



INCEPTION REPORT

EVALUATION OF UNICEF'S LEVEL 3 RESPONSE IN YEMEN

MAY 2023

## Table of acronyms

<b>AAP</b>	Accountability to Affected Populations
<b>ACAPS</b>	Assessment Capacities Project
<b>AWD</b>	Acute Watery Diarrhoea
<b>CFR</b>	Case Fatality Rate
<b>CEAP</b>	Corporate Emergency Activation Procedure
<b>CIMP</b>	Civilian Impact Monitoring Project
<b>DAPM</b>	Data, Analytics, Planning and Monitoring
<b>DFA</b>	De-facto Authority
<b>DHR</b>	Division of Human Resources
<b>DRC</b>	Danish Refugee Council
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations
<b>EHNP</b>	Emergency Health and Nutrition Project
<b>EMOPS</b>	UNICEF Office of Emergency Operations
<b>ERW</b>	Explosive Remnants of War
<b>GDP</b>	Gross Domestic Product
<b>GEC</b>	Global Emergency Coordinator
<b>GPEI</b>	Global Polio Eradication Initiative
<b>GRM</b>	Grievance Redressal Mechanism
<b>HQ</b>	Headquarters
<b>HRP</b>	Humanitarian Response Plan
<b>IAHE</b>	Inter-Agency Humanitarian Evaluation
<b>ICG</b>	International Crisis Group
<b>ICRC</b>	International Committee of the Red Cross
<b>IDP</b>	Internally Displaced Person
<b>IPC</b>	Integrated Food Security Phase Classification
<b>IRG</b>	Internationally Recognized Government
<b>JMMI</b>	Joint Market Monitoring Initiative
<b>MEB</b>	Minimum Expenditure Basket
<b>MENARO</b>	Middle East and North Africa Regional Director and Office in Amman
<b>MIS</b>	Management Information System
<b>MSF</b>	Médecins Sans Frontières
<b>MSP</b>	Minimum Service Package
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PFP</b>	Private Fundraising and Partnerships
<b>PG</b>	UNICEF Programme Group
<b>PLW</b>	Pregnant and Lactating Women
<b>PMU</b>	Project Management Unit
<b>PPD</b>	Public Partnerships Division
<b>RO</b>	Regional Office
<b>SD</b>	Supply Division
<b>SFD</b>	Social Fund for Development
<b>SOM</b>	Senior Officials Meeting
<b>SUN</b>	Scaling Up Nutrition
<b>SWF</b>	Social Welfare Fund
<b>ToR</b>	Terms of Reference
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>UXO</b>	Unexploded Explosive Ordnance
<b>WANTS</b>	WASH Needs Tracking System
<b>WASH</b>	Water, Sanitation and Hygiene (WASH)
<b>WHO</b>	World Health Organization
<b>YCO</b>	Yemen Country Office
<b>YER</b>	Yemeni Rial

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## Introduction

1. The UNICEF Executive Director activated the UNICEF’s Level 3 Corporate Emergency Activation Procedure (CEAP) for Yemen in July 2015 which coincided with the IASC Humanitarian System-Wide Activation (Level 3) for the response in Yemen. An organisation-wide mobilisation was needed to scale up and respond, appointing a Global Emergency Coordinator (GEC), and enhancing Regional Office (RO) support to the Yemen Country Office (YCO). In light of the evolving situation and upon the recommendation by the UNICEF MENA Regional Director, which was endorsed by the EMOPS Director, the UNICEF’s Deputy Executive Director for Programmes deactivated the Level 3 Corporate Emergency Procedure for Yemen in December 2022 and initiated a transition into Level 2 until 31 December 2023. According to UNICEF’s 2018 revised Evaluation Policy, short term L3 emergencies must be evaluated at least once, and protracted L3 emergencies should be evaluated once every three years (UNICEF 2018b, 11).
2. This inception report answers the Terms of Reference (ToR) for the evaluation of the UNICEF L3 Response in Yemen. It offers a roadmap for how the evaluation team intends to approach the objectives and expectations set forth in the ToR. It based on an extensive document review as well as limited number of key informant interviews (please see Annex 9 and 10).
3. **Section 1** provides a brief overview of the context in Yemen, it offers a summary of the humanitarian needs which have resulted from the conflict, introduces UNICEF’s response sector by sector and highlights specific elements that will be important to keep in mind for the evaluation. As an in depth-analysis of the causes and dynamics of the conflict is beyond the scope of this report, this section will highlight those contextual elements that are particularly relevant to define UNICEF’s operational environment in Yemen.
4. **Section 2** summarises the purpose and objectives of the evaluation and outlines the scope.
5. **Section 3** outlines the team’s overall approach to the evaluation including the design of the evaluation and analytical framework. It provides an overview of the evaluation methodology including the data collection and analysis tools that will be employed. It explores potential challenges, risks, and ethical issues and proposes mitigation measures.
6. **Section 4** details the evaluation process and work plan, with a focus on the different phases of the evaluation.

## 1 Context

7. There are many different and complex layers (political, diplomatic, economic, national, regional and international) to the conflict in Yemen and the subsequent humanitarian operational environment. This section aims to provide a brief summary of the history of the conflict and some of the key elements that (can) have an impact on the ability for UNICEF to achieve coverage and quality, both in terms of programmes and access.

### 1.1 Yemen’s conflict

8. Yemen’s civil war finds its roots in a failed political transition meant to bring stability following popular protests – Yemen’s Arab Spring – about corruption and economic hardships, which started in 2011 (See The United Nations Foundation Undated). In late 2014 and 2015, Ansar Allah (a separatist Houthi movement) took control of Saada province, and eventually the capital Sanaa, forcing the then president, Abdrabbuh Mansour Hadi, into exile (BBC News 2018) The conflict escalated dramatically in March 2015 when a coalition led by Saudi Arabia – and backed by the UK, US and France - began air

strikes against the Houthis, with the declared aim of restoring Hadi’s government. The internationalisation<sup>1</sup> of the conflict brought analysts to see it as a proxy war between Saudi Arabia and Iran along sectarian and ideological lines (Reardon 2015).

9. UN Security Council Resolution 2216 (United Nations 2015), adopted in April 2015, affirmed Hadi as Yemen’s legitimate president. In terms of territorial control, however, multiple tiny statelets and zones of control held by an expanding number of armed groups currently exist (Johnsen 2021). Ansar Allah who control Yemen’s populous north-west are joined by a wide array of local forces – including the Southern Transitional Council (STC) and Al Qaeda in the Arabian Peninsula (AQAP) - mostly in the areas controlled by the internationally-recognised government (IRG). By 2020, the country had been split into roughly five zones of political and military control (International Crisis Group 2022b).

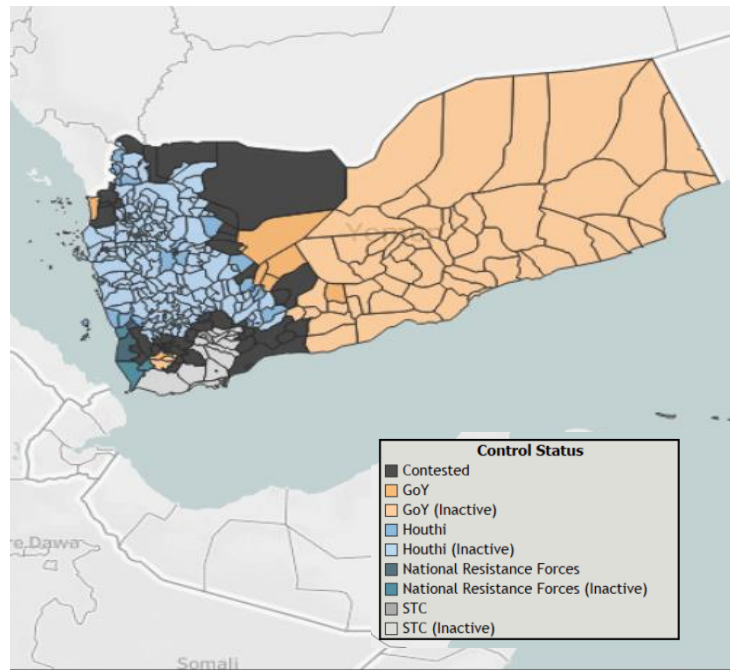


Figure 1: 2022 Q3 (July – September). Source: ACLED

10. The fighting has also had an impact on logistical infrastructure, cutting off roads and shuttering many of the country’s ports and airports. Alongside the battles over territory, in fact, the parties to the conflict in Yemen have been fighting for control of key parts of the country’s economy, in particular access to fuel and control of trade flows (International Crisis Group 2022a). Yet, an ‘economic truce’ has not yet been tabled in international diplomatic efforts. The truce signed in April 2022 and which ended in October 2022 has led to some stability and a significant drop in reported fatalities even if it was not reconducted (Aljazeera 2023). Some analysts have expressed cautious optimism at the deal between Saudi Arabia and Iran, signed in March 2023, which renews diplomatic ties between the two countries (Daou 2023; Barnes-Dacey, Bianco, and Geranmayeh 2023). Whether this new détente will help address the

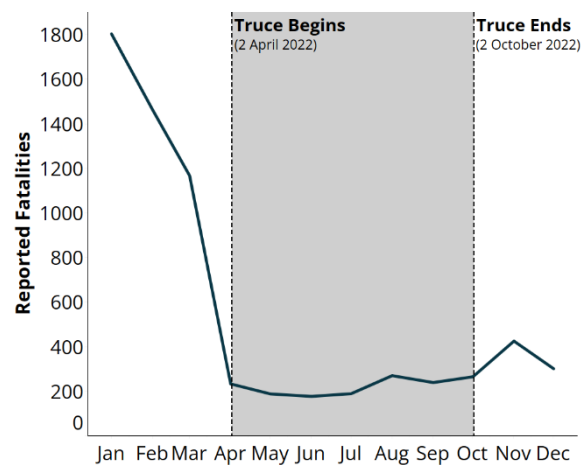


Figure 2: Reported fatalities 2022 Source: ACLED

<sup>1</sup> See Salisbury, 2020 for a summary of the international community’s initial diplomatic response

real grievances at the root of the conflict in Yemen and will take into account the very local military and political alliances remains to be seen (Wintour 2023).

## 1.2 Humanitarian needs in Yemen and UNICEF response

11. Eight years of war have led to hundreds of thousands of deaths and the displacement of over four million people, or 14 per cent of the some 30 million population, some of whom have often been displaced multiple times over the years (OCHA 2022a). The Yemeni population - the poorest in the Middle East before the start of the conflict – has further impoverished with the widespread economic collapse, the interruption of basic services (electricity, telecommunications) and an overstretched public sector. The GDP per capita contracted by more than 50 per cent between 2014 and 2018.<sup>2</sup> The splitting of Yemen Central Bank as well as uncoordinated (macro)economic policies resulting in double taxation and economic distortions have compounded the socio-economic crisis stemming from the conflict (The World Bank 2022). The volume of crude oil production dropped significantly (more than 80 per cent at times) below the pre-conflict levels (Carpenter 2021), limiting revenue for fuel and other essential imports. Since 2015, the Humanitarian Needs Overview has identified approximately two thirds of the Yemeni population as being in need of assistance and protection (IAHE 2021), more than half of whom children.<sup>3</sup> The war in Ukraine has contributed to threatening Yemen’s already dire food access and socio-economic conditions (The World Bank 2022), even if it is not possible to draw a direct line between the two (ACAPS 2022).
12. The most severe needs across multiple sectors have been concentrated in areas of active conflict or those with large numbers of IDPs and returnees. Chronic and existing vulnerabilities in terms of food security, nutrition, water and healthcare were already present in many of these areas before the current crisis.

### 1.2.1 Health

13. While recent data on health indicators and demographic trends in Yemen is scarce, pre-crisis trends already demonstrate a weak health system, particularly in terms of maternal and child health. The health infrastructure in Yemen has suffered greatly because of the conflict and the economic and institutional collapse, with an estimate of only half of the country’s health facilities fully functional by 2021 (The World Bank 2021). Yemen therefore remains vulnerable to disease outbreaks, including vaccine-preventable diseases. Vaccination rates remain a key cause for concern. OCHA reports that almost a third of the population under the age of 1 is missing routine vaccinations, which increases vulnerability to diseases such as diphtheria, measles and polio virus (OCHA 2023). Polio, which was eradicated in Yemen in 2000, resurged again in the second half of 2020. A total of 162 cases were confirmed in 2022 (GPEI Undated). Between January 2022 and January 2023, more than 20,000 suspected AWD/cholera cases were reported in Yemen with a case fatality rate (CFR) of 0.10 per cent (WHO Undated), which was lower compared to the same period of 2021 (31,133 suspected cases).

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<sup>2</sup> The data is only available until 2018. Cf. <https://data.worldbank.org/country/yemen-rep>

<sup>3</sup> Cf. OCHA, 2019, 2021, 2022b, 2022c

14. UNICEF’s estimates for Yemen for 2019 show how vulnerable mothers and new-borns are, with one mother and six new-borns dying every two hours because of complications during pregnancy or birth (UNICEF 2019). The increased vulnerability of mothers and children has been linked to failures in conducting routine pre- and post-natal care due to the collapse of the health system and difficulties in access. Since 2020, the impact of COVID-19 on continuity of health services delivery in Yemen has been distinct and profound. A recent study has revealed that the number of the consultations, surgeries and number of vaccinated children further declined during the COVID-19 pandemic (Kotiso et al. 2022). Besides the lack of basic equipment, health workers have had to contend with a chronic suspension of salaries and attacks on health care facilities (Elnakib et al. 2021). Given that development actors in Yemen have been supporting health service delivery in a fragmented way, a minimum service package (MSP) was introduced in 40 districts in 2017 and further scaled up as of 2018, as part of the World Bank, WHO and UNICEF’s Emergency Health and Nutrition Project (EHNP) (The World Bank 2021).

### 1.2.2 Nutrition

15. “The high prevalence of both chronic and acute malnutrition in Yemen is underpinned by a complex and interconnected set of structural causes largely associated with widespread poverty and associated food insecurity. This is further exacerbated by insufficient access to clean water and sanitation and a high prevalence of diarrheal disease in addition to sub-optimal infant and young child feeding (IYCF) practices.” (UNICEF 2021a, 2). Seasonal and annual peaks, usually linked to the lean season caused by the disruption of agricultural production in rural areas were already seen prior to 2014. The ongoing conflict has exacerbated food insecurity for vulnerable people (MSF 2022). COVID-19 has led to an acceleration in food price inflation, particularly in the south, as global food prices increased and the YER weakened further (The World Bank Group 2022). According to OCHA, a SMART survey finalized in 2022 indicates that 2.2 million children in Yemen are suffering from acute malnutrition. Additionally, 1.15 million children under the age of five years are suffering from moderate acute malnutrition

#### UNICEF Health response

Until May 2021, Health and Nutrition were combined into one large section at YCO.

The UNICEF Health response between 2019 and 2022 has consistently focused on health systems strengthening, improving access to primary health care and disease outbreak response, including maintaining vaccination coverage. In particular through:

- Routine immunization campaigns for polio and measles
- High-impact preventive and curative services at the community and facility levels

Because of the COVID-19 pandemic, for 2021 and 2022 UNICEF’s response included the provision of personal protective equipment to health care facility staff and health care workers.

Summary of the Health programme results**	2019	2020	2021	2022
Number of children under 1 vaccinated against measles	740,571	606,247	817,4751	918,367
Number of children under 5 vaccinated against polio	4,475,179	5,018,283	3,800,313	1,193,223
Number of children under 5 <sup>1</sup> receiving primary health care	2,574,200	4,725,122	2,932,311	2,794,190

<sup>1</sup> and women as of 2022

\*\* Yemen SitRep end of year 2019, 2020, 2021, 2022

(OCHA 2023). According to the World Bank, the levels of both acute (wasting) and chronic (stunting) child malnutrition are among the highest in the world: 16 percent of children are wasted, 46 percent of children are stunted (The World Bank Group 2022). The IPC analysis conducted during the last quarter of 2022 indicates no improvement in the food security situation in the IRG-controlled areas. It does show, however, an improvement in the food security outlook, thanks to the truce and above-normal rainfall (IPC 2022). In the absence of IPC data for DFA-controlled areas, humanitarian actors do not expect positive change in the food security situation there (OCHA 2023).

16. Yemen joined the Scaling Up Nutrition (SUN) Movement in 2012 and has developed a multisectoral nutrition action plan to address the determinants of child undernutrition, encompassing actions for children, adolescents and pregnant and lactating women (PLW) (Republic Of Yemen 2020). The plan, however, does not clearly spell out whether it encompasses the whole of Yemen or only IRG-controlled areas.

### UNICEF Nutrition response

UNICEF has continued to focus on community prevention and management of malnutrition and scaling up the integrated Community Management of Acute Malnutrition (CMAM) between 2019 and 2022. This was done through MOPHP and nine active partnerships with national and international NGOs. As Nutrition Cluster co-lead, UNICEF supported the scale up and increased coverage of nutrition CMAM services and Infant and Young Child feeding counselling within the existing health care system. Achievements included:

- Outreach nutrition screening with referral for children with acute malnutrition/ oedema provided by an increased network of Community Health and Nutrition Volunteers (CHNVs)
- Support to an increasing number of outpatient treatment of SAM cases in fixed and mobile Outpatient Therapeutic Programmes
- From late 2020 UNICEF started implementing an accelerated multi- sectoral integrated scale-up response plan, focusing on districts with high malnutrition rates based on evidence from the IPC
- The Nutrition Voucher Scheme initiative launched in 2021 assisted families with costs associated with caring for children with SAM through a voucher valued at USD 50
- Decisions were informed by evidence from SMART surveys when possible

Summary of the Nutrition programme results**	2019	2020	2021	2022
Number of targeted children 0-59 months with SAM admitted to therapeutic care	343,277	231,062	346,311	376,588
Number of children under 5 given micronutrient interventions (Vitamin A)	2,614,946	1,375,051	4,021,652	1,969,673

\*\* Yemen SitRep end of year 2019, 2020, 2021, 2022

### 1.2.3 Water, sanitation and hygiene (WASH)

17. Yemen is characterised by antiquated water systems heavily impacted by the conflict and general water scarcity exacerbated by climate change. OCHA estimates a total of 15.4 million people in need of WASH assistance in 2023 (OCHA 2023), in line with previous estimates between 2019 and 2022. Aquifer depletion is an alarming problem (CEOBS 2021) which the WASH sector has had to grapple with as water cannot be imported in the way in which food is. Water for domestic use and subsistence agriculture is a losing competitor to thirsty Khat, which officials say use a third of available land/water, though some sources say more like 60% (Kiley 2019). In this respect needs for water supply has to compete with criminality and political control of a hugely valuable commodity (Ordeman, Jr. 2019). Government/utilities/service providers are on the verge of collapse due to economic deterioration, the war, and import restrictions in DFA-controlled areas where most of the Yemeni population reside. WASH actors have had to widely substitute or at best supplement utility service provision for the general population, as well as operationally servicing many health and educational facilities.
18. In particular, districts around active frontlines have been facing acute WASH needs for years, especially Al Jawf, Al Bayda, Al Hodeidah, Hajjah, Marib, Shabwa and Ta'iz governorates. Where people have been displaced into urban areas, water demand has been increasing beyond water service capacity, forcing many to depend on private water trucking services. According to the Joint Market Monitoring Initiative (JMMI), the WASH Minimum Expenditure Basket (MEB) price has increased by 11 per cent in the AA-controlled areas and by 19 per cent in the IRG-controlled areas since the beginning of 2022 (OCHA 2023). Additionally, the 2022 Yemen WASH Needs Tracking System (WANTS) reported that 78 per cent of assessed households had issues with the smell, taste and/or appearance of their water in the 30 days prior to data collection. More than 90 per cent of the assessed households reported having issues accessing soap, while access to sanitation facilities had mostly unimproved (Impact Repository 2022).
19. Like all sectors in Yemen, the WASH sector has had to operate at an unprecedented scale and operating in an extremely constraining environment. It has had to face a severe cholera outbreak between 2016 and 2022 which peaked in 2017, as well as COVID-19. Thus, highly effective coordination with the health sector has been a strategic imperative. Furthermore the depth of food crisis is massive, leading to food insecurity and malnutrition on a catastrophic scale, though this is reducing in severity (Sida et al. 2022). This also obliges really strong coordination with the nutrition sector. These demands come on top of need to respond to many of the 3.3 million displaced, (UNICEF Yemen evaluation TOR) which necessitates the WASH sector working in highly operational delivery mode alongside and in full coordination with camp coordination actors. Finally, what appears clear from humanitarian plans and recent humanitarian evaluations from the response in Yemen is that WASH needs cannot be solely addressed by humanitarian stakeholders.<sup>4</sup> Yemen's basic infrastructure include water systems were mostly kept going by humanitarian support, without broader and comprehensive long-term strategies.

