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EVALUATION REPORT

Evaluation of the DG-ECHO funded Operations in Yemen (2002 – 2005)

prepared on behalf of the:

European Commission - Directorate General for Humanitarian Aid (ECHO)

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1 Executive Summary

A. The Evaluation

The following DG-ECHO funded humanitarian decisions in the Republic of Yemen in the period between 2002 and 2005 have been evaluated: ECHO/YEM/BUD/2005/01000 - ECHO/YEM/BUD/2004/01000 - ECHO/YEM/210/2003/01000 and ECHO/YEM/210/2002/01000.

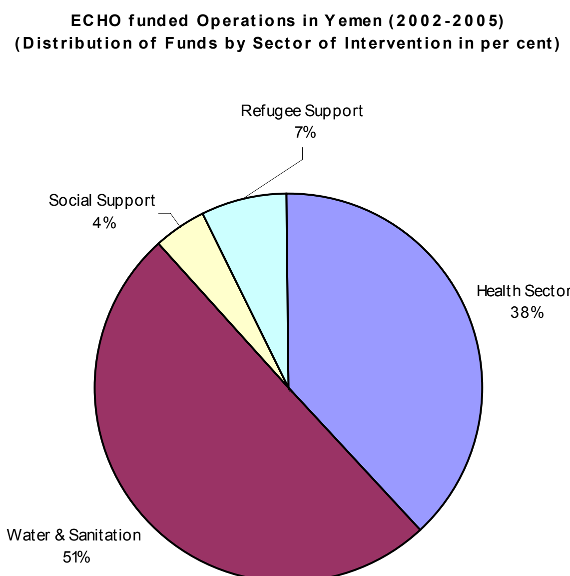

Fig. 1: Distribution of Funds by Sector of Intervention (Yemen 2002 – 2005)[1]

From the total of 6,133,246 EUR of the financial value of DG ECHO support in the reference period, the largest share with 3,084,929 EUR (51%) was contributed to water and sanitation projects. Health related projects accounted for 2,336,000 EUR (38%), support to refugees for 450,000 EUR (7%) and 262,317 EUR (4%) have been invested in social support activities (objectives by decision are provided in Annex 2, details on operations are provided in Annex 3).

Focus of Report: The present report contains the findings, conclusions and recommendations on the different sectors of intervention as well as on the strategy of DG ECHO for Yemen and on the overall operational approach of the DG ECHO operations in the country.

Dates of Evaluation: 01.02. – 02.03.2006 (field mission period)

Evaluators: Dr.-med. Gerhard Astor, Health Sector (Team Leader)
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[1] Rough division by sector – e.g. the refugee support also contains water & sanitation components

B. Purpose and Methodology

Commonly accepted criteria (DAC / ALNAP), which include amongst others relevance, impact, effectiveness, efficiency and sustainability, were applied for the evaluation of DG ECHO operations in Yemen. Strategic, managerial and operational recommendations for potential future operations in Yemen have been elaborated, based on the assessment of the appropriateness and the effectiveness of DG ECHO funded operations in the country since 2002. Furthermore, core aspects of a potential phasing-out and of LRRD have been reviewed.

The evaluation team (public health expert, water and sanitation expert and a sociologist) collected both primary and secondary information and employed participatory methods to incorporate different views of local authorities, beneficiaries and DG ECHO partners project staff members.

The methods used consisted of the following:

- A desk study period in Brussels for an introductory briefing, the review of relevant documents and the planning of the evaluation (including meetings with DG-Aidco, DG-Relex, DG-ECHO);
- Introductory briefings at the DG ECHO Regional Support Office (RSO) in Amman, at the EC Delegation in Amman and with the EC representative in Yemen;
- Briefings with DG ECHO partners and staff of relevant national/international institutions;
- Pre-testing of evaluation procedures and approach with one particular project at the beginning of the field mission;
- Workshops (2) with DG ECHO partners in Yemen;
- Field visits to DG ECHO projects in Yemen;
- In order to increase the efficiency of the assessment the team members worked partly together and partly in separate groups;
- On-going triangulation of findings to cross-check information gained and to elaborate recommendations;
- Debriefing sessions with the DG ECHO partner organisations (workshop), members of the DG ECHO TA in Amman, the DG ECHO Evaluation Sector and the DG ECHO desk for Yemen in Brussels.

