



Terms of Reference for the Evaluation of UNICEF’s Response in Yemen

Title/PURPOSE	ToR for the evaluation of the UNICEF L3 Response in Yemen
Recruiting Office	Chief HEP, Evaluation Office
Contract Modality	Individual Consultancy
Location of Assignment	Home-based with missions to Amman, Jordan and New York, United States
Language(s) required	English
Contract duration	December 2022 – September 2023

1. Background

Yemen, now almost eight years into the conflict, remains one of the world’s worst humanitarian crises. ¹Humanitarian needs in Yemen continue to increase in 2022 due to conflict, economic shocks and decreasing humanitarian assistance. The number of people requiring humanitarian assistance increased from 20.7 million in 2021 to 23.4 million in 2022. As of the end of June 2022, 3.3 million people, including 1.8 million children, are internally displaced. 17.4 million people needed food assistance; this figure is expected to increase to 19 million between June and the end of 2022².

The war has accelerated Yemen’s economic problems and economic collapse is one of the largest drivers of humanitarian needs. The economy is mostly informal and now relies mostly on remittances and aid.³ Food insecurity at the highest point since the conflict escalated in 2015. The Integrated Food Security Phase Classification (IPC) analysis released in March 2022 highlighted that the acute food insecurity and malnutrition situation in Yemen has deteriorated further, with 17.4 million people in need of assistance (IPC Phase 3 and above). Particularly concerning is the 31,000 people facing extreme hunger levels (IPC Phase 5 Catastrophe).⁴ Approximately 2.2 million children under the age of five, including 538,000 severely malnourished, and about 1.3 million pregnant and lactating women (PLW) are projected to suffer from acute malnutrition over the course of 2022.⁵

Conflict and economic crisis, and poor infant and young child feeding practices remain the main drivers of acute food insecurity and malnutrition⁴. Public services have also come close to collapse and public

¹ UNICEF’s Humanitarian Action for Children, Yemen, 2022.

² Yemen 2022 IPC Report

³ Economist Intelligence Unit, 2022.

⁴ OCHA, Yemen Humanitarian Update, August 2022.

⁵ 4 IPC Yemen: Food Security & Nutrition Snapshot | March 2022

servants, including teachers and doctors, have received very little pay in the last three years.⁶ Shortages of affordable fuel are contributing to higher costs for transportation, food and other items, and are threatening the availability of medical services, electricity, and clean water, compounding the already difficult humanitarian situation⁷. An estimated five million women and girls of childbearing age and 1.7 million PLW have limited to no access to health services.⁸

Children continue to suffer from common childhood illnesses including pneumonia and acute watery diarrhea (AWD). Vaccine Derived Polio (VDP) outbreaks continue to occur, WITH A total of 48 cases confirmed between January and June 2022, bringing the total to 115 cases since the outbreak began in November 2021. Between January – June 2022, 14,021 suspected cases of AWD)/cholera were reported with 11 associated deaths with a case fatality rate (CFR) of 0.13 per cent. This is significantly lower compared to the same period of 2021 (31,133 suspected cases). Between January to June 2022, 11,832 COVID-19 cases were officially reported, with 2,149 associated deaths. To date, fewer than 900,000 vaccines have been administered. (WHO 2022). A measles outbreak was reported in the southern part of the country in March 2022 with a total of 1,379 suspected cases, out of which 89 were confirmed cases with 15 associated deaths.

In April 2022, a two-month truce was negotiated. Despite the fact that the agreement has been violated, the parties involved have repeatedly extended it under the same terms and it is currently in place until October 2022.⁹

2. UNICEF's Response to the L3 emergency in Yemen

UNICEF's Executive Director activated the Corporate Emergency Procedure Level 3 Scale-Up Procedure for Yemen in July 2015 which remains in place today. This procedure, which has implications on a range of UNICEF functions¹⁰, includes a package of minimum actions and simplifications' which aim to make UNICEF more 'predictable, timely and efficient in its coordination, response and advocacy.'¹¹ UNICEF's humanitarian strategy in Yemen has a dual focus on immediate life-saving assistance and system

⁶ OCHA, Inter-agency Humanitarian Evaluation of Yemen. 2022.

⁷ OCHA Yemen Humanitarian Update_2022 #03

⁸ UNFPA Press release March 2022 <https://www.unfpa.org/press/women-and-girls-continue-pay-heavy-price-yemen-conflict-slips-further-globalview>

⁹ Office of the Special Envoy of the Secretary-General for Yemen, 2022.