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<sup>4</sup> Cf. OCHA, 2023; Sida et al., 2022

### UNICEF WASH response

UNICEF has set in place and maintained an extensive WASH cluster coordination network, with 1 national and 5 sub national hubs that cover most population area in the country. A review of the HRP indicates that the two WASH cluster strategic objectives in 2019 were a focus on i) those in acute (emergency) crisis, ii) longer term (sustainability) in fragile areas (OCHA, 2021b). By 2022 the HRP added an objective SP 1.1 (4.3 million PIN) which focused on reducing WASH related disease and malnutrition, indicating a strategic shift to greater emphasis and presumably coordination with health and nutrition (OCHA, 2022d). Between 2019 and 2022, UNICEF WASH response consistently focused both on emergency WASH interventions, mitigating risk of disease and supporting and rehabilitating local water management systems to increase their sustainability and offer greater access to safe water. This was done in particular through:

- Distribution of water, sanitation and hygiene kits
- Hygiene promotion and community mobilisation
- Focus on wastewater treatment systems and expansion of sewage collection networks (including as a cholera preventive measure beyond oral vaccination)

Summary of the WASH programme results**	2020	2021	2022
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	6,993,507	8,858,514	6,266,704
Number of people provided with standard hygiene kit	2,172,786	6,213,080 <sup>1</sup>	2,663,388

<sup>1</sup> 2021 included services as well

\*\* Yemen SitRep end of year 2020, 2021, 2022 – results for 2019 were accounted for on a different set of indicators

### 1.2.4 Education

20. Access to education for school-aged girls and boys has been disrupted by years of conflict, economic decline, natural disasters and COVID-19. Nearly 8.5 million school-aged girls and boys need education assistance. The education system is on the verge of collapse, affecting 6.1 million boys and girls enrolled in formal education. Some 1.42 million internally displaced school-aged children and about 870,000 children with disabilities face serious challenges to access education (OCHA 2022c; 2022b; 2021b; 2019). Hostilities continue to disrupt schooling while the fragmentation of the education system is having a profound impact on learning and overall cognitive and emotional development, and the mental health of 10.6 million school-age boys and girls in Yemen. It is estimated that at least one in four or 2,783 schools were destroyed, partially damaged, or utilized for non-educational purposes since the escalation of hostilities in 2015 (ICRC 2022). Beyond the conflict, schools have also been impacted by natural hazards with the 2022 floods affecting an estimated 368 schools.
21. The school age population in Yemen (5 to 17 years old) represents nearly 33 per cent of the overall population (OCHA 2023). The most vulnerable children, including those displaced, children with disabilities and those living in areas facing access challenges are those most at risk (UNICEF 2021c). Many displaced children have had their education abruptly interrupted, including over 870,000 children with disabilities, whose access to schooling is further limited by a combination of institutional, social, physical and financial barriers. Exclusion of minority groups, particularly the Muhamasheen community, has resulted in limited formal education and high illiteracy rates. A study carried out in 2021 found that close to 40 per cent of women Muhamasheen respondents had never attended

school (DRC, Yemen Humanitarian Fund, and Yemen Protection Cluster 2021). Like other civil servants, teachers have been affected by the conflict with 65 per cent of them receiving irregular salaries (Yemen Education Cluster, UNICEF, and Save the Children 2022). The concerns in particular 11 governorates mostly in DFA-controlled areas. There does not appear to have been any change on this between 2019 and 2022 (OCHA 2022b). The continuous dropout of teachers has been further hindering structured learning. As a compounding factor, in 2020 and 2021, education was interrupted by COVID-19. Today, 2.42 million school-aged girls and boys are estimated to be out of school (OCHA 2023), and therefore increasingly at risk of resorting to early marriage for girls, while boys at higher risk of recruitment into armed groups.

#### UNICEF Education response\*

The UNICEF Education response from 2019 to 2021 has consistently focused on **ensuring continued access to education** to a critical mass of children and adolescents largely through an Education in Emergency approach:

- Support to formal education system through teachers' incentives and end-of-year exams
- Provision of non-formal education and school construction/ school rehabilitation
- Provision of alternative education and distance learning in response to Covid-19
- Distribution of teaching and learning material, including Covid-19 prevention measures

In 2022, the education response transitioned **from system preservation to system strengthening, thus advancing on the quality education agenda**. The response focused on:

- Improving the evidence base and capacities of the education system to better allow for data-informed policies, strategies, plans and budgets;
- Ensuring expanded access to education with a gender and equity-based approach, targeting the most marginalized (out of school children, girls, adolescents, children with disabilities and other minorities);
- Ensuring retention of children already enrolled and continuity of learning, especially with regards to keeping teachers in schools and the development of capacities for implementing child-friendly learning environments

Summary of the Education programme results**	2020	2021	2022
Number of children accessing formal and non-formal education, including early learning	115.693	567.618	856.667
Number of children receiving individual learning materials	246.194	222.346	538.848
Number of teachers receiving teacher incentives each month	111.548	2.162	33.412

\*UNICEF, 2023, 2022, 2021b, 2020a, 2020b, 2019b, 2019c; UNICEF Yemen Country Office, 2021

\*\* Yemen SitRep end of year 2020, 2021, 2022 – results for 2019 were accounted for on a different set of indicators

#### 1.2.5 Child protection

22. Child protection has faced constraints in Yemen since the beginning of the conflict. Children living in displacement sites and those living in communities near active front lines face increased risks of violence, including GBV, as well as forced recruitment into armed groups and family separation. They are also more likely to lack civil documentation, reducing their chances of accessing education and other basic health services. More than a million children are estimated to need birth certificates every year. Over 2 million children are out of school, and, therefore, exposed to multiple protection risks. Children and their families are resorting to negative harmful coping mechanisms such as child labour, begging, child marriage, sexual violence and exploitation and child recruitment. Boys face child labour

including its worst forms, i.e., recruitment to armed forces and groups. They endure higher rates of grave human rights violations than girls.

23. More than 21,000 grave violations against children have been recorded in Yemen since 2013. The majority of grave violations (62 per cent) were attributed to the Houthis, while the Yemeni armed forces were responsible for 12 per cent and the Coalition for 7 per cent of the total violations (United Nations 2021). Killing and maiming are the most prevalent form of violation, with over 10,000 incidents recorded and verified, including 3,350 children killed and 6,650 children maimed since the beginning of the conflict. Forced recruitment and use of children by armed forces and groups remains largely underreported. Some 3,750 children – two per cent of whom are girls and some as young as nine years – have been verified as being used and recruited by parties to the conflict (United Nations 2022). More than 450 boys have been arbitrarily detained, while 100 children, including three girls, have been abducted since the beginning of the conflict. Sexual violence, however, remains severely underreported due to risks of reprisal and stigmatization. Some 7,268 children have suffered from family separation. Unaccompanied or separated children have been identified in 18 per cent of hosting sites for internally displaced people (OCHA 2023).
24. According to the Civilian Impact Monitoring quarterly report (July – September 2022), children casualties had increased mostly on account of ERW, including 41 child casualties reported as a result of UXO incidents and another 33 in landmine explosions (CIMP and Yemen Protection Cluster 2022).

#### UNICEF Child Protection response\*

The UNICEF Child Protection response from 2019 to 2021 has strategically relied on integrating child protection into other sector responses, particularly in Health, Nutrition and Education, to mitigate protection risks and reach the most vulnerable children.

- Mental Health and Psychosocial Support (MHPSS) was provided in health facilities, schools, community centres and in IDP camps through fixed and mobile service modalities.
- Explosive Ordinance Risk Education (EORE) was delivered through schools and non-formal education activities, community-based sessions, and mass media.
- Child protection critical services were provided using health, nutrition and education services as key gateways for case management assistance (e.g., victims' assistance, individual counselling, temporary shelter service, family tracing, reunification, economic empowerment and livelihood support, legal support, education services, birth certificates, community and family based psychosocial support, focused non-specialized psychosocial support, and reintegration support)
- GBV prevention and mitigation services were also mainstreamed through nutrition, health and education services.

UNICEF as the co-chair of the Country Task Force for Monitoring and Reporting Mechanism on the six grave violations against children contributed to the Yemen reports of the Secretary-General on children and armed conflict and continued to engage with parties to the conflict to establish concrete measures to prevent and halt grave child rights violations.

Child Protection programme results**	2019	2020	2021	2022
Number of children and caregivers accessing mental health and psychosocial support	621.546	434.136	589.884	59.211
Number of children and community members reached with life-saving mine risk education messages	2.075.326	3.947.941	127.664	4.523.399
Number of children and women accessing gender-based violence risk mitigation, prevention or response interventions	not available	29.543	23.998	29.773

\*UNICEF, 2023, 2022, 2021b, 2020a, 2020b, 2019b, 2019c; UNICEF Yemen Country Office, 2021

\*\*Yemen SitRep end of year 2020, 2021, 2022 – results for 2019 were accounted for on a different set of indicators

### 1.2.6 Social Protection and Cash assistance

25. Protracted displacement and the economic collapse and depletion of services in Yemen has contributed to decreasing resilience and exacerbating existing vulnerabilities (OCHA 2022b; 2022c; 2021b). The limited financial resources of the affected populations are depleted by spending on essential items (e.g., survival food, water, hygiene, transport, health). In such a context, cash assistance has been provided on a large scale as an effective means of providing aid and supporting the local economy. Yemen's cash infrastructure has been traditionally based on remittances and national protection systems.
26. The latter find its basis in two programmes established in the late 1990s and reengineered through the Transitional Plan for Stabilisation and Development 2012–14, which prioritised the expansion of social protection to improve living conditions of the poorest (CALP Network 2020). Before the war, Yemen's social protection system consisted of two quasi-governmental institutions: the Social Welfare Fund (SWF) and the Social Fund for Development (SFD). The SWF managed the flagship social protection programme providing unconditional cash transfers to recipients on a quarterly basis. Using a new targeting approach promoted by the World Bank, SWF expanded its coverage between 2012 and 2013 reaching one-third of the population (over 1.5 million households) by 2014 (CALP Network 2020). Since 2012, it has relied on budget support from donors to cover up to 25% of the transfers. The SFD, in return, has focused on community and local development; capacity building; small and micro enterprise development; and labour-intensive cash-for-work programmes (CALP Network 2020).
27. Independent reviews have found that the effectiveness and outreach of cash programming in Yemen, however, is largely hindered by fragmentation and lack of harmonisation as humanitarian and social protection systems have weak coordination mechanisms (Mullo and Johnston 2021)<sup>5</sup>. A 2020 CALP Network study found that despite the scale of international assistance, there was little data on the effectiveness or limitations of the respective programmes being implemented, hindering critical strategic decisions about the 'best' direction of future aid (CALP Network 2020). Generally, the economic situation in Yemen with fluctuations in the value of the YER and the pressure on prices driven by economic competition between the IRG and the de facto authorities has also had implications for humanitarian agencies and donors. It has in particular driven a lack of predictability in the amounts disbursed due to currency volatility (Mullo and Johnston 2021).

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<sup>5</sup> The evaluation team will seek to explore coordination of such programmes from a UNICEF perspective.

### UNICEF Social Protection and Cash Assistance response

The UNICEF Social Protection and Cash Assistance response from 2019 to 2021 has strategically relied on supporting programmes that were initiated in the years before<sup>1</sup>. In particular:

- UNICEF had been providing evidence and analysis support since before the war to the GoY with the publication of the Yemen Socio-Economic update and vulnerability assessments.
- In 2015, UNICEF began to link the national social protection system through the SWF and its cash programme, to provide humanitarian assistance while simultaneously maintaining and building the capacity of national institutions.
- From 2015 to early 2017, UNICEF implemented a humanitarian cash programme to improve purchasing power and meet basic needs for over 20,000 vulnerable households affected by the conflict in Sana’a and Taiz. The programme was conceived and implemented separately from the SWF programme, but UNICEF relied on several of the SWF’s administrative systems to implement its programme, including the staff of the social welfare institutions and the payment mechanism.
- In 2017, UNICEF launched an Emergency Cash Transfer Project (ECTP), with funds from the World Bank and others and implemented through SFD which aimed to continue cash payments to the previous SWF caseload.
- As of 2019 and 2020, UNICEF launched a number of complementary initiatives, including the Cash Plus Initiative and the Integrated Model for Social and Economic Assistance and Empowerment (IMSEA), which included the Humanitarian Cash Transfers (HCTs) initiative.

<sup>1</sup> CALP Network, 2020.

Social inclusion/Cash assistance programme results**	2019	2020	2021	2022
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance	111,951	100,918		
Number of households reached with humanitarian cash transfers across sectors			33,755	14,270
Number of people benefiting from emergency and longer-term social and economic assistance			171,751	150,161

### 1.2.7 Accountability to Affected Populations (AAP)

28. While not a set of humanitarian needs per se but more a cross-cutting commitment, it is important to highlight accountability to affected populations separately here for two reasons: 1. the role it plays in shaping the humanitarian response to needs; 2. the recognised gaps in the collective response on AAP in Yemen. Both points, for example, are acknowledged in the IAHE on Yemen. The IAHE found limited collective commitment to the principles of accountability, which “have produced poor-quality aid and widespread mistrust in humanitarian assistance, not only among people targeted by aid but also national NGOs and various Yemeni political authorities” (The Inter-Agency Standing Committee (IASC) et al. 2022). The IAHE in fact found little evidence that affected populations were regularly consulted on their needs and where that did happen little evidence that their opinions informed the response.

29. As of 2021, the Humanitarian Response Plans for Yemen have consistently highlighted how “strengthening the response-wide system for listening to and acting upon the voices of the people affected by the crisis” was a priority for the collective response (OCHA 2023; 2022a; 2021a). As of 2020, a Community Engagement and Accountability to Affected Populations Working Group was in place. It focused on developing tools and guidance on how to strengthen humanitarian actors’ commitments to AAP. An ODI study found, however, a disconnect between the intended aims of the tools and approaches and their actual impact due to both contextual and systemic challenges (El Taraboulsi-McCarthy, Al Jeddawy, and Holloway 2020). The latter included capacity gaps, varied risk appetites, a lack of definitional coherence around accountability and communication with communities (The Inter-Agency Standing Committee (IASC) et al. 2022), and limited coordination towards a collective approach (El Taraboulsi-McCarthy, Al Jeddawy, and Holloway 2020). A separate PSEA Inter-Agency Network is led by UNICEF, co-chaired by UNHCR and supervised by the RC/HC and the UNCT/HCT. and protection from/prevention of sexual exploitation and abuse (PSEA). The Yemen PSEA Network has its own action plan and budget. PSEA has been integrated in the HRP since 2022 as a cross cutting issue.

#### UNICEF Social and Behaviour Change response

Between 2019 and 2022, UNICEF’s Social and Behaviour Change (SBC) approach has been used to not only support its sectoral interventions but also to establish trust with communities and local community leaders including to facilitate social behaviour change. This was particularly important during the COVID-19 pandemic although access restrictions have tended to hamper the achievement of planned results. In particular, UNICEF’s efforts have focused on:

- Leading the COVID-19 Risk Communication and Community Engagement (RCCE) pillar of the UN response to COVID-19.
- Location-specific Advocacy, Communication and Social Mobilization (ACSM) actions in support of vaccination campaigns.
- Evidence generation initiatives to guide and inform the SBC and RCCE interventions and the overall programming.

C4D/AAP/SBC results**	2019	2020	2021	2022
Affected people reached through C4D integrated efforts in outbreak response and campaigns	7,312,929	4,149,739		
Number of community mobilisers/volunteers trained and deployed for engaging communities in social and behaviour changes practices	5,739			
Number of people participating in engagement actions for social and behavioural change			10,752,472	10,643,494

\*\*Yemen SitRep end of year 2019, 2020, 2021, 2022

### 1.3 Key considerations when evaluating UNICEF’s approach in Yemen

30. UNICEF’s strategy for Yemen aims for a balancing of humanitarian and development programming, and clarifies that this balance calls for a nuanced approach in different parts of the country at different paces. At the same time, UNICEF’s Yemen Appeal for 2022 reflects plans for humanitarian programmes

of nationwide reach, primarily to meet life-saving needs in health, nutrition, and WASH, and provide timely response to displacement through the Rapid Response Mechanism .<sup>6</sup> Education is also stated to remain a priority, with the appeal focusing on support for education in emergencies (UNICEF 2022) UNICEF is also cluster lead agency for WASH, nutrition, education and the child protection area of responsibility, which sees it supporting sector and inter-sectoral coordination and information management at national and sub-national levels.

31. An in-depth analysis of UNICEF’s approach and response will constitute the core of the evaluation, and as such they will not be discussed in-depth here. However, a few elements warrant particular consideration in the evaluation, either because they appear as particularly important in the context of Yemen – for UNICEF or collectively – or because they constitute a novelty for UNICEF’s programming globally. These include the adoption of a new approach to cash thanks to the setting up of a Programme Management Unit for the Yemen Emergency Cash Transfer Project, as well as considerations about the funding environment in Yemen and humanitarian actors’ approach to humanitarian principles.

### 1.3.1 Programme Management Unit<sup>7</sup>

32. The UNICEF Project Management Unit for Yemen was established in 2017 following a request for support from the World Bank to maintain in operation the activities of the country’s national safety programme managed by the Social Welfare Fund (SWF). UNICEF created the PMU to continue the implementation of the quarterly cash assistance programme to 1.5 million of the poorest and most vulnerable SWF households as an emergency measure (UNICEF 2021b). UNICEF had no blueprint for the PMU as it was the first time globally it was being set up.
33. Over the years, the PMU (now called the Yemen Service Centre) has become a well-defined and specialized Unit with unique expertise in delivering cash transfers, with a core social protection focus, ranging from facilitation to payments and a sophisticated safeguarding and grievance redressal mechanism (GRM), all automated and linked to a specialized Management Information System (MIS) operating in an extremely difficult and diverse context. In 2019 UNICEF Yemen launched the Cash Plus initiative, in which cash provided by the Emergency Cash Transfer Programme was combined with provision and referral to basic social services and accompanied by awareness messages. The Cash Plus project was piloted in 2019 Amanat Al-Asimah governorate, where around 8,000 ECT individuals benefited. The project was scaled up and in 2020 it reached 6,869 households (47,614 individuals, who received cash, iodine testing services, educational messages on COVID-19 prevention, and general health and nutrition messages). The Emergency cash transfer programme ( funded by the World Bank) has been complemented with other UNICEF cash initiatives. As of 2021, the PMU initiated a transition to hand over the delivery of cash transfers under the Emergency Cash Transfer Programme back to a national entity- the Social Fund for Development (SFD) - with the eventual aim to transition it back to SWF when the circumstances in Yemen would allow. In the course of the transition, the PMU has become a service centre supporting YCO in its social protection agenda and with high volume and risky payments. The now Yemen Service Centre, for example, pays teachers’ and health personnels’ incentives, respectively under the Restoring Education and Learning (REAL) and the Emergency Human Capital (EHCP) projects.

