

Inception Report

EVALUATIVE REVIEW OF

**Yemen Community Health and Nutrition
Volunteers Program**

(2019-2022)

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Submission Date December 2022 (combined draft 3)

EVALUATIVE REVIEW SUMMARY

Evaluation	Programme Evaluative Review: <i>Yemen Community Health and Nutrition Volunteer (CHNV) Programme</i>
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Geographic Area	Yemen
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Implementer	UNICEF and Partners
Project Name	Yemen Community Health and Nutrition Volunteer (CHNV) Programme
Programme Period under Review	January 2019 - December 2022
Location of the Review	Yemen
Overall Objective	<ol style="list-style-type: none"> 1. The objective of this review is to give UNICEF and partners a clear understanding of the extent to which the CHNV programme has met its objectives, what the strengths and weaknesses of the programme are, and how to move the programme forward. The review is intended to provide opportunities for learning and improve programming and ensure accountability to donors and communities served by the programme. 2. In line with the existing literature on success factors for community-based nutrition programmes, the specific objectives outlined below will aim to explore both programmatic – directly under the influence of the intervention - and contextual factors (Musgrove, et al, 2006) that have influenced the programme.
Strategic objective	<ol style="list-style-type: none"> a Assess the programme's effectiveness by reviewing the programme coverage (CHNV village/district/governorate vis a vis population) coverage, targeting and programme performance (intervention coverage) b Assess and document the evolution of the programme (design and content); capacity building, including mentoring approaches; and leadership and oversight of the programme, including linkages with other community structures c Assess the intensity of the resources used for this programme, particularly in relation to the incentives and remuneration modalities of the programme to determine more cost-effective approaches going forward d Review the information and reporting system (data collection, compilation, reporting, and dissemination) of the programme to ascertain the extent to which the system operates efficiently and the reporting is used to improve interventions and services.
Methodology	<ol style="list-style-type: none"> 1. Reviewing documents 2. Key Informant Interviews (KIIs)
Period Of Field Evaluation	October 2022 to May 2023
Expected Completion Date for Final Report	May 30, 2023

GLOSSARY

Terms	Definitions
Community Health and Nutrition Volunteer CHNV	<p>Definition: The terms that denote the CHNV vary to include Community Health Volunteers (CHV) who were more to support community-based nutrition programs, including CMAM, MAM and SAM-related activities.</p> <p>Community Health and Nutrition Volunteers (CHNVs) A girl or a woman in the community that provide the services required of them without expecting money in return provided that their acceptance as volunteers is confirmed by the community, including by their guardians.</p> <p>The objective of the CHNVs program To contribute to providing primary health care services for mothers and children under five who live in 2nd and 3rd level villages.</p> <p>Target Group CHNV activities target all groups of society, primarily children under five, pregnant and lactating women, and teens (adolescents) aged 10-19 years of age and who live in the targeted 2nd and 3rd level villages.</p> <p>Expected Outcomes of the Program To have the service provided through this component reach the villages that are far from health facilities; to increase the percentage of health and nutritional service coverage; to save many of the expenses incurred by the State and households especially poor families when accessing these services; and to contribute consequently to reducing mortality and morbidity rates especially among children and pregnant and lactating women.</p> <p>Program Management The program is managed by the Nutrition Department of the MoPHP at the central level and by the Nutrition Program of MoPHP Offices at the governorate level, in coordination and collaboration with the relevant departments and programs, and in cooperation with all partners including relevant international organizations and civil society organizations.¹</p>
Community-based Management of Malnutrition (CMAM)	Community Management of Acute Malnutrition (CMAM) is a proven approach to managing SAM and MAM in children under five. CMAM classifies SAM in children as complicated or uncomplicated.
Malnutrition	Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization.
Acute Malnutrition	Acute malnutrition is defined by the presence of bilateral pitting oedema or wasting. Anorexia, or poor appetite, and medical complications are clinical signs indicating or aggravating the severity of acute malnutrition.
Severe Acute Malnutrition (SAM)	Severe acute malnutrition is defined by the presence of bilateral pitting oedema or severe wasting and other clinical signs such as poor appetite. A child with SAM is highly vulnerable and has a high risk of death.
Moderate Acute Malnutrition (MAM)	Weight-for-height ¹ z-score (WHZ) between -2 and -3 or mid-upper arm circumference (MUAC) between 115 millimetres and <125 millimetres (WHO 2012).
Wasting	Wasting is defined as low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time.
Stunting	Stunting is defined as low height-for-age. Stunting is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life.
Mid-upper arm circumference (MUAC)	MUAC involves measuring the circumference of a child's left mid-upper arm. MUAC < 115 millimetres (mm) for children ages 6-59 months indicates SAM. MUAC ≥ 115 mm and < 125 mm for children ages 6-59 months indicates MAM
Community Outreach	Community outreach mobilizes communities, raises awareness of the burden of malnutrition; and raises awareness and builds support for services. The aim is to detect and start the treatment of SAM and MAM before the onset of life-threatening

¹ CHNV Guideline_2019 English Version entitled "National Guide to Work Program of Community Health and Nutrition Volunteers" November 2019.

complications.

Outpatient Therapeutic Programme (OTP)¹⁰	Treatment of uncomplicated cases of Severe Acute Malnutrition (SAM) using specialized products, e.g., ready-to-use-therapeutic food (RUTF).
Therapeutic Feeding Centre (TFC)	A place in which the provision of medical care and all required nutrients is provided to severely malnourished children with complications.
Blanket Supplementary Feeding Programme (BSFP)	Nutrition programmes that target a food supplement to all members of a specified at-risk group, regardless of whether they have moderate acute malnutrition.
Therapeutic Supplementary Feeding Programme (TSFP)	Nutrition programmes that provide nutritional support to individuals with MAM.
Supplementary Feeding Programme (SFP)	“Supplementary feeding is the provision of nutritious rations to targeted individuals that supplement the energy and nutrients missing from the diet of those with higher nutritional needs (such as children under five years, pregnant women, lactating women with infants under six months), or those who are moderately malnourished.”
Ready to Use Therapeutic Food (RUTF)	RUTF is an energy-dense, mineral- and vitamin-enriched food that requires no preparation and is specifically designed to treat severe acute malnutrition (SAM). RUTF has a similar nutrient composition to F-100 therapeutic milk, which is used to treat SAM in hospital settings.
Weight-for-Height Z-score (WHZ)	A weight-for-height/length z-score (WHZ) compares a child's weight to the weight of a child of the same length/height and sex to classify nutritional status.

ACRONYMS AND ABBREVIATIONS

Abbreviation	Full Form
CBN	Community-based Nutrition
CHNV	Community Health and Nutrition Volunteer (previously Community Health Volunteers)
CHV	Community Health Volunteer
CHWs	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CV	Community Volunteer
DAC	Development Assistance Committee
DG-ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations. (Previously European Commission Humanitarian Office)
DHIS2	District Health Information System
DHO	District Health Office/District Health Officer
EPI	Expanded Programme of Immunization
ESC	Evaluation Steering Committee
FAO	Food and Agriculture Organization of the United Nations
GAVI	Global Alliance for Vaccines and Immunization
GHO	Governorate Health Office/Governorate Health Officer
GoY	Government of Yemen
HF	Health Facility
HSS	Health System Strengthening
HUs	Health Units
IMO	Information Management Officers
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agency
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MEAL	Monitoring, Evaluation, Accountability and Learning
MENA	Middle East and Northern Africa
MoPHP	Ministry of Public Health and Populations
MTMSG	Mother to Mother Support Groups
NGO	Non-governmental Organization
OECD	Organization for Economic Co-operation and Development
OTP	Outpatient Therapeutic Programme (now referred to as 'outpatient')
PLW	Pregnant and lactating women
POC	Point of Contact
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SUN	Scaling-Up Nutrition
U5	Under five
UK	United Kingdom
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

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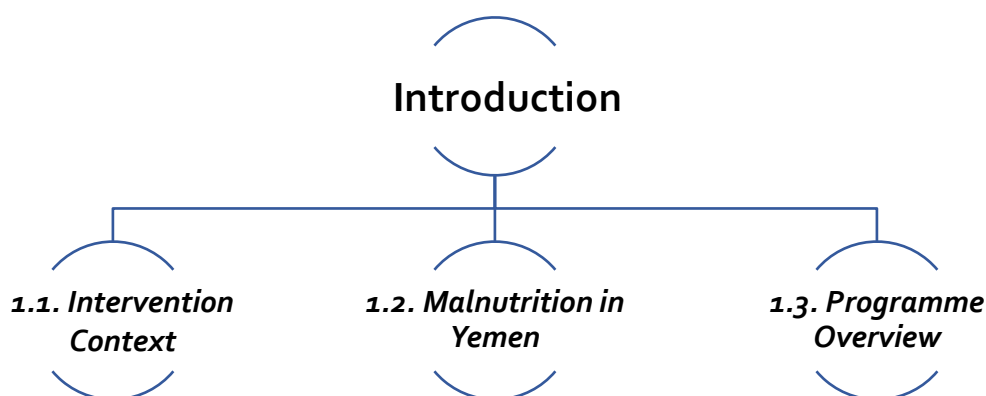
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1. INTRODUCTION

The Yemen *Community Health and Nutrition Volunteer (CHNV)* Programme aims to mitigate health and nutritional problems in an integrated manner and involve the community in planning, implementation, and follow-up that promote women's and children's access to health and nutrition services. It is to expand prevention coverage and reach mothers and children with integrated health services in areas far from the reach of health facilities to improve community health levels with contributions from all individuals and groups benefiting from health and nutrition services. This community involvement aims to improve health and environmental behaviours, as this factor will have a significant positive impact in preventing all forms and levels of diseases in the short, medium, and long term.



This inception report provides an overall approach to the evaluative review of the Yemen CHNV programme implemented by various actors, including the Ministry of Public Health and Population (MoPHP), UNICEF, World Food Programme (WFP), World Health Organization (WHO), and scores of other Non-governmental Organizations (NGOs) (national and international) in Yemen. The review assesses the programme's achievements, gaps, challenges, and opportunities, and identify best practices and lessons learned to guide and support future scale-up and ensures improved programme effectiveness and efficiency across the various components required for a successful community-based health and nutrition programme. The findings of the review will help to give UNICEF and its partners a clear understanding of the extent to which the CHNV programme has met its objectives and identify the strengths and weaknesses of the programme and how to move the programme forward.

The review is intended to provide opportunities for learning, improve programming, and ensure accountability to donors and communities served by the programme.

The inception phase involves:

- Initial briefing meeting with UNICEF;
- Preliminary desk review of existing project documentation;
- Developing Instruments;
- Developing data collection methodology, evaluative review matrix, and work plan;
- Identifying key informants; and
- Agreeing on the final review report structure

The themes that are covered in e desk review here are:

1. *Coverage*
2. *Evolution*
3. *Resources*
4. *Information and reporting system*

1.1. Intervention Context

The Republic of Yemen (RoY) is situated in the Middle East and North Africa (MENA) region. The country is ranked amongst the poorest in the region and the world (refer to Figure 1 for the situation in Yemen at a glance). The country faces a protracted conflict that is categorized by the United Nations as the “world’s worst humanitarian crisis”. From early 2015 till April 2022, the crisis has left 21.2 million people needing urgent humanitarian assistance, of which 9.9 million are children. 2.2 million children are likely to experience wasting. This comes to approximately four-fifths of the country’s population.

- In April, the UN released the 2022 HNO and HRP, identifying food insecurity as a primary driver of need and requesting \$4.3 billion to reach 17.9 people with life-saving assistance during 2022.
- The UN and USG each released emergency funds in April to address food insecurity exacerbated by the current rising costs of global food commodities.
- A truce between the de facto authority (DFA) and the Internationally Recognized Government of Yemen (IRG) from April 2 to October 2, 2022. The truce has steadily reduced conflict, but no agreement has been reached to renew the truce during the first three weeks of October 2022.

SITUATION AT A GLANCE



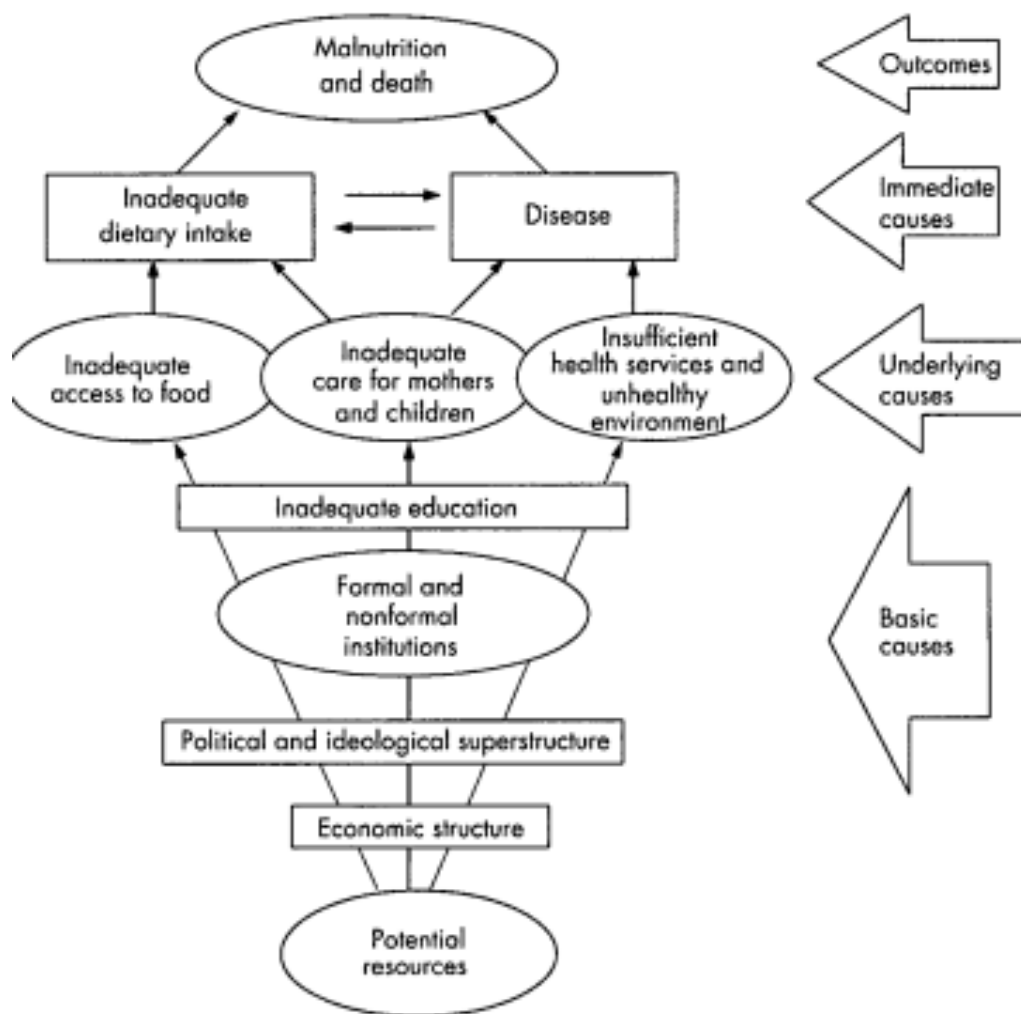
Figure 1 Yemen - Complex Emergency Fact Sheet 2022 (USAID/BHA, 2022)

1.2. Malnutrition in Yemen

Acute Malnutrition Situation in 2022: Out of the 43 zones (333 districts) analysed, 40 districts (12 per cent) are classified as Critical (*Integrated Phase Classification* or IPC Phase 4) and 199 (60 per cent) in Serious (IPC Phase 3), with the remaining 94 (28 per cent) in Alert (IPC Phase 2). In the projection period, similar to food insecurity, there is a dramatic increase in severity, with 72 districts moving from Serious to Critical, making up 108 districts (32 per cent) and 66 districts moving from Alert to Serious, making up 193 districts (58 per cent). The key drivers of the acute malnutrition situation are illustrated in figure 2.