During the run of the evaluation, the team received valuable and adequate support from all relevant EC entities (DG-ECHO, DG-Aidco, DG-Relex, ECHO RSO Amman, EC Representative Office Yemen), the DG ECHO partners involved and different other International Organisations, bilateral donors and Governmental Authorities in Yemen.

C. Main Findings and Conclusions

The main findings and conclusions at strategy level are formulated in line with the core evaluative questions defined for the evaluation (documented in the Aide Mémoire of the briefing):

1 Have DG ECHO and its implementing partners adapted their intervention strategies to the prevailing humanitarian needs in Yemen in an optimal manner?

In general it can be stated that all operations have been found relevant to the prevailing need situation of the target population, this is true for the health sector, the water and sanitation sector and also for projects in support of social marginalized groups. The needs assessments have been carried out by DG ECHO partners corresponding to the general needs identified in the DG ECHO sector strategy papers. The evaluation has found that the targeted sectors (rural water supply, primary health care and social sector support) are also prioritised by the Yemeni Government and the international donor community. DG ECHO partners respected the suggested intervention strategy which includes community participation, close collaboration with local technical and administrative services and cooperation with governmental and non-governmental services working in the project areas.

However, as it regards the use of technologies for example in the water sector, with some partners the implementation quality of the water projects showed substantial deficiencies (e.g. too costly solutions or sometimes solutions with design and construction flaws).

With regard to the implementation of the primary health care projects it can be stated that the national cost recovery system will not be sufficient to cover future running costs and the integration in the local administrative and budgeting procedures is not yet fully achieved. It is commonly agreed, that the administrative decentralisation process in Yemen is still weak. The actual state of the capacities and the willingness to participate of the local authorities and the decentralised health directorates is recommended to be analysed through an institutional analysis in the different governorates where DG ECHO partners work.

2 Are the DG ECHO funded operations coherent and complementary and integrated (connectedness) to other actions carried out in the country (Commission Services, other donors activities and the local authorities/structures)?

The DG ECHO funded operations have been found in line with governmental policies (for all sectors).
At local level the implementation was always based on the participation of the target groups (WatSan and health committees) and close collaboration with the local technical services (official health services / water services and social services). The DG ECHO funded operations are furthermore found in complementarity with the development donor approaches (e.g. joint donor programme in reproductive health, water sector coordination group of bilateral donors). One project – polio emergency vaccination - was found well integrated in supplementing the national polio immunisation programme during an emergency case. However, the primary health care projects and also the water and social support projects have not been integrated in the local administrative framework responsible for planning, management and financing and the longer term continuation of many of the projects is therefore at risk. The results of the recommended institutional analysis of the local administrative framework will enable stronger integration.

3 *Has the intervention planning process been effective and efficient in terms of partner selection and operation strategy?*

The selection of DG ECHO partners has been appropriate as the International NGOs (e.g. UNICEF, WHO, UN Entities) have been working in Yemen the since the reunification crisis and the bilateral DG ECHO partners started early after the main crisis in the period 1998 – 99 and can therefore proof long-standing country experience.

The intervention planning process of the partners followed the DG ECHO guidelines, but it has to be noted that often the capacity and willingness of the local partners ranging from beneficiaries to technical partners have not been analysed sufficiently to get reliable information about their financial cooperative capacities (essential for a successful handing over). The DG ECHO partners show different levels of experiences and information concerning the national/local partners such as local authorities and the beneficiaries. The ongoing and more and more strengthened cooperation between the DG ECHO partners will facilitate to commonly use the described information in the future (e.g. joint KAP survey of two NGOs, detailed local authorities analysis of the Governorate of TAIZ, GOPP workshops organised by the EC Delegation).

As it regards the operational strategy in the water sector some important components (e.g. in WatSan the health and hygiene education) have not been adequately addressed. The focus was mainly put on the construction work. In primary health care projects the efforts had initially been concentrated mainly on rehabilitation works and equipment purchasing. In the continued support period of the projects additional soft factors (promotion of providers, training of traditional birth attendance, health promotion and community participation) have adequately been re-enforced.