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<sup>6</sup> We are aware of the fact that the RRM in Yemen is not led by UNICEF but UNFPA and we are planning to investigate the collaboration and coordination in the context of the RRM.

<sup>7</sup> The information presented here was gathered through inception interviews.

34. Lessons learnt from this experience have not yet been documented as the PMU has been supporting not only the social protection agenda of the UNICEF Yemen country office, but it has also been undertaking individual payments for different sectors, including teachers' salaries and health incentives. The Yemen experience was adapted/replicated in Afghanistan and an operational review is expected for the second half of 2023. The Global Review of the PMU will focus mostly on the internal processes of these large cash transfer programmes. Attempts at linking findings/recommendations with this ongoing review will be made. The evaluation will make note in particular of the importance of the partnership with the World Bank for UNICEF positioning (and overall strategy) on the largest cash programme it has with IFIs. No assessment of either their impact or contribution to the life of those who received these payments has been conducted to date but a large evaluation of the cash transfer programming is currently planned for 2023-2024, including Cash Plus.

### 1.3.2 Funding

35. Funding can be an important indicator for prioritization exercises. The funding environment in Yemen has seen donors meeting UN appeal requirements at more than 80 per cent of the funds requested in 2019 and then dropping as of 2020 to reach between 50 and 60 per cent.<sup>8</sup> Every year since 2019, UNICEF has appealed for over USD 400 million. The appeals have been funded at 40 – 88 per cent 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. Requirements for cluster coordination can only be found in the Humanitarian Action for Children appeals as of 2021 as highlighted in the table below.

Requirements and gaps in millions (USD)

Year	2019		2020		2021		2022	
	Required	Gap	Required	Gap	Required	Gap	Required	Gap
Nutrition	124,678	15%	105	29%	119,9	27%	120	45%
Health	85,788	18%	37,682	-29%	123,460	81%	125	81%
WASH	135	-18%	162,420	40%	100	39%	100	61%
Child Protection, GBVIE and PSEA	38,348	58%	15,337	-9%	33,287	43%	37	50%
Education	106	24%	82,185	71%	84,760	35%	55,450	39%
Social Protection	14	62%	2,527	-93%	21,240	59%	23	91%
Rapid Response Mechanism	21	17%	13,760	39%	6,878	26%	5,950	46%
C4D, Community Engagement and AAP	10,850	2%	3,895	-114%	12,320	35%	12,5	55%
Cluster Coordination					7	81%	5,5	49%
<b>TOTAL</b>	<b>535,664</b>		<b>422,806</b>		<b>508,845</b>		<b>484,400</b>	

Source: UNICEF HACs 2019, 2020, 2021, 2022 and SitReps 2019, 2020, 2021, 2022

Table 1: Requirements and gaps in millions (USD)

<sup>8</sup> Based on data available on the Financial Tracking System, see <https://fts.unocha.org/appeals/1077/summary>

36. An important element to consider, beyond the absolute value of UNICEF’s requirement per year, is also the relative value, compared to other UN agencies. The table below shows contributions per UN agency in 2022 and highlights the potential differential operational reach among them.

UN AGENCY	2022 FUNDING
WFP	1,232,949,802
UNICEF	222,393,874
UNHCR	190,974,753
WHO	77,272,765
UNFPA	62,322,877
FAO	35,761,019
IOM	33,863,278
OCHA	19,448,583
UNOPS	10,200,420
UNDP	3,965,963
UN Women	1,606,640
UN-HABITAT	551,763

Source: OCHA FTS, 2022

Table 2: Contributions per UN agency in 2022 (USD)

### 1.3.3 Humanitarian principles

37. The Inter-Agency Humanitarian Evaluation of the response in Yemen (Sida et al. 2022) as well as a specific review of principled humanitarian programming (Montemurro and Wendt 2021) of humanitarian actors in the country has shown how challenging it has been for humanitarian actors to operationalize the principles in a coordinated and coherent manner. Besides challenges to the principle of neutrality with the role played by the UN in leading peace negotiations, there have been significant trade-offs between the principles of independence and impartiality. Targeting has been highlighted as a significant area for concern. Lists of people receiving aid have not been updated regularly in line with changes in the operational environment nor were they often harmonized across actors, leading to significant inclusion and exclusion errors. Lack of visibility on the lists because of access constraints, including the imposition of ‘mahram’ rules (or male guardian requirement for women when traveling, including humanitarian workers) has further aggravated the situation.
38. The European Commission and Sweden hosted a first Humanitarian Senior Officials Meeting (SOM) in February 2020. Participants expressed their concerns on the dramatically shrinking humanitarian space, in particular in the North, and agreed on a common plan to re-calibrate humanitarian aid activities – possibly even interrupting them - if and where principled delivery is impossible and as long as this occurs (ECHO 2020).
39. While contextual constraints are undeniable, there are elements that humanitarian agencies can control, whether by having the principles inform specific programmatic decision-making frameworks or documenting choices in stance in access negotiations. The evaluation team will balance considerations for the external operational environment with internal decision-making processes in the course of the evaluation.

## 2 Purpose of the evaluation

The evaluation of UNICEF’s L3 response in Yemen has both an accountability and learning purpose. On the accountability front, the evaluation fulfils the requirement of the UNICEF Evaluation Policy (2018). In doing so, this exercise will inform both donors (vertical accountability) and the girls, boys and community members affected by the crisis about the extent to which the UNICEF response has achieved its expected targets and addressed the identified needs. On the learning front, this evaluation fulfils the Policy’s requirement to enhance the use of evaluations for the sake of fostering operationally and programmatically relevant for learning towards response performance improvements. In this vein, the findings from this evaluation are intended to positively feed into UNICEF’s ongoing Yemen response, as well as its programming strategy and operational planning, at country, regional and HQ levels (for more details, see the table below). On a larger scale, the evaluation is expected to capture lessons learnt and good practices which inform UNICEF’s work across future L3 emergencies. This evaluation of the L3 response in Yemen is carried out in parallel with two other L3 responses, in Afghanistan and Ethiopia.<sup>9</sup>

Expected Users	Expected Use
UNICEF Yemen Country Office and field offices	Accountability: overall responsibility for results over the period under evaluation  Learning: better understanding of gaps/good practices as directly relevant to the Yemen context
UNICEF Senior Management	Accountability: Provide and implement management response accountability  Learning: Identify what good practices can be replicated and expanded
UNICEF Office of Emergency Operations (EMOPS)	Accountability and learning: how emergency procedures can function better
UNICEF Programme Group (PG)	Learning: better understanding of operational gaps/good practices re programming
UNICEF Middle East and North Africa Regional Director and Office in Amman (MENARO)	Accountability: clarity over roles and responsibilities  Learning: better understanding of gaps/good practices as relevant to the region.
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	Accountability: responsibility for contribution to results  Learning: better understanding of operational gaps/good practices relevant to the specific divisions

<sup>9</sup> One might anticipate some degree of coordination and/or comparison on the findings of the three evaluations, especially with regard to the corporate L3 activations and extensions.

Expected Users	Expected Use
Division (SD); and others, as appropriate	
Other UN agencies	Learning: incorporation of best practices by analogy in similar projects/programmes, as relevant
Ministries, NGO (operational and implementing partners)	Learning: incorporation of best practices by analogy in similar projects/programmes, as relevant.  Possibility for implementing agencies of holding UNICEF to account
Donors and interested Member States	Possibility for implementing agencies of holding UNICEF to account
UNICEF Executive Board	Accountability

Table 3: Expected users and expected use

## Objective

40. As per the ToR, the objective of this evaluation is to provide a comprehensive assessment of UNICEF’s programmatic and operational response in Yemen, against its own mandate, corporate commitments, stated objectives and standard evaluation criteria. As such, the evaluation should identify:
- What UNICEF has done well, what processes have supported the YCO in implementing the response;
  - Key gaps (whether strategic, technical, institutional).
  - Lessons learned that could be of fruition among a larger number of humanitarian actors, both within and outside of Yemen.

## 2.1 Scope

41. Temporally, the evaluation of the response in Yemen will cover the period from 1 January 2019 to 31 December 2022. An evaluation of UNICEF’s humanitarian assistance was undertaken in 2016, with a management response from 2017,<sup>10</sup> and changes were made on the basis of the evaluation’s findings.<sup>11</sup>
42. Geographically, the evaluation scope is whole of Yemen, as relevant with regard to UNICEF’s strategy and programming in the country, as per its six field offices.

## 3 Evaluation criteria

43. In terms of evaluation criteria, the standard benchmarks deemed most appropriate for this evaluation are Relevance/Appropriateness, Efficiency, Connectedness, Effectiveness (referred to as Performance

<sup>10</sup> See UNICEF, 2016.

<sup>11</sup> The IASC deactivated the L3 designation for Yemen in 2018. UNICEF, however, has extended its corporate L3 designation several times since 2015 and most recently until the end of 2022. It is understood that UNICEF, like other UN agencies, has maintained the L3 designation to ensure being able to allocate the resources required. This aspect will be explored further during the inception phase.

in the ToR), and – with some caveats – Impact, or outcome.<sup>12</sup> The proposed evaluation team understands these criteria in line with OECD-DAC, as adapted for humanitarian evaluations (ALNAP 2006).

44. In addition to these standard criteria, HERE also sees it as highly important to include the criterion of Quality. Significantly, the recently concluded IAHE on Yemen concluded that despite considerable achievements, the collective response in Yemen has struggled with quality, oversight, robust data collection and analysis, balancing the long-term and short-term, competing priorities and preserving humanitarian principles in a bitter war” (Sida et al. 2022, 40). HERE’s previous work in Yemen similarly concluded that the principle of humanity challenges the added value of international presence. International humanitarian actors themselves should question the quality of their engagement with people in need (Montemurro and Wendt 2021, 24). The 2019 Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies highlighted the challenges of achieving programme quality in contexts like Yemen (UNICEF 2018a). The lack of valid and reliable data, the lack of meaningful engagement as well as the use of remote programming and/or remote or third-party monitoring may negatively impact programme quality. To adequately assess UNICEF’s programmatic and operational response in Yemen it would be important to consider the criterion of quality, not only because quality humanitarian assistance and protection is what people in need have the right to, but also because the collective response has already been found wanting in these terms. It would be interesting to explore whether any trade-offs between quality and coverage.

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<sup>12</sup> The remaining OECD-DAC standard evaluation criteria of Efficiency and Sustainability have been disregarded as they do not pertain relevant to achieve the objective of the evaluation in general, nor to answer the lines of inquiry put forward in the ToR in particular.

## QUALITY



Figure 3: Aspects of quality

45. The evaluation matrix has been developed with the aim of introducing elements that can contribute to assessing the criterion of quality as a secondary step. The evaluation team will mainly use the benchmarks included in UNICEF’s CCCs, in particular the core commitments on the quality of programmes, as proxy (see Figure 3). For the aspect on meeting global norms/standards, the CCCs already incorporate key aspects of other sector-wide standards such as Sphere. It may be counterproductive however to determine in advance each set of standards. In line with the approach

adopted for the UNICEF Evaluation on Quality and Coverage, the evaluation team will seek to understand what dimensions of quality YCO has focused on and why these were selected.

46. The aim of including the criterion of quality is not to answer simply in an either/or (quality/no quality) fashion but rather to help nuance and prioritise the evaluation findings, informing the key gaps and what works well as outlined in the objectives. Such an approach will also help further operationalise and contextualise the CCCs when it comes to quality.

## 4 Evaluation approach and design

47. In light of the evaluation objective, the dual accountability and learning purpose of the evaluation, and the experience of the evaluation team, this evaluation has been designed specifically in view of being robust and utilisation-focused (Patton, 1998).
48. **Robust:** To ensure that the quality of the evaluation matches expectations and that it lends itself to relevant and usable outputs, findings will be triangulated as much as possible and conclusions will be drawn on solid and objective grounds. The triangulation is particularly important due to uncertainties in terms of data availability and completeness identified in the inception phase. However, this triangulation is also complex because there are not many different types of sources to triangulate with (for more on this, see section 3.5.2 on data collection). More importantly, the evaluation team will make the greatest possible effort to use at least three methods (e.g., a KII, FGD and direct observation or programmatic document review) to answer every question, instead of simply gathering three different sources under the same method. Of further importance to ensure robust findings and conclusions is the evaluation team's independence, which it will emphasise throughout the evaluation process. We expect the EO to highlight the independent nature of this evaluation in its communications with all relevant. To avoid undue political pressures – both on the evaluation team members and on informants – the confidentiality measures of the data collection process will be kept very strict, and no interview notes or raw data will be shared outside of the evaluation team. To avoid bias the team will also endeavour to form a complete picture of the context, both by approaching the data collection objectively, and by ensuring that informants represent the wide spectrum of identified stakeholders.
49. **Utilisation-focused:** The ToR emphasise that this evaluation does not only fulfil a purpose of accountability, but also of learning. To ensure that the evaluation can provide actionable recommendations, it is geared towards practically oriented outputs rather than theoretical findings. To this end, the table of users and expected uses will provide a key reference to the overall exercise, including the team's development of the final strategic and operational recommendations. The evaluation objective will be approached in a constructive manner which lends itself to practical use, valuing positive experiences and allowing for improvements and positive change where needed. Likewise, the evaluation will not shy away from highlighting potential negative aspects or needs for lessons learned. Findings will include practical examples and will be delivered in a clear and consistent way, and recommendations will be discussed with relevant stakeholders to ensure they are truly actionable and assignable and can realistically contribute to strengthening humanitarian response. That said, the evaluation office will retain the final decision with regard to the precise formulation of the recommendations.

## 4.1 Proposed logic model

### 4.1.1 Analytical dimensions

50. UNICEF is a major humanitarian player in Yemen, and its programmatic and operational response can be approached – and assessed – from various angles. The most obvious one is “UNICEF the operational actor”; i.e. the assessment would consider UNICEF’s operations, and the degree to which UNICEF as an agency (with its partners) has carried out activities through which people in need have received humanitarian assistance and protection.
51. To ensure UNICEF’s mandate and corporate commitments are fully reflected, and to take proper account of UNICEF’s place in the wider humanitarian community however, it is also important to assess its programmatic and operational response from the angles of “UNICEF the partner” and “UNICEF the Cluster Lead Agency (CLA)”. The first of these two would allow due consideration be given to how UNICEF works with its partners, i.e. (1) the Yemeni authorities, be it the internationally recognised government, or the de facto authorities; (2) other UN agencies, including through inter-agency processes and with UNFPA and WFP for the RRM); (3) international and local NGOs implementing projects and activities on behalf of UNICEF; and (4) operational partners working in similar sectors (health, WASH) but not funded by UNICEF. The CLA angle would consider how UNICEF has balanced its ‘own’ work with that of the collective, and more particularly, against its commitment to be a lead agency for four sectors/area of responsibility. Importantly, the recent evaluation looking specifically at UNICEF’s role as CLA would serve as a reference and the issue can be looked at in as far there would be indications that the Yemen situation might diverge significantly from the CLARE findings.
52. Lastly, to ensure a robust assessment of UNICEF’s programmatic and operational response in Yemen, and given the need to explore the appropriateness of the L3 Emergency Procedures, it is also significant to look at the angle of “UNICEF as an institution”. A number of supporting functions, tools, and structures have a concrete bearing on the level of success of UNICEF’s programmatic and operational work, and they should therefore not be left out of consideration. Such consideration would cover the UNICEF Yemen Country Office (YCO), the Regional Office (MENARO), and Headquarters (HQ).
53. Based on the considerations above, the evaluation team has developed a basic logic model, as a stepping stone to inform the evaluation design (see Figure 4 below). It emphasises the different perspectives UNICEF’s programmatic and operational response in Yemen would need to be assessed from for the evaluation to be a success, and highlights how these will be considered on the one hand against relevant benchmarks (notably UNICEF’s mandate, Corporate Commitments, including the CCCs, but also cross-cutting collective commitments such as Accountability to Affected People (AAP), the humanitarian-development(-peace) nexus, the Centrality of Protection, and Localisation, and the stated objectives of specific programmes and operations) and on the other hand against the selected standard evaluation criteria mentioned above.

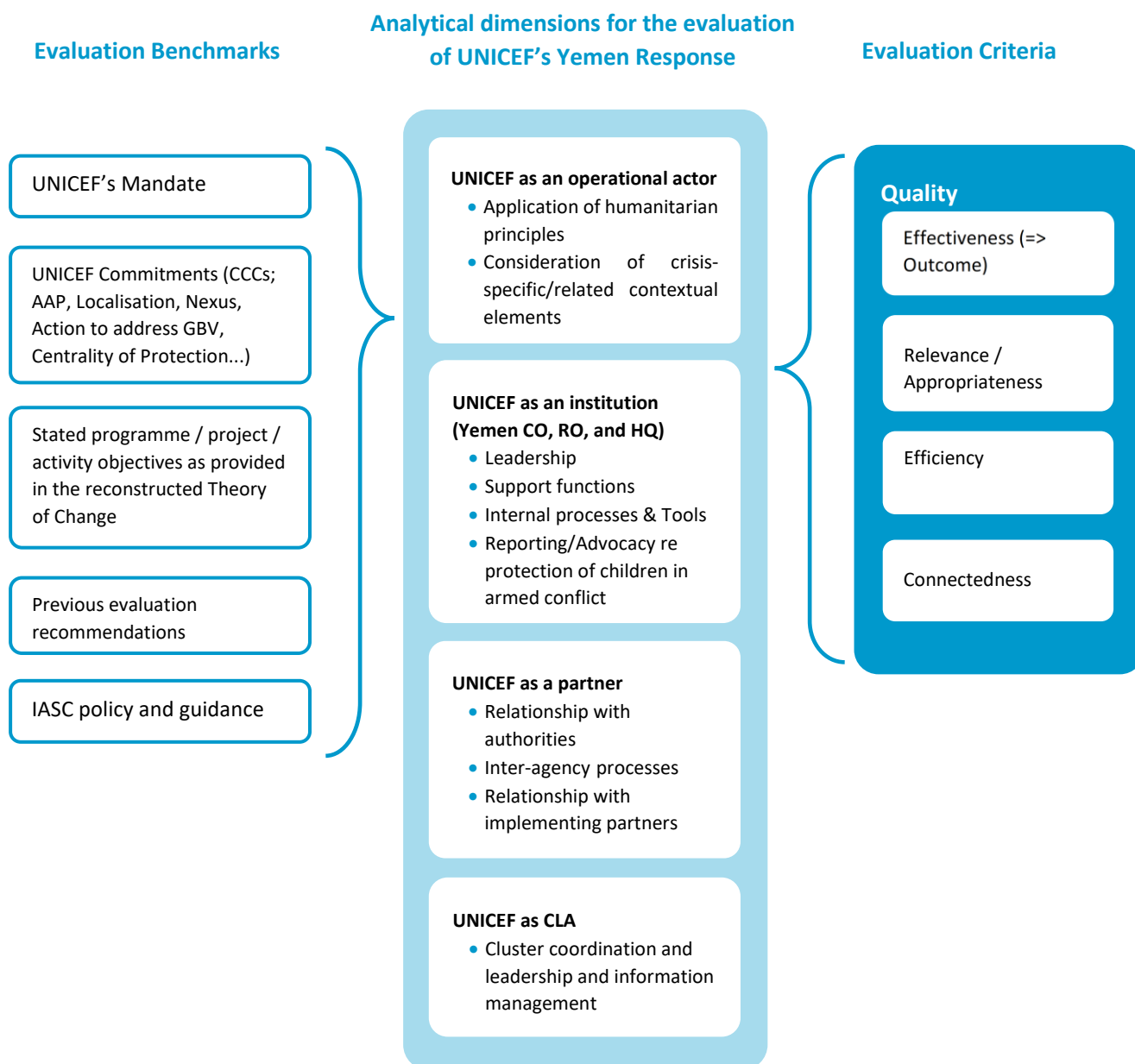


Figure 4: Proposed logic model

## 4.2 Key evaluation questions

54. Based on our interpretation of the ToR and our approach as explained above, we have reformulated and refined several of the key evaluation questions suggested by the ToR. Key considerations that have led us in re-wording the questions are the following:

- The need to streamline the questions along a smaller number of key evaluation questions, both in line with our logic model and as per the ToRs, which highlight how the initial questions were the result of extensive consultation with the Reference Group of the evaluation, and

other key UNICEF staff. The 26 questions put forward in the ToR have hence been organised under 5 key evaluation questions, with sub-questions.