Figure 2.2 Conceptual Framework of the Causes of Malnutrition



Source: UNICEF (1990).

Figure 2 Conceptual Framework of the Causes of Malnutrition

1.3. Programme Overview

The Community Health and Nutrition Volunteers (CHNV) programme comes as an extension of the  Community-based Nutrition (CBN) Programme that was implemented by the Ministry of Public Health and Population (Nutrition Department) during the period 2003-2005 as part of the children's development project, in partnership with and support from UNICEF. During this period, the programme was implemented in 10 districts where the number of volunteers reached 332 in 322 villages. The programme expanded to include, in addition to nutrition services and other services like primary health care as a community component within the Health System Strengthening (HSS) programme. The CHNV programme expanded within the HSS programme in 2010 to target 35 districts, and the number of volunteers that received the training reached 918. The programme expanded to reach > 24,000 CHNV in 2022 (see [evolution section](#) below).

CHNV supports an overall priority to reduce the effect of food insecurity in Yemen, which remains high, with a staggering 16.2 million people who are likely to experience high acute food insecurity and acute malnutrition. The reason for food insecurity and low food access is due to a combination of high household dependence on food imports, high food prices and significantly reduced household income².

CHNV integrating human rights and gender equality

CHNV responded to human rights (HR) and gender equality (GE) by addressing the main needs of the vulnerable groups because women and children under the age of five suffer from acute malnutrition more. These groups also include the disabled, IDPs and other disadvantages like Muhamasheen that spread in both DFA and IRG control areas, especially near frontlines like Marib, Taiz and Hodeida. The inclusion of women and children through CHNV enhances these groups to improve the status of health that will be reflected on the whole community since women and children make the majority of the Yemeni population.

The CHNV programme is mainly of female volunteers, and this empowers women as a whole in Yemen. The female CHNV who spread across Yemen will have better participation in the programming and in presenting the women's vulnerability, especially in health and nutrition, where more than one in four or 27 per cent of children are acutely malnourished governorates like Hodeida³. This CHNV programme helps women and children obtain health and nutrition services where at least a quarter of a million pregnant or breastfeeding women are in need of treatment for malnutrition.

The CHNV programme aligns with the 2030 Agenda and the sustainable development goals (SDGs). This will likely help the priority of "Leaving No One Behind" by supporting the vulnerable who face the risk of being left behind.

Women and girls - 73 per cent of those displaced in Yemen are women and girls, especially women of reproductive age and adolescent girls:

- Children – 60 per cent of those killed directly by conflict are children under five

² United Nations Yemen Sustainable Development Cooperation Framework 2022 – 2024. Available on <https://www.undp.org/sites/g/files/zskgke326/files/2022-06/UNSDCF%20YEMEN%202022-2024%2030052022.pdf>. Accessed on December 10, 2022.

³ Malnutrition surges among young children in Yemen as conditions worsen. *Available online* <https://www.unicef.org/press-releases/malnutrition-surges-among-young-children-yemen-conditions-worsen> Accessed on January 10, 2023.

- Youth and adolescents – an estimated 2 million are out of school and forced into early marriage as a negative coping mechanism
- Internally displaced persons – more than 4 million IDPs, with 172,000 newly displaced in 2020 and almost 160,000 in 2021
- Refugees, asylum seekers and migrants – Yemen hosts approximately 138,000 migrants and 140,000 refugees and asylum seekers
- Persons with disabilities – 4.5 million Yemenis have at least one disability
- Ethnic and religious minorities – It is estimated that Muhamasheen represent 10 per cent of the population living in marginalized conditions⁴

⁴ *United Nations Yemen Sustainable Development Cooperation Framework (UNSDCF) 2022-2024 (January 2022)*. Available online <https://reliefweb.int/report/yemen/united-nations-yemen-sustainable-development-cooperation-framework-unsdcf-2022-2024>. Accessed on December 10, 2022.

CHNV Programme Theory of Change

The CHNV programme theory of change (ToC) is based on several underlying assumptions that may not always be possible. The achievement of the vision of this Theory of Change **assumes** the following:

- There is continued engagement with the Ministry of Planning and International Cooperation (MOPIC) to support strengthened advocacy, policy dialogue, coordination, planning, monitoring and delivery of equitable high-impact multisectoral nutrition actions.
- The authorities facilitate programme operations and implementation (or at least do not impede them).
- The Ministry of Public Health and Population (MOPHP) and other related line ministries agree with and have the political will to promote system preservation and strengthening initiatives.
- The MOPHP and other related line ministries strengthen human resource capacities: by bringing on board additional management and technical staff.
- Openness of communities to receiving information and behaviour change messages and to innovative programming to address nutrition.
- Humanitarian coordination continues to support health and nutrition programming.
- MoPHP, governorate health offices (GHOs) and district health offices (DHOs) continue to support community-based interventions and value the involvement of community networks and non-governmental and civil society organizations.
- The nutrition data landscape is strengthened to ensure the routine data systems generate good quality and near real-time data for programmatic decisions, as well as ensure data (routine and surveys) are used at the national and subnational levels for decision-making.

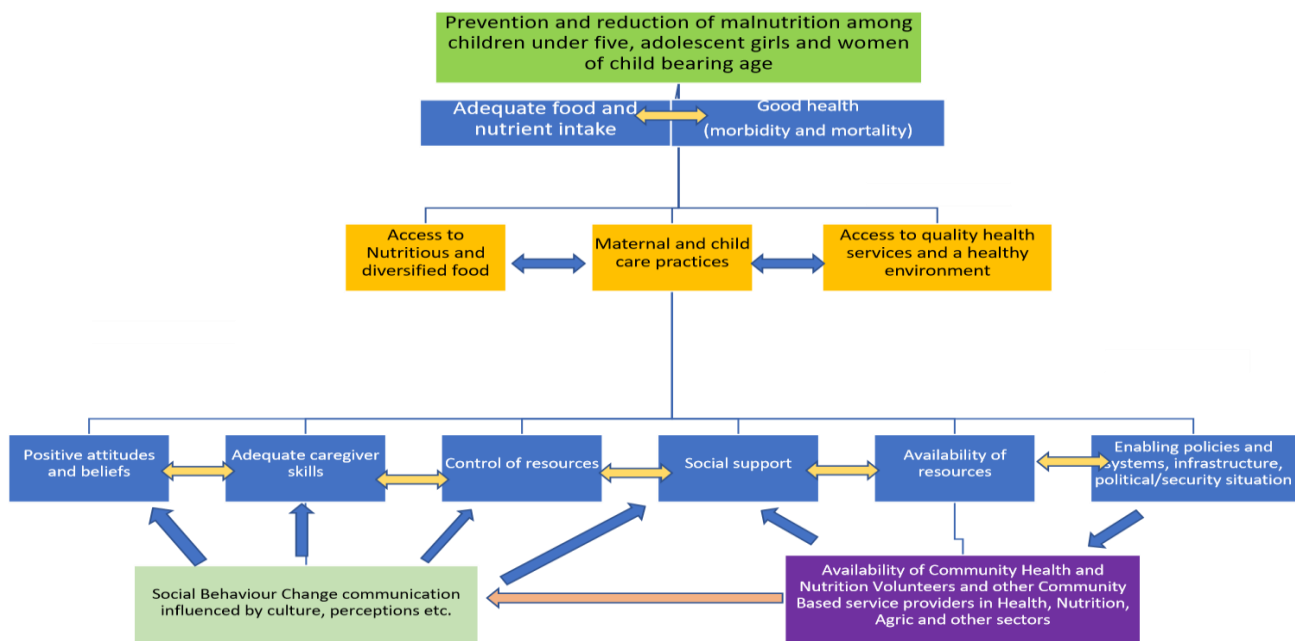


Figure 3 CHNV ToC diagram

Likely, some of the assumptions may not be true, and this will affect the ToC outcomes. For example, the role of MOPIC is weakened significantly in the north by creating other alternative bodies with little experience with international cooperation. For example, the MOPHP may prioritize other sectors, as during the COVID. In some communities with less education, there were even some male CHNVs; resistance to receiving information and behaviour-change messages is possible. The nutrition data landscape is a continuous challenge. The system is not yet fully functioning, and resistance to systems is possible from public employees who feel they will lose their jobs. This was the situation in an automated endeavour by the ministry of education some years ago.

Key CHNV Partners

The main stakeholders in the CHNV programme (in addition to CHNV and women and children) are MoPHP, Nutrition Cluster, Development Partners, UNICEF Yemen, WHO, WFP, Civil Society Partners/Implementing Partners and NGOs.

Table 1: Key Stakeholders and Roles in the CHNV programme

Stakeholders	Stakeholder Description & Role in CHNV programme
MoPHP	Main beneficiary and counterpart to all stakeholders. It is responsible for policy and strategy development. Core functions include: <ul style="list-style-type: none"> - <i>Manages all Nutrition and CHNV activities</i>
Nutrition Cluster	The primary purpose of the Nutrition Cluster is to support and strengthen a coordinated multisectoral approach for nutrition regarding strategic planning, situation analysis and response. CHNV program receives a major part of the Nutrition Cluster like: <ul style="list-style-type: none"> - <i>Coordinate needs assessment for CNHV to cover remote areas across Yemen, mobilize resources to keep the CNHV program running, monitor active and inactive CNHV, collect and share statistics about CNHV per villages in Yemen, contribute to creation and use of tools and methodologies used by the CNHV, contribute to the development and implementation of CNHV capacity development plans.</i>
Development Partners	
UNICEF Yemen Country Office	UNICEF supports policy and strategy development. Core functions include: <ul style="list-style-type: none"> - <i>Delivers capacity-building activities for health workers.</i> - <i>Provides incentives and allowances to CHVs and CHWs.</i> - <i>Manages the provision of procurement and transportation of Ready-to-Use Therapeutic Food (RUTF) and other CMAM supplies.</i> - <i>Supports Nutrition Cluster coordination.</i> - <i>Supports operational costs of HFs and CMAM (OTP, CM and part of TFC) activities.</i>
WHO	Provides technical/ financial support to the MoPHP for the management of SAM cases with complications in TFCs. Key activities include: <ul style="list-style-type: none"> - <i>Delivers capacity-building activities for health workers.</i> - <i>Ensure a continuum of care in TFCs by providing health workers and support staff with monthly performance-based payments.</i> - <i>Manages the provision of procurement and transportation of SAM kits and contingency stock of F75 and F100.</i> - <i>Supports operational costs of 110 out of 129 TFCs in the country.</i>
WFP	Manages MAM cases through the Targeted Supplementary Feeding Programme (TSFP) and the Blanket Supplementary Feeding Programme (BSFP). This includes but is not limited to the following: <ul style="list-style-type: none"> - <i>Capacity development of CHNV on management and treatment of MAM cases.</i> - <i>Providing incentives to CHNV dealing with MAM cases across Yemen.</i>
Civil Society Partners/Implementing Partners	
NGOs	Implementation of CMAM interventions, including OTP management, community mobilization, SAM and MAM management in selected pockets of districts in Yemen. Also provided support in conducting training of CHNV.

Gaps in the availability of CHNV data

The gaps in the CHNV programme include:

1. There is no baseline data to be used for comparison from 2019 to 2022.
2. The project documents that show the trend of CHNV growth or expenditure are not easily traceable.
3. Progress reports are limited.
4. There is a lack of infrastructure (technology and equipment) to compile information in a timely manner.
5. There are refresher trainings for MOPHP monitoring and evaluation focal persons for nutrition at the

district and governorate level that takes place on an annual basis only.

Mitigation measures for the gaps

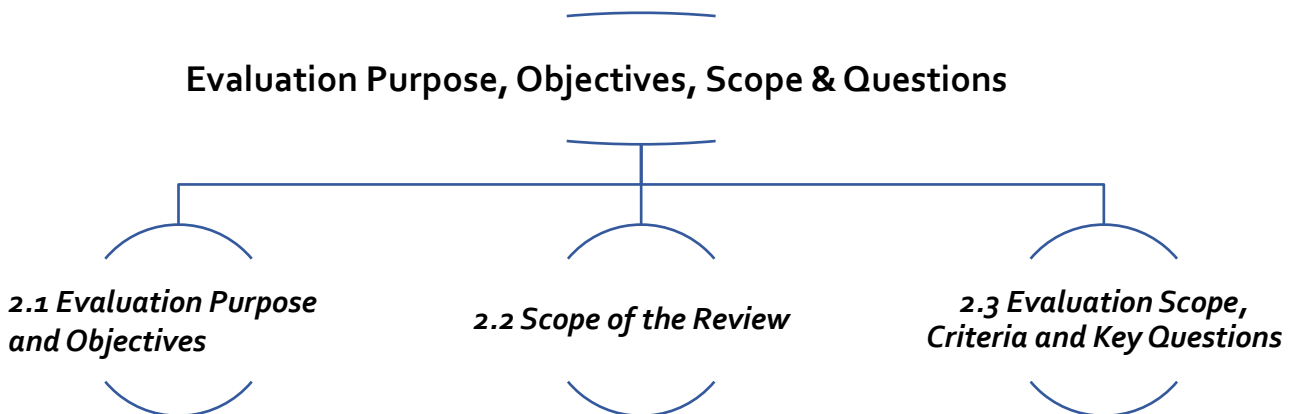
The consultant will consider measures like the following to mitigate the above gaps:

1. Cover the absence of baseline data by asking questions KIIs who have knowledge about the CHNV programme on how it was before and how it is now.
2. Estimate expenditure of previous years based on the current unit price; the available data of expenditure will be divided by the total number of CHNV to obtain the current unit cost.
3. There are a lot of reports and publications on the website that could provide a good background and cover the limited number of progress reports.
4. There is a good CHNV database that covers only the last two years. This data will be used along with some input from the nutrition team, who are likely to provide a lot of input.
5. The review will try to include all related CHNV partners to triangulate information and ensure capturing all viewpoints about CHNV progress, achievements, challenges, and lessons learnt.

