future?	EQ.13
8.38. Is there anything else you would like to say about the success or otherwise of the RRM?	NA.

Second line response partners

Questionnaire #9

ACF – ACTED – DRC – NRC – Oxfam – Save the children.

INTRODUCTION TEXT	
<p><i>"Hello, my name is XXXXX. I am here/calling today because I am doing an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Thank you for being here today. I am not part of any local or international NGO nor any UN agency so I will be asking you questions as a neutral person. What you tell me today will help us understand more about the support provided by the United Nations to the Yemenite population. You are a person of reference that can help improve the assistance provided to refugees. We need to understand what works well, and what does not work that well. We are interviewing many people with different roles in the project. The idea is to then go back to UNICEF and tell them what they need to continue doing, and what they need to change or do better."</i></p> <p><i>"The discussion is likely to last between 45-60 minutes depending on your answers and how much you want to say. Participation is voluntary, you do not have to take part in this discussion. You can leave at any time. You don't have to answer to all the questions I ask if you don't want to. There is no direct benefit to you for being part of this discussion. We will be taking notes during the discussion, but we won't name anyone here in the report, all quote will be anonymous. Can we now start with the questions?"</i></p> <p>Wait for consent. Answer to any question. Then start the questionnaire.</p>	
GENERAL	EQ relation
This questionnaire is only focussed on the second-line RRM.	
9.1. Name / Gender / Agency / Position	NA.
9.2. Can you tell me briefly about your role in the second-line RRM over the 2019-20 period? When did you start? – check if involved in design or only implementation	NA.
RELEVANCE/APPROPRIATENESS	

9.3. How relevant/appropriate was the consortium between ACF, ACTED, DRC, NRC, Oxfam, Save the children and UNICEF for addressing emergency preparedness and response in Yemen under the second-line RRM?	EQ.1
9.4. Do you feel that, overall, the RRM responded appropriately to the needs and priorities of displaced and conflict-affected people? What is the evidence for this?	EQ.3
9.5. Is there anything that could have been changed in the design that would have made the RRM more relevant?	NA.
9.6. Would you say that this RRM was in line with the national, governorate and district priorities?	EQ.2
9.7. What kind of support is the government providing to the IDPs?	EQ.2
9.8. How have the need of vulnerable groups been integrated in the response?	EQ.4
9.9. Why was the 2 nd line RRM stopped?	NA.
9.10. When the second-line response was stopped in March 2020, what was the effect on the service users?	NA.
9.11. Are there any plans to re-establish a 2 nd line response? Which interventions?	NA.
9.12. What changes have you seen (if any) in the RRM because of COVID-19?	EQ.3
CONNECTEDNESS	
9.13. How well did the second-line RRM connect people in need with longer-term services through other humanitarian actors or national institutions?	EQ.5
9.14. How well were the first and second-line RRM connected?	EQ.5
COHERENCE	
9.15. Did the nature of the partnership address the need to strengthen emergency preparedness and response in Yemen? If so, how has this been done?	EQ.6
9.16. Was the RRM coherent with the work of other humanitarian actors to strengthen emergency preparedness and response in Yemen?	EQ.6
9.17. What have been the main challenges you've faced by working in partnership with other INGOs and UNICEF?	NA.
COVERAGE	
9.18. How did problems of access, and other constraints in different parts of the country, affect the ability of the RRM to target those most in need?	EQ.7
9.19. How well would you say that the second RRM reached the targeted conflict-affected population?	EQ.7
9.20. Do you know what the percentage of 1 st line recipients that received 2 nd line support?	EQ.7
9.21. Was there adequate information available about the number of people requiring RRM assistance? From where, how often updated? (For both line responses.)	NA.
9.22. How were decisions made about who receives the second-line RRM assistance?	NA.
9.23. Did any people or groups of people have difficulty accessing RRM assistance and services? Which people/groups and why? (For both line responses.)	EQ.8
9.24. What measures were in place that you know if people/groups have problems accessing RRM assistance and has action been taken to resolve the difficulties? (For both line responses.)	EQ.8
COORDINATION AND EFFICIENCY	
9.25. In your view, did the RRM make the best use of resources (both time and money) to achieve its objectives? (For both line responses.)	EQ.9
9.26. Are there ways to streamline the programme and improve the cost-efficiency of the second-line RRM in the future?	EQ.9
9.27. Does the use of resources vary in different governorates and districts? Why?	EQ.9
9.28. How well did follow-up mechanism work for referrals from the ACF consortium, to other partners for further cluster-specific humanitarian interventions?	EQ.10

EFFECTIVENESS	
9.29. How long after the first-line RRM was the second-line RRM effective? What is your opinion about the timing?	EQ.11
9.30. Was there a monitoring system in place to monitor progress, identify challenges, and taking corrective measures? <i>(Prompt only if necessary that the monitoring consists of UNICEF monitoring, PDM, TPM, AAP/feedback mechanisms)</i>	EQ.12
9.31. How could the monitoring of the RRM be improved?	EQ.12
9.32. What were the quality standards that the RRM is aiming to meet (e.g., Sphere standards, UNICEF CCCs)?	EQ.13
9.33. Does the RRM meet those standards? If not, why not, and what could be done to improve the quality of RRM assistance/services in the future?	EQ.13
9.34. Is there anything else you would like to say about the success or otherwise of the RRM?	NA.

Cluster coordinators

Interviews with cluster coordinators took place in English. If the ET found out that cluster coordinators were not very much involved, some questions will not be asked.

INTRODUCTION TEXT	
<p><i>"Hello, my name is XXXXX. I am here/calling today because I am doing an evaluation for the United Nations on how well they have been providing aid to Yemenite displaced people. Thank you for being here today. I am not part of any local or international NGO nor any UN agency so I will be asking you questions as a neutral person. What you tell me today will help us understand more about the support provided by the United Nations to the Yemenite population. You are a person of reference that can help improve the assistance provided to refugees. We need to understand what works well, and what does not work that well. We are interviewing many people with different roles in the project. The idea is to then go back to UNICEF and tell them what they need to continue doing, and what they need to change or do better."</i></p> <p><i>"The discussion is likely to last between 45-60 minutes depending on your answers and how much you want to say. Participation is voluntary, you do not have to take part in this discussion. You can leave at any time. You don't have to answer to all the questions I ask if you don't want to. There is no direct benefit to you for being part of this discussion. We will be taking notes during the discussion, but we won't name anyone here in the report, all quote will be anonymous. Can we now start with the questions?"</i></p> <p>Wait for consent. Answer to any question. Then start the questionnaire.</p>	
GENERAL	EQ relation
11.1. Name / Gender / Cluster / Position	NA.
11.2. Can you tell me briefly about your role in the Cluster Coordination over the 2019-21 period? When did you start? - <i>which cluster/s, for how long?</i>	NA.
11.3. Were you involved in the first and/or second-line RRM? How?	NA.
QUESTIONS	
11.4. Do you feel that, overall, the RRM responds appropriately to the needs and priorities of displaced and conflict-affected people? What is the evidence for this?	EQ.3

11.5. Is there anything that could have been changed in the design that would have made the RRM more relevant to the needs of and priorities of displaced and conflict-affected people?	EQ.3
11.6. Was there any discussion at cluster level about the stopping of the 2 nd line RRM response in March 2020? If yes, what was discussed?	NA.
11.7. Were any cluster partners able to take over the support lost from stopping the 2 nd line response?	NA.
11.8. What changes have you seen in humanitarian support to IDP because of COVID-19?	EQ.3
11.9. The UN's work in emergency contexts is guided by a set of principles and commitments (for example on gender, disability, accountability, localization, etc). Do you feel that the RRM is in line with these principles and commitments?	EQ.4
11.10. In your view, is the RRM aligned with national and local efforts to respond to displaced and conflict affected people in Yemen? Provide examples	EQ.2
11.11. In what ways do you think the first-line RRM partnership between UNICEF, UNFPA and WFP is relevant to the context in Yemen?	EQ.1
11.12. According to you, what have been the key successes and the key challenges of the RRM?	NA.
CONNECTEDNESS	
11.13. How well did the RRM link displaced, and conflict affected families to longer-term services provided by your cluster and other actors?	EQ.5
COHERENCE	
11.14. How does UNICEF's work on the RRM fit together with the clusters work on emergency preparedness and response in Yemen?	EQ.6
COVERAGE	
11.15. According to you, how well has the first line RRM been able to reach the entire population of displaced and conflict-affected families?	EQ.7
11.16. Do you know of any people or groups that have more difficulty than others in accessing the RRM?	EQ.8
COORDINATION AND EFFICIENCY	
11.17. Can you please describe the coordination mechanism: coordination between staff working on the RRM and other UN/NGO groups, such as the clusters, IDP site managers, etc? Provide examples.	EQ.5 / EQ.10
11.18. Are there lessons for how links and referrals could be improved in the future?	EQ.10
11.19. Has the 1st line UN response aligned well with the 2nd line INGO response? What have been the key successes and challenges?	EQ.5 / EQ.10
11.20. Do you know if the relationship between UNFPA, UNICEF and WFP contributed to a timely and cost-effective preparedness and response for the first line of RRM assistance? Provide examples.	EQ.9
11.21. Has the relationship with partners in the ACF-led Consortium contributed to a timely and cost-effective preparedness and response for the 2nd line of RRM assistance? Provide examples.	EQ.9
11.22. What lessons can be learned about partnership modalities within both RRM?	EQ.9
EFFECTIVENESS	
11.23. Do you have any comment on the effectiveness of the RMM responses in providing life-saving assistance to affected populations within 72 hours? Would you say that the responses were provided early enough? Explain	EQ. 11
11.24. Is there anything else you would like to say about the success or otherwise of the RRM?	NA.

Direct observation tools

Two observation tools were designed for enumerators in the field. The first tools were to be used if enumerators were around to assist in distribution of first-line RRM. This did not occur during implementation of the evaluation. Thus, the first tool was not used.

The second tool developed was to be used to see how well water access, latrines access and the use of shelter kits was implemented during the second-line RRM that ended in October 2020. As the response ended more than one and a half year ago, the enumerators worked with the Ips to identify which facilities were linked with the second-line RRM response, though they faced some difficulties.

Observation of RRM2 interventions

ACCESS TO WATER AND LATRINES		Tick box
<u>Note to the enumerator.</u> This direct observation tool should be used in each camp and town visited. The enumerator will need to walk around the camp or the town with the camp manager, the community leader or its representative. The enumerator needs to be sure that the installations visited have been put in place during the second-line RRM.		
Name of enumerator		
Date		
Governorate		
District		
Camp or town		
Name of camp manager/community leader/representative		
Number of IDPs in camp/Number of IDPs in town		
Number of latrines in the camp for men		
Number of latrines in the camp for women		
Number of mixed men/women latrines in the camp		
WATER (if none or not done during second-line RRM, skip to latrines)		
Who was the implementing partner?		
Ask the people living around the water point how many litres per person is available per day [1. less than 10L; 2. 10L; 3. Between 10 and 20L. 4. More than 20L; 5. Unlimited amount; 6. It varies all the time; 7.Does not know.]		
Person one		
Person two (different household than person 1)		
Person three (different household than person 1 and 2)		
Eventual comments to the question:		
Ask the people if they the water is drinkable. [1. Yes always drinkable; 2. Yes, mostly; 3. Not often drinkable; 4. Never drinkable]		
Person one		
Person two (different household than person 1)		
Person three (different household than person 1 and 2)		
Eventual comments to the question:		
Ask the people if the access to drinking water degraded since October 2020? [1. No, is is the same; 2. No, it is even better; 3. Yes a little bit; 4. Yes, a lot; 5. I do not know]		
Person one		

Person two (different household than person 1)	
Person three (different household than person 1 and 2)	
Eventual comments to the question:	
Ask the people if the water source is regularly maintained? [1. Yes maintained, we are satisfied; 2. Yes maintained, but it could be better; 3; Yes maintained, but it is not well done; 4; No, not maintained; 5. I do not know]	
Person one	
Person two (different household than person 1)	
Person three (different household than person 1 and 2)	
Eventual comments to the question:	
Tick if the area of water access looks clean to you.	
Tick if you see that water is/could be easily accessible by elderly or disabled people.	
Tick if water is available the day you are visiting	
Eventual additional comments:	
LATRINES (if none or not done during second-line RRM, skip to suage)	
Who was the implementing partner?	
Ask the people living around if they consider that there are enough latrines for people living in the surroundings [1. Yes, fully; 2. Yes, but could do with more; 3. Not enough.]	
Person one	
Person two (different household than person 1)	
Person three (different household than person 1 and 2)	
Eventual comments to the question:	
ADDITIONAL QUESTIONS WILL BE ADDED BY ET AFTER INTERNAL DISCUSSION	
SEWAGE SYSTEM (if none or not done during second-line RRM, skip to shelter kits)	
Who was the implementing partner?	
ADDITIONAL QUESTIONS WILL BE ADDED BY ET AFTER INTERNAL DISCUSSION	
SHELTER KIT (if none or not distributed through the second-line RRM, end observation)	
Who was the implementing partner?	
Tick if the owner of the shelter confirms having received it under the second-line RRM.	
Tick if the shelter still in used as a living area for a family?	
How long has the family been living in the shelter?	
Tick if the inhabitants are satisfied with the shelter	
If not, explain:	

Direct observation of RRM1 distribution (not used).

DISTRIBUTION SITE		Tick box
<p><u>Note to the enumerator.</u> This direct observation tool should be used if you assist to a distribution of first-line RRM. Before undertaking the observation, you need to meet the implementing partner and advise him of your visit and the purpose of the evaluation. You'll need the implementing partners' consent to undertake your observation. If consent is denied, report so at the end of the sheet.</p>		
Name of enumerator		
Date		
Governorate		
District		
Camp or town		
Implementing partner		
Tick based on if you can see that all service users are receiving all three kits (Food, hygiene and transit/dignity.)		
Explain in case not all 3 kits are distributed to everyone:		
Tick if you see certain kits that are in bad condition.		Food Hygiene Transit/dignity
Explain:		
Open randomly one of each kits at the distribution site (kits not yet distributed). Tick if anything is missing		
Food kit		
Hygiene kit		
Transit/dignity kit		
If anything is missing, please say what is missing.		
What is missing:		
If anything is missing, please proceed a second time for the kits concerned ant tick if anything is missing again		
Food kit		
Hygiene kit		
Transit/dignity kit		
If anything, missing again, please say what is missing		
What is missing:		
Tick if UNICEF, UNFPA or WFP's name is visible at the distribution site.		
Tick if the implementing partner's name is visible in the distribution site		
Tick if a hotline phone number is visible at the distribution site		
Tick if you can see the following vulnerable people waiting with others in the queue to receive the kits:		
Elderly people		
Pregnant women		
Disabled people		
Tick if you see that vulnerable people are attended to in priority		
Tick if you feel that people are NOT well treated and explain		

Explain:	
Tick if you witness any sign of abuse towards service users.	
Explain:	
Additional relevant information:	

The observation sheet for the second-line response was fine tuned based on the exact areas that were visited. The base tool is presented below. It was adapted during field work following selection of sites.

Annex 8. Sample frame

Table 5: Selected sites for in-person data collection

Marib Targeted Locations		
Marib Alwady		
Site 1	Aal Harmal	Acted CCCM
Site 2	Al Somaia	SHS Managed site
Site 3	Al Kuseef	IOM managed site
Replacement site 1	Al Ramsah	IOM managed site
Marib City		
Site 1	Al Rumaylah alqaoz	IOM managed site
Site 2	Almatar	No CCCM
Site 3	Alziraah	No CCCM
Replacement site 1	Al Arsh	PHA
Taiz Targeted Locations		
Al-Ma'afer		
Site 1	26 September Camp	
Site 2	Alkhaorah Camp	
Site 3	Almoneej Camp	
Replacement site 2	Shupat Camp	
Al-Shamayatyn		
Site 1	Althahrah Camp	
Site 2	Alnasser Camp	
Site 3	Alboragah Camp	
Replacement site 2	Alhabail Camp	

Annex 9. Household Survey Findings

12.1.1 Introduction

This document presents the findings from the phone survey conducted as part of the evaluation of the Rapid Response Mechanism (RRM) in Yemen, implemented by UNICEF, together with UNFPA and WFP through local implementing partners in Yemen. The evaluation was completed by KonTerra and RMTeam and covered RRM implementation from Oct. 2019 to Dec. 2021. A total of 90 households participated in the phone survey.

The overall objective of the evaluation is to provide UNICEF with concrete evidence on the effectiveness and efficiency of the RRM program first line kits (ready-to-eat food, hygiene kit, dignity kit) in Yemen, along with lessons learned and recommendations based on this assessment.

12.1.2 General Information

Figure 13. Participants' position in the family (n=90).

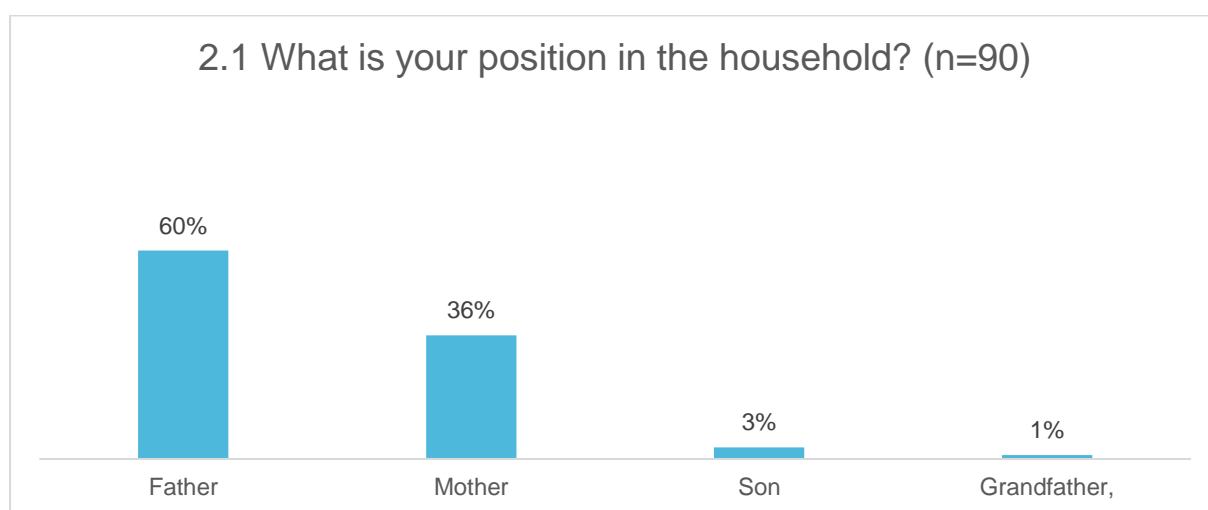


Figure 14. Age of service users who participated in the Household Survey (n= 90).