- Clearly framing the role of UNICEF as an operational (humanitarian) actor, as a partner, as an institution, and as Cluster Lead Agency<sup>13</sup>. This has particularly included emphasising the partnership angle further in the evaluation questions. Considering that the majority of implementation of UNICEF’s activities at the field level is carried out by partners, and the quality of the intervention is hence highly dependent also on them, it has been deemed important to factor in also their specific roles and contributions to assess the level of application of standards and policies in UNICEF’s overall response.
- The concepts of localisation and the humanitarian-development nexus, and the way in which these are operationalised in Yemen, especially noting the role UNICEF has been playing in channelling World Bank resources to sustain national service systems.
- The learning purpose of the evaluation, and the need to ensure that it looks beyond the primarily process-oriented purpose.
- Ensuring the questions in this evaluation build on the recent CLARE II Evaluation, complementing it with specific insight from Yemen.
- The concurrent evaluations of UNICEF’s L3 responses in Afghanistan and Ethiopia, and the wish to ensure coherent approaches and interpretations.

55. The five Key Evaluation Questions are provided below. The more detailed sub-questions and information on how the questions have been adjusted from those given in the ToR can be found in Annex 2.

Analytical Dimension	Key Evaluation Question
<b>UNICEF as an Operational Actor</b>	<b>EQ1:</b> To what extent did UNICEF YCO achieve its intended objectives for the response and commitments, including to coverage and quality? To what extent were programme quality considerations a priority for YCO? What are the main factors that contributed or hindered this?
	<b>EQ2.</b> To what extent has UNICEF been able to reach the most vulnerable groups (women and girls; communities in hard-to-reach areas; IDPs; ethnic minorities; people with disabilities; unaccompanied/separated children, etc.?)
<b>UNICEF as an Institution</b>	<b>EQ3.</b> To what extent have UNICEF's management systems/structures (at all levels, CO/RO/HQ), resource/tools and emergency procedures (both the mandatory actions and the simplified procedures) supported a flexible, timely and effective response?
<b>UNICEF as Partner</b>	<b>EQ4.</b> To what extent has UNICEF’s partnership approach supported a flexible, timely and effective response?
<b>UNICEF as CLA</b>	<b>EQ5.</b> How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities?

Table 4: Key evaluation questions

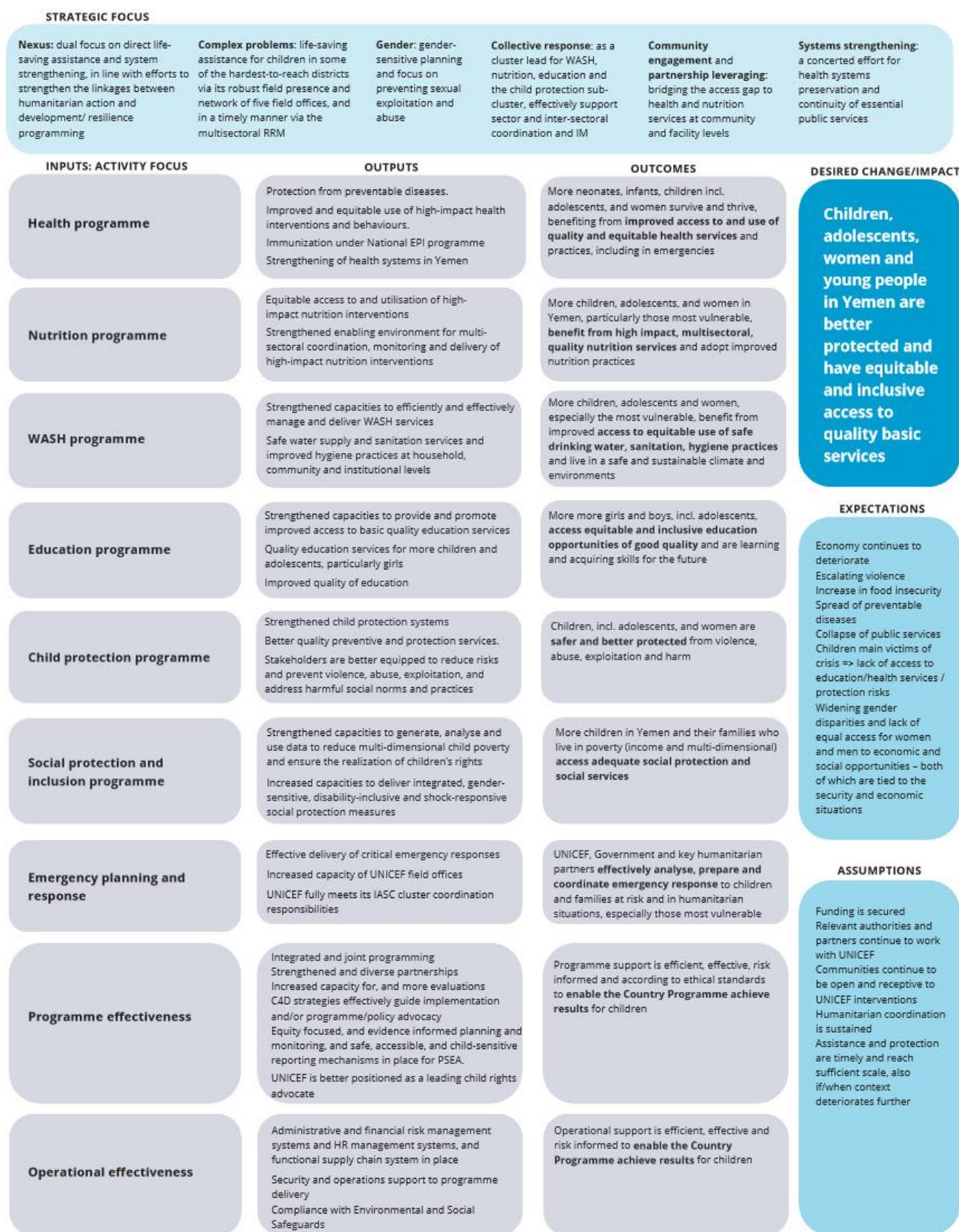
<sup>13</sup> UNICEF's leading role in coordination in PSEA and AAP will be explored to the extent possible. UNICEF leads with UNHCR the inter-agency PSEA network and leads the inter-agency harmonization of capacity assessment and capacity building for CSO partners, using its experience of mandatory assessment for UNICEF's partners which started since 2020.

### 4.3 Reconstructed Theory of Change

56. The UNICEF Yemen country programme was first established for the period 2011-2015, and it has since been extended until most recently 2022. While there are programme documents which indicate the activities, outputs, and outcomes envisioned as the programme was set up, as well documents – in particular the HACs<sup>14</sup> – which may provide indications as to UNICEF’s strategic ambitions on a yearly level, there is no explicit Theory of Change in place that holistically covers the rationale for UNICEF’s efforts in Yemen across the extensions. In view of assessing UNICEF’s Yemen response against the organisation’s own stated objectives, the evaluation team has endeavoured in the inception phase to reconstruct such a Theory of Change, for the period under review (see Figure 5). As will be further detailed in section 5.2.1 below, the reconstructed Theory of Change will also be used to assess outcomes.
57. In reconstructing the Theory of Change, care was taken not to rewrite history but to reflect on what the Theory of Change could have been, based on documentation and strategies available. In addition to the UNICEF-specific documents provided for this evaluation (in particular the Programme Strategy Notes), the evaluation team also took into consideration the restructured Theory of Change provided in the recent IAHE for Yemen (the third phase of which covers the period under review for this evaluation). The team also took an in-depth look at the Humanitarian Response Plans (HRP) for the period 2019-2022. The HACs note that UNICEF’s strategy is aligned with the HRP, as well as the Humanitarian Needs Overview, and cluster priorities. In reconstructing the Theory of Change, the team paid specific attention to the strategy put forward by UNICEF in the HACs, looking at the common themes across the relevant years. The more detailed programme information available for 2021 and 2022 was also used to provide insight with regard to the specific output and outcome indicators. Given that UNICEF’s approach as portrayed through the HACs has remained relatively similar from 2019 to 2022, it was judged as appropriate to retroactively also include the output and outcome indicators for 2021 and 2022 to the ToC, albeit that it is intended to cover the period starting already in 2019.

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<sup>14</sup> Also for example a 2022 Overarching Country Programme Strategy Note, which includes a draft Theory of Change for that year (UNICEF Yemen Country Office 2021).



Based on based on UNICEF HACs 2019-2022; YCO Programme Structure documents and the 2021-2022 Overarching Country Programme Strategy Note, and sector-specific strategies for 2023-2024

Figure 5: Reconstructed Theory of Change for UNICEF Yemen, 2019-2022

## 5 Evaluation process and methods

58. In line with the structure proposed in the ToR, this evaluation is organised in three phases: phase 1 (inception), phase 2 (data collection), and phase 3 (analysis and reporting). The table below summarises the timeline and activities for each phase. More details with regard to the activities are provided in the sections below. A more detailed workplan can be found in Annex 3.

Phase	Timeframe (2023)	Main activities
<b>Inception phase</b>	January – April	<ul style="list-style-type: none"> <li>• Document collection and data availability review;</li> <li>• Light feasibility analysis of assessing outcomes</li> <li>• Review of UNICEF strategies/reconstruction of ToC</li> </ul>
<b>Data collection phase</b>	May – June	<ul style="list-style-type: none"> <li>• Key informant interviews, in Yemen and remotely</li> <li>• Coaching of national team members and subsequent focus group discussions in Yemen with affected people</li> <li>• Secondary data analysis - Document review</li> <li>• Partner survey design and implementation</li> </ul>
<b>Analysis and reporting phase</b>	July - September	<ul style="list-style-type: none"> <li>• Preliminary findings / workshop presentation (as close as possible to the end of the data-collection phase)</li> <li>• Primary data analysis (incl. interview/FGD content analysis, partner survey results analysis)</li> <li>• Further secondary data analysis (incl. for triangulation purposes)</li> <li>• Workshop with UNICEF EO, YCO/RO on emerging patterns</li> <li>• Review and analysis of data collected by national team members</li> <li>• Draft report</li> </ul>
	September – October	<ul style="list-style-type: none"> <li>• Finalisation of report, and dissemination activities</li> </ul>

Table 5: Overview of timeline and activities

### 5.1 Phase 1 - Inception

59. This report is the result of the work undertaken in the inception phase, which has aimed to clarify the approach and methods, ensure evaluability, and establish a baseline. The main activities of the inception have been the following:

#### 5.1.1 Inception key informant interviews

60. The evaluation team has carried out approximately 15 inception interviews with UNICEF staff (YCO, RO, HQ), independent experts, academics.

#### 5.1.2 A light feasibility analysis of assessing outcomes

61. As per the suggestion in the ToR and the technical proposal submitted by the team, the evaluation team in the inception phase looked into ways to assess outcomes as part of this evaluation. The feasibility exercise was based on the document review, as complemented by a number of inception interviews, and a methods workshop organised for the three teams concurrently evaluating UNICEF's responses in Yemen, Afghanistan, and Northern Ethiopia. It was found that Outcome Harvesting may not be ideal, given that it would require a higher level of documentation of results/data on activities

that have been carried out, than may be available. Following exchanges with researchers at the University of Bath, who have developed methods for undertaking Qualitative Impact Assessment Protocol (QuIP), the evaluation team decided that it would be worth the effort to apply QuIP in this case. UNICEF performance metrics would therefore be triangulated with information collected through data collected directly from affected communities. One element to note is the fact that the current evaluation timeline includes primary data to be collected during the time schools are closed for the summer months. Outstanding questions remain as to the feasibility of gathering appropriate primary data on education during the data collection phase given school closures in the summer months. Such a limitation is being included in the considerations about evaluation quality with suggestions on how to mitigate it. For more on this, see section 3.4.2 on data collection, below.

### *5.1.3 Document collection and data availability review*

62. UNICEF has shared a library of documentation with the evaluation team, which has also undertaken its own desk review to identify additional relevant documentation available (See Annex 10 for the complete list of documents received/collected). While these documents will be subject to more detailed content analysis in Phase 2 (see below), they were also systematically reviewed in the inception phase to assess the availability of data to support the evidence base of the evaluation, and possible outstanding data/information needs. It is noteworthy that it appears from this review that there is a lack of reliable data – particularly with regard to assessed needs. Inception interviews with UNICEF staff, and the findings of the recent IAHE also confirm that Yemen is characterised by a significant lack of, or gaps in data on key humanitarian metrics. As summarised in the IAHE, “collecting data is always difficult in the midst of conflict. In Yemen, however, a combination of bureaucratic difficulties and a lack of transparency about the problems has compounded the challenge.” Much of the performance data that the evaluation team has seen during the inception phase is spread across different reports, which use different metrics or indicators, and which differ in terms of specifying or demarcating zones and locations, or show gaps in terms of periods of reporting, all of which complicate aggregate analysis. In terms of outstanding needs, the evaluation team would be happy to receive – if in existence and available – any type of document that compiles the different sources of information in a way which allows for cross-analysis.

### *5.1.4 Identification/review of UNICEF strategies*

63. As outlined in section 3.3. above, the inception phase also saw the review of available theories of change and results frameworks pertaining to UNICEF’s activities in Yemen. This has allowed the team to finalise the logic model, and also to reconstruct a Theory of Change for UNICEF the period under evaluation, which can provide benchmarks for evaluative judgements, and also guide the implementation of the QuIP.

### *5.1.5 Finalisation of the evaluation matrix*

64. The final evaluation matrix including all evaluation questions and sub-questions, as well as specific references to data sources/methods required to answer each question, and an explanation of the indicators that will be considered in making assessments. The final evaluation matrix is available in Annex 1.

### 5.1.6 Creation of evaluation tools

65. The evaluation team has developed the following evaluation tools:
- Key informant/Focus group verbal consent form (Annex 4)
  - Key informant interview guidance for the different stakeholder groups (Annex 5)
  - Guidance for focus group discussions with affected people (Annex 6)
  - Lines of inquiry for partner survey (Annex 7)
  - Document analysis guidance (Annex 8)
66. **The main deliverable of phase 1** is this inception report, including the above listed data collection tools.

## 5.2 Phase 2 – Data collection

67. In line with the ToR, this evaluation will take a mixed-methods approach, gathering both qualitative and quantitative data.
68. To the extent possible, primary data will be collected directly in person by the core evaluation team. It will nonetheless be complemented with virtual data collection tools where necessary, for example to take into account R&R timeframes. It is foreseen that the Team Leader and Deputy Team Leader, and possibly the Education sector expert, travel to Yemen for data collection. The sectoral experts will advise on the data collection and undertake potential additional interviews needed remotely. All responses collected through the different methodological approaches will be coded and remain anonymous. All data collected during the evaluation will be uploaded in the HERE shared drive. Access to the folders related to the evaluation are only accessible to the members of the evaluation team. Notes from KIIs will be uploaded into the project-specific folder in OneNote. Once converted into digital format, notes taken in paper form will be destroyed. Methods for the collection of primary data collection will cover:

### 5.2.1 Qualitative Impact Assessment Protocol (QuIP)

69. The evaluation team will make use of QuIP, in collaboration with the University of Bath. It will be used in particular to inform an assessment of the results achieved and to triangulate available performance data, which may not be comprehensive and reliable enough. It will capture causal pathways between UNICEF's intervention and expected outcomes, based on the reconstructed Theory of Change. QuIP is a qualitative approach to impact assessment, by asking affected people what they think has changed. By working backwards, from outcomes to the main drivers of change, QuIP tries to reduce 'confirmation bias', the risk that people will say what they believe evaluators may want to hear.<sup>15</sup> Researchers from the University of Bath have elaborated the method. Based on resources already being freed from the evaluation team, the University of Bath will provide support in the planning of the exercise and in supervising the coding and analysis through the use of the 'Causal Map' software. The feasibility of conducting a triple QuIP (ie. 72 interviews/FGD respondents) will be assessed with the national team members once recruited as well as the UNICEF Evaluation team at YCO and HQ. The minimum QuIP approach is 24 interviews/FGD participants in total.

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<sup>15</sup> More information about QuIP can be found at [About QuIP - Bath SDR : Bath SDR](#)

### 5.2.2 Key Informant Interviews (KIIs)

70. The evaluation team will carry out semi-structured interviews with approximately 70-80 relevant stakeholders, at country, regional and HQ level, as noted in the ToR, and following the interview guide prepared in the inception (see Annex 5). The KIIs will take place in different locations according to the type of key informant (e.g. UNICEF offices, partners' offices, embassies,...). For the data collection process to be thorough and efficient, the evaluation team will work together with the Evaluation Reference Group to ensure that relevant key informants are appropriately identified. To avoid issues of bias in the selection of respondents, the interviewee list provided by UNICEF will be compared against the following list of stakeholders ideally to be covered (purposive sampling):
- UNICEF Yemen Country Office: Resident Representatives, Deputy Representatives, Chief of Field Office, current and former Chiefs (Planning and Monitoring, Human Resources, Social and Behavioural Change, WASH, Health, Education, Child Protection, Nutrition, Social Policy), Evaluation specialist, Gender specialist, Senior Supply and Logistics Manager, AAP Specialist, PSEA Specialist
  - Education, Nutrition, and WASH Clusters and Child Protection AoR Coordinators/co-chairs in Yemen
  - Selected UNICEF partners in Yemen, incl. national and international NGOs
  - Government/de facto authority representatives
  - Donor representatives
  - Representatives from other UN agencies
  - UNICEF MENARO: Regional Director, Regional Evaluation Adviser, former Deputy Regional Director, Deputy Regional Director of Operations, Regional Adviser Gender, Regional Adviser Social Policy, Regional Adviser Health, Senior Immunisation Specialist, Regional Adviser WASH, Regional Adolescent Development, Regional Adviser Education, Regional Adviser Nutrition, Regional Adviser CP, Regional Adviser Emergencies, Regional Adviser Social Policy
  - UNICEF HQ: Members of Supply Division (Emergency Coordination Unit, Global Transporting Centre, procurement centres), Programme (Deputy Director, Programme Specialist, Associate Director Gender, Director Education, Director CP, Director Nutrition, Director Social Policy, Programme Manager, Social Policy Specialist), Interdivisional Cash Team (Chief, Finance Specialist), Division of Data, Analytics, Planning and Monitoring, Office of Emergency Programmes (Chief Humanitarian Learning, Emergency Specialist, Chief of Field Services, Emergency Specialist (MENA), Chief Humanitarian Policy)
71. The guidance in Annex 5 contains a long list of questions. These will be tailored according to the role/function of each respondent and will be divided into the specific key evaluation questions. In choosing the questions which will be covered in the individual interviews, the evaluation team will also particularly focus on those questions which help address the accountability and the learning objectives.
72. The data collection process will be explained to all informants prior to their involvement. The data collected will not be attributed unless explicit verbal permission is given. To the extent possible, interviews will be carried out in teams of two, though for ease of scheduling, it could be that the sectoral experts undertake interviews on their own with interviewees who are of specific relevance for their respective sector. The composition of the teams will rotate to ensure a shared analysis. The evaluation team will have regular exchanges with regard to the findings of the interviews, to ensure that they discuss comparable issues, and that any additional questions that need to be added to the interview guide are implemented in a coherent fashion. Remote interviews will be carried out with

stakeholders who are not available for a meeting during the field visit or in locations that cannot be reached due to insecurity.