¹⁰ Including: Emergency Coordination; Humanitarian Risk Management; Humanitarian Assessments, Planning, Monitoring, Reporting and Evaluation; Resource Mobilization (RM); Communications and Humanitarian Advocacy; Humanitarian Access; Accountability to Affected Populations (AAP); Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA); Sector/Cluster Coordination; Implementation Modalities: Partnerships; Alternative Implementation Modalities (including Direct Implementation); Humanitarian Cash Transfers (HCT); Human Resources (HR); Supply and Logistics; Operations, Administration and Finance; Information and Communications Technology (ICT); Security Risk Management (SRM).

¹¹ From PPT on Afghanistan L3 Scale-up – Emergency Procedures, 8 September 2021 (UNICEF SharePoint).

strengthening, in order to strengthen the linkages between humanitarian action and development/resilience programming.

UNICEF is providing life-saving health and nutrition interventions through community-based activities for affected populations, including internally displaced persons, while sustaining and strengthening access to preventive and curative services at the community and facility level. Its WASH interventions provide immediate life-saving assistance and strengthen the resilience of local institutions and communities. It also supports the resilience of affected children through life-skills education and psychosocial support in community spaces, schools and hospitals and provides services to children with acute protection needs including humanitarian cash transfers for families.

UNICEF continued its multi-pronged approach to provide education support in 2022 in Yemen. As part of the emergency response, UNICEF provided non-formal learning opportunities and psychosocial support activities, in addition to a range of learning materials and supplies. To prevent school dropouts and encourage enrolment, UNICEF continued to create a conducive learning environment for children, through school rehabilitation and provision of individual learning materials, including rehabilitating WASH facilities, ensuring healthy access to hygiene facilities, as well providing temporary learning spaces. UNICEF continued teacher support in the form of teacher training, including training on psychosocial support, active pedagogy and safe school protocols.

Since 2017 UNICEF has supported the government-run Social Welfare Fund, the government safety net programme, which provides social transfers to the poorest and most vulnerable families (up to 1.4 million per payment cycle) Since 2020, UNICEF has been directly implementing and Emergency Cash Transfer Project, through the Project Management Unit (PMU). In addition, UNICEF is also working to ensure protection from sexual exploitation and abuse and strengthen interventions to prevent, respond to, and mitigate gender-based violence.

As a cluster (co-) lead for WASH, nutrition, education and the child protection areas of responsibility, UNICEF supports sector and inter-sectoral coordination and information management at national and sub-national levels. UNICEF co-chairs together with the RC/HC the Country Task Force on Monitoring and Reporting to prevent and halt grave violations of child rights.

3. Funding Overview

Every year since 2019, UNICEF has appealed for over USD 400 million. The appeals have been funded at 55 – 88 percent in the last three years. For 2022, UNICEF appealed for US\$484.4 million to meet the humanitarian needs of 11.3 million people, including 6.8 million children (see Table 1 below).

Table 1: UNICEF’s appeal for 2022

Sector	2022 Requirements
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Nutrition	120,000,000.00
Health	125,000,000.00
Water, sanitation and hygiene	100,000,000.00
Child Protection, GBVIE and PSEA	37,000,000.00
Education	55,450,000.00
Social protection	23,000,000.00
Rapid Response Mechanisms	5,950,000.00
C4D, Community engagement and AAP	12,500,000.00
Cluster Coordination	5,500,000.00
Total	484,400,000

Source: UNICEF HAC, 2022

As per Table 2 below, by June 2022, UNICEF had a funding gap of 72 per cent in its Humanitarian Action for Children. The lack of funding for emergency Health, Nutrition, WASH and Child Protection interventions continues to pose a challenge for an integrated response. Education had the least gap at 47 percent, and the cluster coordination the largest gap (98 percent).

Table 2: 2022 Funding requirements, availability and gaps

Sector	Requirements	Funds available			Funding gap	
		Humanitarian resources received in 2022 **	Other resources used in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	125,000,000	12,987,121	1,267,412	6,613,944	104,131,52347	83%
Nutrition	120,000,000	22,560,749		9,975,125	87,464,126	73%
Child Protection, GBVIE & PSEA	37,000,000	5,438,391		6,628,261	24,933,348	67%
Education	55,450,000	7,300,863		22,322,748	25,826,389	47%
Water, Sanitation and Hygiene	100,000,000	14,755,417		14,632,258	70,612,325	71%
Social Protection	23,000,000	202,448		1,788,163	21,009,389	91%
C4D, Community Engagement & AAP	12,500,000	1,825,667		403,052	10,271,281	82%
Rapid Response Mechanism	5,950,000	1,390,990		1,337,962	3,221,048	54%
Cluster coordination	5,500,000	47,426		66,287	5,386,287	98%
Being allocated		3,950,342			-3,950,342	
Total	484,400,000	70,459,414	1,267,412	63,767,800	348,905,374	72%