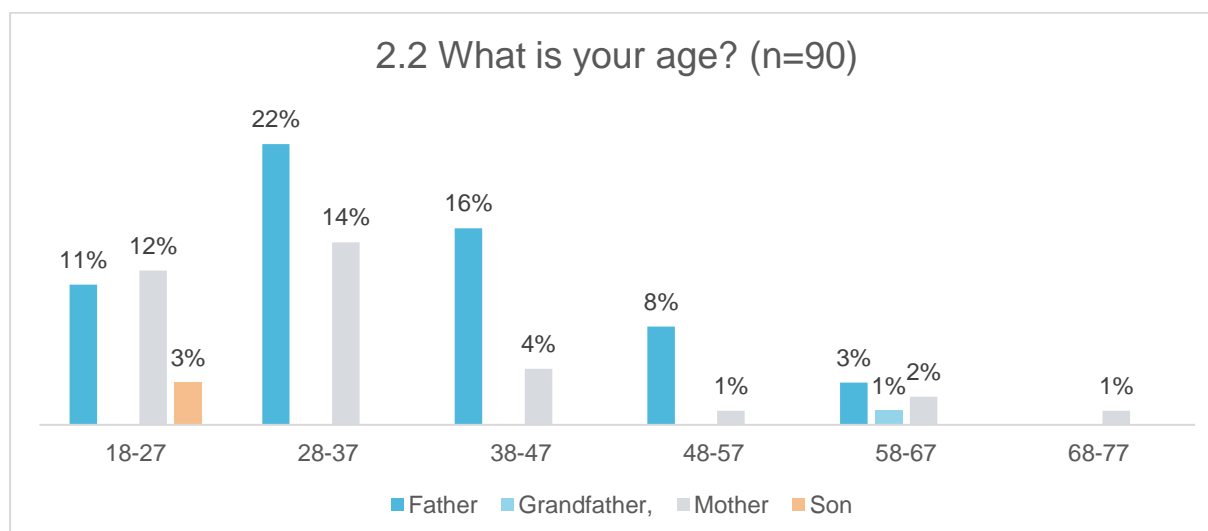


Figure 15. Number of individuals living in each participant Household (n=90).

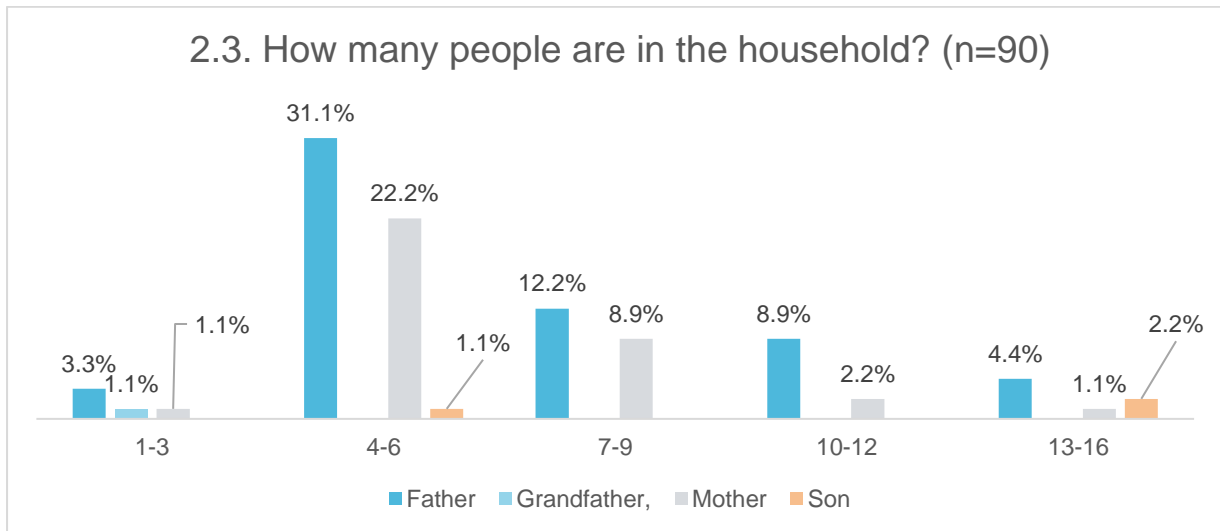
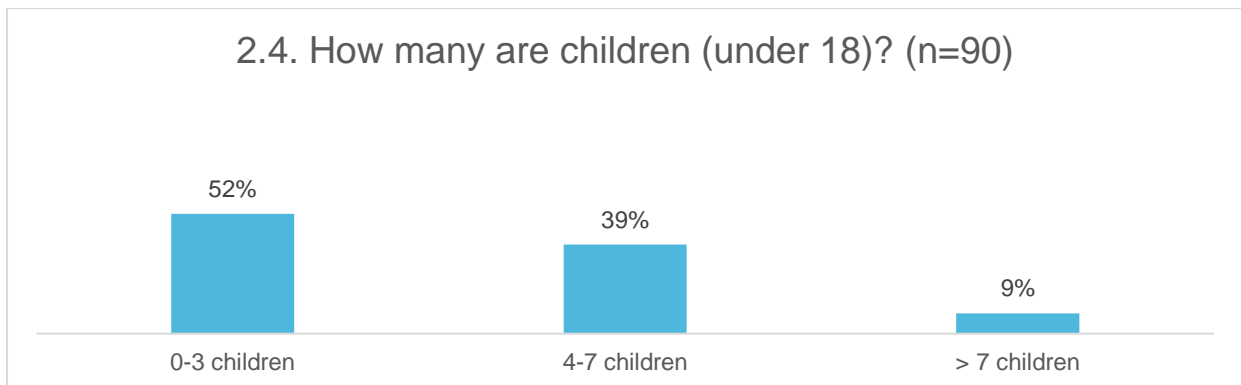


Figure 16. Percentage of children under 18 years of age (n=90).



12.1.3 Timing

Figure 17. Duration of period between displacement and registration. (n=90).

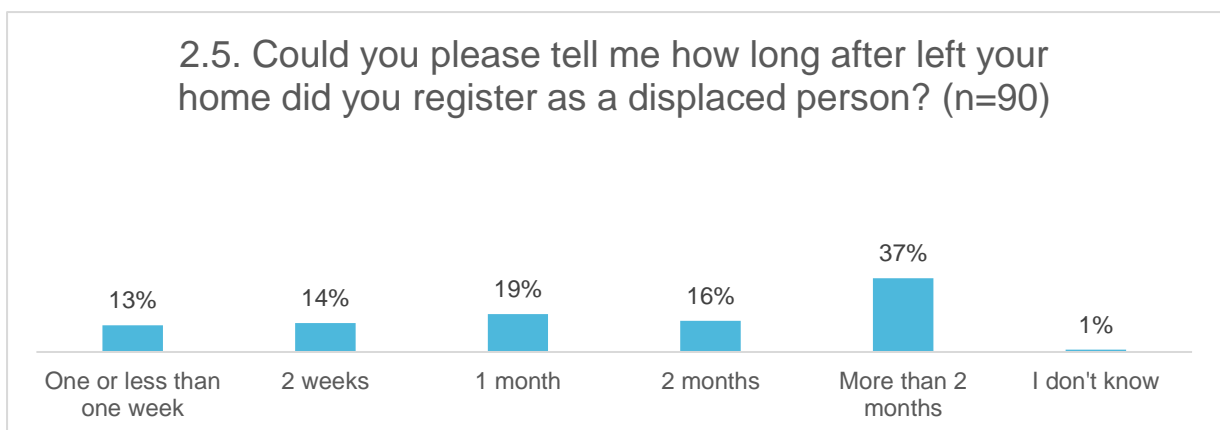


Figure 18. Duration of period between registration and receiving RRM kits (n=90).

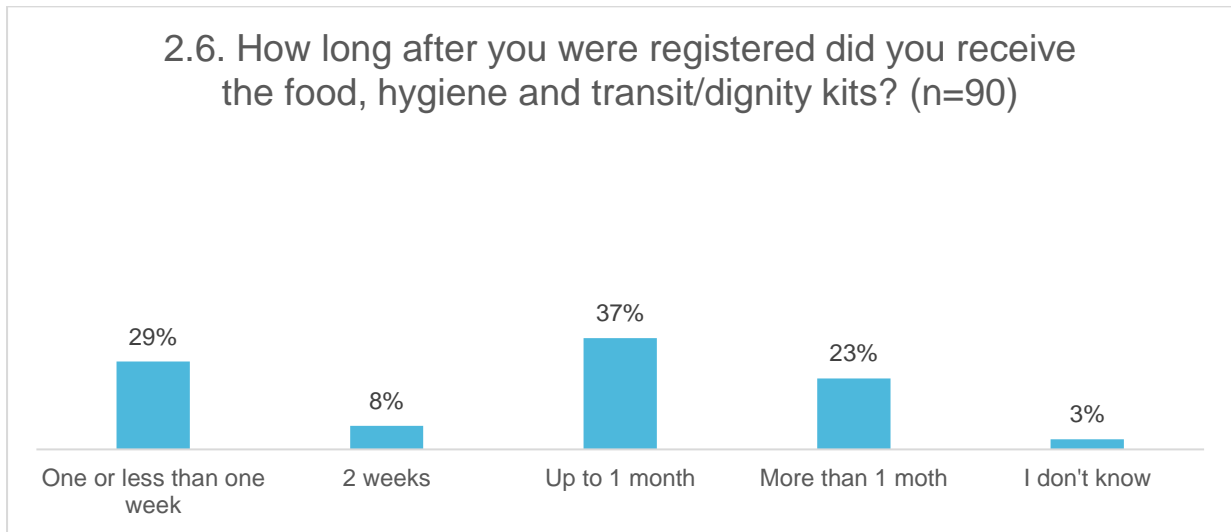


Figure 19. Timely reception of kits (n=90).

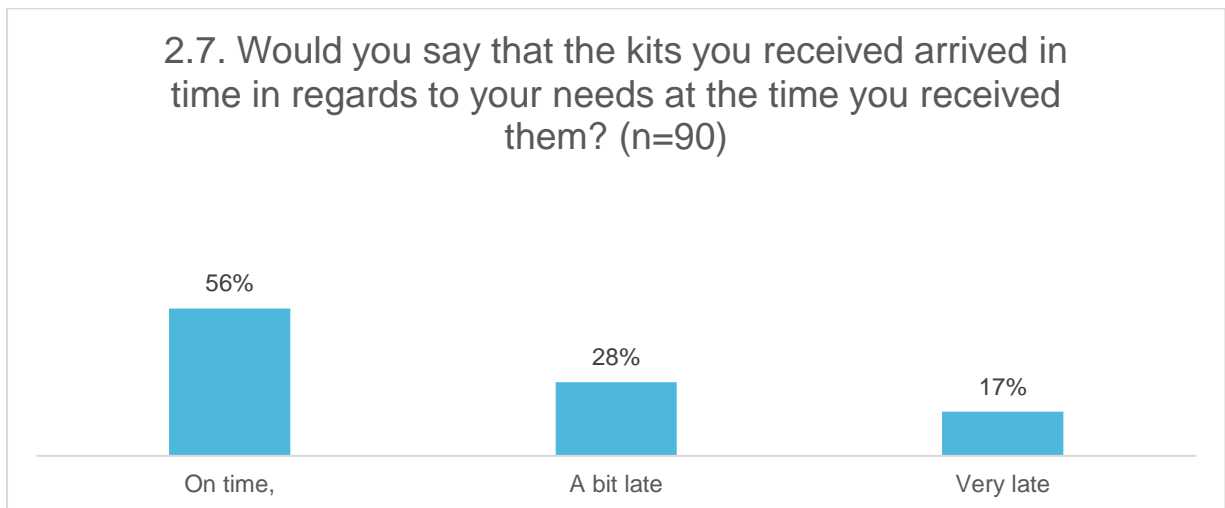
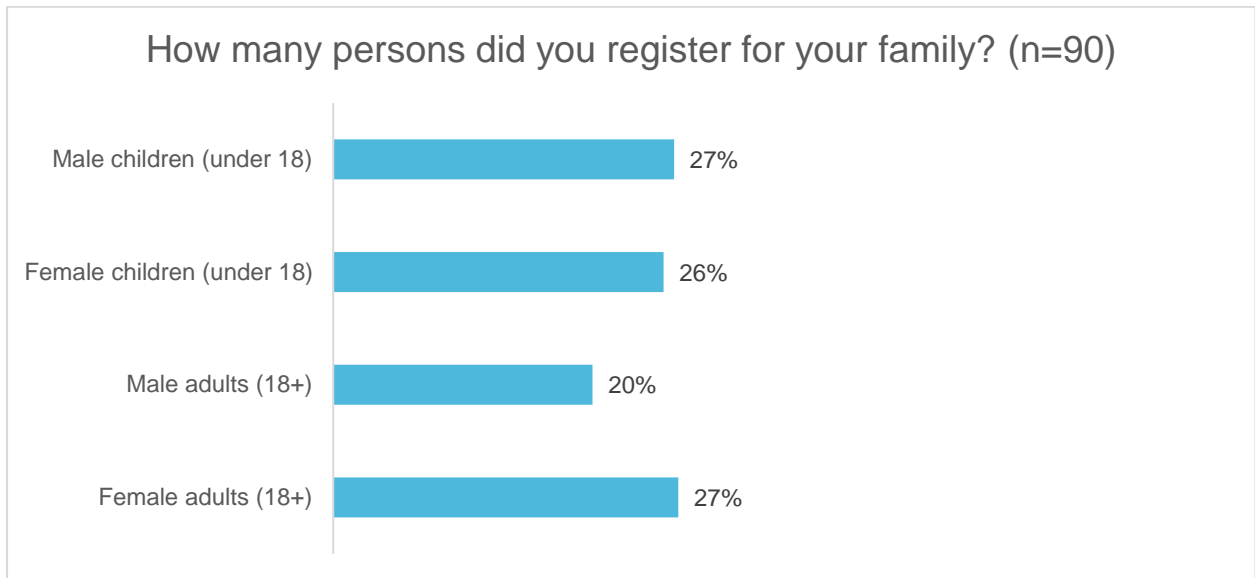


Figure 20. Number of individuals registered per HH (n=90).



Figure 21 Number of people registered for respondent family (n=90).



In total, 90 HH survey respondents reported a total number of 610 persons registered.

12.1.4 Food Kits Evaluation

Figure 22. Percentage of respondents receiving a food kit (n=90).



2.14. If they did not receive a food kit, why? (n=9)

- All of them said, they did not know.

A total of 81 respondents reported having received food kits. Thus, the reported percentages related to food kits related questions will be based on this number.

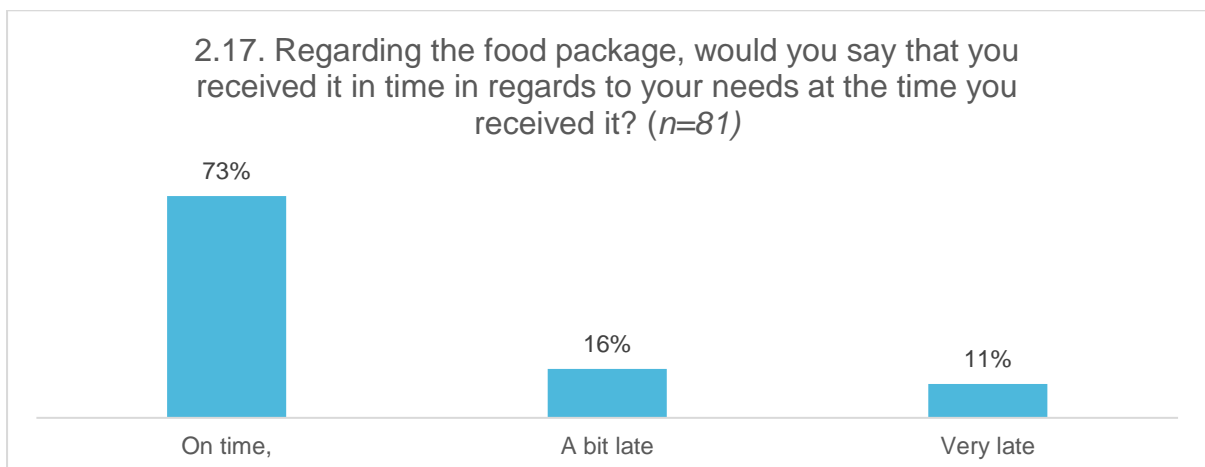
Figure 23. Items received in the food kits (n=81).



Table 6 Comments on food kits

Answers	Count	Answers
Don't remember the quantity	10	
No dates received	1	
Received 1 date	2	
Received 12 beans, 12 Basalia ⁹²	1	
Received 12 beans, 12 Basalia, 7 Tuna	1	
Received 14 Tuna	1	
Received 14 Tuna, 7 beans, 7 Basalia	1	
Received 15 Tuna	2	
Received 20 beans	1	
Received only dates	1	
Grand Total	21	

Figure 24. Food kits reception timing (n=81).



⁹² Green peas

Figure 25. Food kit as main source of food (n=81).