### 5.2.3 Focus Group Discussions (FGDs)

73. Given the importance of stakeholder perceptions, particularly in terms of assessing possible outcomes achieved using the QuIP, the evaluation will also seek to carry out focus group with affected communities (in Arabic). The evaluation team will work with national researchers for this. The inception phase has seen the development of FGD guidance, which will be translated into Arabic. The data collected will be kept confidential and only used in anonymised form, and findings from different individual informants/organisations will be aggregated in the final report. The data collection process and confidentiality policy will be explained to all informants involved, and the team will systematically seek and take note of verbal informed consent, as per the FGD guidance. The risk of resentment for inclusion or exclusion of subjects within communities will be managed through exiting communication channels set by UNICEF and its partners to explain that standard channels can be used to convey feedback even if not included in the FGDs for the evaluation. We will not discuss any sensitive issues that could put participants at risk during FGDs, since confidentiality cannot be ensured in group settings. Whenever possible, we will conduct discussions without community leaders and instead interview them separately, to avoid power dynamics biasing the exchange between community members.
74. The choice of affected communities who have received UNICEF’s assistance will be done through a stratified sampling approach to ensure the appropriate inclusion of different groups (IDPs, non-IDPs, Muhamasheen, women, men, elderly, people with disabilities). The choice of location will be based on the following criteria: 1. across the different UNICEF Field Offices (Sana’a, Sa’dah, Ma’rib, Aden, Ibb Al Hudaydah), 2. target of different UNICEF interventions; 3. across different areas of territorial control (IRG-controlled areas, STC-controlled areas, DFA-controlled areas, should FGDs be allowed here<sup>16</sup>). One possible example is Al Dhale’e where both WASH and nutrition intervention are being implemented in IRG-controlled areas. To finalise the sampling strategy, the following steps will be carried out: 1) ensuring all programme information per location is available; 2) assessing access to the locations for the research team; and 3) selecting participants for focus group discussions, which will try to balance pragmatic considerations in terms of access with methodological sampling needs and will be finalised in consultation with UNICEF YCO and UNICEF implementing partners. The final selection criteria, in terms of location and the profiles of UNICEF’s stakeholders will be discussed and defined with UNICEF and with relevant NGO partners to maximise use of already existing direct engagement opportunities. At least 2 FGDs (one with men, one with women) will be conducted in each of the location under the responsibility of the UNICEF Field Offices. It is expected that FGDs will include 8-10 participants each. Where possible, choice of subjects will be stratified according to displacement experience (IDP/non-IDP), disability, ethnic minority.

### 5.2.4 Partner survey

75. Certain questions included in the evaluation matrix will benefit from triangulation through an online survey among UNICEF partners in Yemen to provide evidence around UNICEF as an operational actor, a partner, and CLA. Launched in the first half of the data collection phase, such a survey would allow to capture both quantitative findings (subject to the response rate) and qualitative statements from

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<sup>16</sup> Individual interviews will be conducted in lieu of FGDs should these not be authorised in DFA-controlled areas.

open questions, on the perceived timeliness of the response, AAP, UNICEF leadership, and the UNICEF partnership approach. In the inception phase, the evaluation team assessed the possibility of extending the survey also to affected people, but in light of the experiences of the IAHE, it was deemed not to add sufficient value from an analytical point of view, particularly in view of the considerable practical (access) and budgetary constraints. Given the sensitivity of the topics to be discussed, qualitative conversations with affected people are deemed more appropriate than a standardised large-scale survey.

76. The survey will hence be disseminated among UNICEF partners, be they from national, or international NGOs, sister UN agencies, or donors. It will be made available in English and Arabic. Survey respondents will be anonymous and identified only by type of organisation, level, and gender to encourage frank and honest responses. Online survey responses will not be associated for the purposes of recognition with any e-mail, IP address, or mobile phone number.

#### 5.2.5 *Direct observation*

77. Parts of the evaluation team will likely be able to travel to Yemen, and to the extent possible will endeavour to visit project sites. In identifying locations to visit, the team will use several criteria as overlays: presence of UNICEF activities, accessibility, quantities of aid provided, numbers of displaced, presence of other aid agencies and control of the warring parties. Other considerations such as urban/rural and highland/lowland will also be considered as useful geographical criteria to investigate, with a view to potentially triangulate this particular type of disaggregation of data used in evaluations looking at vulnerability. The evaluation team will use observation to gather primary data on humanitarian service provision to assess results, type of use and whether services align with applicable standards. Observation will allow for visual inspection of the services provided by UNICEF (e.g. medical facilities and nutrition centres, schools, latrines,...) and will be done in a structured way. If possible, photos will be taken of the facilities observed and depending on the site the evaluation team may interact with people using the services. An informed consent note is included in Annex 9.
78. **The main deliverable of phase 2** will be a workshop/presentation of emerging findings from the data collection phase. This workshop could be arranged in-country on the last day of the evaluation mission and/or remotely in the following week(s).

### 5.3 Phase 3 – Analysis and reporting

79. Both the primary and secondary data will be subject to content analysis, following an essentially interpretative approach, classifying findings in view of providing concrete suggestions and recommendations. The analysis of the documents will be carried out using MAX-QDA software and will be guided by the use of certain terms in the documents in line with the questions and sub-questions included in the final evaluation matrix. The analysis will follow an exploratory approach, starting with a defined set of codes, which can be added to and modified as the analysis progresses, to account for emerging findings (see annex 8).
80. The triangulation of the perceptions of stakeholders reflected in interviews, survey responses, and documents will be key in developing a shared analysis, and the quantitative findings coming from the review of various data sets will be weighed appropriately against qualitative findings. Given the multi-layered rationale of the evaluation, the analysis will be developed from three overlapping perspectives: an accountability perspective, a Yemen-response focused learning perspective, and a wider L3 activation focused learning perspective.

81. It is suggested that a meeting with the UNICEF EO and a few members of the Reference Group and YCO/RO staff<sup>17</sup> is organised before the data analysis phase is completed to discuss some of the emerging or preliminary findings. This could provide additional elements to enrich the analysis of the evaluation team.
82. In consultation with the UNICEF EO, we suggest connecting towards the end of the evaluation process – and allowed by timing – with the other team(s) carrying out the parallel L3 response evaluations in Afghanistan and Northern Ethiopia to compare findings and contribute to drawing broader lessons.

The main deliverables of phase 3 will be:

- a workshop/presentation of preliminary findings from the analysis;
- a draft evaluation report, as a basis for consultation and comments;
- a final evaluation report that takes due account of feedback received in the form of a comment matrix, a summary report, infographics, and other evaluation dissemination products;
- final presentation/ webinars and other dissemination activities.

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<sup>17</sup> The exact composition of the group will be discussed closer to the date.

## 6 Evaluation quality

### 6.1 Potential limitations and risk mitigation measures

83. Experience from similar evaluations has shown that there a number of potential limitations and risks, but also different mitigation measures that could be adopted. The table below indicates how we suggest mitigating the potential evaluation limitations.

Potential limitation	Proposed risk mitigation measure
Poor data in terms of quality and comparability in UNICEF and UNICEF partner reports and information systems limiting in particular conclusions about results/impact	To be compensated through data triangulation and the use of QuIP. Evaluation reports from UNICEF partners will also serve as relevant sources of information and data. The UNICEF Evaluation Office will be involved throughout the data collection process to assess how realistic drawing conclusions on results/impact will be.
Breadth of the evaluation scope vs. time available. One limitation in particular on evaluating the Education sector is the fact that the formal education system will not be fully operational during the data collection phase. Schools' closure due to the summer break will make it impossible to observe formal education activities, and involving teachers and other school personnel in data collection will be challenging. Ministerial education personnel at the district level is also less likely to be available. Given the pivotal role that UNICEF plays in strengthening the formal education system(s) in Yemen – including piloting innovative schemes to support the school system (i.e. school-based grants)- limited field data collection will result in a reduced appreciation of the effectiveness and efficiency of the UNICEF education support strategies.	The team will engage the UNICEF EO on a regular basis to assess the needs to prioritise specific lines of inquiry as needed. On education, alternative methods to direct observation and engagement with school personnel will be adopted (e.g. FGDs with community members, interviews with school principals and teachers if available, and visits to school buildings) to triangulate available data.
Lack of clear programme goals against which to assess results	To be compensated based on existing relevant guidance, manuals and benchmarks (e.g. CCCs, UNICEF emergency procedures and relevant IASC guidance) and the expertise of the team.
Lack of records of sensitive discussions and operational decisions and reluctance of senior staff to be explicit about how such decisions were reached	The team will establish an appropriate scope and number of interviews. The team will always clarify the confidentiality measures of the evaluation.
Limited and/or delayed access to field locations and communities because of lengthy bureaucratic processes or denied travel permissions from DFA and IRG authorities, and/or security considerations.	The team will make use of remote interviews with UNICEF staff and UNICEF partners and IPs as required. The team will extrapolate relevant data from existing M&E reports – of both UNICEF and its operational partners – that relate specific operational considerations from the areas under investigation and appropriate feedback from UNICEF stakeholders.

The workload of busy field staff may limit the time and attention they give to the evaluation	The evaluation team will consult concerned regional and country directors to find a suitable timeframe for a country visit. Follow-up contacts by telephone or video conference may also be arranged.
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While the evaluation scope is only as far back as 2019, turnover is high, and it could be that first hand informants from earlier phases of UNICEF humanitarian responses may not be easily available (partially mitigated by EO/DHR tracing staff transferred to new duty stations).	The team will try to counter the effects of the reassignment by seeking location-independent opportunities for face-to-face meetings or phone/video conference with relevant UNICEF staff where tracing their new duty station is possible. The large professional network of the team will also prove helpful in connecting with former staff who may have left UNICEF.
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Table 6: Potential limitation and risk mitigation

## 6.2 Ethical considerations and confidentiality measures

84. The evaluation team has paid close attention to ethical considerations when developing the approach and methods in the inception phase, in line with the UNEG and UNICEF ethical guidelines and the principle of ‘Do No Harm’. Should the evaluation team set up any meetings with children/adolescents, specific ethical guidelines and safeguarding considerations for involving children would be followed.<sup>18</sup> Gender considerations will be included when planning KIIs and FGDs (e.g. female evaluators will be in charge of KIIs and FGDs with female respondents as appropriate). Prior to the FGDs and KIIs with affected communities the evaluation team will agree based on consultations with YCO and UNICEF IPs on referral services should discussions elicit a specific follow up. The evaluation team will make use of referral systems already in use by YCO and UNICEF IPs in the locations and for the communities that will eventually be chosen for data collection. The background of the different team members will be evaluated against their training/experience with GBV/SEA case intakes. Team members will be asked to undergo the mandatory UNICEF PSEA training in case they have not done so already. The international team members slated to travel to Yemen have all undergone the training and have experience in interacting with vulnerable groups, with one of them having particular expertise with children.
85. In order to address the highly sensitive nature of some of the discussions likely to be held, special confidentiality and information security measures will be necessary to ensure the trust of the respondents in the interview process. For example, the team will explain confidentiality and data protection measures and seek the informed consent of each interviewee (see Annex 4 for the verbal consent form that will be used). Interview subjects will also be given the option to suspend the interview or opt-out of specific questions for any reason they feel necessary. Interviews will not be carried out for attribution and specific individuals will not be named in connection with their opinions and quotes, but with their permission they will be listed as interview subjects in the evaluation reports. Any key informant interviewee wishing to remain anonymous for security or other reasons will be offered the opportunity to be included as “No Name/NN” in the list of interviewees. The evaluation team will keep written records of the interviews to ensure accuracy and enable systematic analysis. Notes will not, however, be shared outside the evaluation team.

<sup>18</sup> For example the guidelines endorsed by UNICEF’s Office of Research: <https://www.unicef-irc.org/publications/706/>.

86. The approach and data collection tools are being reviewed by HML, through an LTA that the EO has in place, and a formal ethics approval will be provided prior to implementation phase.

### 6.3 Management and quality assurance of the evaluation

87. The evaluation team is in full agreement with the management arrangements described in the ToR, including the quality assurance process.
88. Within the proposed evaluation team, the Team Leader, together with the Deputy Team Leader will ensure that the work carried out is well coordinated, and that the time of the team members is well used. The evaluation team includes a team member whose specific role is quality assurance and who is otherwise not involved in the data collection. This team member will review all key deliverables before they are submitted to the Reference Group.

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## Annex 1 – Evaluation Matrix