2. Evaluation Purpose, Objectives, Scope & Questions

2.1 Evaluation Purpose and Objectives

The **primary purpose** of the current review is to guide and support future scale-up and ensure improved programme effectiveness and efficiency across the various components required for a successful community-based nutrition programme in Yemen.



The **overall objective** is to give UNICEF and its partners a clear understanding of the extent to which the CHNV programme has met its objectives, what the strengths and weaknesses of the programme are, and how to move the programme forward. The review is intended to provide opportunities for learning and improve programming and ensure accountability to donors and communities served by the programme.

Aiming at exploring both programmatic – directly under the influence of the intervention - and contextual factors that have driven the programme and/or have limited the programme's effectiveness or efficiency, this review outlined its specific objectives below in line with the existing literature on success factors for community-based nutrition programmes.

Specific Objectives

- Assess the programme's effectiveness by reviewing the programme coverage (CHNV) village/ district/ governorate vis a vis population), targeting and programme performance (intervention coverage)
- Assess and document the evolution of the programme (design and content); capacity building, including mentoring approaches; and leadership and oversight of the programme, including linkages with other community structures
- Assess the intensity of the resources used for this programme, particularly in relation to the incentives and remuneration modalities of the programme to determine more cost-effective approaches going forward
- Review the information and reporting system (data collection, compilation, reporting, and dissemination) of the programme to ascertain the extent to which the system operates efficiently and the reporting is used to improve interventions and services.

2.2 Scope of the Review

This review of the CHNV programme is taking place between October 2022 and February 2023. The evaluative review covers the programme period from January 2019 to December 2022 in the whole of Yemen through a comprehensive assessment of the CHNV programme (community component) conducted by a network of thoroughly-trained community health and nutrition volunteers comprised of volunteer women and girls from the same community. Through extensive desk review of the programme documents and key informant interviews (KIIs) with relevant stakeholders, the evaluative review will assess programmatic and contextual factors that have driven the programme and/or have limited the programme's effectiveness or efficiency. The

review will also address gender- and geographical-related vulnerabilities, using the human rights-based approach (HRBA) that considers equality and non-discrimination, participation, and accountability (please refer to [CHNV integrating human rights and gender equality](#) for further details).

The evaluative review will be guided by UNEG norms and standards and consider appropriate evaluative criteria, including relevance/appropriateness, coverage, coherence, efficiency, effectiveness, and connectedness/sustainability.

2.3 Evaluative review Scope, Criteria and Key Questions

2.1.1 Review Criteria and Key Review Questions

The review will use OECD/DAC criteria for development programmes: i) relevance, ii) effectiveness, iii) efficiency, iv) impact and v) sustainability;⁵ and the ALNAP criteria for the evaluation of humanitarian action: a) appropriateness, b) effectiveness, c) efficiency, d) impact, e) connectedness, f) coverage, g) coherence and h) coordination⁶.



Figure 4 Evaluation Criteria

Below is a list of crucial review questions as per the DAC criteria (refer to the detailed [Evaluation Matrix](#)).

Table 2: Key Review Questions

Key Evaluative Review Questions – Against each DAC Criteria	
Relevance/ Appropriateness	a - How aligned is the CHNV programme design with the needs of the affected population? How aligned is it with the existing national nutrition strategy?
Coverage	b - To what extent has there been a focus on ensuring that programme services are equitable and accessible for children and caregivers with disabilities and for all individuals of all genders, geographic regions, and abilities? In which ways were they inaccessible or inequitable, and why? c - What factors enabled and hindered the performance of the programme across different geographical areas?
Coherence	d - To what extent has the CHNV programme adopted a multisectoral approach, linking CHNV interventions with other complementary community-based interventions that address malnutrition (both within the health sector and beyond), including the Water, Sanitation and Hygiene (WASH), education, social protection, food security and agriculture sectors? What are the missed

⁵⁵ See the [Organization for Economic Co-operation and Development's \(OECD\) Development Assistance Committee \(DAC\) criteria](#) for evaluating development assistance.

⁶ See the ALNAP guide for humanitarian agencies: Evaluating humanitarian action using the OECD/DAC criteria at www.alnap.org/pool/files/eha_2006.pdf

opportunities, and what can be done differently?

Efficiency

e - How timely is the information and reporting system of the CHNV programme in collecting, compiling, reporting, and disseminating data? What factors limit reporting, and what are the solutions?

f - How cost-effective is the CHNV programme, particularly in relation to the role the allowances and overall remuneration modality at different levels play in the programme's work?

Effectiveness

g - To what extent has the CHNV programme reached its targets? What roles has the programme planning (programme design including service delivery package, geographical targeting, training content, leadership/coordination, monitoring and supervision) and overall programme implementation contributed to the programme's results?

h - What role have the social behaviour change and communications and advocacy elements played in the programme's results, and how well have these elements engaged local leaders and influencers? How well have these elements supported the programme's goals? What are the missed opportunities and recommendations?

Sustainability

i - How committed have donors been to continued financing of the CHNV programme over the last two years? How viable is the programme without donor funding?

The main questions in the ToR are kept. Some are divided or broken down to be easily presented to the KII. During the desk review and initial meetings with the nutrition team, it was found that the incentives or allowances provided to the CHNV need to be investigated more to cover the lack of data related to expenditure. Thus, more questions were added though not in the ToR. The added questions are part of the mitigation measures for the gaps (please refer to the mitigation measures [section](#) above for more details).

2.2 Review Stakeholders' Role and Possible Uses of the Review

Please find below the list of key review stakeholders with their possible interests/uses of the review results.

Table 3: Stakeholders' Possible interest/uses of the Evaluative review

Stakeholder Name	Possible interest/uses of the Evaluative review
PRIMARY USERS	
MoPHP (National, Governorate and District Health Staff)	Obtain evidence of programme achievements, challenges, and sustainability prospects, as well as opportunities for improvement.
UN Partners (UNICEF Yemen, WHO and WFP)	To obtain an objective view of the programme's achievements, lessons learned and recommendations for future programming and scale-up.
Nutrition Cluster	To obtain an independent view of the programme's achievements, lessons learned and recommendations, for future programming and further guidance for cluster partners.
Donors	To inform strategic investment decisions in the future. In addition, to establish a community of practice for similar initiatives.
SECONDARY USERS	
NGOs Implementing Partners	To understand evaluative review expectations, gaps, opportunities and learnings and adapt implementation based on evaluative review findings.
CHNVs	To reflect on CHNV actions that yield positive results to improve malnourishment in communities.

3. Evaluative Review Design and Methods

3.1. Review Design

This evaluative review is guided by a mixed-methods approach. The evaluative review is informed by both qualitative and quantitative data (drawn mostly from secondary sources). Primary data collection included KIIs.

The evaluative review intends to employ a qualitative and quantitative approach to collecting data, using individual interviews with the CHNV programme stakeholders. The quantitative questions will be mainly to find the trend. The focus is to collect qualitative data through in-depth reviews. The qualitative data will be triangulated across data sources for patterns that can reflect the programme's actual achievements, best practices, gaps, challenges, opportunities, and lessons learned. When possible, existing quantitative data will be disaggregated by gender and geographical location.

After the kick-off meeting, the consultants will have a bi-weekly meeting with the UNICEF M&E teams. Ad hoc meetings will also be set up with the UNICEF nutrition. These meetings as well as the documents provided helped till now to:

- Develop tools;
- Develop the inception report;
- Prepare a list of stakeholders who will be contacted for interviews.

3.2 Secondary Data Review

The consultant will conduct a desk review of the documents (internal and external). This will deepen understanding of CHNV context, intervention, achievements, challenges, and learning. The approach during desk research entails initial screening and classification (whereby documents will be organized and catalogued according to the type of documents), broader themes will be identified (keeping in view the evaluation matrix), and relevant information will be extracted through general reading. This information will be used to appropriately respond to evaluative review questions either on its own or with the support of the primary data collected through field research.

The unavailability of key programmatic documents (project proposal, results framework, consistent budget from between years 2019 to 2022, disaggregation of progress data by region) could constrain the evaluative review team's ability to comprehensively understand and assess the programme's efficiency and effectiveness (and made comparison between Northern and Southern Yemen). But mitigation measures are considered (see [Mitigation Measures For The Gaps](#) above).

Documents Reviewed. The UNICEF team made available a background library with related documents that are to be used for the desk review. The provided documents include the following:

1. CHNV guidance.pdf in CHNV C19 adapted guidelines
2. CHNV lists and coverage mapping
3. CHNV progress reports_2020_2021_2022
4. CHNV guidelines
5. General CHNV documents and _PPTs
6. Nutrition PSN and nutrition Situation Analysis
7. Payments reports_ CHNV
8. Reporting tools
9. RWPs 2021 and 2022
10. Supplies
11. Training manuals

The above references were reviewed, but it was recommended to keep the review findings for the main report. There are other external documents that were reviewed (see list of [References](#)).

- **Identify key issues** that need to be addressed during the data collection phase of the review in order to answer the review questions;
- **Identify key stakeholders** that should be consulted during the data collection phase to include them in the mission plan (see table 1)

3.3 Primary Data Collection

The qualitative methods include KIIs with key stakeholders.

3.3.1 Key Informant Interviews

The consultant will collect mainly qualitative data since this review is primarily qualitative. The study will use quantitative questions to help KIIs formulate their questions. The quantitative questions will help to see the overall trend to show the direction of the qualitative answers. The data will be collected from about 40 key informants. It could be less if there is no positive response from the KIIs. (Each KII will be communicated with at least three times- if there is no response, the KI will be considered non-responsive). The key informants (KIs) identified in [table 3](#) (See the [long list of suggested KIs](#)) will be used as a long list. The consultant will select 50% of the preliminary list in table 3 (based on their availability and responses).



To ensure proper communication with KIs and follow-up, an introductory email will be sent to all pre-intended KIs, requesting them to volunteer some of their time to respond to the questions about the CHNV program. A link to the questions and a suggested time frame (e.g., a week) will be given to respond to the questions. The ones who do not have an email, they will be called, and the questions will be sent to them. A follow-up call will be made after three days to ensure the message is reached. If there is no response after a week, a reminder will be sent. If there is no response, we will select other KIs and not follow up with the KIs who did not respond.

The interview with key stakeholders at the national and international levels will be in two stages (online form) and a follow-up interview to elaborate on unclear or missing details. The online form will enable the consultant to collect first-hand information relevant to the CHNV programme evaluative review (identified in the [Data collection tools](#)), and the remote or in-person interviews will give more details to the consultant about the subjects that were not covered well in the online form.

Table 4: Review Stakeholders who will be interviewed

Type of Stakeholders/ KIIs	# of KIIs
Donor Representatives	5
European Commission Humanitarian Aid (ECHO)	1
USAID/BHA	2
World Bank Yemen	1
United Kingdom Foreign, Commonwealth and Development Office (FCDO)	1
UN agencies	9
Food and Agriculture Organization of the United Nations (FAO)	3
World Health Organization (WHO)/Yemen	3
World Food Programme (WFP)	3
NGOs/ International and Local	11
Relief International	1
Save the Children Yemen	1
Qatar Red Crescent (QRCS)	1

Action Against Hunger (AAH)	1
REACH Initiative	1
Relief International	1
REACH Initiative	1
Relief International	1
Save the Children Yemen	1
Action Against Hunger (AAH)	1
Qatar Red Crescent (QRCS)	1
Building Foundation for Development and	1
Light Foundation for Development	1
FMF – Field Medical Foundation	1
MMF- Medical Mercy Foundation	1
Deem for Development Aden	1
Abs Development Organization for Woman and Child (ADO)	1
Nutrition Cluster	7
Nutrition Cluster	7
Deem for Development Aden	1
Abs Development Organization for Woman and Child (ADO)	1
Light Foundation for Development	1
Medical Mercy Foundation (MMF)	1
iMMAP/ Nutrition Information Management Officers	11
iMMAP	1
International Medical Corps (IMC)	1
Nutrition Cluster	6
WHO	1
MOPHP	1
World Food Programme (WFP)	1
MoPHP/Ministry of Public Health and Population- central level	3
MoPHP	3
SUN-YEMEN	2
MoPIC/Scaling-Up Nutrition Secretariat (SUN-YEMEN)	2
United Nations Children’s Fund (UNICEF)/Yemen	23
UNICEF	23
Grand Total	76

Gender and equity in sampling

The sampling will target male and female KIIs to represent multiple perspectives in terms of age, gender, and equity. From the stakeholder analysis, around 40% of the KIIs are females who enjoy different positions and level of power in making decisions about CHNV. They will be asked questions like “To what extent has the CHNV programme focused on equity and accessibility?” to ensure gender and equity of the services provided by the CHNV. The sampling approach will utilize the gender lens while conducting interviews to get feedback on CHNV program that is mainly of females. Conducting interviews with KIIs will investigate human right perspective in CHNV program that prioritizes vulnerable groups as raising awareness among women and women healthcare as in nutrition and reproductive health- for more details, please refer to the section [CHNV integrating human rights and gender equality](#).

3.4 Sampling Approach

There are two consultants for this study: one will cover the south and the other the north. They will conduct KI interviews using purposive sampling for the selection of the KIs. The following criteria will be used for the selection of the KIs.

1. Individuals, local or international, who have relation with the CHNV program - must be working in some way on CHNV program;
2. Preference will be given to KIs who have been working on the CHNV program at least from 2019.

Selection of KIIs: The KIIs will be purposively selected in consultation with UNICEF. The selected KIIs need to be involved in the design and/or implementation of CHNV activities. The KIIs are selected based on a stakeholder analysis performed by the consultants prior to data collection. During the fieldwork, snowball sampling will be used to increase the number of KIIs in case there are no responses from some KIIs. This snowball sampling is a non-probability technique in which identified key informants recommend a KI who is related to the CHNV activities from among their acquaintances.

Non-probability sampling method

The non-probability sampling method will be utilized in this evaluative review, and the qualitative data collection method that is based on KIIs in-depth interviews is the main approach utilized. This qualitative method develops tools based on the results of the reviewed documents (Please refer to the [Data collection tools](#) below).

The data collection will be through 1) a mobile data collection platform and 2) through remote or in-person interviews, as the KIIs prefer. (Please refer to the tool online on this [link](#)). The online form will be shared first with the KII. Each KI will be requested to share the link with their staff or anyone they think is relevant to the CHNV programme. Once responses are received, a follow-up phone call or meeting will be arranged with the KIIs to elaborate on the qualitative part to ensure enough obtaining details.

This approach will mitigate the short time that can be obtained from the KIIs. The consultant is aware that the target KIIs are more likely to be busy with many duties (Please more details about the KIIs, please refer to [Table 5](#)). The other mitigation for the limited time that will be obtained from the KIIs is through an introductory email from UNICEF to the KIIs. The KIIs will likely be more collaborative when they see the formal introduction from UNICEF.