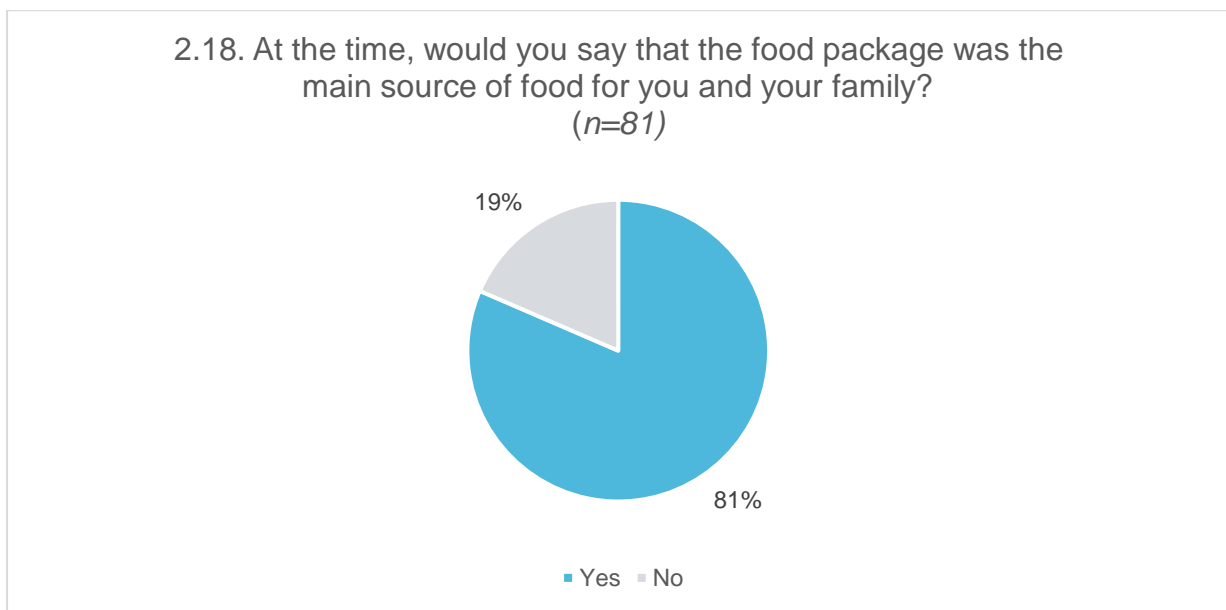


Figure 26. Appropriateness of the food received in the food kits (n=81).



Table 7 If reported food was average or not good, please explain why.

Answers	Count	Answers
The prefer pulses rather than canned ones	1	
Dates was damaged	1	
Beans quality is bad	2	
It was not sufficient	2	
I received dates only	1	
Grand Total	7	

Figure 27. Appropriateness of the food quantities received in the food kits (n=81).



Table 8 . Did you share some of the food with others?

2.22. Did you share some of the food with others?	Total	Total%
Yes	11	100%
Grand Total	11	100%

Since the reported result is 100%, a graph was not made for this question.

Referring to the 14% (N=11) who did not eat all of the food themselves, all of these respondents (100%) reported that they shared some of the food with others.

Table 9 Did you have to sell any of the food?

2.23. Did you have to sell any of the food?	Total	Total%
No	81	100%
Grand Total	81	100%

Since all of the respondents (100%) reported they did not have sell any of the food, a graph was not made for this question.

2.24. If so, why? N/A

Figure 28. Duration of food kits (n=81)

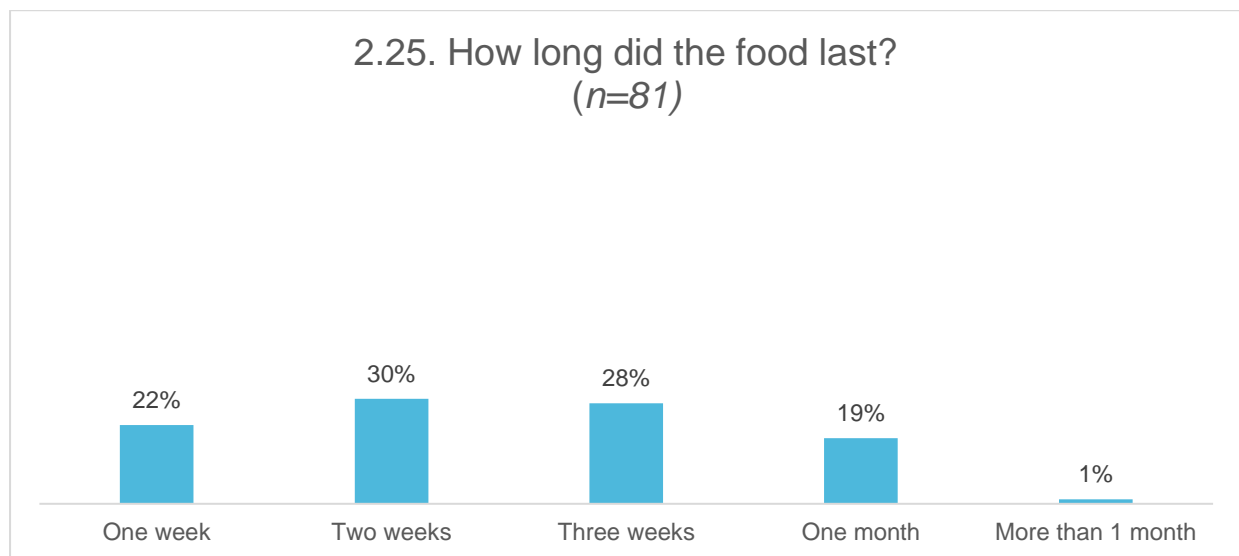


Figure 29. Food consumption after the food kit is gone (n=81)

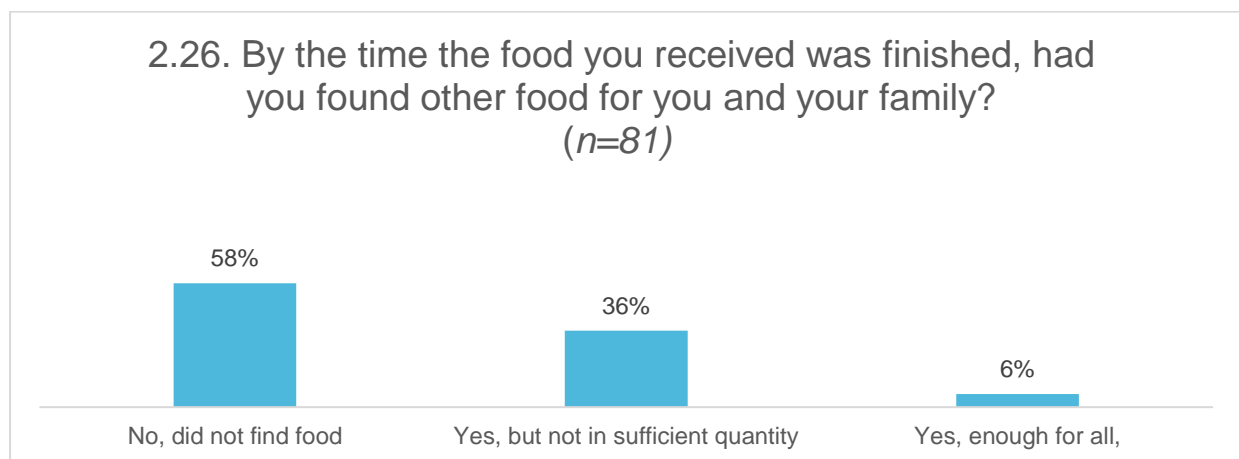


Table 10 What would you suggest to make those food packages better for a displaced family as yours?

Answers	Count	Answers
Add basic food items	22	
Add cash in monthly bases	1	
Add cheese	1	
Add flour	1	
Add flour and oil	1	
Add flour, sugar, milk and cheese	1	
Add milk cream	1	
Add milk for children	1	
Distribute food in place of clothes	1	
Distribute the remaining items of kits	1	
Increase the quantity	11	
Make it enough for family size	1	
Nothing	16	
Provide good quality	1	
To make it monthly distribution	6	
Grand Total	66	

Figure 30. Other urgent food needed (n=81).

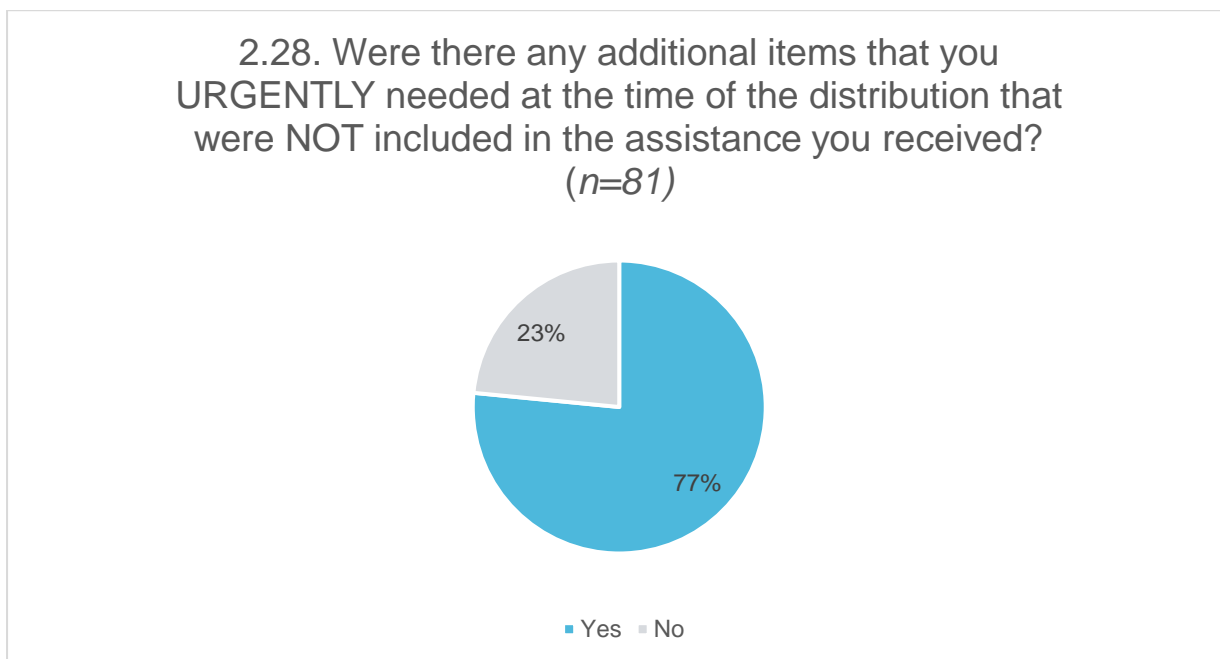
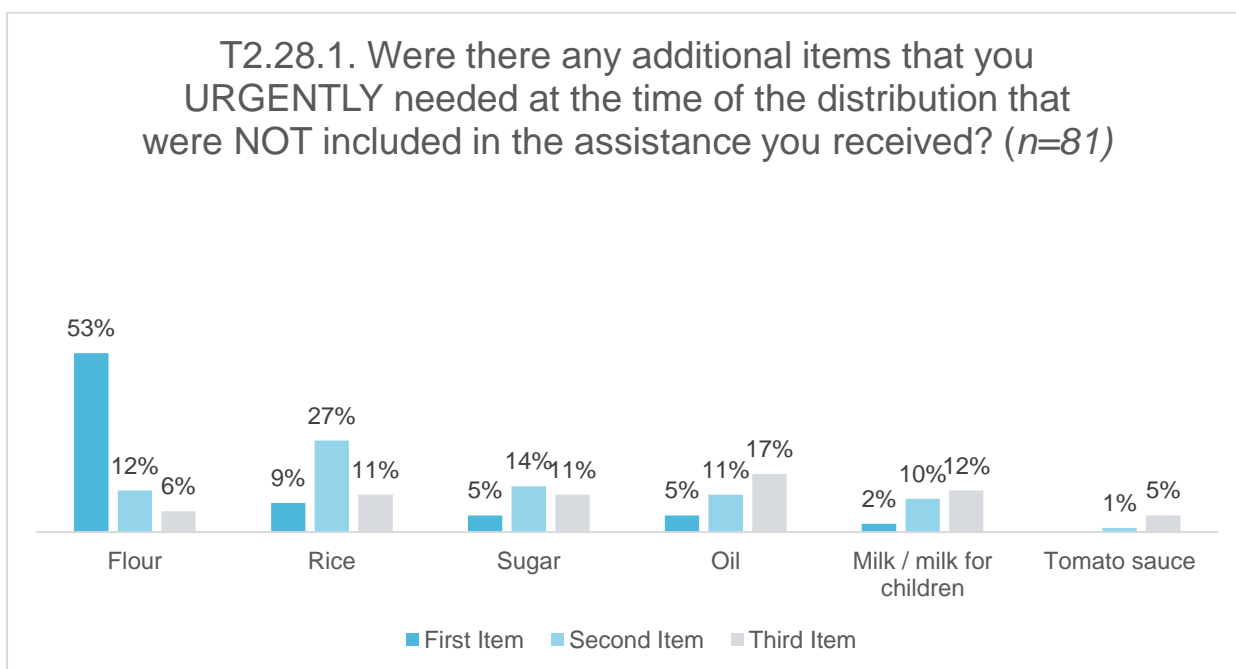
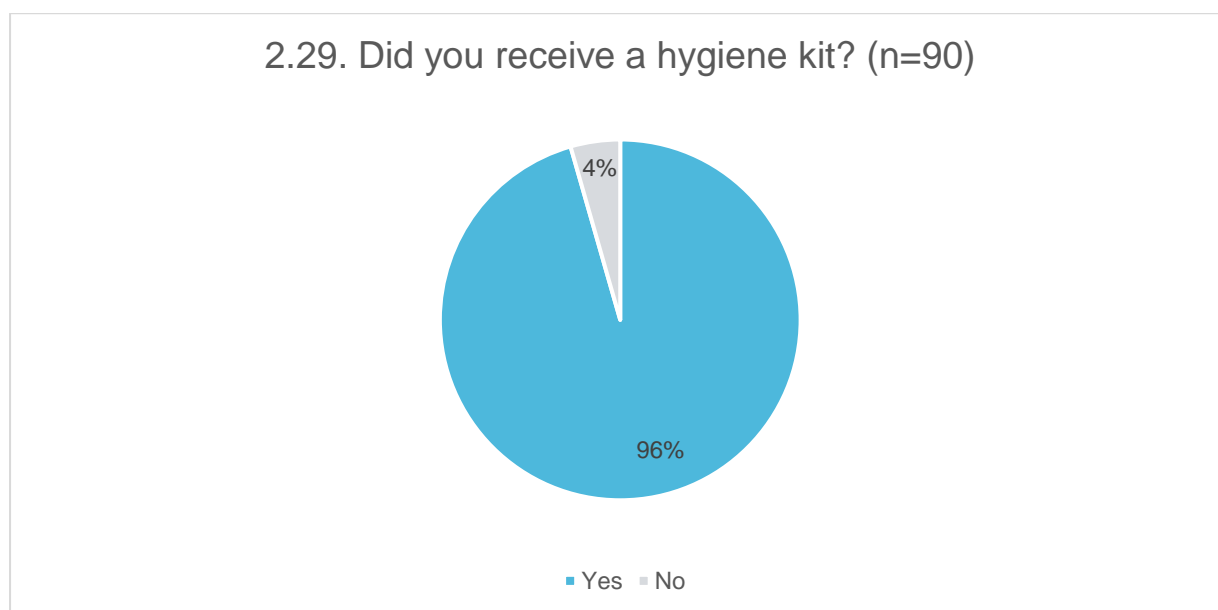


Figure 31. Items suggested to be added in the food kit (n=81).



12.1.5 Hygiene Kits Evaluation

Figure 32. Percentage of respondents who received a hygiene kit (n =90).



2.30. If didn't receive a hygiene kit, why? (n=4) Refers to the 4% in Figure 20

- 1- Receive cash assistance and blankets as mentioned
- 2- I don't know
- 3- It was distributed to someone else
- 4- I don't know

Figure 33. Items received in the hygiene kits (n=86).

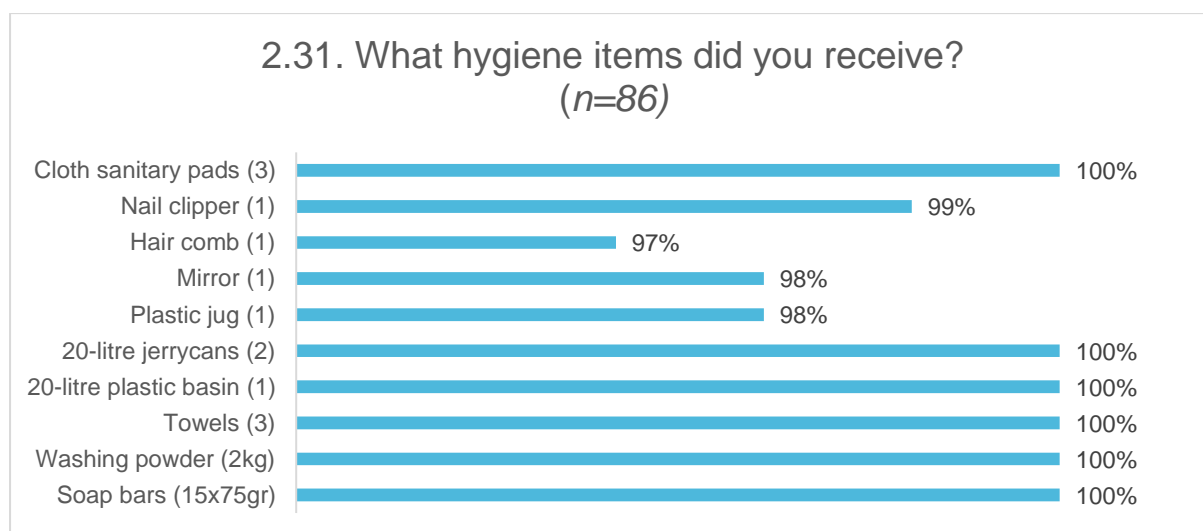


Table 11 Additional comments on items received in hygiene kits

Answers	Count	Answers
Towels 5	1	
Better to remove the towels	1	
Received 12 bars of soap	1	
Don't remember the quantities	9	
There was no hair comp, mirror and plastic jug	1	
Towels 4	1	
Soup bars only 6 received	1	

Figure 34. Hygiene Kits reception timing (n=86).