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
<b>UNICEF AS AN OPERATIONAL ACTOR</b>					
EQ1. To what extent did UNICEF YCO achieve its intended objectives for the response and commitments, including to coverage and quality? What are the main factors that contributed or hindered this? To what extent were programme quality considerations a priority for YCO?	<p>1.1. To what extent are UNICEF's strategies, preparedness and response plans:</p> <ul style="list-style-type: none"> <li>• Appropriate to the context? How comprehensive were the situational and needs analysis underpinning UNICEF's programme design and targeting?</li> <li>• Aligned with global standards, principles and commitments (human rights, humanitarian principles, do no harm, conflict sensitivity, centrality of protection, systematic consideration of cash transfers) in as far these commitments are not yet reflected in the CCCs (ref to 1.2)?</li> <li>• Aligned with the needs and preferences of the affected populations, especially women and girls and/or boys as relevant and other vulnerable groups (including Muhamasheen, IDPs and people with disabilities)?</li> <li>• Multi-sectoral/integrated and coherent and employing the right mix of</li> </ul>	Relevance/ appropriateness	<p>#1 Evidence of needs-assessments informing planning and results-based management of programmes (disaggregated data, child and gender friendly, meeting interagency standards (ref. Emergency Handbook)</p> <p>#2 Evidence of affected populations participating in planning processes and in decisions that affect their lives (ref. AAP)</p> <p>#3 Evidence of sector leads operating in the same geographic locations; coordinate planning, financing and implementation of programmes jointly; and contribute to each other's goals and results (ref. CCC)</p> <p>#4 Evidence that human rights, humanitarian principles, do no harm, centrality of protection, conflict sensitivity and systematic consideration of cash transfers have guided programme analysis, design and implementation</p>	<ul style="list-style-type: none"> <li>• HRP and associated monitoring /dashboards, Response strategy and underlying documentation, planning documents and internal analyses, UNICEF communication, other existing documentation, IAHE</li> <li>• UNICEF staff, OCHA, UN agencies, donors, IPs</li> <li>• Affected people</li> </ul>	<ul style="list-style-type: none"> <li>• Document review ()</li> <li>• KIIs ()</li> <li>• FGDs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	interventions to achieve the objectives?		<p>#5 Evidence that disability has been included in programme analysis, design and implementation</p> <p>#6 Evidence of gender considerations affecting programme analysis, design and implementation (including data disaggregation, site selection, project staff, programme content and monitoring)</p>		
	<p>1.2. To what extent is UNICEF aware of, and meeting, the CCCs?</p> <ul style="list-style-type: none"> <li>To what extent is UNICEF contributing to the inter-agency response and achieving programming results in the sectors of nutrition, health, WASH, child protection and education outlined in the CCCs results in a way that is relevant to the context?</li> <li>Which other humanitarian programme quality standards are applied in practice by YCO?</li> </ul>	Effectiveness	<p>#7 Evidence of knowledge and use of the CCCs</p> <p>#8 CCC sectoral benchmarks</p> <p>#9 Evidence of use of other quality standards (Sphere, Core Humanitarian Standard, INEE Minimum Standards, Child Protection Minimum Standards, Harmonized Approach to Cash Transfers) in lieu of CCC sectoral benchmarks</p>	<ul style="list-style-type: none"> <li>Programme documents, cluster bulletins and dashboards</li> <li>UNICEF staff, cluster coordinators, IPs</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
	1.3. To what extent has UNICEF achieved and maintained coverage (geographic and demographic) in its humanitarian assistance and protection response?	Effectiveness	<p>#10% reach against UNICEF targets and the total population in need for nutrition, health, WASH, education, child protection</p> <p>#11% and quality of geographical coverage</p>	<ul style="list-style-type: none"> <li>HNO, UNICEF country reporting/sectoral documents, RRM reports, risk register</li> <li>UNICEF YCO/RO, IPs, UN agencies</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<ul style="list-style-type: none"> <li>How well have the UNICEF's preparedness efforts supported the delivery of the response?</li> </ul>		#12 Evidence of adherence to the Minimum Preparedness Standards (MPS) as per the UNICEF Procedure on Preparedness for Emergency Response and the Guidance Note on Preparedness for Emergency Response in UNICEF		
	1.4. To what extent did UNICEF make efforts to be recognised as a neutral, impartial, independent humanitarian actor?	Effectiveness	#13 Evidence and quality (e.g. relevance, coherence, coordination) of efforts to operationalize the humanitarian principles #14 Evidence of a decision-making process weighing up trade-off/compromises #15 Evidence of perception measurements among stakeholders (affected people, IPs, authorities,...) #16 Evidence of advocacy strategies to strengthen a collective approach to a principled humanitarian response	<ul style="list-style-type: none"> <li>programme documents, decision-making matrix, internal communication</li> <li>UNICEF Senior Management, current and former HCs, OCHA, IPs</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
	1.5. How timely has the response been? Did it adapt quickly and appropriately to changes in the context?	Efficiency	#17 Perception of the partners and NGOs participating in the clusters that the timing of the response is adequate #18 Review of Internal and external enablers/barriers to timeliness #19 Changes in programming #20 Quality of AAP feedback mechanisms and evidence that feedback is timely	<ul style="list-style-type: none"> <li>RAM, inSight, Field monitoring dashboard, TPM reports</li> <li>UNICEF staff, IPs, TPM contractors, cluster coordinators</li> <li>Affected people</li> <li>UNICEF partners</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>Timeline of events &amp; UNICEF actions</li> <li>FGDs</li> <li>Partner survey</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
			<p>taken into account to adapt programming</p> <p>#21 Reprogramming of funds</p> <p>#22 Revision of timelines for implementation</p>		
	<p>1.6. 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?</p> <ul style="list-style-type: none"> <li>To what extent did YCO recognise potential tensions between the emergency response and long-term development goals? How did it address these tensions?</li> </ul>	Connectedness	<p>#23 CCC benchmarks on linking humanitarian to development programmes</p> <p>#24 Clear understanding of what the operationalisation of the nexus means in Yemen overall and sectorally</p> <p>#25 Evidence of conflict-sensitive analysis informing HDP planning</p> <p>#26 Evidence of potential tensions between principled humanitarian action and UNICEF's partnerships with governments or peacebuilding objectives reconciled in programme analysis and planning</p> <p>#27 % of multi-year funding raised by UNICEF</p> <p>#28 Evidence / % multi-year funding and flexible funding passed to UNICEF IPs</p> <p>#29 Evidence of advocacy and linkages to development actors and financial institutions.</p> <p>#30 Evidence of strengthening national and local capacities and systems</p>	<ul style="list-style-type: none"> <li>programme documents, sectoral plans</li> <li>UNICEF YCO/RO/HQ, donors, UN senior leadership, IPs</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>1.7. To what extent did UNICEF achieve intended outcomes? To what extent have there been unintended consequences?</p> <ul style="list-style-type: none"> <li>To what extent did the programmatic response achieve intended and unintended, short-term and intermediary outcomes?</li> <li>Are they distributed equally across gender/vulnerable/hard to reach groups?</li> <li>What was the programme balance between DFA and IRG areas? Did it reflect priority needs?</li> </ul>	Effectiveness	<p>#31 Evidence that sectorial programming is based on needs</p> <p>#32 Evidence that conflict sensitivity has guided programme analysis, design and implementation</p> <p>#33 Evidence that disability has been included in programme analysis, design and implementation</p> <p>#34 Evidence of gender considerations affecting programme analysis, design and implementation (including data disaggregation, site selection, project staff, programme content and monitoring)</p> <p>#35 Results against targets (%), by sector / programme component, for whole programme annually and by area</p> <p>#36 Results against objectives by area</p> <p>#37 Degree of funding coverage achieved</p> <p>#38 % sectoral allocations</p>	<ul style="list-style-type: none"> <li>programme document, RAM/Insight, cluster dashboards, monitoring and evaluation reports</li> <li>UNICEF YCO/RO/HQ, cluster coordinators, IPs, UN agencies</li> <li>Affected people</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>FGDs (+QuIP)</li> <li>Contribution analysis</li> </ul>
	<p>1.8. To what extent were an AAP and PSEA framework in place and implemented, including as part of the operational arrangements with implementing partners?</p> <ul style="list-style-type: none"> <li>To what extent was the community (especially women and girls and other</li> </ul>	Effectiveness	<p>#39 CCC benchmarks on AAP (participation, access to life saving information, feedback mechanisms)</p> <p>#40 Evidence of systematic reporting on AAP by IPs</p> <p>#41 Evidence of AAP data used to adapt programme design/implementation</p>	<ul style="list-style-type: none"> <li>AAP strategy, PSEA strategy, programme documents, AAP feedback mechanism guide, partner guidance and risk</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>FGDs</li> <li>Partner survey</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>vulnerable groups) informed, involved and took part in the different stages of the response?</p> <ul style="list-style-type: none"> <li>To what extent did the communities have the opportunities to share feedback and complaints and was feedback, in turn, acted upon?</li> <li>How accessible and safe were these mechanisms for AAP? For PSEA?</li> </ul>		<p>#42 CCC PSEA benchmarks (access to reporting, referral and investigation of PSEA).</p> <p>#43 Perceptions of partners and affected people with regard to UNICEF's work on AAP</p>	<p>assessment, training documents</p> <ul style="list-style-type: none"> <li>UNICEF</li> </ul> <p>YCO/RO/HQ, Ips</p> <ul style="list-style-type: none"> <li>Affected people</li> <li>UNICEF partners</li> </ul>	
EQ2. To what extent has UNICEF been able to reach the most vulnerable groups (women and girls; communities in hard-to-reach areas; IDPs; ethnic minorities; people with disabilities; unaccompanied/separated children, etc.?)	<p>2.1 To what extent was humanitarian access established and maintained so communities could safely reach assistance/services?</p> <ul style="list-style-type: none"> <li>What were the facilitating factors and challenges, respectively, for a principled humanitarian response?</li> <li>Is there evidence of whether trust in UNICEF across communities has changed in any way over time?</li> <li>What investments did UNICEF make in negotiating access with the various parties to the conflict?</li> </ul>	Effectiveness	<p>#44 CCC benchmark on humanitarian access</p> <p>#45 Analysis of needs disaggregated by groups, targets and results over time</p> <p>#46 Investments made towards ensuring humanitarian access</p> <p>#47 Evidence of use of Minimum Quality Standards and Indicators for Community Engagement</p> <p>#48 Evidence of UNICEF contribution to HAWG analysis and strategies</p>	<ul style="list-style-type: none"> <li>Humanitarian Access SCORE report, ACAPS access reports, HAWG meeting minutes, hard-to-reach lists, UNICEF programme documents,...</li> <li>UNICEF staff, HAWG co-chairs, Ips</li> <li>Affected people</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>FGDs</li> </ul>
<b>UNICEF AS AN INSTITUTION</b>					
EQ3. To what extent have UNICEF's management systems/structures (at all levels, CO/RO/HQ), resource/tools and emergency procedures (both the mandatory actions and the	<p>3.1. To what extent were the emergency procedures set appropriately implemented as intended and the simplifications in the 2021 emergency procedures supportive of the response?</p>	Relevance / appropriateness	<p>#49 Degree of knowledge and understanding of Emergency Procedures and UNICEF Emergency Handbook</p> <p>#50 Degree of implementation of Emergency Procedures</p>	<ul style="list-style-type: none"> <li>programme documents/strategies, relevant YCO/RO documentation</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
simplified procedures) supported a flexible, timely and effective response?	<ul style="list-style-type: none"> <li>In what areas in particular were the emergency procedures used and what difference did they make if any?</li> </ul>		#51 Evidence of support mechanisms between HQ-RO and the YCO	<ul style="list-style-type: none"> <li>UNICEF YCO/RO/HQ, Cluster coordinators</li> </ul>	
			#52 Degree to which UNICEF staff / stakeholders find that the emergency procedures have led to a more timely and coherent response		
			#53 Evidence of clear accountability lines		
	3.2 Were the UNICEF programme monitoring, reporting and quality assurance systems appropriate for the response?	Effectiveness	#54 Consistency with UNICEF HPM and other monitoring standards and indicators	<ul style="list-style-type: none"> <li>PDM reports, TPM reports, site visit reports</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
<ul style="list-style-type: none"> <li>To what extent did they provide information that allows for relevant and sufficient insight with regard to the delivery, effectiveness, and quality of UNICEF's work</li> </ul>	#55 Quality of UNICEF PDM reports		<ul style="list-style-type: none"> <li>UNICEF YCO/RO/HQ, TPM contractors, IPs, UNICEF donors</li> </ul>		
<ul style="list-style-type: none"> <li>What measures has UNICEF YCO implemented to manage lack of data and increase data reliability?</li> </ul>	#56 Quality of TPM reports				
<ul style="list-style-type: none"> <li>How well has UNICEF learned from past evaluative exercises and reviews?</li> </ul>	#57 Donor perception on UNICEF reporting				
	#58 Evidence of strategic and programmatic change re evaluations/review				
	#59 Extent of adequacy, accuracy and reliability of UNICEF monitoring system				
	#60 Extent of adequacy, accuracy and reliability of UNICEF evaluation system (performance and results monitoring)				
	3.3. To what extent have human resources (both short-term external consultants and UNICEF staff) supported the response, to	Effectiveness	#61 Appropriateness of staff deployed (function/level according to CCC's and UNICEF emergency protocols)	<ul style="list-style-type: none"> <li>Yemen-specific CPMPs/PBR documents, Org-Charts, previous</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>achieve programmatic and operational needs?</p> <ul style="list-style-type: none"> <li>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?</li> <li>Was a plan to move from surge to longer-term capacity, integrated across all areas?</li> </ul>		<p>#62 Timeliness of staff deployed / average time to fill vacant positions</p> <p>#63 Staff turnover rates and deployment gaps</p> <p>#64 Workforce diversity</p> <p>#65 Evidence of clear accountability lines</p> <p>#66 Evidence of change due to Global Surge Capacity</p> <p>#67 Extent of integration of regular program staff in the L3 response</p>	<p>audits, learning strategy, L-3 HR Fast track procedures, DHR Dashboard</p> <ul style="list-style-type: none"> <li>YCO HR Chiefs, HQ HR, RO staff</li> </ul>	
	<p>3.4. How has the supply function performed, including vis-à-vis planning efforts, prepositioning in the field, warehouse capacity, supply route assessments, procurement of institutional consulting firms, etc.?</p>	Effectiveness	<p>#68 CCC Timeliness of procurement and delivery to destination</p> <p>#69 Significance of any pipeline breaks on programme implementation</p> <p>#70 Evidence of operational constraints related to supply/ logistics, e.g. transportation, warehousing, etc.benchmarks on supply and logistics</p>	<ul style="list-style-type: none"> <li>procurement documentation, delivery, supply and logistics dashboard</li> <li>UNICEF YCO/RO, UNICEF Supply Division, Logistics Cluster coordinator, IPs</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
	<p>3.5. How well has the response been supported by fundraising and communications? To what extent were the fundraising and communications strategies well executed?</p>	Relevance / appropriateness	<p>#71 % funding targets</p> <p>#72 Donor retention</p> <p>#73 Degree of satisfaction with implementation communications strategy</p>	<ul style="list-style-type: none"> <li>funding figures by sector by year</li> <li>UNICEF YCO/RO/HQ, donors</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
	<p>3.6. How well has UNICEF (CO/RO/HQ) advocated for children and the humanitarian situation in the country, including with the de facto authorities at</p>	Relevance / appropriateness	<p>#74 Evidence of stakeholder analysis, advocacy objectives, theory of change</p>	<ul style="list-style-type: none"> <li>UNICEF position papers, UNICEF statements, advocacy strategy, Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>national/sub-national levels, regional actors, Member States with influence on de facto authorities, broader Member States, etc.?</p> <ul style="list-style-type: none"> <li>To what extent was UNICEF advocacy, including through its role on the Monitoring and Reporting Mechanism, strategic and relevant for children?</li> </ul>		<p>#75 Evidence of clear roles and responsibilities across YCO, RCO, HQ</p> <p>#76 Evidence of clear accountability lines</p> <p>#77 Perception of contribution to change</p> <p>#78 Evidence of impact of UNICEF advocacy with donors around conditionalities</p>	<p>Working Group minutes, HCT meeting minutes</p> <ul style="list-style-type: none"> <li>UNICEF staff, donors, AWG co-chairs, Task Force on Monitoring and Reporting, UN agencies, authorities, IPs</li> </ul>	
	<p>3.7. 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>Relevance / appropriateness</p>	<p>#79 Evidence that UNICEF YCO routinely analyses and manages risks and receives high-quality and timely managerial support for this</p> <p>#80 Evidence that UNICEF proactively adopts a range of strategies to mitigate risk which includes acceptance through community engagement</p> <p>#81 Degree of adoption of “no regrets” approach</p>	<ul style="list-style-type: none"> <li>risk register, programme documents</li> <li>UNICEF YCO / RO / HQ, IPs</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>
	<p>3.8. How has the use of the Programme Management Unit (PMU) model impacted the operational delivery of the programme?</p> <ul style="list-style-type: none"> <li>Has the PMU been able to accelerate the delivery of results?</li> <li>To what extent was the PMU ‘fit for purpose’, ‘light’ enough and sustainable? What worked well or not in the set-up and functioning of the</li> </ul>	<p>Effectiveness</p>	<p>#82 Evidence of appropriate risk management practices</p> <p>#83 Evidence of appropriate targeting</p> <p>#84 Timeliness of cash transfers</p> <p>#85 Degree of integration within YCO</p> <p>#86 Evidence of transition/ exit strategy</p>	<ul style="list-style-type: none"> <li>PMU presentations, SOPs, org chart, RAM</li> <li>UNICEF YCO/RO/HQ, World Bank, donors, national institutions</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>PMU (including the adequacy of its targeting and selected amount of money to distribute)?</p> <ul style="list-style-type: none"> <li>To what extent did the handling of complaints function smoothly? How will the transition impact it?</li> </ul>				
	<p>3.9. To what extent did UNICEF exercise leadership in inter-agency forums and improve the coherence and quality of humanitarian response plans? (not clusters)</p>	Effectiveness	<p>#87 Degree of participation in interagency and intersectoral coordination mechanisms and quality of participation</p> <p>#88 Perception of the partners and NGOs participating in the inter-agency forum</p>	<ul style="list-style-type: none"> <li>HCT meeting minutes</li> <li>UNICEF Senior Management, OCHA, UN agencies, NGOs</li> <li>UNICEF partners</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>Partner survey</li> </ul>
<b>UNICEF AS A PARTNER</b>					
<p>EQ4. To what extent has UNICEF's partnership approach supported a flexible, timely and effective response?</p>	<p>4.1. How effectively has UNICEF collaborated, supported, and coordinated with partners (IPs, de facto authorities, IRG authorities, sister agencies, etc.) in responding to the emergency?</p> <ul style="list-style-type: none"> <li>What has been the balance in terms of attention and investments in partnerships with L/NNGOs, UN agencies, RC/RC Movement, de facto authorities, IRG authorities?</li> <li>What were UNICEF's key areas of strength, weakness and challenges across its partnership efforts?</li> </ul>	Effectiveness	<p>#89 CCC Benchmark on coordination</p> <p>#90 The extent to which partners have extended coverage</p> <p>#91 Quality of partner reports and programmatic achievements</p> <p>#92 Partner feedback on UNICEF support</p> <p>#93 Principles of Partnership</p>	<ul style="list-style-type: none"> <li>partner agreements, programme dashboard</li> <li>UNICEF staff, IPs, cluster coordinators authorities, UN agencies, NGOs, RC/RC Movement</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>Partner survey</li> </ul>

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
	<p>4.2. Have the criteria used in the selection of implementing partners as well as the due diligence process put in place been appropriate?</p> <ul style="list-style-type: none"> <li>Has UNICEF's guidance, support or direction to its implementing partners on UNICEF commitments and general humanitarian standards been appropriate in relation to other requirements that UNICEF has for its IPs?</li> </ul>	Relevance / appropriateness	<p>#94 Partnership criteria</p> <p>#95 Quality of guidance provided to implementing partners (including capacity building)</p> <p>#96 Partners feedback on UNICEF support</p>	<ul style="list-style-type: none"> <li>literature on equitable partnerships, YCO partnership strategy, partner guidance/training documents</li> <li>UNICEF staff, Ips</li> <li>UNICEF partners more widely</li> </ul>	<ul style="list-style-type: none"> <li>Document and literature review</li> <li>KIIs</li> <li>FGDs with IPs</li> <li>Partner survey</li> </ul>
	<p>4.3. How well has the UNICEF YCO advanced the localisation agenda?</p> <ul style="list-style-type: none"> <li>To what extent does adequate capacity exist in all areas? To what extent has UNICEF contributed to build the capacity of local actors?</li> <li>How does UNICEF's compliance procedures enable or block the localisation agenda?</li> <li>To what extent does the UNICEF YCO have the right partnership models, and how well was this adapted through the response?</li> <li>To what degree does UNICEF see positives and negatives in advancing this agenda?</li> </ul>	Effectiveness	<p>#97 CCC Benchmark on Localisation</p> <p>#98 Evidence of longer-term strategic partnerships that aim to build systems and processes mirroring the ambition and goals of the local or national partners</p> <p>#99 Evidence of increased decision-making power of local and national actors within partnerships</p> <p>#100 % funding directed to L/NNGOs</p>	<ul style="list-style-type: none"> <li>financial data, localisation strategy, partnership agreements</li> <li>YCO/RO, IPs, UN Senior leadership, donors</li> <li>UNICEF partners more widely</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>Partner survey</li> </ul>

**UNICEF AS A CLUSTER LEAD AGENCY**

Main Evaluation Question	Sub-questions	Criteria	Indicators	Sources	Methods
EQ5. How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities?	<p>5.1. How effectively did it perform at the national and sub-national/field level as CLA?</p> <ul style="list-style-type: none"> <li>To what extent did UNICEF CO provide support and adequately resource cluster coordination?</li> </ul>	Effectiveness	<p>#101 CCC benchmarks on coordination and leadership</p> <p>#102 Appropriateness of staff deployed for CLA function (cluster coordinators and IMOs)</p> <p>#103 Timeliness of staff deployed / average time to fill vacant positions</p> <p>#104 Staff turnover rates and deployment gaps</p> <p>#105 Evidence UNICEF has fulfilled the six core functions defined by the IASC</p> <p>#106 Perceptions of cluster members vis-à-vis UNICEF's performance as CLA</p>	<ul style="list-style-type: none"> <li>HR dashboard, cluster meeting notes, Programme Strategy Notes, Programme Document and Programme Management Plan</li> <li>YCO, cluster coordinator, cluster members, ICCG, donors</li> <li>UNICEF partners</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KIIs</li> <li>Partner survey</li> </ul>

## Annex 2 – Key Evaluation Questions, as adjusted from the Terms of Reference

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
<b>Relevance/ appropriateness</b> of strategies and programme design to context and needs	1. To what extent are UNICEF’s strategies, preparedness and response plans: a. Appropriate to the context? [How comprehensive were the situational and needs analysis underpinning UNICEF’s programme design and targeting?46] 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? [and employing the right mix of interventions to achieve the objectives?]	<b>UNICEF as Operational Actor</b>		1.1. To what extent are UNICEF's strategies, preparedness and response plans: <ul style="list-style-type: none"> <li>• Appropriate to the context? How comprehensive were the situational and needs analysis underpinning UNICEF's programme design and targeting?</li> <li>• Aligned with global standards, principles and commitments (human rights, humanitarian principles, do no harm, conflict sensitivity, centrality of protection, systematic consideration of cash transfers) <i>in as far these commitments are not yet reflected in the CCCs (ref to 1.2)?</i></li> <li>• Aligned with the needs and preferences of the affected populations, especially women and girls and other vulnerable groups?</li> <li>• Multi-sectoral/integrated and coherent and employing the right mix of interventions to achieve the objectives?</li> </ul>	Relevance / appropriateness	Slight additions (in italics) for the purpose of clarification.
<b>Performance</b> of the programme	2. To what extent has the UNICEF response adhered to the UNICEF CCCs?	<b>UNICEF as Operational Actor</b>		1.2. To what extent is UNICEF aware of, and meeting, the CCCs? <ul style="list-style-type: none"> <li>• <i>To what extent is UNICEF contributing to the inter-agency response and</i></li> </ul>	Effectiveness	Reformulation/ Addition (in italics) for the purposes of clarification

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
				<p><i>achieving programming results in the sectors of nutrition, health, WASH, child protection and education outlined in the CCCs results in a way that is relevant to the context?</i></p> <ul style="list-style-type: none"> <li>• <i>Which other humanitarian programme quality standards are applied in practice by YCO?</i></li> </ul>		
	3. How well have UNICEF's preparedness efforts supported the delivery of the response?	<b>UNICEF as Operational Actor</b>		<p>1.3. <i>To what extent has UNICEF achieved and maintained coverage (geographic and demographic) in its humanitarian assistance and protection response?</i></p> <ul style="list-style-type: none"> <li>• How well have the UNICEF's preparedness efforts supported the delivery of the response?</li> </ul>	Effectiveness	Addition (in italics)
	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? [Did long-term development goals affect in any way the delivery of life-saving humanitarian assistance?]	<b>UNICEF as Operational Actor</b>		<p>1.6. 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?</p> <ul style="list-style-type: none"> <li>• To what extent did YCO recognise potential tensions between the emergency response and long-term development goals? How did it address these tensions?</li> </ul>	Connectedness	Slight rewording

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
	5. To what extent was an AAP framework in place and implemented? [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)?]	UNICEF as Operational Actor		<p>1.8. To what extent was an AAP framework in place and implemented, including as part of the operational arrangements with implementing partners?</p> <ul style="list-style-type: none"> <li>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?</li> <li>To what extent did the communities have the opportunities to share feedback and complaints and was feedback, in turn, acted upon?</li> <li>How accessible and safe were these mechanisms (including for PSEA)?</li> </ul>	Effectiveness	The initial question has been broken down.
	6. To what extent was humanitarian access established and maintained so communities could safely reach assistance/services? [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?}]	UNICEF as Operational Actor		<p>1.4. To what extent did UNICEF <i>make efforts to be recognised</i> as a neutral, impartial, independent humanitarian actor?</p> <p>2.1 To what extent was humanitarian access established and maintained so communities could safely reach assistance/services?</p> <ul style="list-style-type: none"> <li>What were the facilitating factors and challenges, respectively, for a principled humanitarian response?</li> <li>Is there evidence of whether trust in UNICEF across communities has changed in any way over time?</li> </ul>	Effectiveness	Slight rewording/addition in italics. Part of ToR question 6 has become become sub-question 1.4, and part 2.1

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
				<ul style="list-style-type: none"> <li><i>What investments did UNICEF make in negotiating access with the various parties to the conflict?</i></li> </ul>		
	7. To what extent did UNICEF CO achieve its intended objectives for the response and commitments, including to coverage and quality? [What are the main factors that contributed to or hindered this?]	<b>UNICEF as Operational Actor</b>	EQ1. To what extent did UNICEF YCO achieve its intended objectives for the response and commitments, including to coverage and quality? <i>To what extent were programme quality considerations a priority for YCO?</i> What are the main factors that contributed or hindered this?		Relevance/ Appropriateness	Has become Key Evaluation Question 1 (with addition in italics).
	8. How robust are the UNICEF programme monitoring, reporting and quality assurance systems? [What do they show about the delivery, effectiveness and quality of UNICEF's work?]	<b>UNICEF as Institution</b>		3.2 Were the UNICEF programme monitoring, reporting and quality assurance systems appropriate for the response? <ul style="list-style-type: none"> <li>To what extent did they provide information that allows for relevant and sufficient insight with regard to the delivery, effectiveness, and quality of UNICEF's work</li> <li>What measures has UNICEF YCO implemented to manage lack of data and increase data reliability?</li> <li><i>How well has UNICEF learned from past evaluative exercises and reviews?</i></li> </ul>	Effectiveness	Slightly reworded. Addition in italics to emphasise learning use of evaluation
	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.?)	<b>UNICEF as Operational Actor</b>	EQ2. 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.?)			Has become Key Evaluation Question 2