3.5 Data Analysis

The data analysis will use MS Excel for descriptive statistics of the data that will be obtained from the few guiding quantitative questions.

Quantitative Data Analysis: The consultant will analyze data from secondary sources (internal databases, progress reports, budget/expense sheets, and Nutrition Cluster reports) to validate and triangulate evaluation findings.

Qualitative Data Analysis: The consultant will analyze the qualitative data using the content and thematic analysis approach,⁷ using NVivo⁸. The process involved 1) transcribing the qualitative data collected through KIIs, 2) compiling and consolidating notes taken during the KII interviews, 3) coding

⁷ Introduction to Qualitative Research Methods: A Guidebook and Resource, 4th Edition. Available on [https://lic.hau.edu.vn/media/Book_NN/introduction%20to%20qualitative noi%20dung.pdf](https://lic.hau.edu.vn/media/Book_NN/introduction%20to%20qualitative%20noi%20dung.pdf) accessed on 11/01/2023

⁸ NVivo is a software for qualitative and mixed methods data analysis. NVivo can help with systematic analysis and interpretation of the data. It allows the user to develop a system of categories and mark important information in the data with different codes.

qualitative data, and 4) collating and summarising data into categories and themes, as deemed necessary to answer the evaluative key questions and sub-questions.

This analysis will be used to draw findings, conclusions, and recommendations. The methodological triangulation will utilize the gathered data from the secondary research databases, the KIIs and the desk review. This will enrich and validate the findings before forming judgments and conclusions.

3.6 Preliminary Findings Validation

The preliminary findings validation meetings will be held by the end of the data collection to debrief the UNICEF team about the main findings. It is also to obtain feedback on the review team’s factual and contextual understandings of the program from the preliminary findings, conclusions, and recommendations.

3.7 Ethical Considerations

The consultant will uphold a professional and respectful attitude toward all the people interviewed. The consultant will abide by the UNEG Norms and Standards and UNEG Ethical Guidelines for Evaluation⁹ that stresses integrity, accountability, respect, and beneficence. This indicates no offer for professional services or acceptance of gifts from stakeholders. The introduction to the interviews with the KIIs will begin with a clarification of the objectives of the CHNV evaluative review to prevent stakeholders from having false perceptions about the intention of the study.

The data collection protocol entails an informed consent process in which respondents are given a detailed introduction about the study subject matter and objectives. In compliance with UNEG data ethics, informed consent is prepared in a way that assures respondents’ safety. Furthermore, it guarantees respondents’ identity and data protection so that no harm could be caused as a result of being part of the data collection. Confidentiality and anonymity will be highly respected in terms of keeping respondents’ information undisclosed, even in cases where answers are quoted. Besides, respondents’ participation is voluntary, and they may respond to any or all questions or withdraw anytime without any consequences. Respondents can get a copy of the informed consent along with the invitation email so that they can have more assurance than just listening to it.

The consultant will also seek ethical approval from UNICEF before starting the fieldwork. The ethical review process includes the first review of the inception report, tools, and methodologies. After meeting the ethical review requirements, the consultant will go to the fieldwork.

Ethical potential risks and mitigations

This study carries minimal to no risk for participants. The consultants will make all efforts to ensure that the KIIs are administered in such a manner that respondents feel comfortable responding openly to all questions asked. However, the following table shows some general foreseeable risks associated with data and mitigation strategies to handle such risks if encountered.

Table 5: Ethical risks and mitigations

Potential risks	Mitigation measures
Psychological risks: subjects may feel forced to participate and have to avail	<ul style="list-style-type: none"> Participants are notified in the informed consent that their participation is voluntary provided that they are free to choose to participate without any pressure or coercion.

⁹ UNEG ETHICAL GUIDELINES FOR EVALUATION. available online on https://www.alnap.org/system/files/content/resource/files/summary/UNEG_Ethical_Guidelines_for_Evaluation_2020.pdf. Accessed on December 10, 2022.

<p>themselves to answer all interview questions.</p>	<p>Furthermore, they have the right to withdraw or limit their participation if they feel uncomfortable.</p> <ul style="list-style-type: none"> • No sensitive questions are included.
<p>Social/career risks: subjects may feel unsafe participating for fear that their identity will be exposed and their participation leaked</p>	<ul style="list-style-type: none"> • Recording interviews won't be done unless clear consent is given. • All provided information including participants' details will be kept confidential. Subjects will be assured that even if their answers are quoted, no reference to their identity will be made. No public embarrassment or reputational risks would be caused. Even after submitting the final report and closing the assignments, raw data will be shared with UNICEF which exercises a high level of data protection.
<p>Legal Risks: the study protocol might have ignored legally sensitive related risks.</p>	<ul style="list-style-type: none"> • As a result of the division between state institutions between north and south Yemen, and in order to avoid legal or political sensitivity, two consultants have been appointed, one based in the north and one in the south, to avoid any legal or political risks that might be encountered. • The reporting of sensitive data will be handled with care in a way that enhances UNICEF commitment to accountability to the affected population through the established reporting mechanism. • No potential risks related to interviewing under-age subjects as they are completely not targeted. • Both consultants have received the PSEA and ethical training upon assignment contract. Furthermore, no additional staff hiring is considered. • Data collection relevant local laws are followed.
<p>Physical Risks: consultants or subjects might face physical risks as a result of their participation in the study.</p>	<ul style="list-style-type: none"> • No travel is planned. • The study is limited to desk review and conducting KIIs.

4. Reporting

Draft report: The draft report will be prepared according to the UNEG Standards. The draft report will incorporate the feedback received at the debriefing sessions.

Final report: The report will be drafted and reviewed by quality control from the consultant side to ensure consistency and smooth reading when submitted for UNICEF review. The comments will be incorporated, and clarifications will be responded to. The annexes to the report will include all information collected and tabulated for review.

The final report will assess a) if the CHNV programme has met its objectives, b) what the strengths and weaknesses of the programme are, and c) how to move the programme forward. It will recommend steps for the future scale-up across different levels based on the reviewed CHNV programme achievements, best practices, gaps, challenges, opportunities, and lessons learned.

4.1 REPORT OUTLINE- SUGGESTED

Executive Summary

Chapter 1: Introduction and Object of the Evaluative Review – CHNV Programme

- 1.1. Intervention Context
- 1.2. Programme Introduction
- 1.3. Significance of the CHNV Programme
- 1.4. Programme Theory of Change (ToC)

Chapter 2: Evaluative Review Purpose, Objectives, Scope and Questions

- 2.1 Evaluative Review Purpose and Objectives
- 2.2 Evaluative Review Scope, Criteria and Key Questions
- 2.3 Evaluative Review Stakeholders' Role and Possible Uses of the Evaluative Review
- 2.4 Evaluative Review Significance

Chapter 3: Evaluative Review Design, Methodology, Quality Assurance and Ethics

- 3.1 Evaluative Review Design
- 3.2 Evaluative Review Methods
- 3.3 Training and Quality Assurance of Data Collection
- 3.4 Data Consolidation, Processing and Analysis
- 3.5 Compliance with UNEG and UNICEF's Ethical Norms and Standards
- 3.6 Limitations and Mitigation Measures
- 3.7 Evaluative Review Management & Oversight

Chapter 4: Evaluative Review Findings and Preliminary Conclusions

- 1.1 Relevance
- 1.2 Efficiency
- 1.3 Effectiveness
- 1.4 Sustainability
- 1.5 Gender Equality and Equity

Chapter 5: Conclusions, Lessons Learnt and Recommendations

- 5.1 Conclusions
- 5.2 Lessons Learnt
- 5.3 Recommendations

Annexes

5. Work Plan

		Oct-22				Jan-23				Feb-23				Mar-23				April-23				May-23			
Activity	Responsibility Level	Start	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
		Phase I: Planning and Inception																							
Evaluation kick-off meeting	UNICEF																								
	Consultant																								
Develop and amend the Work Plan	Consultant																								
Conduct preliminary desk review of CHNV programme records and related data	Consultant																								
Hold consultation meeting to select key informants for individual interviews, request additional documents, and agree on the final report format and the presentation format of the preliminary findings	UNICEF																								
	Consultant																								
Develop methodology, data collection instruments in Arabic and English, and the quality control measures	Consultant																								
Review and update the evaluation methodology and design	Consultant																								
Submit the draft inception report and instruments to UNICEF	Consultant																								
Review of the inception report and obtain ethical clearance (Round 1: quality assurance)	UNICEF																								
Incorporate UNICEF's comments	Consultant																								
Submit for Review (Round 2: content review)	Consultant																								
Provide approval of commencing data collection	UNICEF																								
System Configuration																									
Convert instruments to digital forms (Kobo)	Consultant																								
Testing the e-instruments and updating them based on feedback	Consultant																								
Phase 2: Data Collection and Processing																									

6. Data Collection Tools

QUESTION GUIDE—KEY INFORMANT INTERVIEWS Yemen CHNV Program

دليل مقابلة مصادر المعلومات الرئيسيين
برنامج متطوعات صحة وتغذية المجتمع في اليمن

Respondent's Name (اسم المستجيب): _____ **Sex** (الجنس): Male (ذكر) Female (انثى)
Researcher's Name (اسم الباحث): _____ **Sex** (الجنس): Male (ذكر) Female (انثى) **Date** (التاريخ): _____

Thank you – Thank you for the interview and for your time today

• **شكرا لك** - شكرا لك على المقابلة وعلى وقتك اليوم

Your name – My name is _____, and I am an external evaluator hired by UNICEF. We are conducting an external review for the Yemen Community Health and Nutrition Volunteers Program. This was requested by UNICEF for the purpose of guiding and supporting future scale-up and ensure improved programme effectiveness and efficiency across the various components required for a successful community-based nutrition program.

• **اسمك** - اسمي _____، وأعمل كمستشار خارجي تم التعاقد معي من اليونيسيف. نجري مراجعة خارجية لبرنامج متطوعي الصحة والتغذية في اليمن. وقد طلبت اليونيسيف ذلك لغرض توجيه ودعم التوسع في المستقبل وضمان تحسين فعالية البرنامج وكفاءته عبر مختلف العناصر اللازمة لبرنامج تغذوي مجتمعي ناجح.

The main objectives of the Yemen CHNV Programme are to improve the health of women and children through trained community volunteers who work on follow-up and promotion of child growth, promoting women's and children's access to health and nutrition services within communities, providing counselling, education, and messages that lead to enhanced health-seeking behaviors, in addition to providing referrals to health facilities when required.

• **الأهداف الرئيسية** - تتمثل أهداف برنامج CHNV في اليمن في تحسين صحة النساء والأطفال من خلال متطوعين مجتمعيين مدربين يعملون على متابعة وتعزيز نمو الطفل، تعزيز حصول النساء والأطفال على الخدمات الصحية والتغذوية داخل المجتمعات المحلية، تقديم المشورة والتثقيف والرسائل التي تؤدي إلى تعزيز السلوكيات الصحية، بالإضافة إلى توفير الإحالات إلى المرافق الصحية عند الضرورة.

Purpose – I would like to do an interview with you, and the main purpose of the interview is to hear your views on this programme and the lessons learned that could be used for future scale-up programming. The review will explore 3 areas of enquiry: 1/the relevance of the programme design and content and intervention coverage, 2/how effectively/efficient the implementation has been, and 3/ the results and sustainability prospects.

• **الغرض** - أود إجراء مقابلة معك. والغرض الرئيسي من المقابلة هو الاستماع إلى آرائك حول هذا البرنامج والدروس المستفادة التي يمكن استخدامها في توجيه ودعم أي توسع في المستقبل. تتركز

Confidentiality/consent to record – We plan to audio record this interview just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but UNICEF and I will have access to the audio recordings. Do you have any concerns with me turning the recorder on now? ***If no, we will not record.***

We will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.

Your participation is voluntary and there are no anticipated risks to you as a result of your participation. It also does not involve any personal benefits.

Duration – I expect the interview to take approximately 60 minutes – is that okay? If you do not have that much time, let me know, and I can make sure that I focus on the more important questions. Also, it's absolutely fine if you do not know the answer to a question or prefer not to answer or if the question is not relevant to your role – just let me know, and I'll adapt the interview accordingly.

Opportunity for questions – Do you have any questions before we start? Of course, you are also welcome to ask questions throughout the interview if something is not clear. Or if there are any elements that I have not come up with during the interview, feel free to share them near the end.

Consultants

Dr. Ayid Sharyan - ayid.sharyan@mealcenter.org

[Mohammed Almussaabi – almussaabi@enhancecrt.com](mailto:Mohammed Almussaabi - almussaabi@enhancecrt.com)

المقابلة حول ثلاثة محاور (1: موائمة تصميم ومضمون البرنامج ومدى تغطية التدخل، ٢) مدى فعالية/كفاءة التنفيذ، ٣) النتائج والآفاق الاستدامة.

• **السرية/الموافقة على التسجيل** - نخطط لتسجيل هذه المقابلة فقط للتأكد من أننا قد دونا النقاط الرئيسية للمناقشة، في حالة وجود أي انقطاعات في تدوين الملاحظات. ليس لأحد سواي واليونيسيف إمكانية الوصول إلى التسجيلات الصوتية. هل لديك أي تحفظات في تشغيل المسجل الآن؟ لن نسجل إذ في تحفظ؟ أيضا نأكد لك اننا لن نقوم بتضمين أي أسماء أو معلومات تعريفية في التقرير الذي سنكتبه عن المواضيع العامة التي برزت خلال المناقشات. حيث ستبقى جميع الأسماء والردود سرية. لن يتم توصيل أي شيء حساس تقوله هنا مباشرة بك في تقريرنا. مشاركتك طوعية ولا يوجد أي مخاطر متوقعة عليك نتيجة لمشاركتك كما أنها أيضا لا تتضمن تحقيق أي فوائد شخصية

المدة - أتوقع أن تستغرق المقابلة حوالي 60 دقيقة - هل هذا مقبول؟ إذا لم يكن لديك الكثير من الوقت، فأخبرني بذلك ويمكنني التأكد من أنني أركز على الأسئلة الأكثر أهمية. أيضا، لا بأس إذا كنت لا تعرف الإجابة على سؤال أو تفضل عدم الإجابة أو أن السؤال غير ذي صلة بدورك - فقط أخبرني بذلك وسأقوم بتكييف المقابلة وفقا لذلك.

فرصة للأسئلة - هل لديك أي أسئلة قبل أن نبدأ؟ بالطبع، أنت مدعو أيضا لطرح الأسئلة خلال المقابلة إذا كان هناك شيء غير واضح. أو إذا كانت هناك أي عناصر لم اعطها أثناء المقابلة، فلا تتردد في مشاركتها عند نهاية المقابلة.