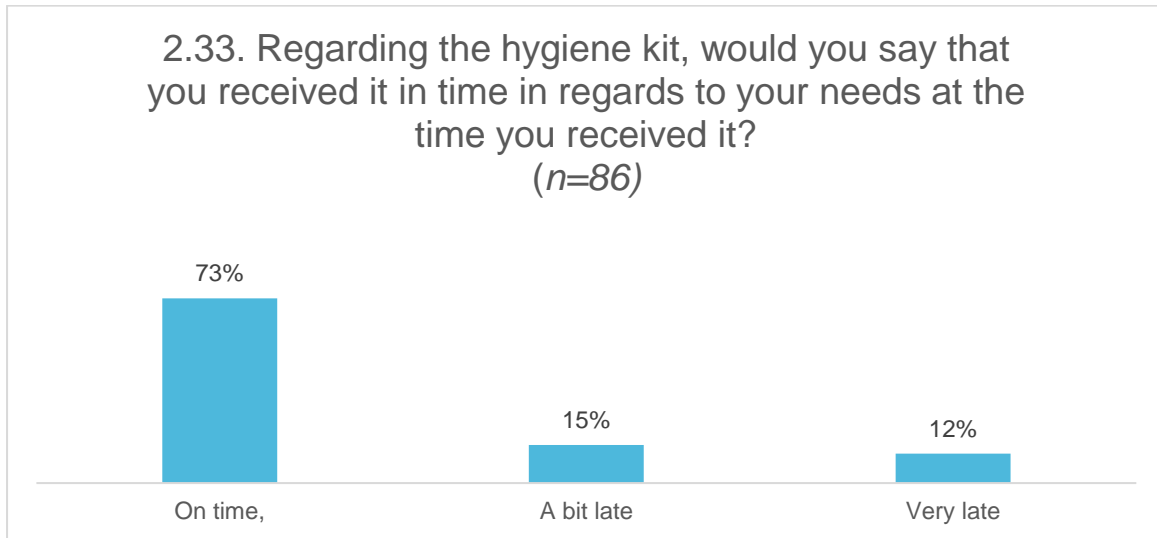


Figure 35. Quality of the items received in the hygiene kits (n=86)

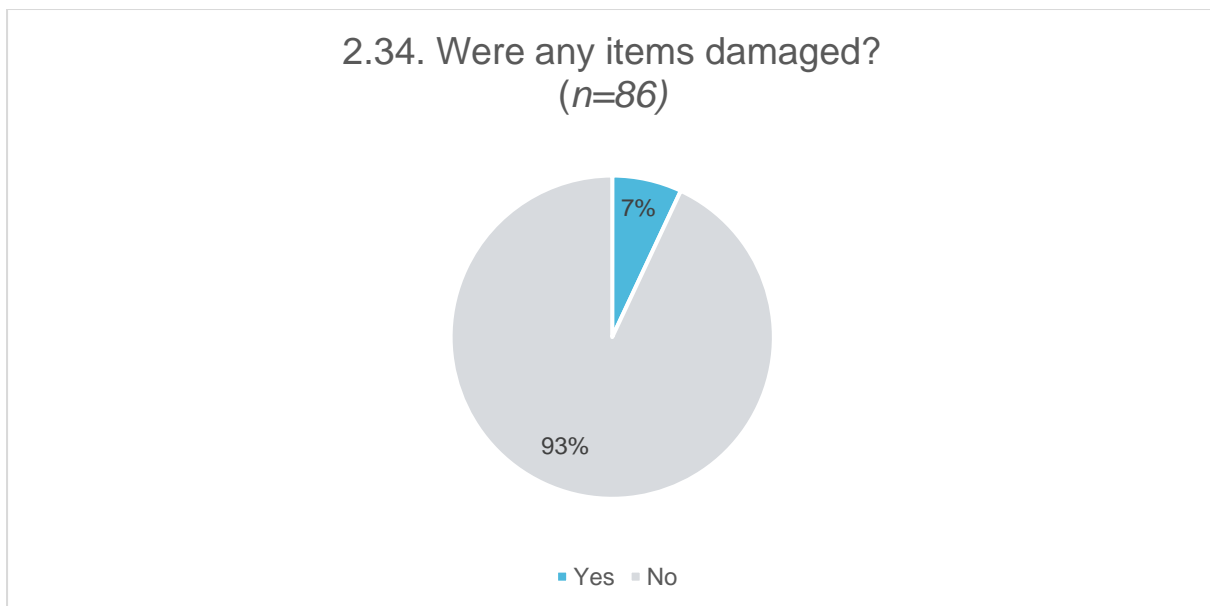


Table 12 If quality issues with hygiene kits, please explain

Answers	Count	Answers
Soap	2	
Soap and towels quality were bad	1	
Wash powder and shampoo quality were bad	1	
Soap quality was bad	1	
Grand Total	5	

Figure 36 Usefulness of items in the hygiene kits (n=86)

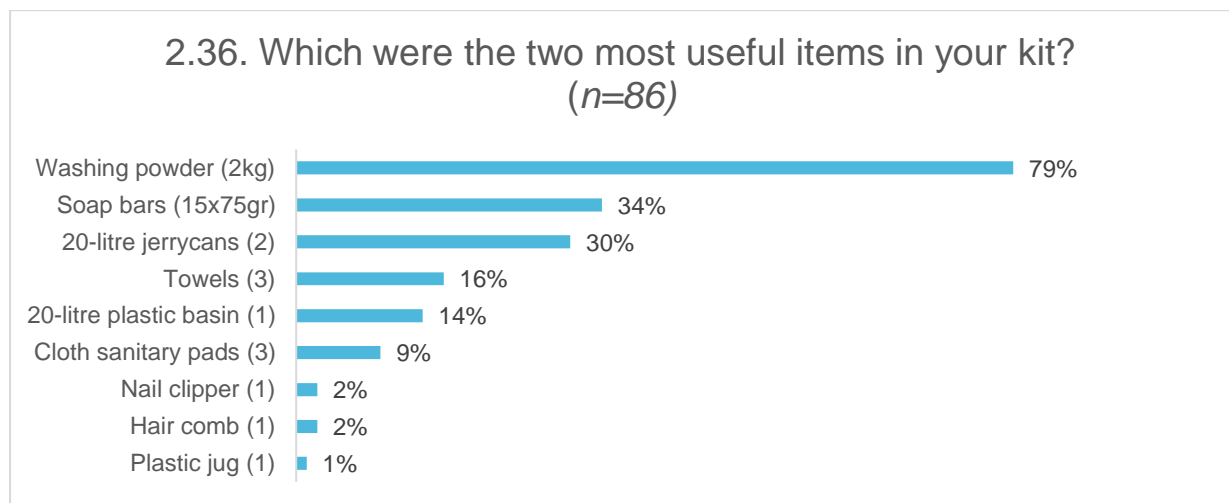
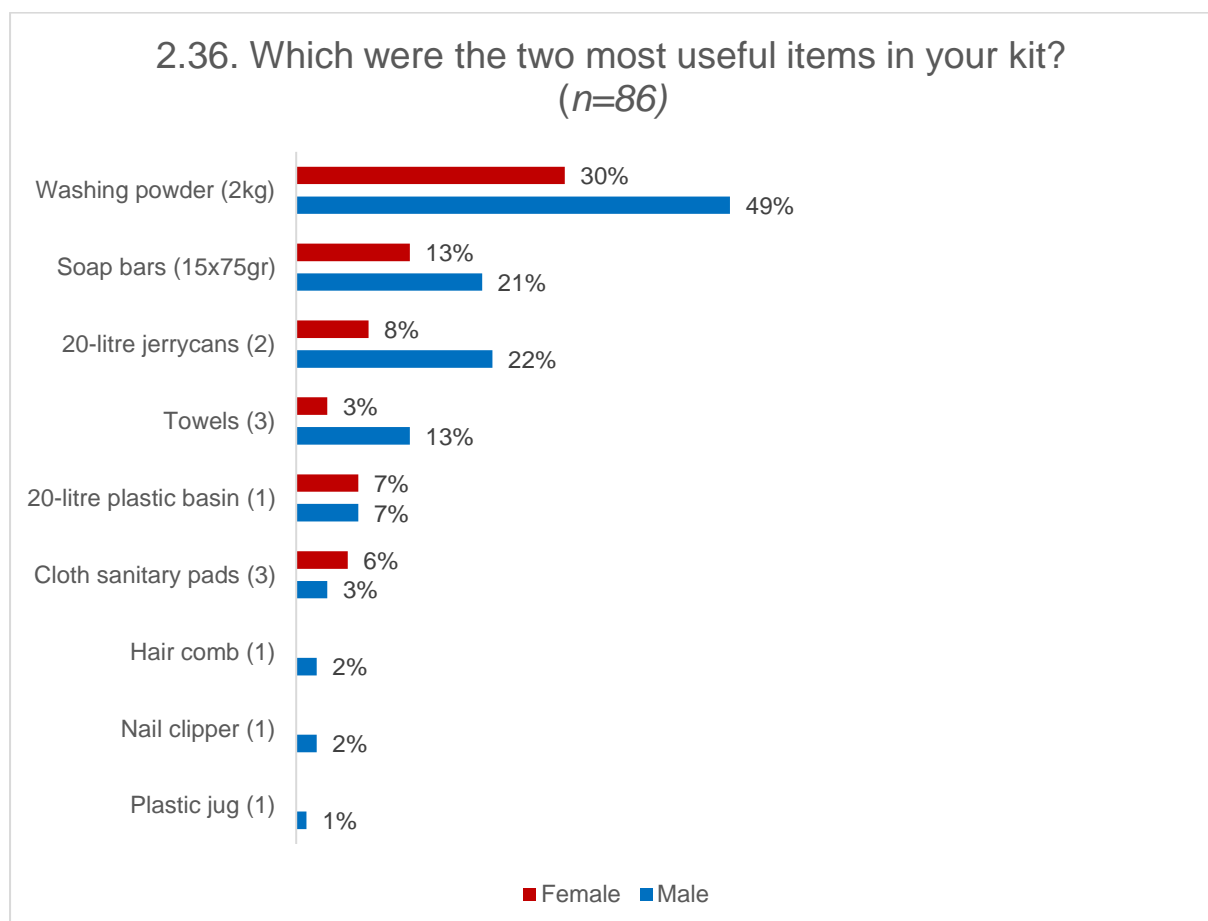


Figure 37. Usefulness of items in the hygiene kits, disaggregated by respondent gender (n=86).



2.37. If no items were useful, explain.

No one reported that "no items were useful."

Table 13 Suggestions to improve hygiene kits

Answers	Count	Answers
Add baby diapers	5	
Add Clorox	2	
Add Gloves	1	

Add school kits	1
Change it with food items	3
Distribute it regularly	1
Improve the quality	7
increase the quantity	1
Increase the soup and jerrycans	2
Increase the soup and wash powder	1
Increase the wash powder	17
Grand Total	41

12.1.6 Transit Kit Evaluation

Figure 38. Enumerator request to talk to a woman in the household

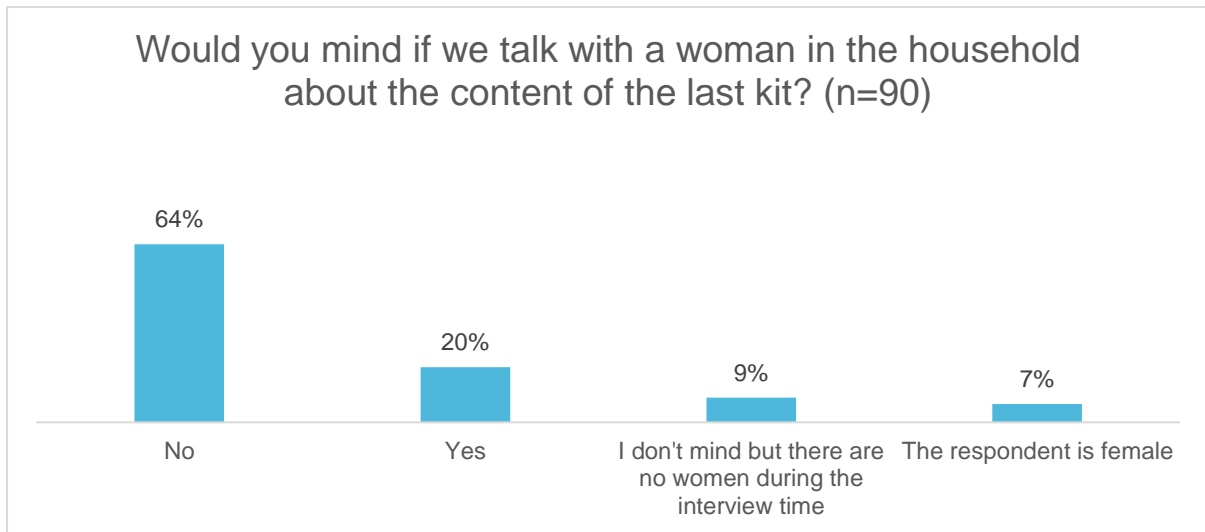


Figure 39. Change of interviewee 1 (n=90)

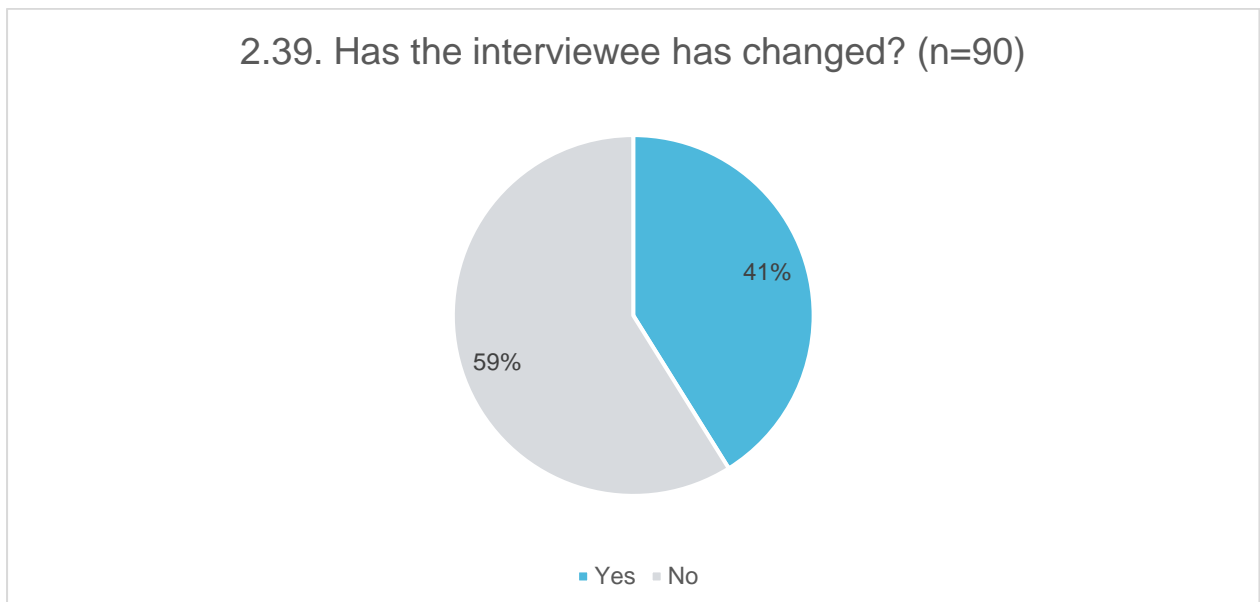
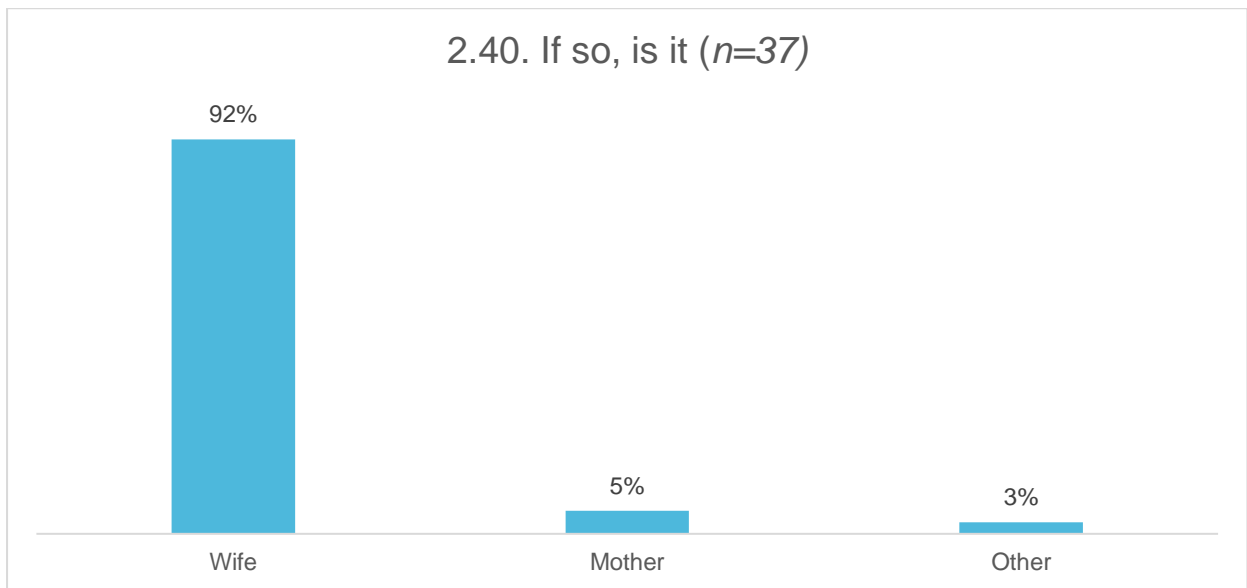


Figure 40. Change of interviewee 2 (n=37)



These 37 respondents comprise the 41% of the total survey sample (n=90) that changed interviewee (See Figure 26).

Figure 41. Reception of transit kits (n=90).