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
	10. To what extent has the UNICEF response been gender responsive/transformational, tackling priority gender concerns?					It has become an indicator
	11. To what extent has the response been disability inclusive?					It has become an indicator
	12. To what extent was the response conflict-sensitive? (across analysis, design, implementation)					It has become an indicator
	13. How timely has the response been? [Did it adapt quickly and appropriately to changes in the context?]	<b>UNICEF as Operational Actor</b>		1.5. How timely has the response been? Did it adapt quickly and appropriately to changes in the context?	Effectiveness	Integrated as part of sub-question to EQ1
	14. How has the use of the Programme Management Unit (PMU) model impacted the operational delivery of the programme? [Has the PMU been able to accelerate the delivery of results? To what extent was the PMU 'fit for purpose', 'light' enough and sustainable?]	<b>UNICEF as Institution</b>		3.8. How has the use of the Programme Management Unit (PMU) model impacted the operational delivery of the programme?  <ul style="list-style-type: none"> <li>Has the PMU been able to accelerate the delivery of results?</li> <li>To what extent was the PMU 'fit for purpose', 'light' enough and sustainable?</li> </ul>	Effectiveness	
	15. What have the outcomes of the response been? [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?]	<b>UNICEF as Operational Actor</b>		1.7. To what extent did UNICEF achieve intended outcomes?  <ul style="list-style-type: none"> <li>To what extent did the programmatic response achieve intended and unintended, short-term and intermediary outcomes?</li> <li>Are they distributed equally across gender/vulnerable/hard to reach groups? What was the programme</li> </ul>	Effectiveness	ToR Question 15 reworded in light of foreseen use of QuIP

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
Effectiveness of coordination and collaboration	16. How effectively has UNICEF collaborated and coordinated with partners (IPs, de facto authorities, sister agencies, etc) in responding to the emergency? [What were UNICEF's key areas of strength, weakness and challenges across these efforts?]	UNICEF as Partner	EQ4. <i>To what extent has UNICEF's partnership approach supported a flexible, timely and effective response?</i>	balance between DFA and IRG areas? Did it reflect priority needs?	Effectiveness	Rewording and EQ 4 (in italics) has been added to emphasise importance of partnership dimension for the evaluation
				4.1. How effectively has UNICEF collaborated, supported, and coordinated with partners (IPs, de facto authorities, IRG authorities, sister agencies, etc.) in responding to the emergency? <ul style="list-style-type: none"> <li>What has been the balance in terms of attention and investments in partnerships with L/NNGOs, UN agencies, RC/RC Movement, de facto authorities, IRG authorities?</li> <li>What were UNICEF's key areas of strength, weakness and challenges across its partnership efforts?</li> </ul>		
				4.2. Have the criteria used in the selection of implementing partners as well as the due diligence process put in place been appropriate? <ul style="list-style-type: none"> <li>Has UNICEF's guidance, support or direction to its implementing partners on UNICEF commitments and general humanitarian standards been appropriate in relation to other requirements that UNICEF has for its IPs?</li> </ul>		
	17. How well has UNICEF advanced the localization agenda? [To what extent does the UNICEF CO have the right	UNICEF as Partner		4.3. How well has the UNICEF YCO advanced the localisation agenda? <ul style="list-style-type: none"> <li>To what extent does adequate capacity exist in all areas?</li> </ul>	Effectiveness	Additions (in italics) to emphasise importance of partnership

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
	partnerships model, and how well was this adapted through the response?]			<ul style="list-style-type: none"> <li>How does UNICEF’s compliance procedures enable or block the localisation agenda?</li> <li>To what extent does the UNICEF YCO have the right partnership models, and how well was this adapted through the response?</li> <li><i>To what degree does UNICEF see positives and negatives in advancing this agenda?</i></li> </ul>		dimension for the evaluation.
Quality of supporting functions: funding, supply, HR, communications, KM	18. To what extent have human resources supported the response, to achieve programmatic and operational needs? [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?]	UNICEF as Institution		3.3. To what extent have human resources supported the response, to achieve programmatic and operational needs? <ul style="list-style-type: none"> <li>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?</li> <li>Was a plan to move from surge to longer-term capacity, integrated across all areas?</li> </ul>	Effectiveness	
	19. How has the supply function performed, including vis-a’-vis planning efforts, prepositioning in the field, warehouse capacity, supply route assessments etc.?	UNICEF as Institution		3.4. How has the supply function performed, including vis-à-vis planning efforts, prepositioning in the field, warehouse capacity, supply route assessments, etc.?	Effectiveness	
	20. How well has the response been supported by fundraising?	UNICEF as Institution			Relevance/ Appropriateness	Questions 20 and 21 have been merged

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
	21. How well has the response been supported by communications?			3.5. How well has the response been supported by fundraising and communications?		
Leadership, advocacy, management and risk	22. To what extent did UNICEF demonstrate robust leadership (across decision-making, experience, skills and capacity) in leading and managing the response? [To what extent did UNICEF exercise leadership in inter-agency forums and improve the coherence and quality of humanitarian response plans?]	UNICEF as Institution		3.9. To what extent did UNICEF exercise leadership in inter-agency forums and improve the coherence and quality of humanitarian response plans?	Effectiveness	The first part of ToR question 22 is tackled as part of the subquestions to EQ3
	23. How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities? (including vis-a'-vis the HCT) [How effectively did it perform at the sub-national/field level47?]	UNICEF as CLA	EQ5. How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities (including vis-à-vis the HCT)?	5.1. How effectively did it perform at the national and sub-national/field level as CLA? <ul style="list-style-type: none"><li>To what extent did UNICEF CO provide support and adequately resource cluster coordination.</li></ul>	Effectiveness	
	24. How well has UNICEF advocated for children and the humanitarian situation in the country, including with the de facto authorities at national/sub-national levels, regional actors, Member States with influence on de facto authorities, broader Member States etc.? [What did UNICEF prioritize in its advocacy efforts/what strategic choices were made? How well did UNICEF manage/advocate with donors around conditionalities?]	UNICEF as Institution		3.6. How well has UNICEF ( <i>CO/RO/HQ</i> ) advocated for children and the humanitarian situation in the country, including with the de facto authorities at national/sub-national levels, regional actors, Member States with influence on de facto authorities, broader Member States, etc.? <ul style="list-style-type: none"><li>To what extent was UNICEF advocacy strategic and relevant for children?</li></ul>	Relevance / appropriateness	Reworded. Addition (in italics)

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation				
Criteria	Questions	Analytical Dimension	Key EQ	Sub-questions	Criteria	Comment
				<ul style="list-style-type: none"> <li>How well did UNICEF manage/advocate with donors around conditionalities?</li> </ul>		
	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? [To what extent were the emergency procedures set appropriately, implemented as intended and the simplifications in the revised emergency procedures supportive of the response? In what areas, in particular, were the revised emergency procedures used, and what difference did they make, if any?]	<b>UNICEF as Institution</b>	EQ3. To what extent have UNICEF’s management systems/structures (at all levels, CO/RO/HQ), resource/tools and emergency procedures (both the mandatory actions and the simplified procedures) supported a flexible, timely and effective response?	3.1. To what extent were the emergency procedures set appropriately implemented as intended and the simplifications in the 2021 emergency procedures supportive of the response?  In what areas in particular were the emergency procedures used and what difference did they make if any?	Relevance / appropriateness	EQ3 and 3.1 formed by ToR question 25.
	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?	<b>UNICEF as Institution</b>		3.7. 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?	Relevance / appropriateness	



## Annex 4 – Verbal consent form (KIIs)

### TITLE OF THE EVALUATION

Evaluation of UNICEF’s response in Yemen

### DESCRIPTION OF THE EVALUATION AND YOUR PARTICIPATION

Because of your role, you are invited to participate in an evaluation conducted for UNICEF by the Humanitarian Exchange and Research Centre (HERE), an independent, Geneva-based non-profit organisation. The evaluation team consists of Ed Schenkenberg, Marzia Montemurro, Karin Wendt, Francesca Ballarin, Richard Luff, Carol Ward, Véronique de Clerck, and **National Consultant names**.

### WHAT’S INVOLVED

Your participation will involve an in-person **OR** remote connection interview. The interview will take approximately 45-60 minutes.

### VOLUNTARY PARTICIPATION

Participation in this interview is voluntary. If you wish, you may decline to answer any questions and/or to withdraw your consent to participate at any time and for any reason. Your choice to withdraw is your decision and it will not result in any penalty or disadvantages to you. There will be no financial expenses for you to participate in this evaluation. You will not be paid for your participation in the evaluation.

### CONFIDENTIALITY

All the information that you provide for this evaluation is treated as strictly confidential. It will be grouped with responses from other participants in an aggregate data set. In notes taken during interviews, pseudonyms (number IDs) will be used to anonymise data. The only individuals who will have access to the data collected in its non-aggregate form are the members of the evaluation team. During the course of the evaluation, the evaluation team will only retain your name and contact information for the purpose of re-contacting you. Interviews will not be carried out for attribution and specific individuals will not be named in connection with their opinions and quotes, but with their permission they will be listed as interview subjects in the evaluation reports. Evaluation team members will be the only ones with access to this data. If you have any questions or concerns about taking part in this evaluation, please feel free to contact [marzia.montemurro@here-geneva.org](mailto:marzia.montemurro@here-geneva.org)

### CONSENT

Verbal consent will be sought at the beginning of each interview.

## Annex 5 – Guidance for KIIs with humanitarian community stakeholders

This annex outlines the interview questions which were developed from the EQs and indicators listed in the Evaluation Matrix. The questions may be finetuned following an initial pilot. The guidance provides an overall framework for the types of questions to be covered, but the interviews will not follow a systematic questionnaire approach, but rather be shaped as dynamic conversations in which the interviewees will be asked to dig deeper into certain issues related to their specific roles and responsibilities. The approach taken will also be tailored to each informant on the basis of their role, position.

Introduction, confidentiality, and consent

- As per the consent form shared with you, do we have your permission to list your name, title, and organisation in a list of people interviewed on the understanding that nothing you say will be attributed to you by name or organisation?
- What is your role and how long have you been in the position?
- How have you been linked/exposed to the UNICEF L3 emergency response?

EQ	Interview questions	Relevant for whom
<b>UNICEF AS AN OPERATIONAL ACTOR</b>		
To what extent did UNICEF YCO achieve its intended objectives for the response and commitments, including to coverage and quality? What are the main factors that contributed or hindered this? To what extent were programme quality considerations a priority for YCO?	1.1	
	How has UNICEF’s programme focus/scale of response developed during the period under evaluation? How did it align with the evolution of the situation in Yemen?	YCO, OCHA, UN agencies, donors, Ips
	How frequently did YCO/IPs refresh their contextual analysis by undertaking political economy analysis, conflict mapping and analysis? Was this process formal/informal? What tools/analysis were used to inform programmes? What mix of interventions were used?	YCO, RO, IPs
	What principles/commitments/global standards are at the forefront of UNICEF’s response in Yemen? How do they translate in practice?	YCO, RO, IPs
	What type of data did UNICEF/IPs use to inform its programming (e.g., own needs assessments, partner needs assessments, HNO)? Were there efforts to disaggregate data? If yes, along which categories?	YCO, RO, IPs, OCHA
	Were affected populations consulted? How and by whom?	YCO, IPs
	To what extent was coordination influencing an effective multisectoral and integrated emergency response?	YCO
	1.2	
	How are the CCCs used in Yemen? Which humanitarian programme quality standards are applied in practice?	YCO, IPs
	1.3	
	How did you determine geographical coverage between DFA and IRG-controlled areas? What were your criteria for	YCO, IPs

EQ	Interview questions	Relevant for whom
	prioritising communities in need? What were your targeting criteria (per sector)?	YCO, RO, IPs, OCHA
	What have been the key external/contextual factors that have influenced coverage? What have been the key internal factors that have influenced coverage?	YCO, IPs
	What approaches has UNICEF used to expand its coverage? What has worked well? What has worked less well?	YCO, UNFPA, IPs
	What have been the key successes and challenges in supporting/leading the RRM?	YCO/RO/HQ
	What reference points did YCOs use to inform their preparedness planning (is the UNICEF Preparedness Guidance note used)? How frequently were plans updated? What lessons exist from preparedness plans that have been operationalised?	
1.4	Do you use the humanitarian principles to inform programming? How?	YCO, IPs
	Do you know how your organisation is perceived by other stakeholders in Yemen? Do you have a means to measure this? How often and how do you gauge this perception?	YCO, IPs
	Do you have specific guidelines in place, or ways to mitigate the consequences of compromises on principles?	YCO, IPs
	Have you engaged/do you engage with the wider humanitarian structures (OCHA, UNCT, HCT clusters,...) to ensure a coordinated approach to engage with authorities? Are the principles present in such discussions?	YCO, IPs
1.5	What targets / measures to ensure timeliness were set? Were they helpful? How was feedback on timeliness from affected communities integrated?	YCO, IPs, TPM contractors, cluster coordinators
	What examples exist of UNICEF rules and procedures being flexible and adapted to new information and changes in the context?	YCO, IPs
	In what ways did UNICEF/IPs approaches to providing assistance adapt and evolve in response to the specific challenges posed by the evolving conflict dynamics in Yemen?	YCO, IPs
1.6	What does a successful nexus approach look like in Yemen (and per sector)? Are there differences between DFA and IRG-controlled areas?	YCO/RO, UN Yemen senior leadership, donors, IPs
	In what ways is UNICEF seeking to link its short-term and long-term programme planning and implementation?	YCO/RO/HQ, donors
	Have there been tensions between the emergency response and long-term development goals? How were these tensions addressed?	YCO/RO, UN Yemen senior leadership, donors, IPs

EQ	Interview questions	Relevant for whom
	Is there evidence that support to long-term development goals has facilitated access negotiations?	YCO/RO, UN Yemen senior leadership, donors
	1.7	
	To what extent has UNICEF been able to consistently meet contextually-relevant quality benchmarks per sector?	YCO/RO/HQ, cluster coordinators
	To what extent did the programme balance between DFA and IRG areas reflect priority needs?	YCO/RO, cluster coordinators, IPs, OCHA
	What have been the key challenges in achieving the intended sectoral/programme outcomes? How has UNICEF sought to overcome them?	YCO, IPs, cluster coordinators
	What factors helped the achievement of these objectives?	YCO, IPs, cluster coordinators
	1.8	
	How did UNICEF/IPs engage with communities in the response and for what purposes (to strengthen monitoring, to ensure programme relevance, as part of an acceptance strategy, other)?	YCO, IPs
	What mechanisms were set in place for community members to be able to communicate their priorities to UNICEF, ask questions, raise complaints and seek redress? Were they tailored differently according to different populations (e.g. women, children, IDPs, Muhamasheen)? How is the effectiveness of these mechanisms assessed (are feedback and complaints logged and is there evidence of action being taken to address concerns)?	YCO/HQ, IPs
	1.9	
	Were there clear processes of prioritisation and decision-making in place to make efficient use of resources?	YCO/RO/HQ, IPs
	How did the L3 response objectives align with the allocation of resources? What criteria were used?	YCO/RO/HQ
	What was the average resource allocation time? How long did disbursement to IPs take?	YCO, IPs
How successful has UNICEF been in reaching the most vulnerable groups (women and girls; communities in hard-to-reach areas;	2.1	
	Is there an access negotiation strategy (UNICEF-specific, collective,...)? How often has it been updated? Are there clear roles for YCO, RO and HQ? Which are these?	YCO/RO, HAWG, UNCT, IPs
	What investments did UNICEF make in negotiating access with the various parties to the conflict?	YCO/RO/HQ, IPs
	Do you use armed guards, and if so, do you feel this impacts the perception of neutrality in anyway? Do you take any particular measures to reduce any such negative impact?	YCO, IPs
		YCO, IPs

EQ	Interview questions	Relevant for whom
IDPs; ethnic minorities; people with disabilities; unaccompanied/separated children, etc.?)	Do you weigh potential costs and benefits of taking certain actions related to securing and sustaining access? How? Were red lines developed? How were risks managed?	YCO, IPs. HAWG
	Do you measure trust among communities? How?	
<b>UNICEF AS AN INSTITUTION</b>		
To what extent have UNICEF's management systems/structures (at all levels, CO/RO/HQ), resource/tools and emergency procedures (both the mandatory actions and the simplified procedures) supported a flexible, timely and effective response?	3.1	
	In what areas in particular were the emergency procedures used? What difference did they make if any? Why?	YCO/RO/HQ, Cluster coordinators
	What additional procedures have been put in place to support YCO?	YCO/RO/HQ
	In what ways did HQ and RO provide managerial, programme and technical support to YCO during the L3 response? Did this support meet the specific needs of YCO staff? If not, why not?	YCO/RO/HQ, Cluster coordinators
	3.2	
	Using which approaches and with what success has UNICEF monitored its humanitarian programmes (is UNICEF's Humanitarian Performance Monitoring Approach used)?	UNICEF YCO/RO/HQ, TPM contractors, IPs
	What have been the key challenges and how has UNICEF sought to overcome them? What innovative practices have been used and can be shared?	YCO/RO/HQ, TPM contractors, IPs
	What measures has UNICEF YCO implemented to manage lack of data and increase data reliability?	YCO/RO/HQ, TPM contractors, IPs
	How were lessons from past evaluation/reviews used? Are there specific examples?	YCO/RO/HQ
	3.3	
	How long did it take to fill positions? Were there some positions that were more difficult to be filled than others? Were you able to find staff with the requisite skills and experience? Did the L3 protocols have an impact?	YCO/RO HR
	What HR strategies have been used to expand the pool of candidates for deployment to complex humanitarian situations? What internal/external modalities does UNICEF have to support surge (internal teams/external rosters)?	YCO/RO/HQ HR
What evidence exists that these are meeting needs/filling gaps? If not, why?	YCO/RO/HQ HR and Programme	
Was a plan to move from surge to longer-term capacity, integrated across all areas?	YCO/RO/HQ HR	
How has UNICEF sought to support the duty of care of staff working in Yemen? And of IPs? How has UNICEF sought to support their well being?	YCO/RO/HQ HR, IPs	

EQ	Interview questions	Relevant for whom
3.4	<p>What were the main challenges in supply and purchasing in the L3?</p> <p>Were there operational constraints related to supply/ logistics for each of UNICEF’s sectoral response (transportation, warehousing)? How were these managed?</p>	<p>YCO/RO/HQ, Logistics Cluster Coordinator, IPs</p> <p>YCO/RO/HQ, Logistics Cluster Coordinator, IPs</p>
3.5	<p>How successful has UNICEF been in mobilising resources for the Yemen response?</p> <p>Has funding been sufficiently flexible to meet the dynamic context of humanitarian response?</p> <p>What compromises were made due to lack of funding (quality, quantity, coverage,...) and what other solutions were considered?</p> <p>What role did communications play? Were there synergies between YCO/RO/HQ in message development?</p>	<p>YCO/RO/HQ, donors</p> <p>YCO/RO/HQ, donors</p> <p>YCO/RO/HQ, donors</p> <p>YCO/RO/HQ, donors</p>
3.6	<p>How actively has UNICEF been advocating on access and protection issues for both DFA and IRG-controlled areas (with donor’s, HCT, authorities) and fulfilling its MRM reporting obligations? Are roles and accountability lines between YCO/RO/HQ clear?</p> <p>What evidence exists that these actions have led to a) increased access and b) led to improved protection outcomes for women, children and adolescents? What lessons have been learnt about successful approaches to advocating on access and protection issues?</p> <p>What was UNICEF’s role in managing/advocating with donors around conditionalities? What was achieved?</p>	<p>YCO, donors, AWG co-chairs, UN agencies, authorities, IPs</p> <p>YCO, donors, AWG co-chairs, UN agencies, authorities, IPs</p> <p>YCO, donors, UN Yemen senior leadership</p>
3.7	<p>How did YCO routinely analyse and manage risk (staff, asset and security of UNICEF stakeholders, procurement, fiduciary etc.)? How relevant and effective was UNICEF’s guidance on risk management for the L3 response?</p> <p>How did risk assessment inform UNICEF’s approach to working in Yemen (including through an assessment of programme criticality and use of UNICEF’s risk-informed programming module)? What strategies did UNICEF use to try to reduce risk (avoidance, deterrence, acceptance etc.) and how effective have these been?</p> <p>Was a “no regrets” approach adopted in Yemen? When? What did it look like in practice? Is there evidence it was conducive to informing programming decisions in the L3 response?</p>	<p>YCO/RO/HQ, IPs</p> <p>YCO/RO/HQ, IPs</p> <p>YCO/RO/HQ</p>
3.8		