Source: UNICEF Sitrep, June 2022

4. Evaluation Purpose and Objectives

The evaluation of UNICEF's L3 response in Yemen has both an **accountability and learning purpose**. It fulfils the **requirement of the UNICEF Evaluation Policy (2018)** whereby all L3 emergencies must be evaluated, and it is also expected to help the UNICEF YCO, the regional and HQ levels, **generate learning**

to support programming strategy and operational planning, while shaping the on-going response in Yemen. The evaluation is additionally expected to **capture learning** and make **actionable recommendations** to inform UNICEF efforts across **future L3 emergencies** (for instance, with respect to policies, guidance and systems), including by building on **comparative analyses** with two other L3 evaluations that the UNICEF Evaluation Office will be managing concurrently (i.e the evaluation of the UNICEF response to the crisis in Afghanistan and Northern Ethiopia, respectively).

The **general objective** of the evaluation is to provide a comprehensive assessment of UNICEF's overall response in Yemen since the L3 activation in 2019, measured **against its own mandate, corporate commitments, stated objectives and standard evaluation criteria**, including: **relevance/appropriateness, effectiveness, efficiency, coverage, connectedness and coordination**. To the extent possible, some of the **key outcomes** of the response will also be gauged.

More **specific objectives** of the evaluation include the following:

- i) Assess the extent to which UNICEF adhered, **operationally and programmatically**, to the **Core Commitments for Children** in Humanitarian Action (CCCs);
- ii) Examine the extent to which UNICEF **effectively** responded to the **needs** of the **most affected** population in a **timely** and integrated manner, and with what **results/outcomes** (tbc);
- iii) Assess the extent to which emergency **preparedness** and organizational readiness have enabled the Yemen Country Office to respond more effectively. This should include reviewing the extent to which UNICEF has systematically incorporated lessons learned from previous reviews and evaluations into its preparedness strategies in the current response; how the Emergency Preparedness Platform (EPP), SSOPs, HR/surge capacities, data and monitoring systems, social protection/shock responsive systems in place, risk management etc. have all enabled the country office to respond rapidly.
- iv) Linked with the above, review the application of **the emergency procedures/SSOPs**, examining the extent to which emergency procedures were set appropriately (particularly for partnerships, supply and HR), have been utilized/implemented as intended, and the extent to which the **new simplifications** for the L3 SSOPs were effective in supporting the response; [*to note: findings from the review of the application of the emergency procedures in Yemen are expected to feed into a comparative analysis of their application in the Northern Ethiopia and Afghanistan L3 responses as well*]
- v) Review and assess the specific set-up of the **Programme Management Unit (PMU)** approach, which constitutes a considerable shift in UNICEF's operations in the country;
- vi) Examine the extent to which the Yemen Country Office have considered **gender, equity and the centrality of protection** during the response; this would include an assessment of whether UNICEF has been gender-responsive across its efforts and sensitive to the needs of the most vulnerable groups affected by the emergency (e.g. communities in hard-to-reach areas; people with disabilities; separated, unaccompanied children, minorities etc.).⁹ Along these lines, the evaluation should also be informative about the ways in which the conflict has affected different categories of people and the extent to which UNICEF has, in turn, incorporated this knowledge as a key driver of its response;
- vii) Assess the extent to which UNICEF demonstrated robust **leadership** across its response efforts, including vis-a'-vis its cluster lead agency role;
- viii) Examine how UNICEF have **coordinated and collaborated** with partners and authorities across the response;

- ix) Gauge UNICEF’s **advocacy role** and engagement at the **inter-agency level** and broader context, including with the *de facto* authorities;
- x) Assess whether the UNICEF commitment to the **Protection from Sexual Exploitation and Abuse (PSEA)** has been effectively factored in across programming and response;
- xi) Finally, based on the above, the evaluation is expected to identify gaps, distil lessons and make recommendations for adjusting and improving preparedness and response for a more equitable and effective provision of assistance/service delivery which, in turn, will better meet the needs of children, and reduce their vulnerabilities and risks.

By showcasing what UNICEF has done well so far and identifying key gaps and the areas that will require more focus (in terms of efforts and funds) in the next stage of the response, the evaluation is also anticipated to have an instrumental role in supporting fundraising efforts for sustaining programming.

5. Evaluation Scope

Because UNICEF underwent substantial changes in its modalities in 2019 and 2020, the evaluation will consider UNICEF’s response from that time to the present. Recommendations will be made based on an analysis of the future challenges likely to face UNICEF and the wider humanitarian system in Yemen.