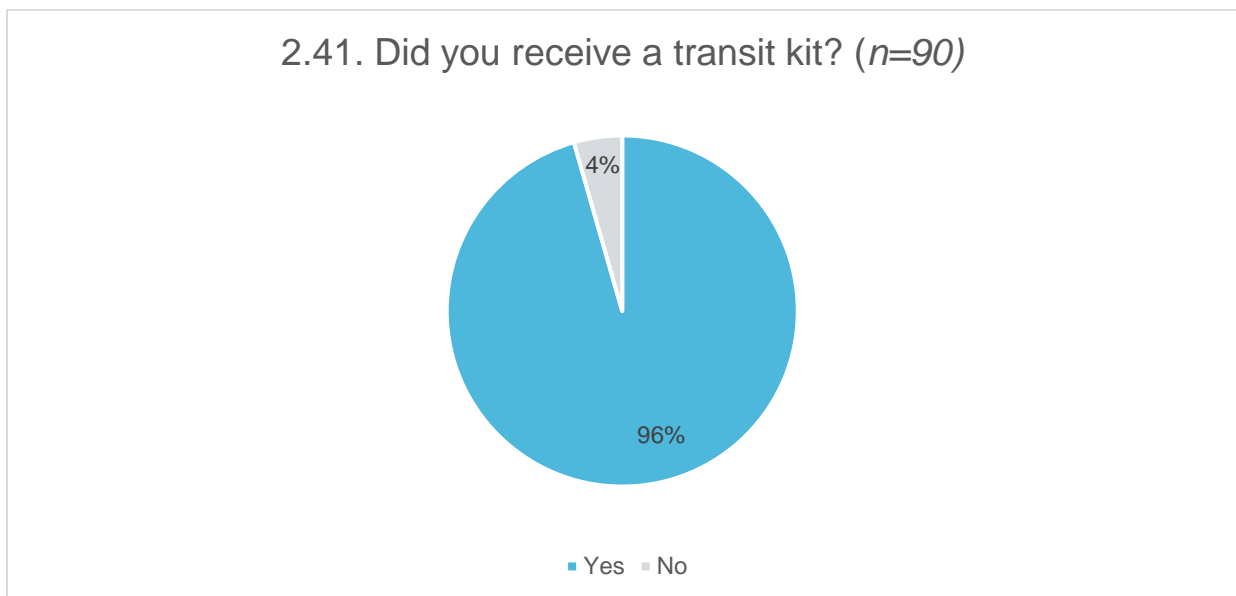
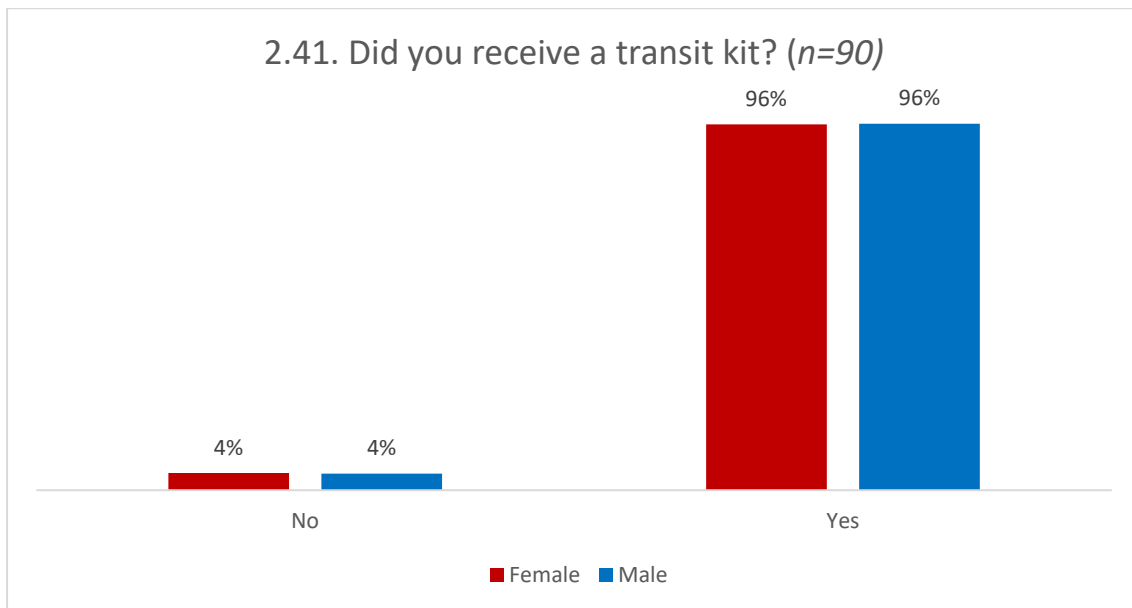


Figure 42 Reception of transit kits, disaggregated by respondent gender (n=90).



2.42. If not, why? (n=4)

- 1- Receive cash assistance and blankets as mentioned
- 2- I don't know
- 3- I don't know
- 4- I don't know

Figure 43. Items received in the transit kit, disaggregated by respondent gender (n=86).

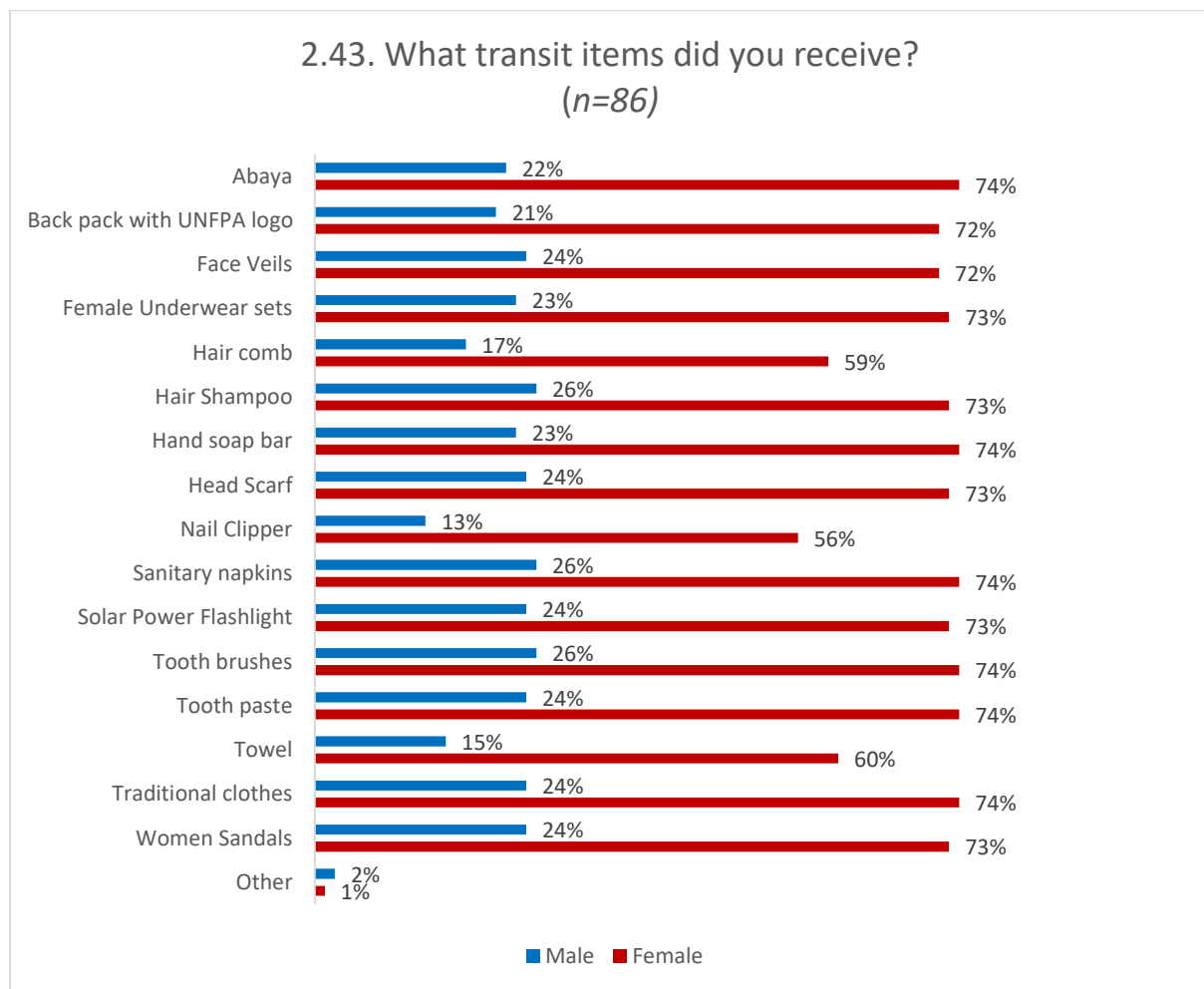


Figure 44. Items received in the transit kit (n=86).

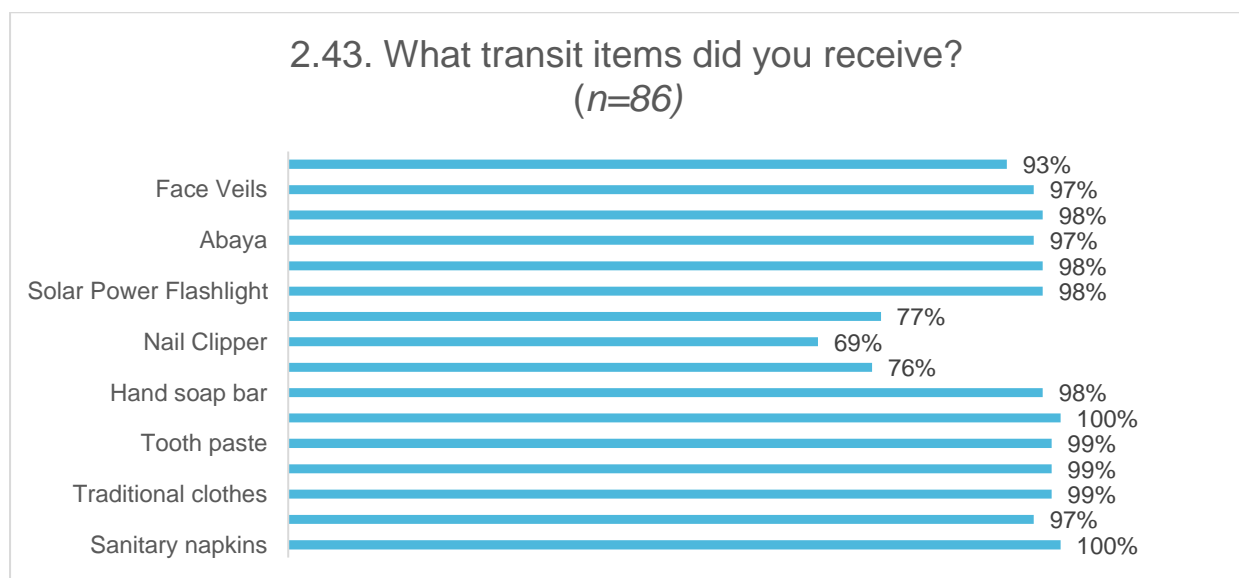


Table 14 Comments on transit kits

Answers	Count Answers
There was no Abaya, Face Veils, Female Underwear sets and Traditional clothes	1
service user is not at home	1
Women Sandals only 1	1
No Abaya	1
Don't remember the quantities	8
Nail Clipper and towels were not received.	1
Grand Total	13

Figure 45 Received transit kit in time based on needs, disaggregated by respondent gender (n=86).

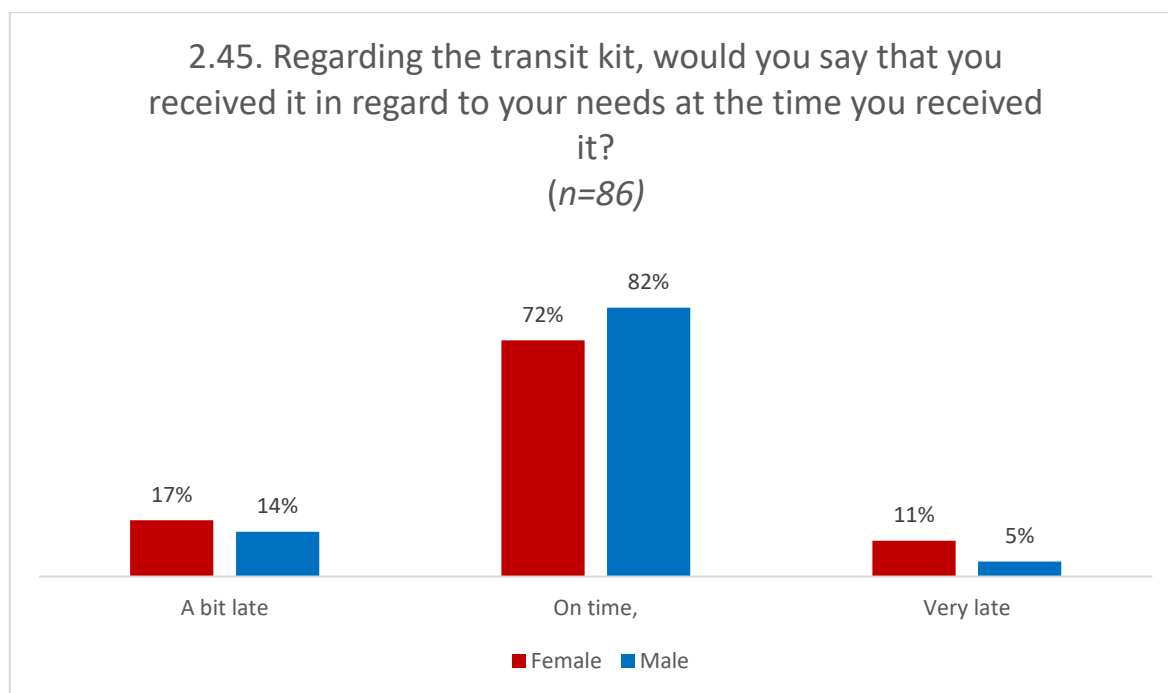


Figure 46. Received transit kit in time based on needs (n=86).

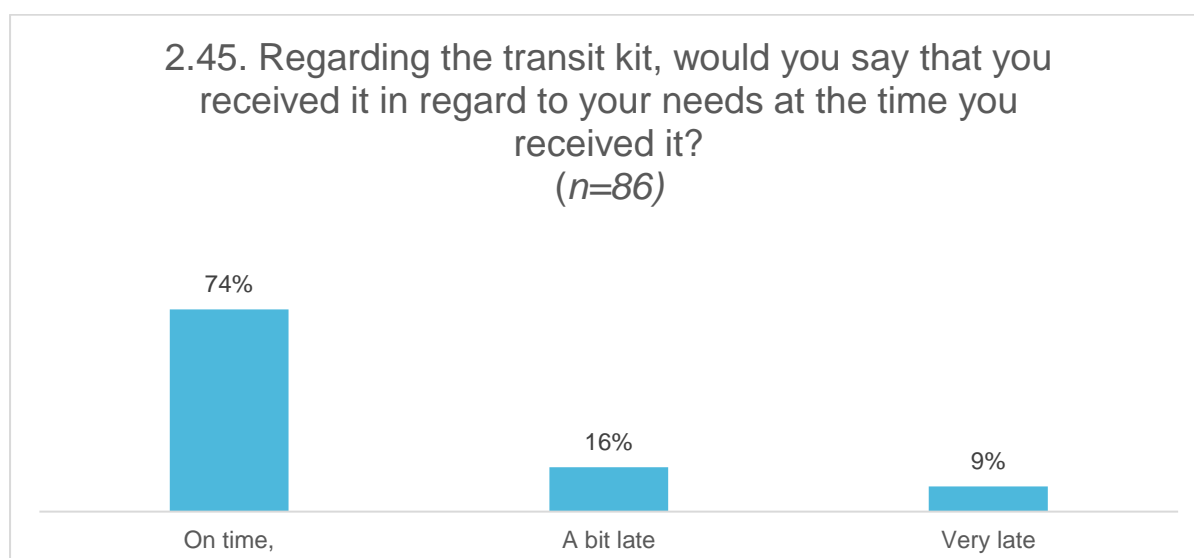


Figure 47 Quality of items received in the transit kits, disaggregated by respondent gender (n=86)

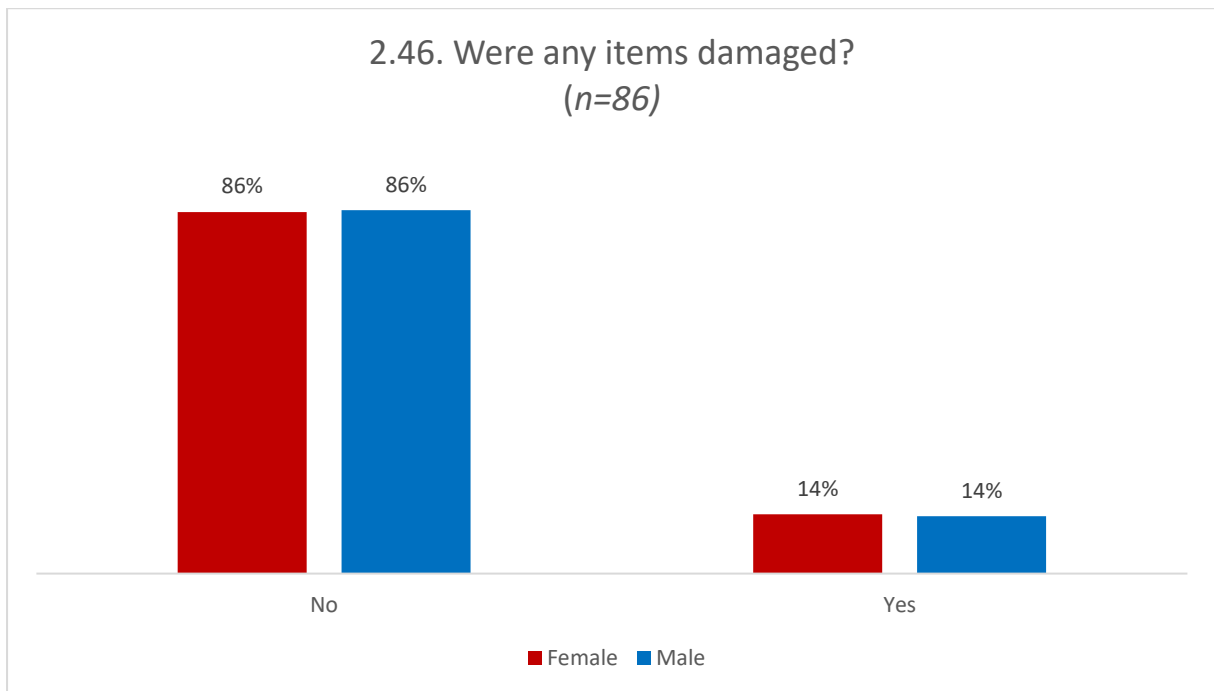


Figure 48 Quality of items received in the transit kits (n=86)