الاستشاري

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Review Questions

Criteria/Themes	Questions	وزارة الصحة MoPHP	كلمة التغذية Nutrition Cluster	منظمة رعاية الاطفال UNICEF	الصحة لعالمية/ الغذاء WHO / WFP العالمي	المنظمات المنفذه (IPs) NGOs	
Introductory Information	<ul style="list-style-type: none"> - Please introduce yourself briefly, including: <ul style="list-style-type: none"> ○ your job title: _____ ○ organization: _____ ○ role and how it relates to the CHNV program: _____ - <i>Probe:</i> how long have you been in this role? What are your key areas of responsibility? The main area of focus? To what extent are you familiar with CHNV program, its function and objectives? What were interactions or specific activities have you had with CHNV program? (Which sectors, local or national partner, advisory role, etc.)? 	<ul style="list-style-type: none"> - يرجى تقديم نفسك بإيجاز من حيث: <ul style="list-style-type: none"> ➤ المسمى الوظيفي: _____ ➤ اسم المنظمة او جهة العمل: _____ ➤ الدور وكيفية ارتباطه ببرنامج CHNV _____ - التحقيق: منذ متى وأنت في هذا الدور؟ ما هي مجالات مسؤوليتك الرئيسية؟ مجال التركيز الرئيسي؟ إلى أي درجة أنت ملم ببرنامج CHNV ووظيفته وأهدافه؟ ما هي التفاعلات أو الأنشطة المحددة التي أجريتها مع برنامج CHNV؟ (ما هي القطاعات، الشريك المحلي أو الوطني، الدور الاستشاري، وما إلى ذلك)؟ 	√	√	√	√	√
1. Relevance	<p>EQ a. How aligned is the CHNV programme design with the needs of the affected population? How aligned is it with the existing national nutrition strategy?</p> <p>ما مدى مواءمة تصميم برنامج CHNV مع احتياجات السكان المتضررين؟ ما مدى مواءمتها مع الاستراتيجية الوطنية الحالية للتغذية؟</p>						

1a. Response to the current needs	1a.1 To what extent is the CHNV Program's design in line with the needs of the affected population <input type="radio"/> Extremely in line <input type="radio"/> In line <input type="radio"/> Neutral <input type="radio"/> Not in line <input type="radio"/> Extremely not in line? 1a.1.1 Please explain.	1a.1 إلى أي مدى يتماشى تصميم برنامج CHNV مع احتياجات السكان المتضررين <input type="radio"/> متماشية للغاية <input type="radio"/> متماشية <input type="radio"/> لا متماشية ولا غير متماشية <input type="radio"/> ليس متماشية <input type="radio"/> ليست متماشية على الإطلاق 1a.1.1 يرجى التوضيح.	✓	✓	✓	✓	✓
	1a.2 How the CHNV programme is aligned with the existing national nutrition strategy?	1a.2 كيف يتماشى برنامج CHNV مع استراتيجية التغذية الوطنية الحالية؟	✓	✓	✓	✓	✓
2. Coverage	EQ b. To what extent has there been a focus on ensuring that programme services are equitable and accessible for disabled children and caregivers, and for all individuals of all genders, geographic regions, and abilities? In which ways were they inaccessible or inequitable, and why? إلى أي مدى كان هناك تركيز على ضمان أن تكون خدمات البرنامج منصفة ومتاحة للأطفال المعوقين ومقدمي الرعاية، ولجميع الأفراد من جميع الجنسين والمناطق الجغرافية والقدرات؟ وما هي الطرق التي تعذر من خلالها الوصول هذه الخدمات أو عدم الحصول عليها بإنصاف، ولماذا؟						
2a. Coverage	2a.1 To what extent has the CHNV programme focused on equity and accessibility in...?	2a.1 إلى أي مدى ركز برنامج CHNV على الإنصاف وإمكانية الوصول في...؟					
	2a.1.1 Individuals of all genders <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 2a.1.1.1 Please explain	2a.1.1 الأفراد من الجنسين <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 2a.1.1.1 يرجى التوضيح	✓	✓	✓	✓	✓
	2a.1.2 All service user categories (, caregivers, most vulnerable groups, children with disabilities, hardest-to-reach populations <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	2a.1.2 جميع الفئات المستفيدة (، مقدمو الرعاية، الفئات الأكثر ضعفا والأطفال المعاقون السكان اليزدي يصعب الوصوف اليهم)	✓	✓	✓	✓	✓

	2a.1.2.1 Please explain	<input type="checkbox"/> بشكل متدني <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل عالي 2a.1.2.1 يرجى التوضيح.					
	2a.1.3 All geographic regions including remote areas such as districts and villages in tier 2-3 <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 2a.1.3.1 Please explain	2a.1.3 جميع المناطق الجغرافية بما فيها المناطق النائية مثل القرى والمدريات في المستوى 2-3 <input type="checkbox"/> بشكل متدني <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل عالي 2a.1.3.1 يرجى التوضيح.	√	√	√	√	
EQ c. What factors enabled and hindered performance of the programme across different geographical areas? ما هي العوامل التي مكنت وأعاقت أداء البرنامج في المناطق الجغرافية المختلفة؟							
2b. Leadership and oversight	2b.2 What factors enabled performance of the programme across different geographical areas?	2b.2 ما هي العوامل التي مكنت من أداء البرنامج عبر المناطق الجغرافية المختلفة؟	√	√	√	√	
	2b.3 What factors hindered performance of the programme across different geographical areas?	2b.3 ما هي العوامل التي أعاقت أداء البرنامج عبر المناطق الجغرافية المختلفة؟	√	√	√	√	
3.Coherence	EQ d. To what extent has the CHNV programme adopted a multisectoral approach, linking CHNV interventions with other complementary community-based interventions that address malnutrition (both within the health sector and beyond), including the WASH, education, social protection, food security and agriculture sectors?						
	What are the missed opportunities and what can be done differently? إلى أي مدى اعتمد برنامج CHNV نهجا متعدد القطاعات، يربط تدخلات CHNV بالتدخلات المجتمعية التكميلية الأخرى التي تعالج سوء التغذية (داخل القطاع الصحي وخارجه على حد سواء)، بما في ذلك قطاعات المياه والصرف الصحي والنظافة الصحية والتعليم والحماية الاجتماعية والأمن الغذائي والزراعة؟ ما هي الفرص الضائعة وما الذي يمكن فعله بشكل مختلف؟						

3a. Partnerships and linkages	3a.1 Has the CHNV programme adopted a multisectoral approach? <input type="checkbox"/> Yes <input type="checkbox"/> No 3a.1.1 Please explain	3a.1 هل اعتمد برنامج CHNV نهجا متعدد القطاعات؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا 3a.1.1 يرجى التوضيح.	√	√	√			
	3a.2 How do the CHNV interventions link with other complementary community-based interventions... to address malnutrition? 3a.2.1 WASH: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 3a.2.1.1 Please explain	3a.2 كيف ترتبط تدخلات برنامج CHNV بالتدخلات المجتمعية التكميلية الأخرى ... لمعالجة سوء التغذية؟ 3a.2.1 المياه والصرف الصحي: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 3a.2.1.1 يرجى التوضيح.	√	√	√	√	√	
	3a.2.2 Education: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 3a.2.2.1 Please explain	3a.2.2 التعليم: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 3a.2.2.1 يرجى التوضيح.	√	√	√	√	√	
	3a.2.3 Social protection: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 3a.2.3.1 Please explain	3a.2.3 الحماية الاجتماعية: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 3a.2.3.1 يرجى التوضيح.	√	√	√	√	√	
	3a.2.4 Food security: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 3a.2.4.1 Please explain	3a.2.4 الأمن الغذائي: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 3a.2.4.1 يرجى التوضيح.	√	√	√	√	√	

	3a.3 What are the missed opportunities for CHNV interventions?	3a.3 ما هي الفرص الضائعة لتدخلات CHNV ؟	√	√	√	√	√
	3a.4 What can be done differently in future CHNV interventions?	3a.4 ما الذي يمكن عمله بشكل مختلف في تدخلات CHNV المستقبلية؟	√	√	√	√	√
	3.a.5 Which community structures offer the greatest opportunity?	3.a.5 ما الهياكل المجتمعية التي توفر فرصة كبيرة لعمل البرنامج	√	√	√	√	√
	3.a.6. How can CHNV's be used to support multi-sectoral approaches further etc."	3.a.6. كيف يمكن استخدام CHNV لدعم النهج متعددة القطاعات بشكل أكبر وما إلى ذلك."					

4.Efficiency	EQ e. How timely is the information and reporting system of the CHNV programme in collecting, compiling, reporting, and disseminating data? What factors limit reporting and what are the solutions? ما هو الوقت المناسب لنظام المعلومات والإبلاغ لبرنامج CHNV في جمع البيانات وتجميعها و اعداد ورفع التقارير عنها ونشرها ؟ ما هي العوامل التي تحد من اعداد ورفع التقارير وما هي الحلول ؟						
	4a. Information and reporting system	4a.1 How timely is the information system of the CHNV programme in	4a.1 ما مدى ملاءمة نظام المعلومات الخاص ببرنامج CHNV من حيث				
	4a.1.1 Collecting data: <input type="checkbox"/> Timely <input type="checkbox"/> Not Timely 4a.1.1.1 Please explain	4a.1.1 جمع البيانات: <input type="checkbox"/> ملائم <input type="checkbox"/> غير ملائم 4a.1.1.1 يرجى التوضيح.	√	√	√	√	√
	4a.1.2 Compiling data: <input type="checkbox"/> Timely <input type="checkbox"/> Not Timely 4a.1.2.1 Please explain	4a.1.2 تجميع البيانات: <input type="checkbox"/> ملائم <input type="checkbox"/> غير ملائم 4a.1.2.1 يرجى التوضيح.		√	√	√	√

	4a.2 How timely is the reporting system of CHNV programme in	4a.2 ما مدى ملائمة نظام اعداد التقارير لبرنامج CHNV من حيث	√	√	√	√	√
	4a.2.1 Reporting: <input type="checkbox"/> Timely <input type="checkbox"/> Not Timely 4a.2.1.1 Please explain	4a.2.1 رفع التقارير: <input type="checkbox"/> ملائم <input type="checkbox"/> غير ملائم 4a.2.1.1 يرجى التوضيح.					
					√		
	4a.2.2 Disseminating: <input type="checkbox"/> Timely <input type="checkbox"/> Not Timely 4a.2.2.1 Please explain	4a.2.2 نشر التقارير: <input type="checkbox"/> ملائم <input type="checkbox"/> غير ملائم 4a.2.2.1 يرجى التوضيح.		√	√	√	√
	4a.3 What factors limit reporting nationally, governorate, district, health facility and at the community level?	4a.3 ما هي العوامل التي تحد من اعداد ورفع التقارير على المستوى الوطني، المحافظة، المديرية، المرفق الصحي والمجتمع؟	√	√	√	√	√
	4a.4 What are the solutions to improve reporting nationally, in the governorate, district, health facility and community level?	4a.4 ما هي الحلول لتطوير التقارير على المستوى الوطني، المحافظة، المديرية، المرفق الصحي والمجتمع؟	√	√	√	√	√
EQ f. How cost-effective is the CHNV program, particularly in relation to the role the allowances and overall remuneration modality at different levels play in the program's work?							
ما مدى فعالية برنامج CHNV من حيث التكلفة، لا سيما فيما يتعلق بالدور الذي تلعبه البدلات ونظام الاجور عموما على مختلف المستويات في عمل البرنامج؟							
4b. CHNV Resources: funds, expertise, natural resources, time	4b.5 How cost-effective is the CHNV program? o Extremely cost-effective o Cost-effective o Neutral o Not cost-effective o Extremely not cost-effective	4b.5 ما مدى فعالية برنامج CHNV من حيث التكلفة؟ o فعالة للغاية من حيث التكلفة o فعالة من حيث التكلفة o محايد o غير فعالة من حيث التكلفة o غير فعالة من حيث التكلفة على الإطلاق	√	√	√	√	√

4b.6 How cost-effective was the allowances and overall remuneration modality? <ul style="list-style-type: none"> o Extremely cost-effective o Cost-effective o Neutral o Not cost-effective o Extremely not cost-effective 	4b.6 وما مدى فعالية البدلات ونظام الاجور عموما من حيث التكلفة؟ <ul style="list-style-type: none"> o فعالة للغاية من حيث التكلفة o فعالة من حيث التكلفة o محايد o غير فعالة من حيث التكلفة o غير فعالة من حيث التكلفة على الإطلاق 	√	√	√	√	√
4b.7 Were the allowances cost-effective at different levels	4b.7 هل كانت البدلات فعالة من حيث التكلفة على مختلف المستويات					
4b.7.1 Village: <ul style="list-style-type: none"> o Extremely cost-effective o Cost-effective o Neutral o Not cost-effective o Extremely not cost-effective 4b.7.1.1 Please explain. 	4b.7.1 قرية: <ul style="list-style-type: none"> o فعالة للغاية من حيث التكلفة o فعالة من حيث التكلفة o محايد o غير فعالة من حيث التكلفة o غير فعالة من حيث التكلفة على الإطلاق 4b.7.1.1 يرجى التوضيح.	√	√	√		√
4b.7.2 District: <ul style="list-style-type: none"> o Extremely cost-effective o Cost-effective o Neutral o Not cost-effective o Extremely not cost-effective 4b.7.2.1 Please explain. 	4b.7.2 المديرية: <ul style="list-style-type: none"> o فعالة للغاية من حيث التكلفة o فعالة من حيث التكلفة o محايد o غير فعالة من حيث التكلفة o غير فعالة من حيث التكلفة على الإطلاق 	√	√	√		√

		4b.7.2.1 يرجى التوضيح.					
	4b.7.3 Governorate: <input type="radio"/> Extremely cost-effective <input type="radio"/> Cost-effective <input type="radio"/> Neutral <input type="radio"/> Not cost-effective <input type="radio"/> Extremely not cost-effective 4b.7.3.1 Please explain.	4b.7.3 المحافظة: <input type="radio"/> فعالة للغاية من حيث التكلفة <input type="radio"/> فعالة من حيث التكلفة <input type="radio"/> محايد <input type="radio"/> غير فعالة من حيث التكلفة <input type="radio"/> غير فعالة من حيث التكلفة على الإطلاق 4b.7.3.1 يرجى التوضيح.	√	√	√	√	√
	4b.7.4 How CHNV supplies are managed ? what do you suggest to improve supply chain efficiency?.	Ab.7.4 كيف تدار المستلزمات المقدمة من البرنامج ؟ ماذا تقترح لتحسين كفاءة سلسلة التوريد ؟.					
4c. Incentives (payments)	4c.8 Who should be targeted for the incentives?	4c.8 من الذي يجب استهدافه بالحوافز ؟	√	√	√	√	√
	4c.9 What amount should be paid? <input type="checkbox"/> \$140 per CHNV per quarter <input type="checkbox"/> \$200 per CHNV per quarter <input type="checkbox"/> Others 4c.9.1 Others, please specify	4c.9 ما المبلغ الذي يجب دفعه ؟ <input type="checkbox"/> 140 دولارا لكل CHNV في الربع <input type="checkbox"/> 200 دولارا لكل CHNV في الربع <input type="checkbox"/> أخرى 4c.9.1 أخرى، يرجى تحديد	√	√	√	√	√
	4c.10 And when? <input type="checkbox"/> each review meeting <input type="checkbox"/> Once per year <input type="checkbox"/> twice per year <input type="checkbox"/> Other 4c.10.1 Others, please specify	4c.10 ومتى؟ <input type="checkbox"/> كل اجتماع مراجعة <input type="checkbox"/> مرة في السنة <input type="checkbox"/> مرتين في السنة <input type="checkbox"/> أخرى 4c.10.1 أخرى، يرجى تحديد	√	√	√	√	√