The evaluation will focus on UNICEF programming in all governorates where UNICEF implements programmatic activities throughout Yemen. It is important to consider where UNICEF has not been able to programme, despite the existence of humanitarian needs, and why this was so. It will cover **all of UNICEF’s key programmatic areas** engaged in **preparedness and response efforts** (WASH, Education, RCCE, Child Protection, Social protection, Nutrition, Health and SBC). It will also assess, from an **operational standpoint**, the availability and management of supplies, human and financial resources and partnerships which feed into the response. Advocacy, communications and fundraising will also be assessed, to the extent to which they were factors that affected (facilitated/hampered) the response. The evaluation will cover UNICEF’s role as **cluster lead**, as relevant, as well as its responsibilities to respond to the needs of affected populations in sectors where it has no cluster leadership obligations.

6. Evaluation Questions

The **questions** that will be driving the evaluation are listed in the following table.

The questions are numerous as the result of extensive consultation with the Reference Group of the evaluation, and other key UNICEF staff. The evaluation team is expected to fine-tune/streamline the list further, as relevant, during the inception phase of the exercise.

For ease of reading in these ToR, some questions are included in brackets to indicate their derivative nature (from other questions), rather than suggesting their secondary importance. In line with the evaluation objectives outlined above, the questions cover issues of appropriateness, effectiveness, efficiency, coverage, connectedness and coordination but have been regrouped along the lines of the programmatic scope of the evaluation.

Table 3: Evaluation Questions

<ol style="list-style-type: none"> 1. To what extent are UNICEF’s strategies, preparedness and response plans: <ol style="list-style-type: none"> a. Appropriate to the context? <i>[How comprehensive were the situational and needs analysis underpinning UNICEF’s programme design and targeting?⁴⁶]</i> b. Aligned with global standards, principles and commitments (human rights, humanitarian principles, do no harm, conflict-sensitivity, centrality of protection, systematic consideration of cash transfer)? c. Aligned with the needs and preferences of the affected populations, especially women and girls and other vulnerable groups? d. Multi-sectoral/integrated and coherent? <i>[and employing the right mix of interventions to achieve the objectives?]</i> 	<p>Relevance/ appropriateness of strategies and programme design to context and needs</p>
<ol style="list-style-type: none"> 2. To what extent has the UNICEF response adhered to the UNICEF CCCs? 3. How well have UNICEF’s preparedness efforts supported the delivery of the response? 4. To what extent is the UNICEF response addressing the immediate humanitarian needs, while also supporting the achievement of long-term development goals to reduce the needs, vulnerabilities and risks for children, including through the humanitarian-development-peace nexus? <i>[Did long-term development goals affect in any way the delivery of life-saving humanitarian assistance?]</i> 5. To what extent was an AAP framework in place and implemented? <i>[To what extent was the community (especially women and girls and other vulnerable groups) informed, involved and took part in the different stages of the response? To what extent did communities have the opportunity to share feedback and complaints and was feedback, in turn, acted upon? How accessible and safe were these mechanisms (Including for PSEA)?]</i> 6. To what extent was humanitarian access established and maintained so communities could safely reach assistance/services? <i>[To what extent did UNICEF manage to operate as a neutral, impartial, independent humanitarian actor? What were the facilitating factors and challenges, respectively, for a principled humanitarian response? {Is there evidence of whether trust in UNICEF across communities has changed in any way over time?}]</i> 7. To what extent did UNICEF CO achieve its intended objectives for the response and commitments, including to coverage and 	<p>Performance of the programme</p>

<p>quality? <i>[What are the main factors that contributed to or hindered this?]</i></p> <p>8. How robust are the UNICEF programme monitoring, reporting and quality assurance systems? <i>[What do they show about the delivery, effectiveness and quality of UNICEF’s work?]</i></p> <p>9. How successful has UNICEF been in reaching the most vulnerable groups (women and girls; communities in hard-to-reach areas; IDPs; ethnic minorities; people with disabilities; unaccompanied/separated children etc.?)</p> <p>10. To what extent has the UNICEF response been gender responsive/transformational, tackling priority gender concerns?</p> <p>11. To what extent has the response been disability inclusive?</p> <p>12. To what extent was the response conflict-sensitive? (across analysis, design, implementation)</p> <p>13. How timely has the response been? <i>[Did it adapt quickly and appropriately to changes in the context?]</i></p> <p>14. How has the use of the Programme Management Unit (PMU) model impacted the operational delivery of the programme? <i>[Has the PMU been able to accelerate the delivery of results? To what extent was the PMU ‘fit for purpose’, ‘light’ enough and sustainable?]</i></p> <p>15. What have the outcomes of the response been? <i>[To what extent did the programmatic response achieve intended and unintended, short-term and intermediary outcomes? Are they distributed equally across gender/vulnerable/hard to reach groups? How did any reported ‘change’ happen?]</i></p>	
<p>16. How effectively has UNICEF collaborated and coordinated with partners (IPs, de facto authorities, sister agencies, etc) in responding to the emergency? <i>[What were UNICEF’s key areas of strength, weakness and challenges across these efforts?]</i></p> <p>17. <i>How well has UNICEF advanced the localization agenda? [To what extent does the UNICEF CO have the right partnerships model, and how well was this adapted through the response?]</i></p>	<p>Effectiveness of coordination and collaboration</p>
<p>18. To what extent have human resources supported the response, to achieve programmatic and operational needs? <i>[To what extent was the UNICEF YCO adequately staffed for the L3 response? and staff deployed ‘fit for purpose’? Was UNICEF global surge capacity sufficient for all functional areas? Was a plan to move, from surge to longer-term capacity, integrated across all areas?]</i></p> <p>19. How has the supply function performed, including vis-a’-vis planning efforts, prepositioning in the field, warehouse capacity, supply route assessments etc.?</p> <p>20. How well has the response been supported by fundraising?</p> <p>21. How well has the response been supported by communications?</p>	<p>Quality of supporting functions: funding, supply, HR, communications, KM</p>