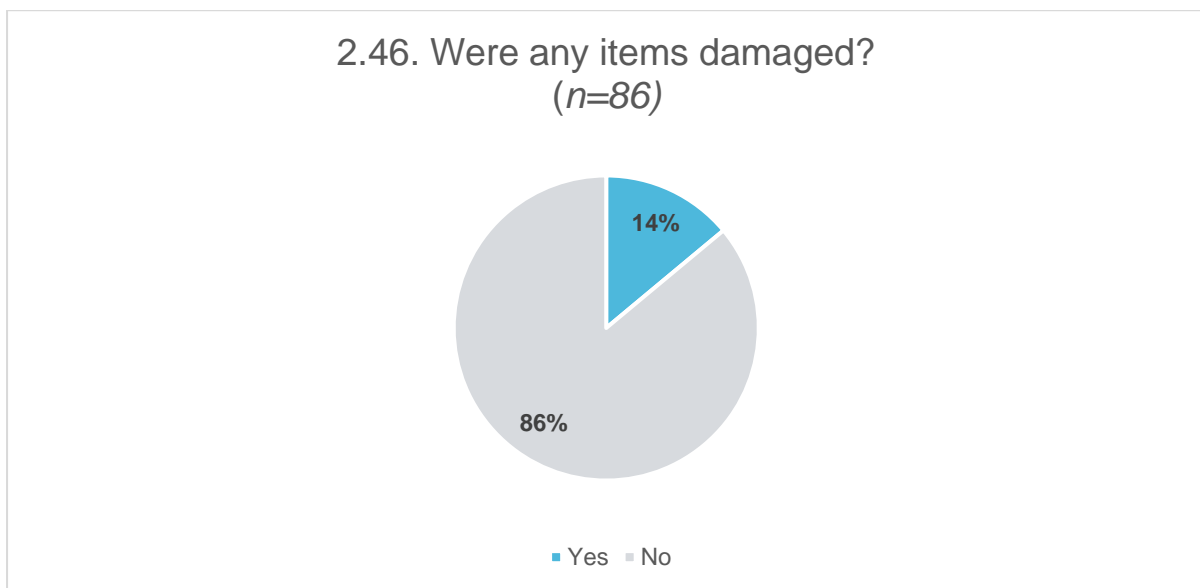


Table 15 Issues with quality of transit kits

Answers	Count	Answers
Face veils	1	
Hair Shampoo was broken	1	
Solar Power Flashlight was broken, some items were from the bad quality	1	
Solar Power Flashlight was broken	3	
Solar Power Flashlight was broken, some items were from the bad quality	1	
Mirror was broken	1	
Clothes were bad quality	2	
The quality was bad	2	
Grand Total	12	

Figure 49. Most useful items in the transit kits, disaggregated by respondent gender (n=86)

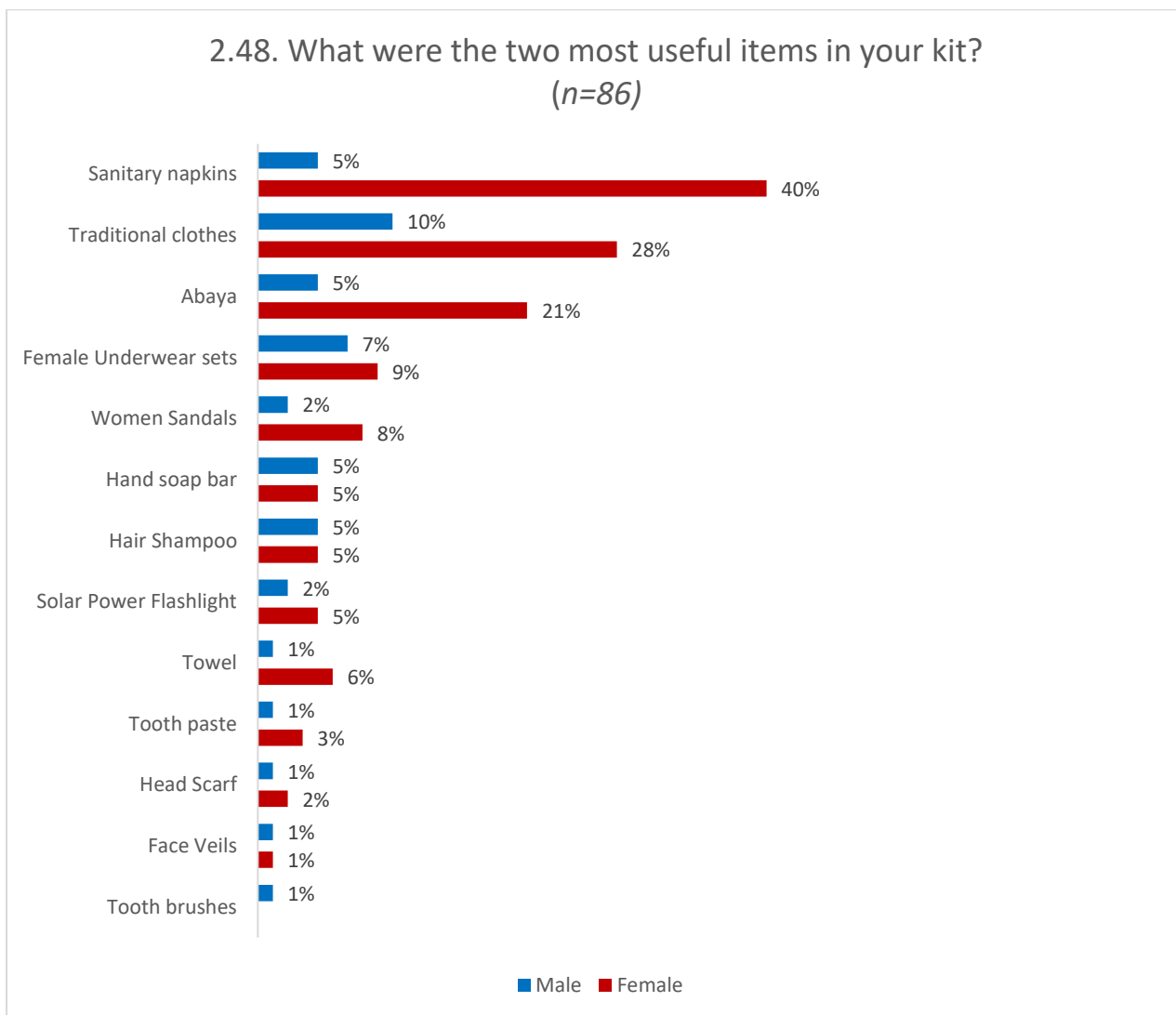
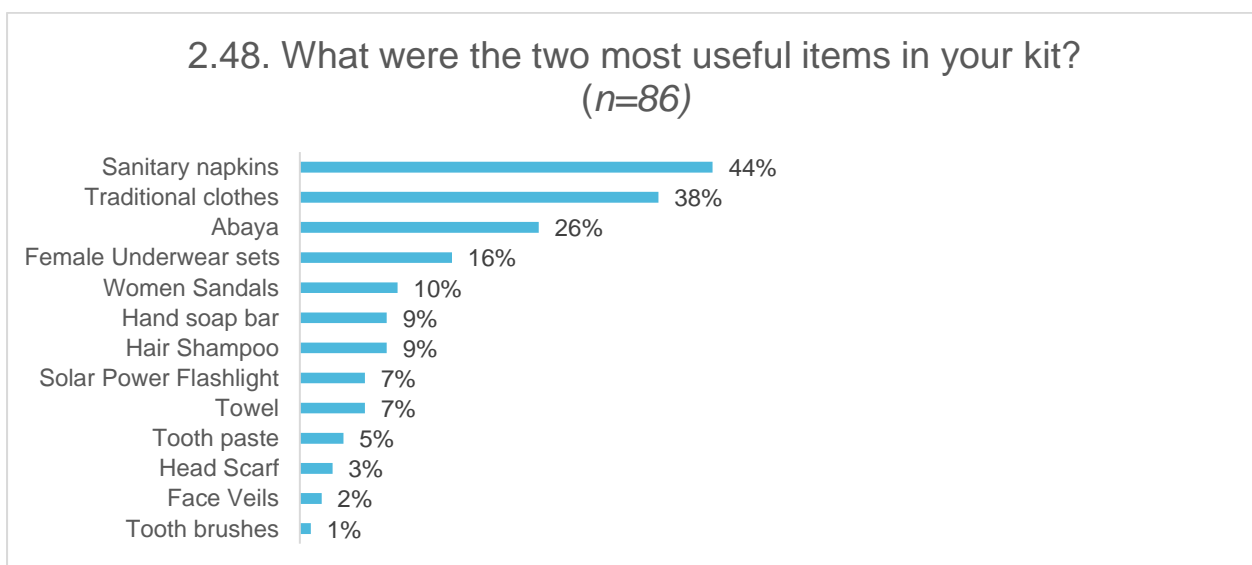


Figure 50. Most useful items in the transit kits (n=86)



2.49. If “no items were useful”, please explain.
No one reported that “no items were useful.”

12.1.7 Distribution Inquiries

Figure 51. Travel time from camp to distribution site (n=90).

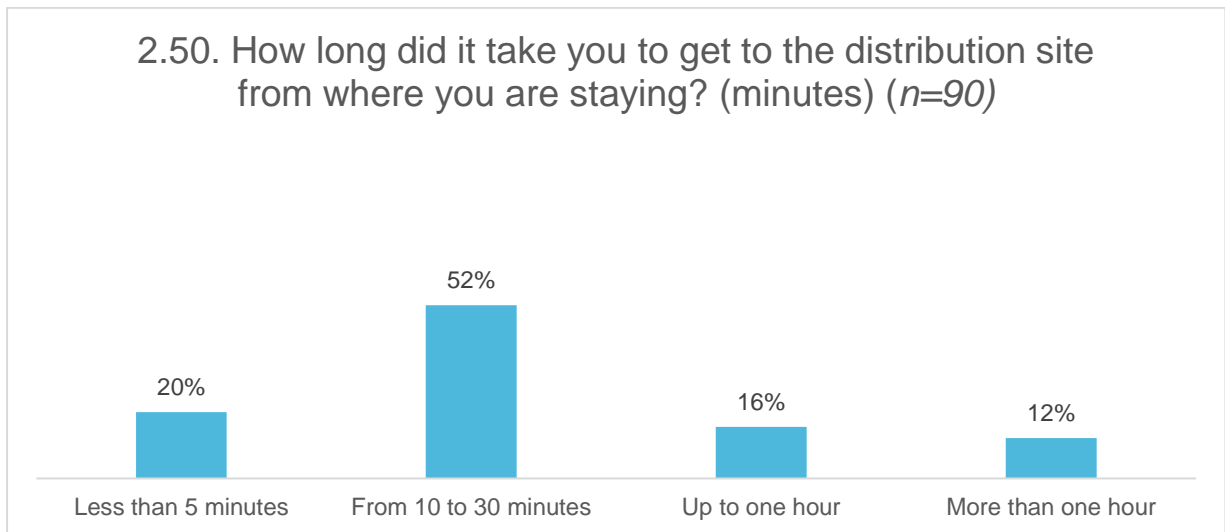


Figure 52. Any cost of travel from camp to distribution site (n=90)

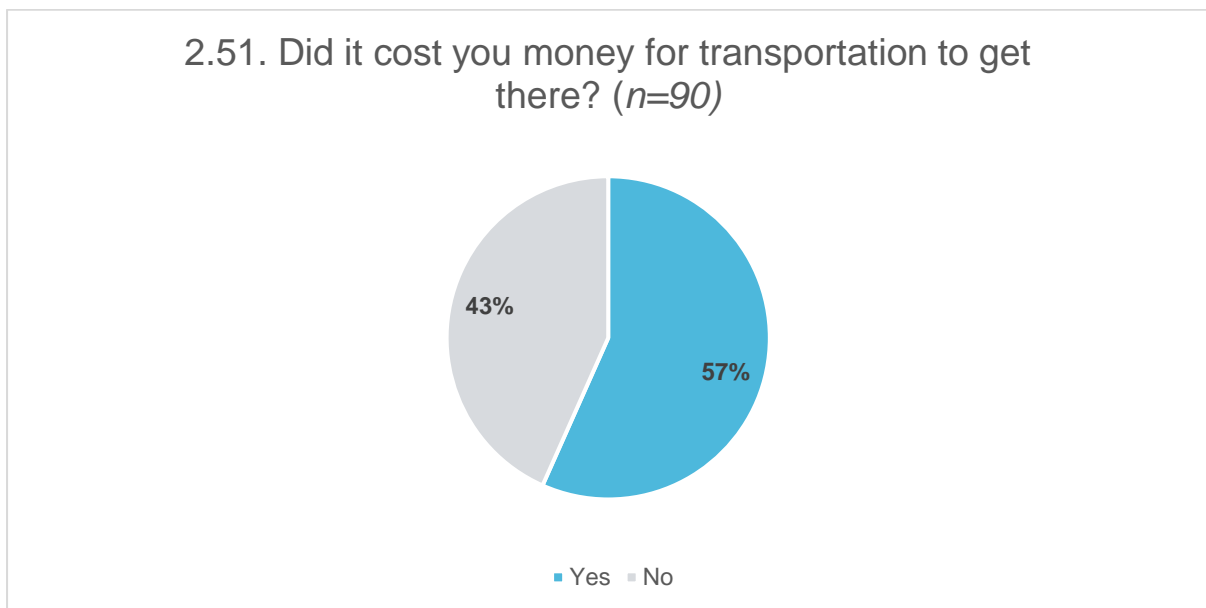


Figure 53. Cost of travel from camp to distribution site (n=51)

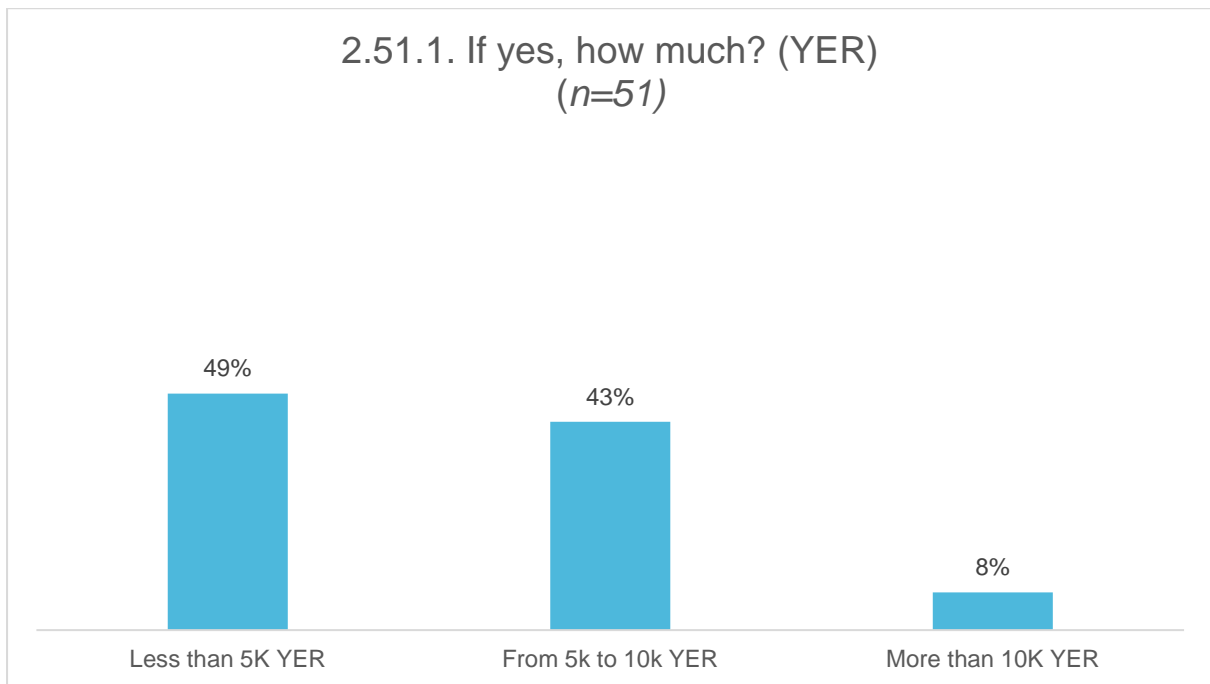


Figure 54. Received kit on the same day (n=90)

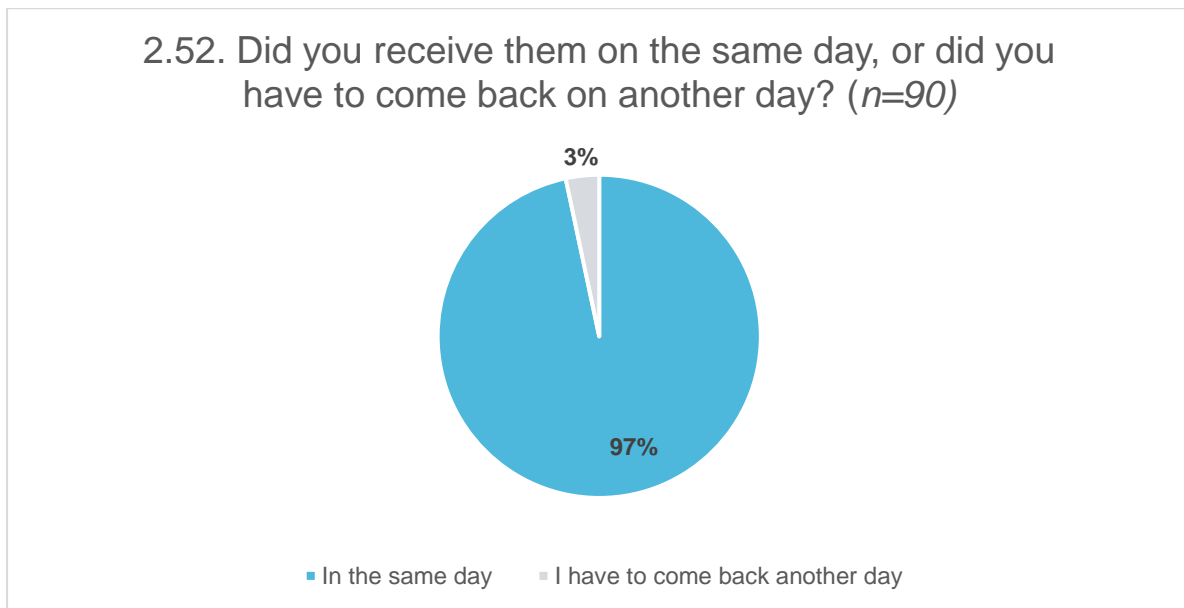


Figure 55. Wait time to receive kits (n=90).