	4c.11 What do you think are the incentive options for 2023 and beyond?	4c.11 ما هي برأيك خيارات الحوافز لعام 2023 وما بعده ؟	√	√	√	√	√
	4c.12 What are other non-cash payment options that are more sustainable?	4c.12 ما هي خيارات الدفع غير النقدية الأخرى الأكثر استدامة ؟	√	√	√	√	√
5. Effectiveness	EQ g. To what extent has the CHNV programme reached its targets? What roles has the programme planning (programme design including service delivery package, geographical targeting, training content, leadership/coordination, monitoring and supervision) and overall programme implementation contributed to the program's results? إلى أي مدى حقق برنامج CHNV أهدافه؟ ما هي الأدوار التي ساهم فيها تخطيط البرنامج (تصميم البرنامج بما في ذلك حزمة تقديم الخدمات، والاستهداف الجغرافي، ومحتوى التدريب، والقيادة / التنسيق، والمراقبة والإشراف) والتنفيذ الشامل للبرنامج في نتائج البرنامج؟						
5a. The extent to which the CHNV programme has met its objectives	5a.1 To what extent has the CHNV programme reached its targets?	5a.1 إلى أي مدى حقق برنامج CHNV أهدافه؟	√	√	√	√	√
	5a.2 To what extent has the CHNV programme design contributed to the overall program's results in terms of ...	5a.2 إلى أي مدى ساهم تصميم برنامج CHNV في النتائج الإجمالية للبرنامج من حيث...	√	√	√	√	√
	5a.2.1 Delivery package: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 5a.2.1.1 Please explain	5a.2.1 حزمة تقديم الخدمات: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 5a.2.1.1 يرجى التوضيح.	√	√	√	√	√
	5a.2.2 Geographical targeting: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 5a.2.2.1 Please explain	5a.2.2 الاستهداف الجغرافي: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني 5a.2.2.1 يرجى التوضيح.	√	√	√	√	√
	5a.2.3 Training content: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	5a.2.3 محتوى التدريب: <input type="checkbox"/> بشكل عالي <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل متدني	√	√	√	√	√

	5a.2.3.1 Please explain	5a.2.3.1 يرجى التوضيح.					
	5a.2.4 Leadership/coordination: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 5a.2.4.1 Please explain	5a.2.4 القيادة/التنسيق: <input type="checkbox"/> بشكل متدني <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل عالي 5a.2.4.1 يرجى التوضيح.	√	√	√	√	√
	5a.2.5 monitoring: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 5a.2.5.1 Please explain	5a.2.5 المتابعة: <input type="checkbox"/> بشكل متدني <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل عالي 5a.2.5.1 يرجى التوضيح.	√	√	√	√	√
	5a.2.6 Supervision: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low 5a.2.6.1 Please explain	5a.2.6 الاشراف: <input type="checkbox"/> بشكل متدني <input type="checkbox"/> بشكل متوسط <input type="checkbox"/> بشكل عالي 5a.2.6.1 يرجى التوضيح.	√	√	√	√	√
	5a.3 What were the challenges/obstacles to achieving the expected results?	5a.3 وما هي التحديات/العقبات التي حالت دون تحقيق النتائج المتوقعة؟	√	√	√	√	√
Effectiveness	EQ h. What role have the social behavior change and communications and advocacy elements played in the program's results, and how well have these elements engaged local leaders and influencers? How well have these elements supported the program's goals? What are the missed opportunities and recommendations? ما هو الدور الذي لعبه تغيير السلوك الاجتماعي وعناصر الاتصالات والدعوة في نتائج البرنامج، وما مدى نجاح هذه العناصر في إشراك القادة والمؤثرين المحليين؟ ما مدى نجاح هذه العناصر في دعم أهداف البرنامج؟ ما هي الفرص الضائعة والتوصيات؟						
5b. The extent to which the CHNV programme has	5b.4 The social behaviour change played a role in the program's results o Strongly agree	5b.4 لعب تغيير السلوك الاجتماعي دورا في نتائج البرنامج o أتفق بشدة o أتفق	√	√	√	√	√

attained its major relevant objectives	<ul style="list-style-type: none"> o Agree o Neutral o Disagree o Strongly disagree 5b.4.1 Please explain.	<ul style="list-style-type: none"> o محايد o لا أتفق o لا أتفق بشدة 5b.4.1 يرجى التوضيح.					
	5b.5 How well have the communications and advocacy engaged local leaders and influencers?	5b.5 ما مدى نجاح الاتصالات والدعوات في إشراك القادة المحليين والمؤثرين؟	√	√	√	√	√
	5b.6 How well have the communications and advocacy supported the program's goals?	5b.6 ما مدى دعم الاتصالات والدعوات لأهداف البرنامج؟					
	<ul style="list-style-type: none"> • Strongly supported • supported • Neutral • Not supported • Strongly not supported Please explain	<ul style="list-style-type: none"> • دعمت بقوة • دعمت • محايد • لم تدعم • لم تدعم إطلاقاً يرجى الشرح	√	√	√	√	√
	5b.7 What are the missed opportunities that could enhance social behaviour change?	5b.7 ما هي الفرص الضائعة التي يمكن أن تعزز تغيير السلوك الاجتماعي؟	√	√	√	√	√
	5b.8 What recommendations to enhance the social behaviour change?	5b.8 ما هي التوصيات لتعزيز تغيير السلوك الاجتماعي؟	√	√	√	√	√
	6. Sustainability	EQ i. What is the likelihood that the benefits of the project will endure over time after the completion of the project?					

		ما هو احتمال استمرار فوائد المشروع مع مرور الوقت بعد الانتهاء من المشروع؟					
6a. Capacities of the CHNV Program	6a.1 How committed have donors been to continued financing of the CHNV programme over the last two years? <ul style="list-style-type: none"> Strongly committed committed Neutral Not committed Strongly not committed Please explain	6a.1 ما مدى التزام المانحين بمواصلة تمويل برنامج CHNV على مدى العامين الماضيين؟ <ul style="list-style-type: none"> ملتزمون بشدة ملتزمون حيادي غير ملتزمون غير ملتزمون بدرجة كبيرة يرجى توضيح	√	√	√	√	
	6a.2 How viable is the programme without donor funding? <ul style="list-style-type: none"> Strongly viable Viable Neutral Not viable Strongly not viable Please explain	6a.2 ما مدى جدوى البرنامج بدون تمويل من المانحين؟ <ul style="list-style-type: none"> قابلة للاستمرار بقوة قابل للاستمرار محايد غير قابلة للاستمرار غير قابل للاستمرار بقوة يرجى توضيح	√	√	√	√	√
	6a.3 What has to be done to maintain the sustainability of the project services?	6a.3 ما الذي يجب القيام به للحفاظ على استدامة خدمات المشروع؟	√	√	√	√	√
	6a.4 How well is the CHNV programme contributing to necessary capacity development on nutrition (especially at technical, institutional and organizational levels and community level)?	6a.4 ما مدى مساهمة برنامج CHNV في تنمية القدرات اللازمة في مجال التغذية (وخاصة على المستويات التقنية والمؤسسية والتنظيمية و المستوى المجتمعي)؟	√	√	√	√	√

7. Programme Achievements/ Challenges		EQ j. Achievements, best practices, gaps, challenges, opportunities, and lessons learned الإنجازات وأفضل الممارسات والتغرات والتحديات والفرص والدروس المستفادة					
7a. Programme achievements/ Challenges	7a.1 What are the CHNV achievements?	7a.1 ما هي إنجازات برنامج CHNV؟	√	√	√	√	√
	7a.2 What are the CHNV best practices?	7a.2 ما هي أفضل ممارسات برنامج CHNV؟	√	√	√	√	√
	7a.3 What are the CHNV gaps?	7a.3 ما هي فجوات برنامج CHNV؟	√	√	√	√	√
	7a.4 What are the CHNV challenges?	7a.4 ما هي تحديات برنامج CHNV؟	√	√	√	√	√
	7a.5 What are the CHNV opportunities?	7a.5 ما هي فرص برنامج CHNV؟	√	√	√	√	√
	7a.6 What are the CHNV lessons learned?	7a.6 ما هي الدروس المستفادة من برنامج CHNV؟					
	<ul style="list-style-type: none"> The end: We have come to the end of the interview. Is there anything else you would like to add that you see as relevant and we have not touched upon? 		<ul style="list-style-type: none"> النهاية: وصلنا إلى نهاية المقابلة. هل هناك أي شيء آخر تود إضافته تراه ذا صلة ولم نتطرق إليه؟ 				
	<ul style="list-style-type: none"> If you have relevant documents that can inform this evaluation, you are welcome to send these via email. 		<ul style="list-style-type: none"> إذا كان لديك مستندات ذات صلة يمكن أن تفيد هذا التقييم، فنحن نرحب بك لإرسالها عبر البريد الإلكتروني. 				

<ul style="list-style-type: none"> Do you have other people in mind that could be relevant for this evaluation? 	<ul style="list-style-type: none"> هل لديك أشخاص آخرون في ذهنك يمكن أن يكونوا ذوي صلة بهذا التقييم؟
<ul style="list-style-type: none"> Thank you very much for your participation 	<ul style="list-style-type: none"> شكرا جزيلا على مشاركتك
<ul style="list-style-type: none"> Interviewer's/ Enumerator's comments 	<ul style="list-style-type: none"> ملاحظات الباحث

7. Stakeholders Long List for Key Informant Interviews- Suggested

The Stakeholder Analysis was based on the stakeholders' influence on the CHNV programme, stakeholders' legal rights for the CHNV services, and stakeholders' responsibilities towards CHNV services in Yemen. The main stakeholders thus in the CHNV programme (in addition to CHNV and women and children) are MoPHP, Nutrition Cluster, Development Partners, UNICEF Yemen, WHO, WFP, Civil Society Partners/Implementing Partners, and NGOs (please refer to Table 1 and Table 4). The list of stakeholders in Table 6 below is prepared based on desk review. Based on previous experience, 50% of these types of stakeholders (who have heavy schedules) are not likely to respond. The consultant will take about 50% of this long list based on their readiness to participate in online or remote interviews.

Table 6: Stakeholders Long List for Key Informant Interviews- Suggested

Stakeholders long List for Key Informant Interviews Evaluative Review of Yemen Community Health and Nutrition Volunteers (CHNV) Programme (2019-2022)			
SN	Organization	Location	Position
Nations Children's Fund (UNICEF)/Yemen			
1	UNICEF	Sanaa	Monitoring Specialist at UNICEF
2	UNICEF	Sanaa	Former Chief Planning, Monitoring & Reporting
3	UNICEF	Aden	H&N Manager
4	UNICEF	Aden	Nutrition Officer
5	UNICEF	Aden	Nutrition Officer
6	UNICEF	Sanaa	Information Management Officers' (IMO)- Nutrition Cluster
7	UNICEF	Sanaa	Health Manager (Systems Strengthening) -focal point for the Community Health Workers Programme)
8	UNICEF	Sanaa	Health Specialist (Systems Strengthening)
10	UNICEF	Sanaa	Chief of Health Section UNICEF Yemen
11	UNICEF	Sanaa	OIC Chief Nutrition Section, Yemen
12	UNICEF	Sanaa	Nutrition Specialist,
13	UNICEF	New York (HQ)	Nutrition Specialist-Programme Division, UNICEF DHIS2 Nutrition
14	UNICEF	Sanaa	Nutrition Specialist
15	UNICEF	Sanaa	Nutrition Specialist (CMAM & IYCF programme focal point) – also the budget focal person

16	UNICEF	Sanaa	Nutrition Information Officer (manages the CHNV database)
17	UNICEF	Sanaa	Nutrition Specialist (CHNV programme focal point)
18	UNICEF	Saada FO	Nutrition Specialist
19	UNICEF		Nutrition Officer
20	UNICEF	Aden FO	Nutrition Officer
21	UNICEF	Sanaa FO	Nutrition Officer
22	UNICEF	Ibb FO	H&N Specialist Nutrition Officer
23	UNICEF	Hodeida FO	H&N Specialist Nutrition Officer
24	UNICEF	Sanaa	Chief, WASH Section
25	UNICEF	Sanaa	Chief, SBC Section
National Nutrition Cluster coordinator / MOPHP			
26	Nutrition Cluster	Sanaa	Roving Nutrition Cluster Coordinator
27	Nutrition Cluster	Hudeidah	Hudeidah hub Sub-Nutrition cluster coordinator
28	Nutrition Cluster	Taiz	Taiz Hub Sub-Nutrition cluster coordinator
29	Nutrition Cluster	Sanaa	Nutrition Cluster Coordinator
30	Nutrition Cluster	Aden	Aden hub Sub-Nutrition cluster coordinator
31	Nutrition Cluster	Sanaa	Sana'a Hub Sub-Nutrition cluster coordinator
32	Nutrition Cluster	Sa'ada	Sa'ada hub Sub-Nutrition cluster coordinator
Donor Representatives			
33	USAID/BHA	Washington	Nutrition Advisor at USAID
34	USAID/BHA	Jordan	Yemen Programme Coordinator
35	European Commission Humanitarian Aid (ECHO)	Jordan	DG ECHO Technical Assistant, Yemen
36	World Bank Yemen	India	Senior Health and Nutrition Specialist at World Bank
37	United Kingdom Foreign, Commonwealth and Development Office (FCDO)	UK	Yemen Humanitarian Health Advisor
International Non-Governmental Organisations (INGO)			
38	Action Against Hunger (AAH)	South Sudan	Emergency Nutrition Assessment Manager
39	FAO	Sanaa	Joint Monitoring Framework
40	FAO	Sanaa	Nutrition Officer