EQ	Interview questions	Relevant for whom
	What were the objectives of the PMU and its measure of success (e.g. timeline, execution capacity, ability to scale up)? Did these change over time? Why and how?	YCO/RO/HQ, World Bank, donors
	How instrumental was the PMU in the L3 response to achieve the intended outcomes?	YCO/RO/HQ, donors
	What are the lessons learnt from the introduction of this new model (institutional set-up, programmatic functions, triggers)? What should be replicated? What should be changed?	YCO/RO/HQ, World Bank, Social Welfare Fund (SWF), Social Fund for Development (SFD), donors
	What were the synergies with other YCO cash transfer programmes?	YCO/RO
<hr/>		
	3.9	
	What role has UNICEF played in inter-agency fora (UN CT, HCT, HAWG, AWG, SOM)?	YCO/RO/HQ, OCHA, UN agencies, NGOs, ECHO, Sweden
	What were UNICEF's objectives? How has its success been measured?	YCO/RO/HQ
<hr/>		
<b>UNICEF AS A PARTNER</b>		
To what extent has UNICEF's partnership approach supported a flexible, timely and effective response?	4.1	
	What partnership strategies has UNICEF adopted in the L3 response in Yemen? Were there differences between DFA and IRG-controlled areas? Why?	YCO, IPs, cluster coordinators
	How effectively has UNICEF collaborated, supported, and coordinated with partners (IPs, de facto authorities, IRG authorities, sister agencies, etc.) in responding to the emergency?	IPs, authorities, UN agencies, NGOs, RC/RC Movement
	What has been the balance in terms of attention and investments in partnerships with L/NNGOs, UN agencies, RC/RC Movement, de facto authorities, IRG authorities?	YCO/RO
	What were UNICEF's key areas of strength, weakness and challenges across its partnership efforts?	YCO, IPs, authorities, UN agencies, NGOs, RC/RC Movement
<hr/>		
	4.2	
	What were the criteria used in the selection of IPs? How were they chosen? Were they adapted over the course of the L3 response? If so, why?	YCO/RO, IPs
	What were the due diligence requirements?	YCO/RO, IPs
	What type of guidance, support, direction has UNICEF provided to its IPs? Was this perceived as appropriate? If so, can you give an example? If not, why?	YCO/RO, IPs

EQ	Interview questions	Relevant for whom
	<p>4.3</p> <p>Did YCO have the right partnership models for the L3 response? Were these adapted through the response? If so, why and how?</p> <p>What were the advantages and the constraints linked to advancing the localization agenda in Yemen during the L3 response? How were they factored in the YCO partnership strategy?</p> <p>In what ways did YCO sought to strengthen the capacity of local/national responders in humanitarian response?</p> <p>How has UNICEF sought to assess and manage risk transfer in its partnerships?</p>	<p>YCO/RO, IPs, UN Senior leadership, donors</p> <p>YCO/RO, UN Senior leadership, donors</p> <p>YCO/RO, IPs</p> <p>YCO/RO, IPs</p>
<b>UNICEF AS CLA</b>		
<p>How well has UNICEF fulfilled its cluster lead/co-lead agency role and responsibilities (including vis-à-vis the HCT)?</p>	<p>5.1</p> <p>In your experience, how would you say UNICEF is managing its CLA responsibilities? Would you say that it is meeting them?</p> <p>In your view, what additional efforts could/should UNICEF managers have made to ensure that its CLA responsibilities were fulfilled in line with the principles/roles of the Cluster approach?</p> <p>Did UNICEF have to step in as provider of last resort in any case, or should it have done so?</p>	<p>YCO, cluster coordinators, ICCG, cluster member, donors</p> <p>YCO, cluster coordinators, ICCG, cluster member, donors</p> <p>YCO, cluster coordinators, ICCG, cluster member, donors</p>

## Annex 6 – Guidance for FGDs with affected people

Based on the Evaluation Matrix in Annex 1, Focus Group Discussions with affected populations can be carried using the following tool.

### A) INTRODUCTION AND INFORMED CONSENT

“Hello, my name is \_\_\_\_\_. I work for \_\_\_\_\_. This is my team [introduce note-taker(s) and translator]. We would like to understand more about the quality of the humanitarian assistance provided by UNICEF in Yemen and we would value your opinion. During the discussion, I will ask questions about your experiences and my colleague will write your answers down. The answers you provide will not lead to immediate further assistance and there is no direct benefit to you, but your answers will be able to inform future programming. Your name will not be included in any documents or presentations, but we may include the name of this location. The notes from the discussions will remain with us – the members of the evaluation team - and will not be shared further. If you are uncomfortable with any of this, you are free to opt out of participating now or at any time during the discussion. You can also choose not to answer any of the questions. Your choice to withdraw is your decision and it will not result in any penalty or disadvantages to you. There will be no financial expenses for you to participate in this evaluation. You will not be paid for your participation in the evaluation. You are advised to keep focus group discussions (FGD) confidential from anyone outside the group. The discussion will take 60-90 minutes. Please stop me at any time during the discussion if you have questions or concerns. Is it ok to proceed? If you have any concerns or any questions after our discussion you can contact xxx (name of staff from UNICEF/UNICEF partner who facilitated/supported organisation of FGDs)”

Name of participant	Informed consent (Y/N)
1. Name	Y/N

Date:	Location of FGD:  Country:
Start/End Time (if available):	
Focus group discussion facilitator:	
Note-takers:	
Translation used for interview: Yes No	If yes:  Translation from _____(language) to _____(language)
Number of participants in this group (total):	Important note regarding gender:

<p><b>Gender of FGD participants:</b></p> <p><input type="checkbox"/> Females OR males (specify number) _____</p> <p><input type="checkbox"/> 18-29 years (specify number) _____</p> <p><input type="checkbox"/> 29-49 years (specify number) _____</p> <p><input type="checkbox"/> &gt;50 years (specify number) _____</p>	<p><i>Depending on the particular context, it is mandatory that women and men, boys and girls, are separated during focus group discussions.</i></p>
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**B) TEMPLATE FOR GENERAL INFORMATION ON THE FOCUS-GROUP DISCUSSION**

LINES OF INQUIRY FOR FGDs with AFFECTED PEOPLE

Lines of Inquiry UNICEF as operational actor	Questions
<ul style="list-style-type: none"> <li>• Coverage and quality</li> </ul>	<p>How effective was the response?</p> <ul style="list-style-type: none"> <li>• What type of assistance have you received?</li> <li>• What is “quality assistance” for you?</li> <li>• How useful was the assistance to you/your community? Was there a difference between the different type of assistance? If so, what?</li> <li>• What would have happened without it?</li> <li>• Did aid come at the right time? (how long did you have to wait before receiving aid?)</li> <li>• If not, how did this affect you? How were you able to cope without aid?</li> </ul> <p>How inclusive and accountable was the response?</p> <ul style="list-style-type: none"> <li>• Were you consulted about the assistance provided? If so, was your feedback taken into account? How?</li> <li>• Do you / do people in your community know how to complain in case of abuse by aid providers?</li> <li>• Do you know how to provide suggestions/feedback on the aid received?</li> </ul>

Lines of Inquiry UNICEF as operational actor	Questions
<ul style="list-style-type: none"><li>• Humanitarian access</li></ul>	Did the response reach those most in need? <ul style="list-style-type: none"><li>• Do you know on what basis you were chosen to receive assistance?</li><li>• Was the community involved in determining who should receive what assistance?</li><li>• Which members of the community did not receive the assistance? Do you know the reasons why?</li><li>• Which organisations do you trust the most now? Has this changed over time?</li></ul>
<ul style="list-style-type: none"><li>• Other?</li></ul>	Do you have any other comments, recommendations, or suggestions? Do you have any questions for us?

## Annex 7 – Lines of inquiry for light partner survey

In line with the Evaluation Matrix, an online survey will be developed along the lines of inquiry below and distributed in view of gathering insights from UNICEF partners in Yemen. Survey respondents will be anonymous and identified only by type organisation, level/role, and gender to encourage frank and honest responses.

The specific formulation of the survey questions is still to be decided. Unless otherwise stipulated below, the answers will be provided on a 5-point Likert Scale, including an “I don’t know/no answer” option.<sup>19</sup>

Lines of inquiry	Questions
<ul style="list-style-type: none"> <li>Introduction, confidentiality, consent</li> </ul>	<p>and</p> <p>Thank you for participating in this anonymous survey, which will inform the on-going Evaluation of UNICEF’s response in Yemen. The purpose of this survey is to gather perspectives from UNICEF partners on how well UNICEF has carried out its mandate in Yemen.</p> <p>The survey is administered by HERE-Geneva, an independent think tank, it is anonymous, and your responses will not be attributed to you, but will be aggregated with those of others to help inform the analysis.</p> <p>Responding to the questionnaire should take approximately XX minutes. Participation is voluntary. If you decide not to participate, there will not be any negative consequences. If you decide to participate, you may stop at any time. You may also skip or not respond to any question that you do not wish to answer.</p> <p>The evaluation team requests your active consent for participation in this survey. By participating in this survey, you are giving your permission to use the information you are providing in this survey within the stipulations mentioned above.</p> <p>The date for completion of this questionnaire is: XX If you have any questions or concerns about taking part in this survey, please feel free to contact <a href="mailto:karin.wendt@here-geneva.org">karin.wendt@here-geneva.org</a>.</p> <p>Type of organisation you work for: (INGO/local NGO/national NGO/UN Agency/Donor/Government) Cluster/AoR in which you are involved/(co-)lead: (Dropdown box of possible answers) Years working in that location: (Less than 1 year, 1-3, Over 3 years) Type of staff: (International/National) Type of UNICEF partner (non-exclusive list of options, incl. implementing partner, operational partner, RRM partner, sister agency, other) Are you involved in any of the Clusters/AoR (co-)led by UNICEF? (Y/N) If Yes, which?</p>

<sup>19</sup> A Likert scale is a unidimensional scale used to collect respondents’ views. Respondents specify their level of agreement or disagreement on an agree-disagree scale for a series of statements. An asymmetric scale of five possible answers includes the possibility of a neutral answer option.

Lines of inquiry	Questions
<ul style="list-style-type: none"> <li><b>UNICEF AS AN OPERATIONAL ACTOR</b></li> </ul>	<p>Would you say that UNICEF’s response in Yemen has been timely? (Y/N w comment)</p> <hr/> <p>Question for implementing partners: In your operational arrangements with UNICEF, is there an AAP framework in place? Is it implemented?</p>
<ul style="list-style-type: none"> <li><b>UNICEF AS AN INSTITUTION</b></li> </ul>	<p>To what extent do you agree with the following statements:</p> <ul style="list-style-type: none"> <li>UNICEF exercises leadership in inter-agency forums in Yemen</li> <li>UNICEF’s leadership in inter-agency forums in Yemen improves the coherence of the collective response</li> <li>UNICEF’s leadership in inter-agency forums in Yemen improves the quality of humanitarian response plans</li> </ul>
<ul style="list-style-type: none"> <li><b>UNICEF AS A PARTNER</b></li> </ul>	<p>To what extent do you think that UNICEF in Yemen has the right partnership models? To what extent has UNICEF in Yemen collaborated with you? Would you have wanted to see more collaboration? To what extent has UNICEF in Yemen supported you? Would you have wanted to see more support? To what extent has UNICEF in Yemen coordinated its work with yours? Would you have wanted to see more coordination?</p> <hr/> <p>Question for implementing partners: To what extent do you think that UNICEF’s guidance, support or direction on UNICEF commitments and general humanitarian standards been <u>appropriate in relation to other requirements that UNICEF has for its IPs?</u> Are you satisfied with the way in which UNICEF advances the localisation agenda in Yemen? Comment? (comment box)</p>
<ul style="list-style-type: none"> <li><b>UNICEF AS CLA</b></li> </ul>	<p>For those who are involved in any of the UNICEF clusters: To what extent do you think that UNICEF is managing its CLA responsibilities in line with the principles, standards, and roles of the Cluster approach in Yemen? Has UNICEF as CLA contributed to strengthened partnerships in the emergency response? Generally speaking, would you say that the way in which UNICEF has carried out its CLA role has a positive impact on the performance of the cluster? To what extent would you agree that UNICEF coordinates its clusters well? To what extent would you agree that UNICEF provides effective leadership at the cluster level?</p>
<ul style="list-style-type: none"> <li><b>Other</b></li> </ul>	<p>Other comment/suggestion?</p>

## Annex 8 – Text analysis guidance (non-exhaustive)

Criteria	Code	Description/Indicator
<b>UNICEF AS OPERATIONAL ACTOR</b>	Anticipation	Evidence of anticipation planning/contingency
	Increase	Evidence of increase in activity
	Capacity	References to capacity (sub-code: Financial, HR, Supplies)
	NAss	Evidence of Needs Assessment
	Inclusive	Evidence of inclusive community consultation processes
	Human Rights	
	Principles	References to humanitarian principles or related concept
	Protection	Reference to protection or related concept
	Nexus	
	Localisation	Evidence of inclusion of national/local actors
	AAP	Reference to accountability to affected people or related concept
	PSEA	References to PSEA or related concept
	Gender	References to gender-analysis
	Advocacy	Evidence of advocacy re an issue
	Disability	Evidence of reflection around disability
	Context-sensitivity	Evidence of reflection around context
	Cash transfers	Evidence of reflection around systematic consideration of cash transfers
	Collective effort	Evidence of an effort to work collectively
	CCCs	References to CCCs/CCC benchmarks
	Standards	Reference to quality standards (Sphere, Core Humanitarian Standard, INEE Minimum Standards, Child Protection Minimum Standards, Harmonized Approach to Cash Transfers)
InformPrgm	References to issues informing programming (for cross-code analysis)	
InformOps	References to issues informing operations (for cross-code analysis)	
<b>UNICEF AS INSTITUTION</b>	L3 Procedures	Emergency Evidence of use of L3 Emergency Procedures
	Learning	Evidence of lesson learnt
	Data	References to data management/questions around data
	OpConstraint	Evidence of operational constraints related to supply/ logistics, e.g. transportation, warehousing, etc
	PMU	Evidence of impact of Programme Management Unit (PMU) model
	Inter-agency Leadership	Evidence of UNICEF leadership in inter-agency forums
<b>UNICEF AS PARTNER</b>	PartnerFeedback	Partner feedback on UNICEF
	Criteria	Reflections re partnership criteria/compliance procedures
	Partnership model	Reflections re partnership model

	Partnership investment	Evidence of investment in partnership
	LinkStrat-Op	Evidence of linkages between strategic and operational levels
<b>UNICEF AS CLA</b>	ClusterCoord	Evidence of reflections re cluster coordination
	ClusterLead	Evidence of reflections re cluster leadership
	CoreFunction	Reference to fulfilling six core cluster functions
<b>Cross-analysis</b>	Positive judgement	For cross-code analysis
	Negative judgement	For cross-code analysis
	Neutral judgement	For cross-code analysis
	Tension	For cross-code analysis
	Compromise	For cross-code analysis

## Annex 9 –Direct Observation with verbal consent

### DESCRIPTION OF THE EVALUATION AND YOUR PARTICIPATION

This is an assessment for the evaluation of the UNICEF response in Yemen. The evaluation aims to understand the quality and impact of the services and assistance provided by UNICEF.

This evaluation will be conducted over the next few weeks and finalised before the end of the year. We have received the authorisation to conduct this assessment from the local authorities. This location/site has been randomly selected for direct observation, wherein we will observe how the services are provided to you and the other members of this community.

Please be assured that the observations we will record will be treated with the utmost confidentiality and will not be shared with anyone. This information will be used for research purposes only and will only be shared with the members of the evaluation team. We will not record any names nor any biographical details. We may take photographic records of the facilities we are observing and we will do our best to ensure that people are not included in the photos or are not easily identifiable.

The participation in the direct observation is purely voluntary. If you no longer want to continue, you can tell me and we will stop the observation.

BACKGROUND	
Evaluator Name:	
Implementing Partner's Name:	Date of site observation:
Project Title:	
Output: (Indicate the Country Programme Output)	
Name of Site(s):	Location ( <i>Governorate</i> ):  District:

Section 1: Summary of key Findings:		
No	Thematic Area	Positive and Negative Findings
1	Health, Nutrition, WASH, Education	e.g. accessibility nutrition centres, therapeutic food supplements provided by UNICEF being sold in the market, UNICEF labeled bags are not used due to stigma, rehabilitated water facilities instead of construction of new ones
2	Cash/money	e.g. Was the planned budget sufficient? How well it was used as per the plan? What's the impact of the activity using the planned budget?
3	Risks	e.g. risk of IDPs violation due to lack of child protection programmes

4	Partnerships	Who's involved? What are their roles in the engagement? Who should have been involved?
5	Beneficiaries voices (Accountability to Affected Populations)	e.g. completed water point construction has improved access. However, the women from the local community are unhappy since they no longer have some time to chat as they go to fetch water.
6	End User monitoring of programme supplies	Who are using the supplies? What are their feedbacks on the quality, relevance and adequacy?

Section 2: Challenges and Recommendations	
1.	Challenges – for example accessibility to monitor programme implementation
2.	Recommendations – for example use third party to monitor
3.	Additional notes

## Annex 10 – Documentation received/collected in Inception Phase

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- ACAPS, 2022b. Humanitarian Access Overview.
- ACAPS, 2022c. Ripple Effects of The Conflict In Ukraine: Truths & Myths.
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## Annex 11 – List of Inception Key Informants

Name	Organization, Function
Adele Khodr	UNICEF MENA Regional Office (Regional Director)
Bettina Hasel	UNICEF Yemen Country Office (Chief, Human Resources)
Brenda Haiplik	UNICEF MENA Regional Office (Regional Adviser Education)
Claire Mariani	UNICEF NYHQ (Chief, Humanitarian Cash Transfer Unit)
Daniel Ngemera	UNICEF MENA Regional Office (Senior Immunization Specialist)
Gianluca Buono	UNICEF Yemen Country Office (Chief of Field Operations)
Ibrahim Shamakh	UNICEF Yemen Country Office (Evaluation Officer)
Lewis Sida	IAHE Yemen (Team Leader)
Malcolm Savage	ACAPS (Yemen team)
Nicholas Wasunna	UNICEF Yemen Country Office (Emergency Specialist)
Natalia Winder-Rossi	UNICEF NYHQ (Director, Social Policy)
Nor Shirin MD Mokhtar	UNICEF Yemen Country Office (Chief, Education)
Nupur Kukrety	UNICEF NYHQ (Social Policy Specialist)
Robert Stryk	UNICEF MENA Regional Office (Regional Evaluation Advisor)
Sudeep Shrestha	ACAPS (Yemen team)
Sarah Capper	UNICEF Yemen Country Office (Evaluation Specialist)
Violet Warnery	Former UNICEF Yemen Country Office (Emergency Cash Transfer Project)