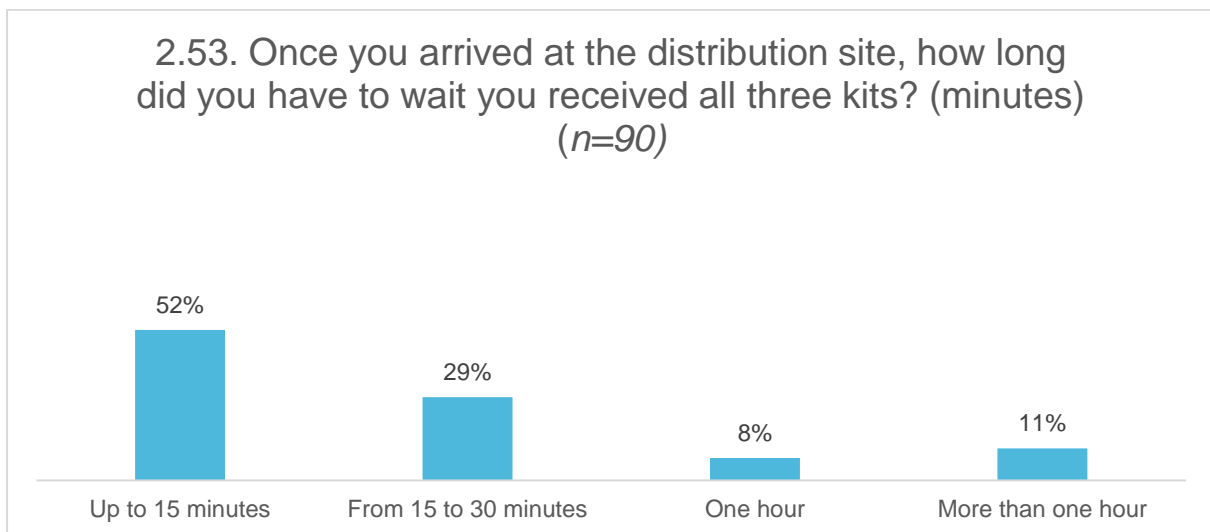


Table 16 Treatment by distribution staff

2.54. How would you say the people that distributed the kits treated you?	Total	Total%
You were treated with respect,	90	100%
Grand Total	90	100%

Table 17 Explanation of disrespect

2.56. Did you have to pay anyone to receive these kits?	Total	Total%
No	90	100%
Grand Total	90	100%

2.57. If so, please explain. N/A

12.1.8 Coverage / Protection / Feedback

Figure 56 Percentage of people who didn't receive kits (n=90)

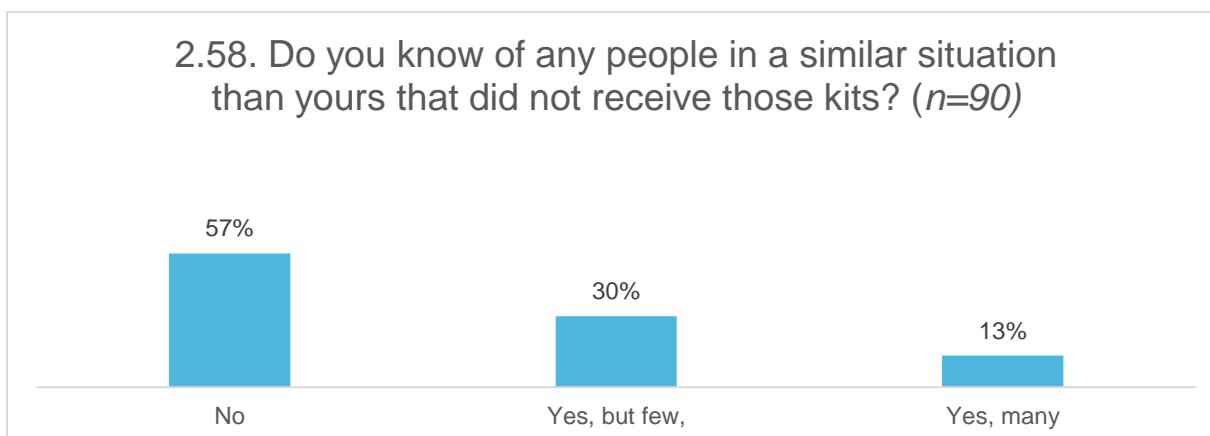


Table 18 Explanation of types of people who did not receive kits

Answers	Count	Answers
Yes, but few,	27	

Because they are not IDPs	1
Because they don't have IDs	1
I don't know	6
New IDPs	3
Registered names, shared with NGO late	4
Registrar doesn't care about them	1
Registrar refused to register their name because problem happened from them	2
They didn't come to registration location	2
They start with IDPs arrived first	2
They were not registered	4
They were not registered, they are not in need	1
Yes, many	12
Because they were not available during the cards distribution, their names were deleted	1
Only around 5% of the registered IDPs received kits	1
Registered names, shared with NGO late	7
They didn't come to registration location	1
They were not registered	2
Grand Total	39

Figure 57. Tensions created from receiving kits (n=90)

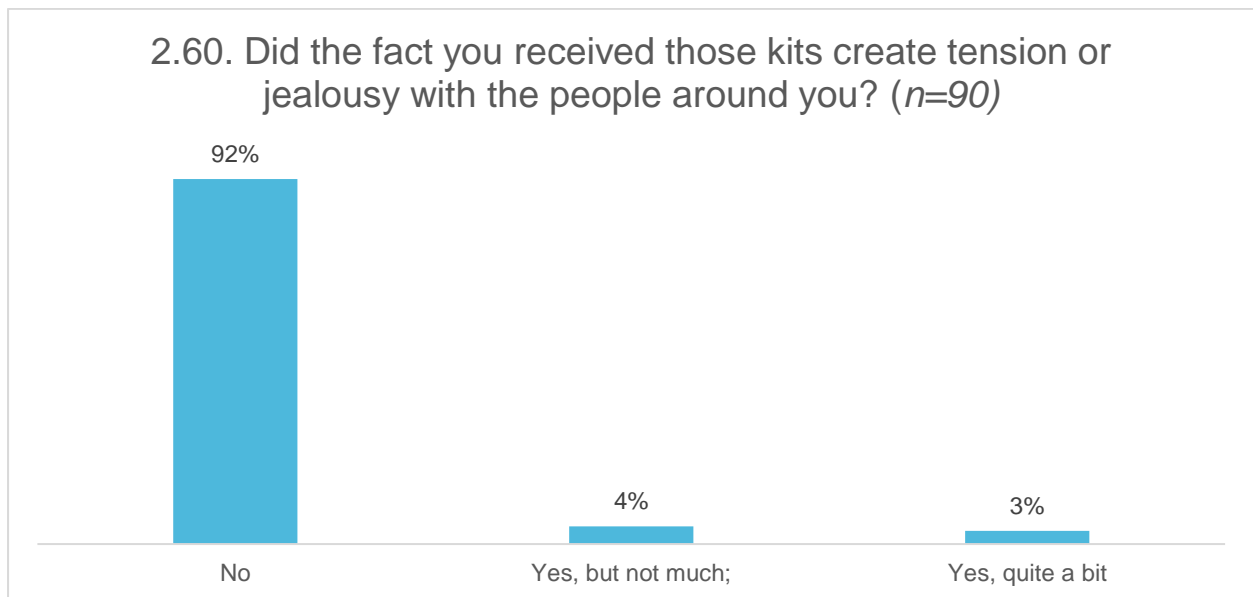


Figure 58. Knowledge of complaint and feedback mechanism (n=90)

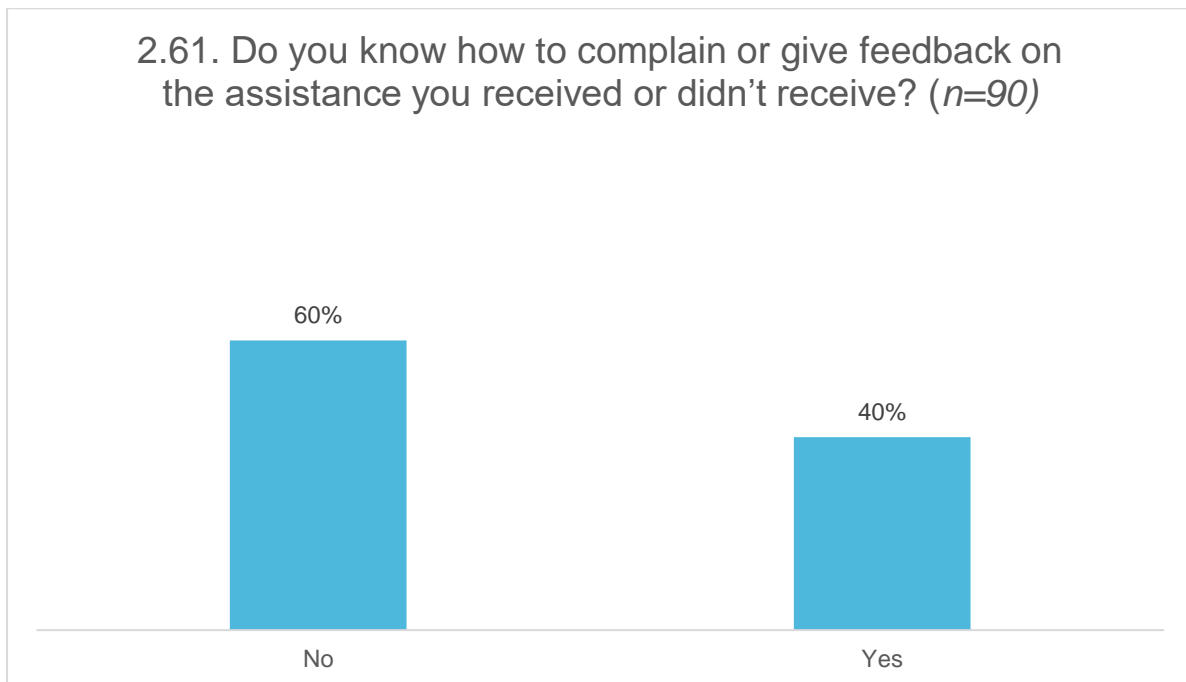


Figure 59. Use of complaint and feedback mechanism (n=36)

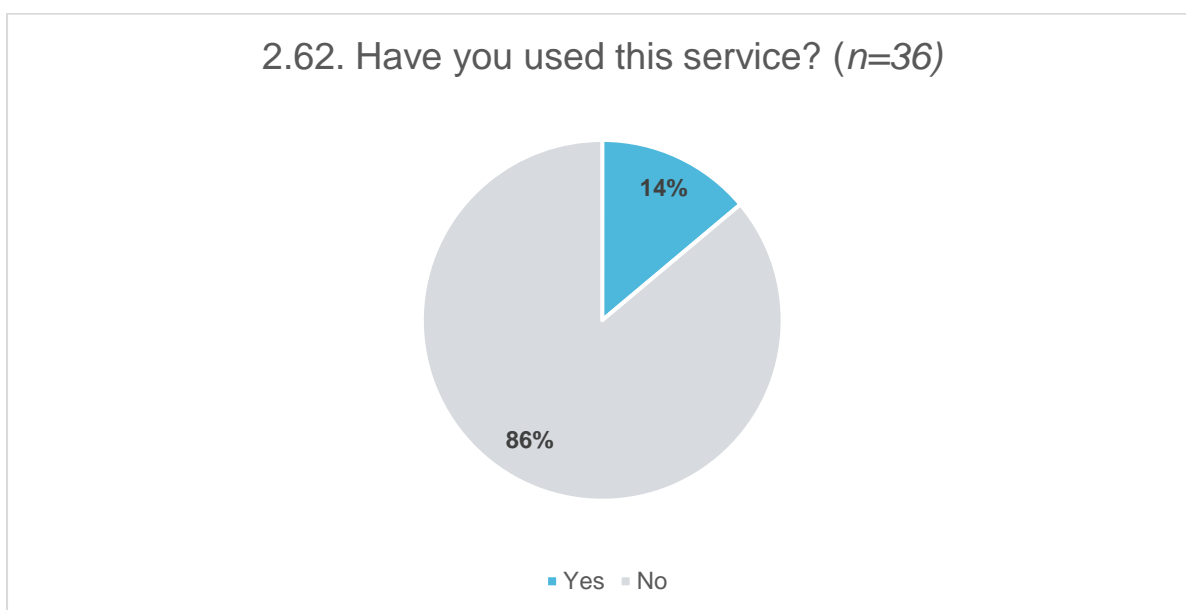


Table 19 Satisfaction with complaint and feedback mechanism

2.63. If so, were you satisfied?	Total	Total%
No	2	40%
Yes	3	60%
Grand Total	5	100%

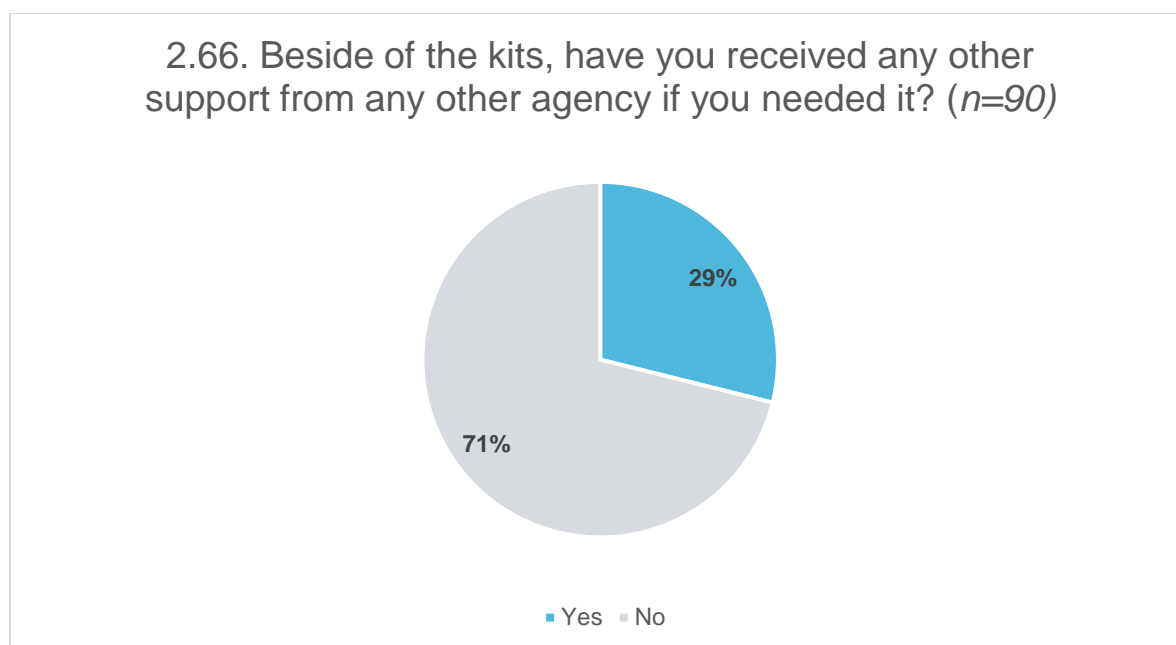
2.64. If not, explain. (n= 2)

These two respondents reported that they did not receive a response.

Table 20 Items carried following displacement

Answers	Count Answers
Can't remember	15
Goats and some clothes	2
Nothing	32
Some clothes	19
Some food and clothes	3
Some NFIs	7
Some NFIs and clothes	10
Some NFIs, kitchen items and clothes	1
Tent and clothes	1
Grand Total	90

Figure 60. Aid reception from other agencies (n=90)



2.67. Is there anything else that you would like to say about the assistance you received?

- Most of them said just to visit the camps and make assessment needs
- Increase the food assistance and make it in on a monthly basis
- Improve the quality and increase the quantity of items
- Make the response in time
- Provide education and health assistance

Table 21 Recommendation for improving assistance

Answers	Count Answers
Add basic food items	22
Add cash in monthly bases	1
Add cheese	1
Add flour	1
Add flour and oil	1
Add flour, sugar, milk and cheese	1
Add milk cream	1

Add milk for children	1
Distribute food in place of clothes	1
Distribute the remaining items of kits	1
Increase the quantity	11
Make it enough for family size	1
Nothing	16
Provide good quality	1
To make it monthly distribution	6
Grand Total	66

[The same answers for questions, 2.27& 2.38 and 2.67]

Table 22 Further recommendations for improving assistance

Answers	Count Answers
Add baby diapers	5
Add Clorox	2
Add Gloves	1
Add school kits	1
Change it with food items	3
Distribute it regularly	1
Improve the quality	7
increase the quantity	1
Increase the soup and jerrycans	2
Increase the soup and wash powder	1
Increase the wash powder	17
Grand Total	41

- Most respondents recommended visiting the camps to assess needs
- Increase the food assistant and distribute it on a monthly basis
- Improve the quality and increase the quantity of items
- Implement the response in time
- Provide education and health assistant

Annex 10. Relation between EQ and interviews, 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		

Annex 11. Enumerator Data Collection Training Agenda and Description

1. RMTeam enumerators conducted in-country field interviews, FGDs and household phone interviews.⁹³
2. Three RMTeam evaluators supervised the training in Sana'a. The TL supported remotely. Extra enumerators were trained in case replacements were needed. In total, 12 enumerators were trained, and 6 were deployed. Three RMTeam members supervised the in-country data collection.