41	World Health Organization (WHO)/Yemen	Aden	Nutrition Officer Emergency Health Action Department World Health Organization, Aden sub-Office Aden, Yemen
42	World Health Organization (WHO)/Yemen	Aden	Dr. Ensegam Mohammed
43	World Health Organization (WHO)/Yemen	Sanaa	WHO Nutrition team lead
44	World Food Programme (WFP)	Sanaa	Nutrition Manager, World Food Programme
45	World Food Programme (WFP)	Sanaa	Nutrition Officer
iIMMAP/ Nutrition Information Management Officers			
46	iIMMAP	Sanaa	Nutritionist
47	International Medical Corps (IMC)	Washington	Senior Nutrition Advisor, Emergencies at International Medical Corps
48	Nutrition Cluster	Sanaa	Nutrition Cluster Information Management Officer
49	Nutrition Cluster	Hudeidah	Hudeidah hub Sub-Nutrition IMO
50	Nutrition Cluster	Aden	Aden Hub Sub-Nutrition IMO
51	Nutrition Cluster	Sanaa	Sana'a Hub Sub Nutrition IMO
52	Nutrition Cluster	Taiz	Taiz Hub Sub-Nutrition IMO
53	Nutrition Cluster	Sa'ada	Sa'ada Hub Sub-Nutrition IMO
54	World Health Organization (WHO)/Yemen	Aden	Information officer
55	World Food Programme (WFP)	Sanaa	Information Management
56	MOPHP	Aden	M&E officer Nutrition Department MOPHP
NGOs/ International and Local			
57	Relief International	Kenya	Health and Nutrition Technical Advisor
58	REACH Initiative	Jordan	Assessment Officer for Health and Nutrition (Based in Amman)
59	Relief International	Kenya	Country Director
60	Save the Children Yemen	Sanaa	Nutritionist - Nutrition Advisor Public Health Nutritionist Nutrition Survey and Surveillance Expert
61	Action Against Hunger (AAH)	Sanaa	Nutrition partners
62	Qatar Red Crescent (QRCS)	Sanaa	Nutrition partners
63	Building Foundation for Development and	Sanaa	Nutrition partners
64	Light Foundation for Development	Sanaa	Nutrition partners
65	FMF – Field Medical Foundation	Sanaa	Nutrition partners
66	MMF- Medical Mercy Foundation	Aden	Nutrition partners

67	Deem for Development Aden	Sanaa	Nutrition partners
68	Abs Development Organization for Woman and Child (ADO)	Hudeidah	Nutrition partners
MoPHP/Ministry of Public Health and Population			
69	Ministry of Public Health and Population	Aden	
70	Ministry of Public Health and Population	Aden	Head of the Nutrition Department MOPHP- Aden
71	Ministry of Public Health and Population	Aden	Deputy Head of the Nutrition Department MOPHP- Aden
72	Ministry of Public Health and Population	Aden	Director of Information and Research in the MOPHP
73	Ministry of Public Health and Population	Aden	Deputy Director of Information and Research in the MOPHP
74	Ministry of Public Health and Population	Sanaa	Child Health Specialist /Community Medicine Specialist
75	MoPIC/Scaling-Up Nutrition Secretariat (SUN-YEMEN)	Sanaa	SUN Planning & Liaison Specialist
76	MoPIC/Scaling-Up Nutrition Secretariat (SUN-YEMEN)	Sanaa	SUN Planning & Liaison Specialist

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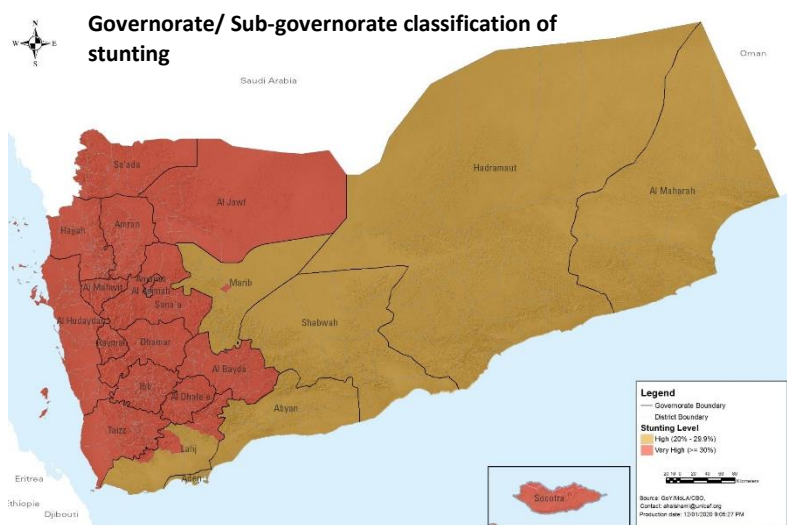
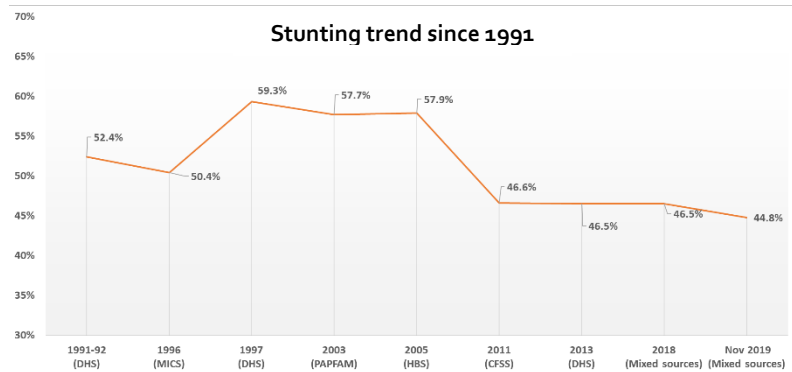
9. ANNEXES

Annex 1: Terms of Reference

Title	Funding Code	Type of engagement	Duty Station:
Evaluation Consultant, Community Health and Nutrition Volunteers Review	SC210542	<input type="checkbox"/> Consultant <input checked="" type="checkbox"/> Individual Contractor	Yemen
<p>Purpose of Activity/Assignment:</p> <p>Purpose</p> <p>1. Since the expansion and extension of the earlier Community Based Nutrition Programme (CBNP) by MOPHP to the Community Health and Nutrition Volunteers programme which began in 2009, no in-depth review of this programme has been conducted despite the significant resources and consequent scale-up of the programme to date. Therefore, it is imperative that UNICEF take stock of the programme’s achievements, best practices, gaps, challenges, opportunities, and lessons learned. The main purpose of such a review is to guide and support future scale-up and ensure improved programme effectiveness and efficiency across the various components required for a successful community-based nutrition programme.</p> <p>Overall Objective</p> <p>2. The objective of this review is to give UNICEF and partners a clear understanding of the extent to which the CHNV programme has met its objectives, what the strengths and weaknesses of the program are, and how to move the program forward. The review is intended to provide opportunities for learning and improve programming and ensure accountability to donors and communities served by the program.</p> <p>3. In line with the existing literature on success factors for community-based nutrition programmes the specific objectives outlined below will aim to explore both programmatic – directly under the influence of the intervention - and contextual factors (Musgrove, et al, 2006) that have influenced the programme.</p> <p>Specific Objectives</p> <ul style="list-style-type: none"> • Assess the programme’s effectiveness by reviewing the programme coverage (CHNV village/district/governorate vis a vis population) coverage, targeting and programme performance (intervention coverage) • Assess and document the evolution of the programme (design and content); capacity building, including mentoring approaches; and leadership and oversight of the programme, including linkages with other community structures • Assess the intensity of the resources used for this programme, particularly in relation to the incentives and remuneration modalities of the programme to determine more cost-effective approaches going forward • Review the information and reporting system (data collection, compilation, reporting, and dissemination) of the programme to ascertain the extent to which the system operates efficiently, and the reporting is used to improve interventions and services. 			

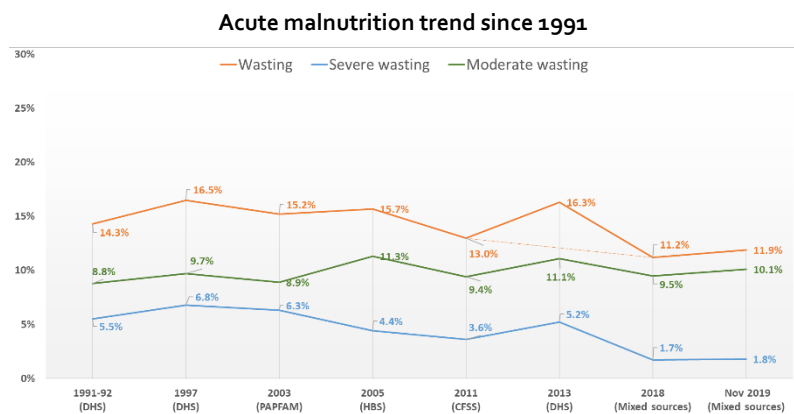
Background and Context Yemen's Nutrition Situation

4. The nutrition situation Malnutrition in Yemen exists in its different forms, chronic, acute, and multi-micronutrient deficiencies. The current prevalence of chronic malnutrition (stunting) based on different surveys done between 2017 and 2019 (mainly SMART surveys) is 44.8%, which is close to that found by DHS 2013 and CFSS 2011 and exceeds the WHO threshold of “very high prevalence”. Although a reduction in stunting was reported between 2005 HBS (58%) and 2011 CFSS (46.6%), the current assessments 2018 and 2019, although not nationally representative, show stunting levels to be stagnant. However, the unfavourable circumstances due to the outbreak of war and its continuation for almost seven years with consideration to all negative consequences of conflict on economic, social, health and livelihood situation of people especially vulnerable groups, may make stunting more likely to return to upper levels. Beyond that, 17 out of the 22 governorates of Yemen, have very high stunting prevalence while 5 have ‘high prevalence’ based on new WHO classification of the severity of the problem¹⁰. There is no single governorate at medium, low, or very low stunting prevalence. The most affected governorates are Sa’ada, Rayma, Amran and Dhamar, where the stunting exceeds 60%.

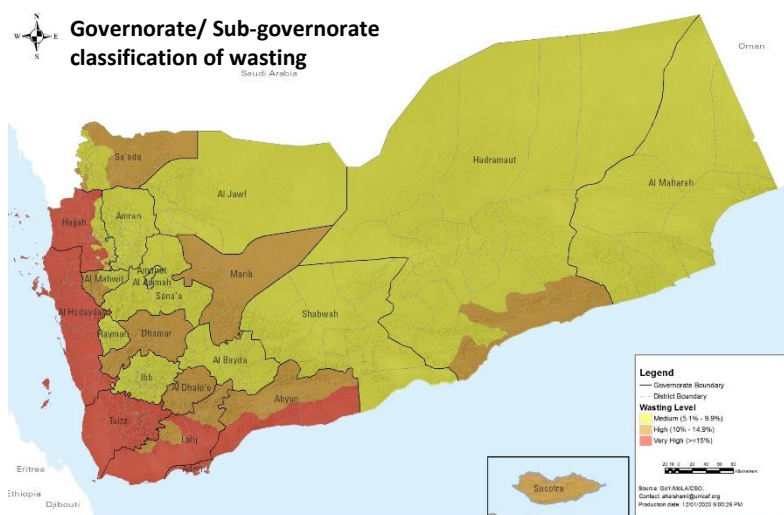


10 de Onis *et al*, doi: 10.1017/S1368980018002434. For wasting, <2.5 Very low, 2.5–<5 Low, 5–<10 Medium, 10–<15 High, and ≥ 15 Very high. For stunting, <2.5 Very low, 2.5–<10 Low, 10–< 20 Medium, 20–< 30 High, and ≥ 30% Very high.

5. Acute malnutrition levels for any given time during the past 40 years or more ranged between slightly above 10% to slightly above 15% which are either ‘serious or high’ or ‘critical or very high’ using the new WHO thresholds defining the severity of the situation. The trendline shows a slight decrease in wasting level during 2011 and 2019, from 13% to 11.9%. That decrease occurred only in severe acute malnutrition (from 3.6% to 1.8%), while for moderate acute malnutrition, it has slightly increased, from 9.1% to 10.1%. The reduction in malnutrition could be partially attributed to the country-wide scale up of the CMAM programme from 599 treatment facilities (Outpatient Treatment Centres for the management of severe acute malnutrition without complications) in 2012 to 4438 facilities in 2021.



6. Four of Yemen’s 22 governorates have very high wasting prevalence, 6 have high wasting prevalence, and 12 have medium wasting prevalence, based on the new WHO classification of the severity of wasting. It is worth noting that the highest prevalence is in the coastal and lowland areas, especially in the western and southwestern districts, where GAM levels exceed 20%. The WHO classification of wasting is based on weight for height criteria with no inclusion of child MUAC measurement. In Yemen, the prevalence of wasting by MUAC is 6.5% that includes 1.8% who are not identified as wasting by weight for height criteria.

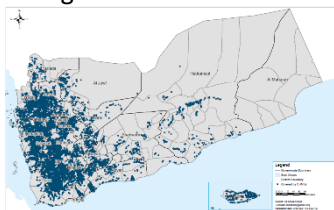


CHNV Programme Overview

7. The Community Health and Nutrition Volunteers (CHNV) program comes as an extension of the Community-based Nutrition (CBN) Program that was implemented by the Ministry of Public Health and Population (Nutrition Department) during the period 2003-2005 as part of the children’s development project, in partnership with and support from UNICEF. During this period, the program was implemented in 10 districts where the number of volunteers reached 332 in 322 villages. Following the discussion of the 2006 assessment findings and after bringing the program’s documents and results achieved to the attention of the Ministry’s leadership, the Ministry decided to improve the program and add the health services component to the nutrition services that are provided by volunteers. Services thus included primary health care services which could be provided by the volunteer in the community through a Community Health and Nutrition Volunteers (community component) program within the Health System Strengthening program (HSS). At the same time, the Japanese International Cooperation Agency (JICA) reviewed the community-based nutrition program with community engagement and decided to provide support in this aspect. Discussion took place between MoPHP officials and JICA and it was agreed to provide support for an integrated project that would include nutrition services and health care services that can be provided by the volunteers as is the case with the community component within the Health System Strengthening (HSS) program.

8. The CHNVs program (the community component) was implemented within the HSS program from 2009 - 2010. The program targeted 35 districts, and the number of volunteers that received the training reached 918. In 2011, partnership with and support from UNICEF continued aiming at improving, managing, implementing, and scaling up the CHNV program. An evaluation of the program was conducted in 2014 and findings suggested that

80% of the volunteers continued to work. It was decided therefore to continue to expand the community network of CHNVs, and by the end of 2020, the number of trained CHNVs reached 24,648 in 243 target districts in 22 governorates.



Description of the CHNV Programme

9. The CHNV programme is one of the components of the integrated health care program aimed at mitigating health and nutritional problems in an integrated manner and at involving community in planning, implementation, and follow-up. Services are provided at the village level by volunteer women and girls from the same community and with support from community leaders. The program operates through a clear system with specific tasks at all levels.

10. This program is part of health system strengthening and draws on the previous community-based nutrition experience, the community component in the integrated child health care program, and the experiences of countries, such as Oman, Nepal, Ethiopia, Vietnam and Iran, with successful records in this field and who shared their experiences with health sector leaders and workers globally. ().