<p>22. To what extent did UNICEF demonstrate robust leadership (across decision-making, experience, skills and capacity) in leading and managing the response? <i>[To what extent did UNICEF exercise leadership in inter-agency forums and improve the coherence and quality of humanitarian response plans?]</i></p> <p>23. How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities? (including vis-a'-vis the HCT) <i>[How effectively did it perform at the sub-national/field level⁴⁷?]</i></p> <p>24. How well has UNICEF advocated for children and the humanitarian situation in the country, including with the <i>de facto</i> authorities at national/sub-national levels, regional actors, Member States with influence on <i>de facto</i> authorities, broader Member States etc.? <i>[What did UNICEF prioritize in its advocacy efforts/what strategic choices were made? How well did UNICEF manage/advocate with donors around conditionalities?]</i></p> <p>25. To what extent have UNICEF's management systems/structures, (at all levels CO/RO/HQ), resources/tools and emergency procedures (both the mandatory actions and the simplified procedures) supported a flexible, timely and effective response? <i>[To what extent were the emergency procedures set appropriately, implemented as intended and the simplifications in the revised SSOP L3 supportive of the response? In what areas, in particular, were the revised SSOP L3 used, and what difference did they make, if any?]</i></p> <p>26. How well has UNICEF identified, managed and mitigated risks to the response (including relatively to its 'scale-up' response and the increased level of scrutiny deriving from it) and to the affected populations, children in particular?</p>	<p>Leadership, advocacy, management and risk</p>
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7. Methods

This evaluation is, primarily, a **process evaluation**, meaning, it will determine whether the response has been implemented as intended. This evaluation will also **attempt at measuring outcomes** achieved, particularly for the questions related to programme performance/effectiveness. Focus on outcomes will require measuring short-term and intermediary changes under the overall framework of programme effectiveness. The feasibility of assessing outcomes in a robust way will have to be examined during the inception phase of the evaluation, with several options proposed.

The evaluation will use a **mixed methods approach**. A range of qualitative, theory-based approaches (contribution analysis, qualitative impact assessment protocol- QuAP, outcome mapping) and quasi-experimental approaches utilizing secondary, low-cost digital survey approaches may be considered, subject to the availability and quality of data and other context-specific conditions. Natural experiment conditions, that would allow for ethically appropriate and robust comparison groups to establish the causality between selected humanitarian interventions and the response, should also be explored for

future evaluations. Complementary data sources, such as U-Report, interactive voice recording, geo-spatial data and others are potentially important means to answer both process and outcome-related questions.

Proposals should outline the potential and thinking for a mixed-method design and how the process-focused approach will be complemented with an outcome-focused one, given the humanitarian context in the country. The final scope (outcome vs process) and methodological design will be further defined and decided during the inception phase of the evaluation, after data diagnostics and a thorough examination of the programmatic parameters and Theory of Change (ToC) of the response.

8. Evaluation Phases/ workplan/timeframe and deliverables

The evaluation will comprise the following phases:

Phase 1: Scoping phase/Inception Phase (December 2022/February 2023)

The scoping phase will involve consultations with key internal and external stakeholders in the Yemen Country Office, MENARO, and at Headquarters (including staff from EMOPS, PD, DAPM, PPD, SD) concerning the purpose and essential elements of the evaluation, together with a preliminary desk review of the availability of relevant data and documentary evidence.

The evaluation team will review relevant literature and secondary evidence, develop the conceptual framework for the evaluation, a detailed evaluation matrix (showing how each evaluation question will be answered by identifying sub-questions, indicating the relevant data sources, how a judgment will be made by identifying indicators or benchmarks) and an action plan for conducting the exercise. The evaluation team will also develop the detailed methodology and data collection instruments. Additionally, the evaluation team will be expected to undertake a 'light' evaluability analysis of feasibility of assessing outcomes. During this phase, the evaluation team should be briefed by relevant UNICEF staff on key concepts and principles underpinning UNICEF's humanitarian action in the country, with a view to ensure a sound and coherent understanding of such principles, prior to the start of the exercise. These sessions ('online clinics') will be scheduled by the Evaluation Office.