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

Yemen Enumerators Data Collection Training Agenda

Trainer:	Yasser Motee- UNICEF Trainer
Supervisor	Ian
Location	Sana'a, Block One Office
# of Enumerators	12 (10 men - 2 women)
# of Days:	2
Period:	13,14 Aug 2022

		First day	289	4,8
Time	Subject	Trainer	Time (min.)	
09:00	Welcoming and Interoduction			18
09:05	Trainer Welcoming and Interoduction	Yasser	5	
09:10	Enumerators Interoduction	Enumerators	10	
09:20	Training goals	Yasser	3	
	Evaluation Consultants			26
09:23	Summary about KonTerra	Ian	3	
09:26	Summary about RMTeam	Yasser	3	
09:29	Consultants Roles in the Evaluation	Ian	5	
09:34	Evaluation Team	Yasser	10	
09:44	Participants' questions	Enumerators	5	
	Evaluation Plan			25
09:50	Evaluation Objective	Yasser	5	
09:55	Evaluation Stakeholders	Yasser	10	
10:05	Evaluation geographical area	Yasser	5	

⁹³ All phone interviews have also been carried out in Marib and Taiz governorate only.

10:10	Participants' questions	Enumerators	5	
	RRM Project Summary			45
10:15	RRM Background, governorates and response phases	Yasser	5	
10:20	RRM Purpose, Scope	Yasser	5	
10:25	Data Collection Methodology	Yasser	15	
10:40	Type of tools which will be used- Only the list	Yasser	10	
10:50	Data Collection Plan	Yasser	5	
10:55	Participants' questions	Enumerators	5	
11:00 Break			15	15
	Safety and Security			40
11:15	The importance of adhering to the safety and security rules	Yasser	5	
11:20	Principles, Rights and Responsibilities	Yasser	10	
11:30	Planning for safe movements because of the sudden and emergency secur	Yasser	10	
11:40	Avoiding risks and updating emergency plans	Yasser	10	
11:50	Participants' questions about safety and security	Enumerators	5	
	Ethical Considerations			35
11:55	Preserving data quality, integrity, and confidentiality	Yasser	15	
12:10	Respecting and adhering to Yemeni customs and traditions, especially dur	Yasser	15	
12:25	Participants' questions about safety and security	Enumerators	5	
	Data Collection Tools			85
12:30	Data collection application	Yasser	10	
12:40	Installing the Bluedata on the enumerators devises	Yasser	15	
12:55	Introduction of the data collection tools (List)	Yasser	5	
13:00	Enumerators assign to data collection tools	Yasser	15	
13:15	Sharing the tools with the enumerators	Yasser	10	
13:25	Going through the Tools	Yasser	20	
13:45	Participants' questions about the data collection	Enumerators	10	
14:00 Training closing, Lunch and leave			30	30

Second day 280 4,7

Time	Subject	Trainer	Time (min.)	
	Data Collection Tools			60
09:00	Going through the Tools	Yasser	60	
	Ethical Considerations			60
10:00	Prevention of sexual exploitation and abuse (PSEA)	INICER Trainer	60	
11:00 Break			15	15
	Ethical Considerations			60

11:15	Prevention of sexual exploitation and abuse (PSEA)	NICER Trainer	60	
	Data Collection Tools			85
12:15	Going through the Tools	Yasser	60	
13:15	Enumerators Homework	Yasser	10	
13:25	Participants' questions about the tools	Enumerators	15	
13:41 Training closing, Lunch and leave			30	30

Annex 12. Fieldwork Report Form

1. Were any field monitors with particular experience or background recruited for this project/cycle?

- Were other researchers or staff ask/recruited to conduct certain interviews/Interviews? Which ones did they complete?

RMTeam has carefully selected the evaluation team and the enumerators, taking into account the tasks which will be accomplished for this assessment. A specialized WASH engineer (as a national evaluator) was engaged to carry out the field technical observation visits to the targeted camps in Taiz governorate, and another civil engineer was selected in Ma'rib governorate to conduct the field technical observation visits to the targeted camps in Ma'rib governorate because of the access difficulty of the national evaluator to Ma'rib governorate due to the difficult security situation in Yemen. At the national field level, a qualified and trained team has been appointed to collect the field and remote data, as shown in the following table:

Name	Role	Governorate
Yasser Motee	Data Collection Team Manager	Sana'a
Eng. Fadhl Alshamiri	National Evaluator- WASH Consultant	Sana'a- Taiz
Sara Al-Azazi	Enumerator-remotely data collection	Taiz + Marib
Sarah Alsultan	Enumerator-remotely data collection	Taiz + Marib
Ahmed Alkebsi	Enumerator-remotely data collection	Taiz
Sakhr Alarashi	Enumerator-Field data collection	Taiz
Maroa Al Katheri	Enumerator-Field data collection	Taiz
Eng. Jamil Al-Harthy	WASH Consultant	Marib
Waheed Alomaisi	Enumerator-Field data collection	Marib

2. What changes were made to the field plan? Why and when (at what stage of the process) were those changes made?

1.

The first field plan was drafted after submitting the IR to UNICEF in February 2022. The plan was designed to implement the evaluation in 6 districts from 3 governorates in Yemen. It was agreed that UNICEF will apply for the field team approvals from the local authorities in Yemen. Two of the targeted governorates are under IRG (Taiz and Marib) and one governorate (Hajjah) is under the De-Facto Authorities control. Because of the challenges which UNICEF faced to get the SCMACHA approval for Hajjah field team, UNICEF requested KonTerra to change the data collection plan by removing Hajjah and to focus on Taiz and Marib only.

3. Were there challenges or issues or delays you faced during the training stage? If so, what were they? How could they be addressed in the future?

RMTeam with KonTerra planned to conduct the enumerators training in April 2022 but because of the delay of signing the evaluation contract between UNICEF and KonTerra, the enumerators training was postponed until July 2022. The training was conducted in 13th and 14th of August 2022.

All the enumerators attended the training in person except the WASH engineer consultant and one enumerator based in Aden who joined online via Google Meet because it was not easy for him to travel from Marib and Aden to Sana'a because of the security issues. The training was conducted by RMTeam Data Collection Team Manager except one part of the training topics (Prevention of Sexual Exploitation and Abuse (PSEA)) which was conducted by Ms Ryoko Ogawa, PSEA Specialist from UNICEF Yemen (Sana'a). The training covered approximately 10 hours of training on different topics. The training agenda is in Annex 9

Attendance sheets were signed by the enumerators to approve their attendance. The RRM program information was shared with them, data collection plan, communication methodology and data collection tools were reviewed and discussed during the training to ensure full understanding of the data collection mission and data quality.

In the first week of the training, the enumerators tested all data collection tools to be ensure that everything was ready before starting the field data collection. The test data was revised by RMTeam's Data Collection Team Manager and feedback was shared accordingly via the data collection team WhatsApp group.

4. What were the challenges or issues or delays you faced during coordination? How could they be addressed in the future?

In general the coordination with KonTerra and UNICEF was very good. Regular meetings were conducted during the different stages of the evaluation project period. RMTeam was supposed to receive the needed information and data for the data collection stage such as list of camps which show the second line assistant/interventions for the selected locations/camps for data collection, the focal points at governorate level information, and service users database for the first line response for the remotely phone interviews to develop the data collection plan. Unfortunately, this information was shared only just before the data collection and so could not be shared with the data collection team during the training and logistic data collection plans.

At the field level, the coordination was very good for Taiz data collection field visits. In Marib, RMTeam faced some challenges with UNICEF IP focal point during the field visits. UNICEF made the IOM Marib office the field focal point for RMTeam while they didn't have access to all selected camps for field data collection in Marib. There was also challenges in coordination between IOM FP and camp managers. RMTeam requested the IOM FP to inform the camp managers about RMTeam enumerator visits after sharing the field visits plan. However, due to poor mobile coverage, he couldn't inform all the camps managers about RMTeam field visit time and request from them to invite participants for the FGDs planned. This caused some delay. For example, RMTeam planned to start the first FGD at 9:00 but in some camps it was started at 11:00. Another issue concerned invited participants to FGDs. The camp managers were not aware that the FGDs participants must be from the RRM first line response service users. The enumerators found in some camps that less than half of the invited participants were RRM service users and they could not start the FGD on time because the participants numbers were not enough.

5. How were the interviews , FGDs and surveys arranged? What type of support did the client or IPs provide? Were they in person or virtually?

- **Which Interviews or IDIs were conducted virtually? Why were they conducted virtually rather than in person?**

According to the approved data collection plan by KonTerra, RMTeam role was to collect the data according to the following table

Tool type	FDGs	Service users Phone Interviews	Local level field Interviews	On-site Distribution Observation Checklist	On-site Technical Observation Checklist	Total
Data collection method	face to face	Remotely	face to face	face to face	face to face	
Taiz	12	45	9	3	4	73
Marib	12	45	9	3	2	71
Target Total	24	90	18	6	6	144

UNICEF provided RMTeam with communication information for one focal point in Taiz and one focal point in Marib for the field coordination and informing the camp managers about RMTeam's visit. In Taiz the focal point mobile was off/out of coverage the whole time. But the hired driver for the field team was familiar with the targeted camps locations. so, the team field visited the camps and all camp managers were available and cooperative with them. They checked the official letters issued by UNICEF and executive unit in Aden and facilitated all the tasks for them.

In Marib the focal point was IOM staff. He was cooperative and coordinated all the field visits with the camp managers for the field team supported by IOM only. According to the data collection plan, RMTeam should collect the data from six camps: three in Marib city and three in Marib Alwady. The camps were supported by different IPs like IOM, ACTED, SHS and two were communities, not camps as the following,

Marib Targeted Locations		
Marib Alwady		
Site 1	Aal Harmal	Acted CCCM
Site 2	Al Somaia	SHS Managed site
Site 3	Al Kuseef	IOM managed site
Replacement site 1	Al Ramsah	IOM managed site
Marib City		
Site 1	Al Rumaylah alqaoz	IOM managed site
Site 2	Almatar	No CCCM
Site 3	Alziraah	No CCCM
Replacement site 1	Al Arsh	PHA

The team faced difficulty in visiting all the camps/communities. IOM coordinated with 4 camps/communities only.

The enumerators were able to conduct the planned number of FGDs in both governorates. Some phone interviews had to be switched from Taiz, to Marib **service user** following four days of trying to reach the Taiz target. All interviews were conducted according to the plan. During the enumerators' field visits in both governorates, there was no RRM1 distribution, so they could not conduct any On-site Distribution Observation Checklist. All the On-site Technical Observation Checklists were conducted according to the data collection plan.

Tools Name/#	Marib	Taiz	Grand Total
FDGs	12	12	24
Service users Phone Interviews	48	42	90
Local level field interviews- Local Authority	3	3	6

Local level field Interviews- Community leaders & camp managers	6	6	12
On-site Distribution Observation Checklist	0	0	0
On-site Technical Observation Checklist	2	4	6
Grand Total	71	67	138

The data collection followed three phases,

1. The **Service users Phone Interviews**, which started immediately after receiving approval from UNICEF 29th of Aug-9th of Sep 2022 with average of 9 interviews per day.
2. **Taiz (face to face) field data collection**, 7th - 9th of Sep 2022. The national evaluator conducted four On-site Technical Observation Checklist in four camps in Al-Ma'afar and Ash Shamayatyn districts. The targeted camps were Almonaij (26 September), Alboragah and Althahrah. The two enumerators conducted total of 12 FGDs (6 with men and 6 with women) in 6 camps Almonaij (26 September), Alkhawrah, Alnasser, Alboragah and Althahrah.
3. **Marib (face to face) field data collection**, 2nd - 6th of Oct 2022. The WASH Consultant conducted 2 On-site Technical Observation Checklist in two camps at Marib City and Marib Alwady districts. The targeted camps were Al Rumaylah alqaoz and Al Somaia. Total of 12 FGDs (6 with men and 6 with women) conducted in 4 camps, Al Rumaylah alqaoz, Almatar, Alziraah and Al Somaia.

6. What feedback do you and the field monitors have on the tools (before use)?

- What observations do the field monitors have on any interviews with service users?
- What observations do the field monitors have on any interviews with project team?

The enumerators had no comments about the tools. They said that the tools design is perfect. The main observation shared by enumerators were:

1. Some of the service users didn't remember the quantity of the distributed items per kits because they received the assistant a long time ago.
2. Most of the service users suffered from the lack of food assistance
3. Some of the service users didn't receive complete kits because they don't have money to pay for the transport, so part of the kits were deducted for that
4. The emergency water point was not located in proper location (like in middle of the shelters)
5. The IPs of the second line assistant provided the latrines assistance, followed the emergency single latrine design, small cesspool under each latrine, if they made one big cesspool outside the camp and connects all latrines with PVC network to it, it would be better for a healthy environment, easier to be desludged and improve the community relationship between IDPs. If the cesspool become full, it will be a communal issue but, with current system, if any cesspool becomes full, it is the responsibility of the IDP who owns the latrine. Another point was that the cesspool causes contamination between shelters when they are full.
6. The WASH engineer visiting Taiz camps noticed that some latrines were built in middle of shelters. If they want to empty the full cesspools into suction truck, it will not be an easy task because the truck will not be able to reach them. The shelters and latrines are close to each other.

7. What were the challenges and limitations during the data collection stage? How were they addressed?

In general any data collection process usually faces some challenges and obstacles, some of them expected and some not. For this evaluation the main challenges in data collection t were:

- 1- the limited time for data collection
- 2- security situation and applied roles by the parties controlling the targeted locations
- 3- Road blocks which forced our field team to arrive to the targeted locations late, for example the normal time to travel from Sana'a to Taiz is around 4 hours but because of the roads blocks, our team travelled 13 hours
- 4- Fuel crises, during our team field visit to Taiz, there was fuel crises in the country, which forced the hired vehicles to buy the fuel from the black markets with 200%-250% increase in the fuel price.
- 5- Approvals required by Marib governorate for the field visits for the NGOs and TPMs staff which caused a one month delay in Marib
- 6- Bad telecommunication coverages in Taiz and Marib which caused some delay in the service users remote phone interviews.
- 7- Weak coordination of RMTeam field team by IOM FP to the camp managers which caused some delay in the field data collection
- 8- Selecting FPs for the team in Marib by UNICEF which has no access to all selected IDPs camps/communities for data collection

8. Were there any challenges or issues or delays during the data entry and data cleaning stages? If so, what were they? How could they be addressed?

The data collection team faced some challenges related to the data entry. It was not easy for them to enter the data on the same day of data collection. Some data should be entered by KOBO and some data should be entered in a template as the following,

Tools Name/#	Data entry type
FDGs	Excel template
Service users Phone Interviews	KOBO
Local level field interviews- Local Authority	KOBO
Local level field interviews- Community leaders & camp managers	KOBO
On-site Distribution Observation Checklist	Word template
On-site Technical Observation Checklist	Word template

RMTeam always uses a data collection tracker which should be updated by the Data Collection Team Manager according to the daily updates received from the data collection team. The tracker shows the tool name, collected data date, enumerator name, governorate, district, camp, respondent position and data collected submission date. By the end of each working day, the enumerators share the collected data information by WhatsApp with the Data Collection Team Manager.

According to the tracker data, only three enumerators submitted some of the collected data on the same day by KOBO. While some of them entered the collected in the 2nd-4th day. The on-site Technical Observation Checklist data took from the engineers between 4-6 entering days after data collection.

Marib team delayed submission of the collected data more than others. One of the main challenges faced was the bad telecommunication coverage and internet connection in Marib.

9. Did any IP/client staff express any complaints (formal or informal) during the fieldwork stages? What were they? Who (Please include details)

IOM in Marib shared a complaint with UNICEF about a problem raised in one of the camps visited by the enumerators in Marib. The complaint was that the enumerators visited Al Rumaylah alqaoz and

conducted service user interviews informing the service users that all IDPs must receive the RRM assistant. This caused a problem between some IDPs and camp manager. Because there were no face-to-face service users' interviews in the field, only FGDs, the camp managers were responsible for selecting the FGDs participants for the enumerators. There was no chance for them to talk to individual service users. Because all service users interviews were conducted remotely.

10. Any issues related to the fieldwork that should be highlighted to the client as part of the final report?

No.

11. Overall, what did you find most helpful during this process? How can this be replicated for future projects?

The remote interviews with service users were the most helpful data collection task because it reduced the challenges in obtaining local authority approvals. It gives the service users more freedom and comfort to share accurate information with the enumerators. RMTeam considers that the service user FGDs are not the proper methodology to collect the service users' feedback and opinion about the provided assistance. In the FGDs, most of the participants repeat the same answers. Using online servers for the data entry is very helpful way to collect the data from the enumerators.

12. What did you find least helpful/most challenging during this process? How can this be avoided in the future?

Relying on the IPs for field coordination for the data collection team without involving them in the locations selection stage. For example, in Marib, the IOM focal point was not able to coordinate with all IDPs camps/communities selected by RMTeam and UNICEF.

13. What suggestions or recommendations do the field monitors have to improve fieldwork?

Some of the suggestions and recommendations shared by the enumerators were:

1. Using RMTeam mobiles or at least sim cards for the remote data collection
2. Using the online servers like KOBO and Bluedata for all tools and avoiding using Microsoft Office (MO) files as data entry templates, because not all enumerators have laptops to work on the MO files.
3. For the observation check list tools, it will be better to share the exact interventions implemented by the IPs before the field visits just to make it easier to focus on correct interventions especially when the locations are IDPs camps which could receive similar assistants from other NGOs.
4. Improve the coordination mechanism and receive the final focal point contact information before starting the field visit.

Annex 13. Bibliography

Below is a list of documentation reviewed during the light desk review. An extensive desk review will be conducted toward end of March 2022. Other available documentation may also be identified during the evaluation and be drawn on, e.g., reports held by the UNICEF partners.

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02. Monitoring & implementation

UNICEF (2019). Multipurpose Cash transfer (MPCT) Project in Yemen
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UNICEF (2021) Yemen Country Office Humanitarian Situation Report, 1 January to 31December 2020

03. UNICEF guidance

UNICEF (2018) UNICEF Strategic Plan 2018-2021
UNICEF (2020) Core Commitments for Children in Humanitarian Action

0.4 Evaluation guidance documents

UNICEF. Evaluation Inception Report Checklist
UNICEF. Research ethics review Feedback Template

0.5 Yemen background documents

UNOCHA (2019) Yemen Humanitarian Response Plan (January to December 2019)
UNOCHA (2020) Yemen Humanitarian Response Plan Extension (June to December 2020)
UNOCHA (2020) Yemen Humanitarian Response Plan 2021