Programme Rationale

11. The following justifications reflect the significance of the program:
- The majority of children and mothers in villages do not regularly visit health facilities.
 - Many health facilities are unable to provide quality health and nutritional education, counselling, follow-up, and child growth promotion services in.
 - There is a small number of available health facilities compared to dispersed populations, the remoteness of facilities from villages, and rugged terrain and difficult access roads.
 - The low income of most families in the countryside makes it difficult to find transportation to go to facilities providing health services.
 - The program contributes to the improvement of the health of mothers and under-five children through the provision of basic health and nutrition services.
 - The program contributes to the reduction of maternal and child mortality rate by improving the nutrition and health of mothers and children through direct outreach community services.

Objectives of the CHNV Programme

12. The objectives of the program are no different from the overall aim, which is to improve the health of women and children. The difference, however, is in access to community, which is facilitated by community volunteers who will work on follow-up and promotion of child growth. They will also work on promoting women's and children's access to health and nutrition services within communities, providing counselling, education, and messages that lead to enhanced health-seeking behaviours, in addition to providing referrals to health facilities when required.

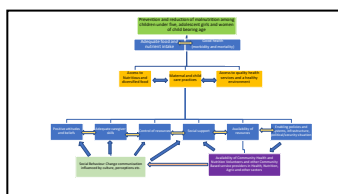
13. The strategic objective of the program is to expand prevention coverage and reach mothers and children with integrated health services in areas that are far from the reach of health facilities to improve community health levels with contribution from all individuals and groups benefiting from health and nutrition services. This community involvement aims to change health and environmental behaviours for the better, as this factor will have a major positive impact in preventing all forms and levels of diseases in the short, medium, and long term.

14. The essential component in these interventions is community involvement, which is primarily comprised of female volunteers who are selected from within the villages according to specific criteria and are trained to implement the program under the supervision of and cooperation with the community and those implementing the program at the central and local levels.

Key Pillars of the Programme

15. The CHNV programme is structured around eight key pillars:
- The program is in line with the recommendations of international conferences on health, which affirm that health and nutritional care is the primary entry point for all citizens to reach a certain level of health that allows them to lead a socially and economically productive life, which is a major social goal for governments. They also affirm that governments have a responsibility toward the health of their people, and this responsibility can only be fulfilled by taking complete health and social measures. At the same time, people have a right and a duty to participate, as individuals and groups, in the planning and implementation of their health and nutrition services, and that full community participation is essential for the improvement of primary health care and the overall health of people.
 - The program system is in line with the State's directions in terms of the health sector reform policy, as it enhances community participation. Community participation is considered one of the most important elements in the provision of health care services, and which is emphasized by the health sector reform policy and project.
 - The program is based on the integration of health and nutritional services at the district level, and coordination and cooperation at other levels, and has a clear regulatory framework at all levels that can be monitored, supervised, evaluated, and corrected and which can receive feedback.
 - National strategies such as the poverty reduction strategy, as well as health strategies such as the health sector reform strategy, consider community participation and involvement in development and health programs a necessity to ensure the sustainability of and continued viability of these programs.
 - The program reaches villages far from district centres and health facilities with health and nutrition services. This is in full consistency with the international principles established in the work plans of the Millennium and/or the Sustainable Development Goals, and which stipulate that health and development plans should take into consideration reaching the poor and the vulnerable in local communities in the hardest to reach areas.
 - Integration in providing primary health care services means reduction of expenses in health services, especially costs associated with provision of treatments.
 - Information reported by villages can be used at the community level (village) and district level as an excellent tool and a useful guide in analysing community problems and identifying their basic needs in a reliable and methodological manner. With regard to the health system, this information can substitute for expensive nutrition surveys in the future.
 - The program relies on community volunteers. Continuous training and supervision are aimed at building capacities in community health and nutrition which will be beneficial for future generations. The presence of such capacities will over a sustained period lead to healthy practices and behaviours.

CHNV Programme Theory of Change



TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Work Assignment Overview

Scope

16. The proposed review will assess both programmatic and contextual factors that have driven the programme and/or have limited the programme's effectiveness or efficiency, in the period from January 2019 to present. This will look at the whole of Yemen using a desk review. The review will also address gender- and geography-related vulnerabilities.

Evaluability

17. The CHNV programme has a theory of change and results framework that link inputs, process, outputs, outcome, and impact. These resources are available above in this document. The Ministry and other partners developed a unified reporting tool and mechanism in 2013-2014 to track scale-up efforts nationally, and that tool was revised in 2018-2019 and adopted by the Nutrition Cluster and ministries. Data flows monthly directly from the CHNVs to each health facility's administrators, who send the data to the district-level health offices. From the district level, the data then goes to governorate-level health offices and then, finally, to the MoPHP. The government and partners conduct monthly review meetings and supportive supervision is designed to take place regularly. The reporting data is available from both the Ministry and the Nutrition Cluster. The programme lacks a baseline assessment; however, there was a review of the earlier Community-Based Nutrition Programme in 2006.

Evaluative Review Questions

Relevance/Appropriateness

- a. How aligned is the CHNV programme design with the needs of the affected population?¹¹ How aligned is it with the existing national nutrition strategy?

Coverage

- b. To what extent has there been a focus on ensuring that programme services are equitable and accessible for disabled children and caregivers, and for all individuals of all genders, geographic regions, and abilities? In which ways were they inaccessible or inequitable, and why?
- c. What factors enabled and hindered performance of the programme across different geographical areas?

Coherence

- d. To what extent has the CHNV programme adopted a multisectoral approach, linking CHNV interventions with other complementary community-based interventions that address malnutrition (both within the health sector and beyond), including the WASH, education, social protection, food security and agriculture sectors? What are the missed opportunities and what can be done differently?

Efficiency

- e. How timely is the information and reporting system of the CHNV programme in collecting, compiling, reporting, and disseminating data? What factors limit reporting and what are the solutions?
- f. How cost-effective is the CHNV programme, particularly in relation to the role the allowances and overall remuneration modality at different levels play in the programme's work?

Effectiveness

- g. To what extent has the CHNV programme reached its targets? What roles has the programme planning (programme design including service delivery package, geographical targeting, training content, leadership/coordination, monitoring and supervision) and overall programme implementation contributed to the programme's results?
- h. What role have the social behaviour change and communications and advocacy elements played in the programme's results, and how well have these elements engaged local leaders and influencers? How well have these elements supported the programme's goals? What are the missed opportunities and recommendations?

Connectedness/Sustainability

- i. How committed have donors been to continued financing of the CHNV programme over the last two years? How viable is the programme without donor funding?

¹¹ UNICEF Yemen is aware of the limitations of asking this question, as well as questions b and h, without direct access for the evaluation consultant to affected population, service users, and local leaders and influencers. It is hoped that this desk review can give UNICEF preliminary information on these questions and upon which UNICEF can build at a later point in time when it is more possible to access these groups.

Stakeholders

18. The following stakeholders have been identified for this evaluation:

- MoPHP
- Nutrition Cluster
- UNICEF Yemen Country Office
- WFP Yemen
- WHO Yemen
- Other key NGO implementing partners in Yemen including national and international NGOs
- Governorate and District level health authorities in Yemen
- Local and district-level health workers at health facilities and mobile teams in Yemen Community health workers and volunteers in Yemen
- UNICEF Middle East and North Africa Regional Office
- Community leaders and structures

Methodology

19. Given the nature of the program, data availability, and the current context of COVID-19, this review will make use of existing data and will only collect new qualitative data from UNICEF and partner staff, not from governorate- or district-level staff, CHNVs themselves, or service users. There are CHNV data available; however, there are gaps in the available data. There is no existing baseline study. Data from early stages of the program may be used to attempt to reconstruct one, but the consultant team should anticipate that existing data will not be adequate to constitute a true baseline.

20. Because this evaluation will only collect data from UNICEF and partners, the evaluation team should anticipate working with gaps in data and mitigating the effects of incomplete data. The evaluation methodology will be based on the evaluation framework outlined in the inception report. The selected consultant 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 a thorough desk review, given that no additional data will be collected from CHNVs, HWs, or local authorities.

Inception

21. The evaluation manager will organize a briefing for the consultant team within one day of the signing of the evaluative review contract. By the time of the briefing, the consultant team will receive all documents required for the writing of the inception report. After the briefing, the consultant 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 one week to provide feedback and obtain ethical clearance. The consultant team will then have one additional week to revise and submit the final inception report, including the instruments for data collection from UNICEF and partner staff.

Desk Review

22. The desk review for the CHNV review should be extensive given the inability to collect much additional data in the current circumstances. The desk review should include a review of CHNV program records and related data at the national, governorate, district, facility and CHNV levels (based on availability). Program managers will provide data that are readily available from various sources, some of which may be in Arabic and may require translation for consultants who do not read Arabic. In addition, the desk review is expected to include secondary data and documents when available.

Data Collection

23. After the final methodology and data collection instruments are finalized at the inception stage, the consultant will collect data from UNICEF and its partners using an interview format. The interviews will be a combination of face-to-face and remote, if possible; data collection methodology will be elaborated at inception. Data collection itself will consist primarily of interviews conducted remotely or face-to-face with key informants to include MoPHP officials;

UNICEF, WFP, and WHO staff; Nutrition cluster partners; and donor representatives. Data collection from ministry officials may also be possible. When possible, existing quantitative data should be disaggregated by gender and geographical location; variables will be finalized at the time of the inception report. Additional information at facility or community levels, if necessary, will be collected through programme monitoring visits by UNICEF staff or Facilitators.

Data Analysis and Reporting

24. Given the sensitive context of Yemen, the consultancy team should pay special attention to data quality control. The consultant 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 outlined in the inception report and should cover confidential handling and storage of the review's data, as well as culturally-sensitive and ethical data collection (according to UNEG standards) and ethical evaluator conduct. In addition, the consultant should record the interviews if possible and submit them to UNICEF with the final report. The consultant 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 evaluative review questions, and the final report should be structured around each of the overarching evaluation criteria – relevance/appropriateness, coverage, coherence, efficiency, effectiveness, connectedness/sustainability – instead of individually by 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 UNICEF, as well as other stakeholders, 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. During inception phase, UNICEF and the consultant will discuss options for various formats for presenting preliminary findings at the beginning of the report drafting phase of the evaluation.

Ethical Considerations

27. Ethical issues and considerations as per the UNEG and UNICEF 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 consultant plans to interview children, the UNICEF procedures for 'Ethical Research Involving Children' should be explicitly referred to. The consultant will also integrate gender and human rights considerations into the evaluation, in both the evaluation questions and in the conduct of the evaluation.

Limitations

28. As noted in the evaluability section above, the CHNV programme lacks some aspects of ideal evaluability. The lack of a baseline assessment prevents some components of robust evaluation and is one reason that this exercise is intended as a lighter evaluative review.

29. Given the current security situation in Yemen and restrictions in access, as well as COVID-19, the review will rely on remote data collection to reach a wider geographical scope and to avoid challenges raised by inaccessibility of certain areas due to road conditions and conflict. Selection of samples may rely on convenient and purposive sampling rather than randomized methods. Alternative methods may also be used. However, the consultant team will have to provide the justifications and framework for the sample selection methods to be used.

30. Visits to Yemen by international team members will not be possible; international consultants who wish to apply should plan to conduct the evaluation remotely with support from local consultants.

31. In addition to the access restrictions listed above, given the humanitarian situation of Yemen and the onset of COVID-19, the consultant team should remain cognizant that the programmatic staff dealing with this evaluative review 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 Specialist so as to limit further overloading already-overburdened programmatic staff; the consultant team should be aware that tight and early coordination with the Evaluation Specialist is necessary when questions for program staff arise, and that responses could take a longer-than-average time under the current circumstances.

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

Governance

33. The review will be funded and managed by UNICEF Yemen, with technical consultation with the UNICEF regional office. The Evaluation Specialist will supervise the consultant. Stakeholders will provide the consultant access to data and information and facilitate remote data collection via the Evaluation Specialist. The Evaluation Specialist and consultant will hold biweekly calls to facilitate the review and address any challenges that arise. The review may require clearance by an ethical board via the UNICEF MENA Regional Office.

Payment

34. All interested 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 consultant would be required to use their own computers, printers, photocopier etc.

35. The contract will be awarded on a best value-for-money basis. Payment is contingent on approval by the Evaluation Specialist and will be made in three instalments:

- 25 percent after the inception report
- 35 percent after the presentation of preliminary findings
- 40 percent on completion of all deliverables and final report to the satisfaction of UNICEF.

Location

36. The work will be home-based, though the national consultant should be based in Yemen.

ICT Considerations and Data Security

37. 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 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.

38. 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.

39. All data collected by the evaluation consultant at UNICEF's request is the sole property of UNICEF. The consultant 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

40. Consultants are requested to submit CVs and a financial proposal. Assessment will be done based on the CVs according to academic background and work experience, and then financial proposals of qualified, pre-selected finalists will be evaluated for competitiveness.

Unsatisfactory Performance

41. In case of unsatisfactory performance, the payment will be withheld until quality deliverables are submitted. If the selected consultant is unable to complete the assignment, the contract will be terminated by notification letter sent 14 days prior to the termination date. In the meantime, UNICEF will initiate another selection process to identify appropriate candidate.

Conditions and Administrative Issues

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

43. 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.

44. 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>

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

Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
Desk research and planning phase <ul style="list-style-type: none"> Participate in evaluation kick-off meeting Conduce preliminary desk review Write and submit inception report including instruments, in English and Arabic Receive ethical clearance and UNICEF comments on draft inception report Revise and submit final inception report including instruments, in English and Arabic 	Inception report ¹² , with evaluation instruments, in English and Arabic	6 weeks	25%
Data collection, analysis, and drafting phase <ul style="list-style-type: none"> Review existing documentation and collect data Analyse data Draft and translate report Submit draft report 	Draft report, ¹³ in English and Arabic	11 weeks	35%
Reporting phase <ul style="list-style-type: none"> Receive comments from UNICEF on draft report 	Final report in English and Arabic with comments matrix	3 weeks	40%

¹² In case the report is not accepted after a quality assurance check, an additional commenting process might be necessary.

¹³ In case the report is not accepted after a quality assurance check, an additional commenting process might be necessary.

<ul style="list-style-type: none"> • Revise and submit final report (including translation and copyediting) <p>The report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.</p>			
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines: Evaluation, development studies, economics, social science, nutrition, public health, etc.</p>	<p>Knowledge/Expertise/Skills required:</p> <ul style="list-style-type: none"> • Relevant master’s degree (evaluation, development studies economics, social science, nutrition, public health, etc.), PhD preferred • Minimum of 10 years of experience in leading evaluation teams in the UN system and in politically-sensitive and crisis-affected environments • Experience in analysing nutrition programming • Experience integrating gender, equity, and human rights into evaluations using social science methodologies • Experience working in humanitarian contexts and familiarity/ background with nutrition and public health in these contexts • Good understanding of statistical analysis • Proven ability to produce high-quality reports for a policy audience • Strong interpersonal skills and ability to work with senior officials • Understanding of the various contexts of Yemen, especially as related to nutrition • Fluency in Arabic and full working proficiency in English 		