This phase will enable the evaluation team and UNICEF to reach a common understanding as to the nature of the task, the questions to be addressed, the sources and methods to be used, and the outputs to be delivered. It will also enable the evaluation team to undertake initial consultations with key informants, and to review the available data and documentary material, including material generated in the scoping phase.

The primary output from this phase will be an ***inception report***, a draft of which will be circulated for comments internally, and this will form the mutually agreed basis for conducting the evaluation. It should include a contextual analysis, an evaluation matrix, detailing the questions to be asked together with related indicators, how judgments will be formed and likely sources of verification.

Phase 2: Data Collection (March – end-May 2023)

In the **data collection phase**, the evaluation is expected to use both qualitative and quantitative methods to answer the evaluation questions. Key methods will include **comprehensive desk reviews and structured analyses of secondary resources, alongside primary data collection** - as outlined in more detail below:

- **Desk review** of UNICEF internal documentation (including but not limited to: UNICEF Humanitarian Action for Children (HAC); Sitreps; Country Office Annual Reports (COARs); Annual Management Plans (AMPs); Country Programme Documents (CPDs); workplans; contingency plans; audit reports; risk assessment reports etc.);
- Review and analysis of functional datasets (HR/DPAM/Supply Division etc. from **Insight**);
- Review and analysis of sectoral monitoring data;
- Review and analysis of Implementing Partner reports, including third-party monitoring reports (as relevant);
- Analyses of external admin data/secondary datasets, such as any HH surveys implemented by UNICEF and/other partners; the evaluation could explore trends over the years across regions/provinces and other variables of interest; furthermore, correlation analyses with UNICEF activities and financial investments could be explored, as feasible (some of these analyses could potentially be conducted during the Inception Phase.
- Semi-structured key informant interviews with internal and external stakeholders at the country, regional and HQ levels;
- Online surveys with UNICEF and partners;
- Other methods such as Contributions Analysis, geospatial data, Natural Language Processing (NLP) etc., also to assess outcomes, as relevant/feasible;

The data collection phase will also involve the organization of a workshop, to refine and confirm emerging findings.

The main outputs from this phase will be: ***(i) a presentation on the preliminary briefing from the missions; and (ii) a preliminary briefing report with early findings.***

Phase 3: Data Analysis and Report Preparation (June – July 2023)

During this phase the team will analyse the data collected and prepare a draft of the evaluation report. This phase is intended to allow time for more detailed follow up on key areas of the evaluation, cross-checking and validation of the provisional analysis from Phase 2, and filling of gaps in documentation, key informant interviews and other consultations, including with HQ staff. This phase should also allow time for analysing the results of a survey (or multiple surveys) on relevant aspects of the UNICEF response. The main output from this phase will be a ***first full draft of the evaluation report*** as a basis for consultation.

Phase 4: Consultation on draft report, revision and production of final report (August 2023)

This phase allows for full consultation with internal stakeholders on the draft report. Two main rounds of consultation and revision are envisaged (second draft, third draft). This phase will also involve a recommendations workshop in which the team will present the findings, conclusions and tentative recommendations and lead a discussion among key stakeholders.

The main output from this phase is the production of a **final evaluation report** that takes due account of feedback received. The consultants will be responsible for compiling feedback in the form of a comment matrix for each round of consultation.

Phase 5: Dissemination (September 2023)

The team will make a presentation to communicate the findings, conclusions and recommendations of the evaluation, to facilitate strategic reflection on the response and to discuss the uptake of lessons learned and recommendations. One or more facilitated, participatory workshops will be conducted with staff from the regional office and country office.

The outputs for this phase are a summary **PowerPoint presentation** and the **delivery of the workshops**.

9. Norms and Standards

Consistent with the United Nations Evaluation Group (UNEG) Norms and Standards⁵¹, the [UNEG Ethical Guidelines](#) and [UNEG Code of Conduct](#)⁵², the [UNICEF Procedure on Ethical Standards in Research, Evaluation and Data Collection and Analysis](#),⁵³ the UNICEF guidance on gender integration in evaluation,⁵⁴ the Sphere standards,⁵⁵ the UNEG guidance on integrating human rights and gender equality and UN System-Wide Action Plan (UN-SWAP) on gender equality,⁵⁶ the evaluation will ensure:

- Respect for rights of individuals and institutions: The evaluation team will accord informants the opportunity to participate voluntarily while maintaining their anonymity, and to make an independent decision to participate without pressure or fear of penalty (informed consent/assent). Also, interviewers will assure respondents that information would be confidential, and that reports would be written such that responses/contributions would not be traced back to them. Interview notes and any recordings will be accessible to the team members only.
- Respect for cultural identities and sensitivities: Variances in ethnicities, culture, religious beliefs, gender, disability, age will be respected. As a result, evaluation processes will be mindful of cultural settings, developmental status and evolving capacities/ages of children and other stakeholders, and the needs of the respondents and rights-holders that programmes are supposed to serve.
- Professional responsibilities and obligations of evaluators: The evaluation team will exercise independent judgement and operate in an impartial and unbiased manner. During data collection, any sensitive issues and concerns will be addressed through the appropriate mechanisms and referral pathways. A protection protocol will be in place for each setting where data collection involves children and community members.

Adherence to the “do no harm” principle will be required when interacting with all groups of informants. Special attention should also be paid in situations where the evaluators interact with children and young people. As per the UNICEF Evaluation Office standard procedure, the evaluation design will undergo ethical review during the inception phase. Ethical approval will be sought from the UNICEF Institutional Review Board or designated subsidiary prior to implementation.

10. Evaluation Users

Key intended users of this evaluation include the following:

- UNICEF Yemen Country Office and field offices
- UNICEF Senior Management
- UNICEF Office of Emergency Operations (EMOPS)
- UNICEF Programme Group (PG)
- UNICEF ROSA Regional Director and Regional Office Teams
- Other relevant divisions, such as [Data, Analytics, Planning and Monitoring](#) (DAPM); [Private Fundraising and Partnerships](#) (PFP); [Public Partnerships Division](#) (PPD); Division of Human Resources (DHR) and Supply Division (SD); and others, as appropriate
- Other UN agencies, NGOs, donors and interested Member States
- UNICEF Executive Board
- Beyond UNICEF and its immediate stakeholders, the report should be of interest to all actors who share responsibility and concern for the welfare of crisis-affected communities in Yemen. Ultimately, the evaluation is intended to benefit people affected by the crisis, and above all the children of Yemen. The final evaluation report will be made publicly available.

11. Quality Assurance

Levels of quality assurance:

- The first level of quality assurance of all evaluation deliverables (including drafts) will be conducted by the contractor prior to submitting the deliverables to the review of the evaluation manager.
- The second level of quality assurance of the evaluation deliverables will be conducted by the Evaluation Office (this will be undertaken on two levels (i) by the Evaluation Managers; and (ii) by the Evaluation Director).
- The third level of quality assurance of the evaluation will be conducted by the COs, ROs and the Reference Group of the evaluation. The ToR for the RG are available here: [TOR Reference Group_L3 Evaluations_June 2022.docx \(sharepoint.com\)](#)

Once approved, the final evaluation report will be submitted to the UNICEF global evaluation reports oversight system for an independent quality review. The report and the review will be made publicly available.

12. Management and Governance Arrangements

The evaluation will be managed by UNICEF's Evaluation Office (EO) in NY. The evaluation manager is the primary interface between the Evaluation Office and the evaluation team. The manager role involves day-to-day support to all aspects of the evaluation process, including facilitating access to data, providing input to key methodological and strategic choices, and managing the evaluation budget. The evaluation manager may participate in key informant interviews and other activities during implementation. The evaluation manager provides a first quality review (i.e. zero draft) of all evaluation tools and deliverables presented by the evaluation team before key deliverables are shared with the Evaluation Reference Group or other stakeholders.

Staff of the UNICEF Evaluation Office are independent from UNICEF management and operations. As part of their guidance and quality assurance role, the Evaluation Office will provide quality assurance on all evaluation tools and documents based on the UNEG's and UNICEF's norms, standards, ethical guidelines, processes and tools. This includes assessment of gender, equity and human rights responsiveness of the evaluation. The evaluation team will be familiarized with these and is expected to observe them during the entire evaluation process.

An Evaluation Reference Group, bringing together a mix of UNICEF staff (senior and mid-level), will be established to ensure buy-in from relevant stakeholder groups, provide expert advice, inputs, access to documents and informants and support to the evaluation as it unfolds. The Reference Group should, at minimum, include representatives from the following UNICEF offices: Yemen Country Office, MENARO, Office of Emergency Programmes (EMOPS), [Data, Analytics, Planning and Monitoring](#) (DAPM); Programme Group (PG), and Supply Division.

The final report will be submitted to the Global Evaluation Report Oversight System and assessed for quality.

13. Team composition and required qualifications/expertise /deliverables

The evaluation will require the services of an Evaluation Team of three technical evaluators, one senior evaluator, deputy team leader and a team leader. The team leader will be awarded a contract of **71** days, the Deputy Team Leader **56** days, the Senior Evaluator **54** days and **20** days for each of the 3 technical evaluators throughout the evaluation phases. The work will take place between November 2022 and May 2023.

The team leader should have extensive experience in leading humanitarian evaluations, excellent project management skills and demonstrated experience implementing and/or evaluating humanitarian responses for UN agencies (specific experience with UNICEF will be considered an asset). At least one member on the team should have strong skills and expertise in conducting literature/desk reviews and processing, analysing and synthesizing large quantities of qualitative and quantitative data.

Required qualifications and expertise of team leader:

- i. Masters or PhD in a related field
- ii. Extensive experience leading multi-disciplinary evaluations with a focus on humanitarian action
- iii. In-depth knowledge of evaluation methodologies and mixed-method approaches
- iv. Experience with remote data collection and the ethics of evidence generation

- v. Knowledge of the UN system, UN programming, especially in emergencies
- vi. Knowledge of UNICEF emergency responses, including of its corporate emergency procedures
- vii. Knowledge of the political, social-economic and operating environment in Yemen is an asset
- vii. Excellent analytical, communication and drafting writing skills (English a must, other UN languages considered an asset)
- viii. Proven experience managing a team
- ix. Arabic language is an asset

Required qualifications and expertise of the Deputy Team Leader / Senior Evaluator:

- i. Masters of PhD in a related field
- ii. Experience conducting/ contributing to multi-disciplinary humanitarian evaluations and/or research assignments
- iii. Knowledge of evaluation methodologies and mixed-method approaches
- iv. Proven track-record of desk reviews and structured analyses of secondary evidence
- v. Strong ability to rationalize and process quantitative and qualitative data, including through the use of dedicated analytical tools and software
- vi. Knowledge of the UN system, UN programming and UNICEF emergency responses considered a plus
- vii. Solid analytical, communication and drafting writing skills
- viii. Arabic language is an asset

Required qualifications and expertise of the three Technical Evaluators in the areas of WASH, Child Protection/Education and Nutrition/Health:

- i. Masters or PhD in related field
- ii. experience working on research, studies, or evaluations
- iii. experience in primary data collection in affected communities; including leading focus group discussion and participatory methods
- iv. qualitative and quantitative data analysis skills
- v. experience in programme monitoring
- vi. experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards

The composition of the evaluation team will have to be gender-balanced.

The team of consultants will work closely with EO staff and will be responsible for fine-tuning the design of the evaluation (through the inception phase/report), undertaking the desk review, data collection and analysis, conducting debriefing sessions and recommendations workshop, drafting and finalizing the evaluation report, and conducting/supporting dissemination activities, as relevant.

A team of experienced consultants (through individual contracts) will be selected for this evaluation through a competitive process.

Deliverables by Evaluation team members

The Team Leader will be responsible for managing the following deliverables and for their overall quality., while the deputy and the rest of the team are responsible for the inputs, analysis and drafting,

Team Leader deliverables:

1. Draft inception report (include a context analysis and evaluation matrix) and final inception report (12 days)
2. Data collection resulting in a workshop/presentation of emerging findings (22 days)
3. Analysis resulting in a preliminary briefing report with early findings (22 days)
4. Draft Evaluation report (6 days)
5. Final evaluation report (4 days)
6. Slide deck, recommendations workshop, other dissemination activities (5 days)

Total: 71 days

Deputy team Leader deliverables:

1. Inputs to the draft inception report (include a context analysis and evaluation matrix) and final inception report (10 days)
2. Data collection resulting in a workshop/presentation of emerging findings (20 days)
3. Contribution to the analysis resulting in a preliminary briefing report with early findings (15 days)
4. Inputs to the draft evaluation report (4 days)
5. Inputs to the final evaluation report (2 days)
6. Support TL in slide deck, recommendations workshop, other dissemination activities (5 days)

Total: 56 days

Senior Evaluator deliverables:

1. Inputs to the draft inception report (include a context analysis and evaluation matrix) and final inception report (14 days)
2. Data collection resulting in a workshop/presentation of emerging findings (22 days)
3. Contribution to the analysis resulting in a preliminary briefing report with early findings (12 days)
4. Inputs to the draft evaluation report (4 days)
5. Inputs to the final evaluation report (2 days)

Total: 54 days

Technical Evaluators deliverables (three members):

1. Inputs to the draft inception report per their area of expertise (include a context analysis and evaluation matrix) and final inception report (6 days)
2. Data collection resulting in a workshop/presentation of emerging findings (5 days)

3. Contribution to the analysis resulting in a preliminary briefing report with early findings (5 days)
4. Inputs to the draft evaluation report (2 days)
5. Inputs to the final evaluation report (2 days)

Total: 20 days each

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