In order to better balance hard and soft factors of the operations, more technical expertise at DG ECHO level (Water / Health) would have helped to reduce some obvious deficiencies in implementation and also to fine tune the overall operational strategy.

4 *Does the applied intervention logic and the targeting (geographical / beneficiaries) adequately and effectively contribute to the overall objectives of the humanitarian decisions and the objectives of DG ECHO and other Commission Services? Are project appraisals (programming) based on the GNA guidelines?*

DG ECHO assistance in general addressed the vulnerable part of the population (based on observations and findings during the evaluation and on the review of partners needs assessments) in remote rural areas as defined in the objectives of the decisions. DG ECHO partners conducted needs assessments, but due to a missing countrywide needs assessment in the water sector for instance, there are no detailed data for countrywide comparison available. This makes the question on how appropriate the geographical targeting was done very difficult because there might be other communities with similar or even more demand for interventions. In the health sector two regions have been selected, the remote mountainous region of Dhala affected strongly by post crisis problems (occasional political unrest) and the Tihama region with showing high risk of e.g. malaria and major access difficulties. The social support projects address historical and structural problems (i.e. Street Children and Akhdam). All projects appraisals have been based on GNA guidelines (Global Needs Assessment).

5 *Is the operational field coordination well functioning (DG ECHO partners internally and with all stakeholders in the aid provision process)?*

The coordination and cooperation between the DG ECHO partners has been strengthened successively during the last years (e.g. formal working agreements exist between bilateral partners related to KAP surveys and others). Informal cooperation has been established between partners in relation to specific topics such as malaria prevention, malnutrition, equipment purchasing. Bottlenecks are prevailing in standardizing data collection, use of tools for specific activities (e.g. supervision, training modules, audiovisual aids for information, education and communication campaigns).

As it regards the target population DG ECHO partner are working with committees assuring the interlink to the communities and particularly in the health sector outreach activities are part of the implementation process.
However, as indicated by workshop results, none of the DG ECHO partners is currently willing to take on a coordinating function amongst the partners to streamline common approaches and procedures (one reason might be the in-homogeneity between the large INGOs and smaller organisations). With respect to the linkage with and access to governmental decision makers at national level, small NGOs face restrictions. The informal communication and mainstreaming is steadily increasing even between partners involved in different sectors and the use of written agreements for specific joint activities has started.

6 *Are the project planning procedures and the needs assessment procedures required from DG ECHO feasible and realistic (partner complaints review)?*

The DG-ECHO desk has indicated that some partners have complained about the heavy requirements of DG ECHO with respect to planning procedures and needs assessments. During the evaluation the consultants have reviewed the process and found that this statement can be confirmed. One reasons for this is that the Log Frame tool has not been consequently used for planning, monitoring and evaluation. Meaning that unnecessary reporting requirements arise, leading to an overloading of documents to be provided by the partners. Recently DG ECHO has introduced a new follow-up scheme facilitating the reporting requirements.

As the general need assessment of a country and a sector is basically prepared by DG ECHO, the local needs assessment of DG ECHO partners contains the provision of complementary information of the targeted beneficiaries including the socio cultural assessment of knowledge attitudes and practices (KAP) of the different strada of the targeted communities. To cope with the very demanding local needs assessment different DG ECHO partners in Yemen teamed up to jointly elaborate the surveys. In response to the critical statements, the DG ECHO desk intends to provide particular training to assist partners in complying with the DG ECHO requirements.

7 In how far are the (implementation) criteria used during planning and how have the compliance with these criteria have been supervised at DG ECHO and at partner level.

The guidelines for project planning and management include a large spectrum of working tools such as needs assessments, sector analysis, KAP-survey, PCM, target oriented project planning and operational planning based on the Log Frame. The expected results are controlled according to measurable indicators. The DG ECHO desk in cooperation with the DG ECHO TA in Amman closely monitor the compliance with the pre-set criteria, the internally used monitoring sheet properly records the proceedings. In a few cases DG ECHO had to recommend corrections of criteria and indicators, to extent the project period or to recommend external experts to assist and adjust (good practice for management). When looking at the formulated criteria it becomes obvious

that the partners do not use harmonised approaches and related criteria for comparable operations. This creates somehow difficulties when trying to compare similar types of projects.

8 *Will there be a substantial added value if DG ECHO partners implementation procedures will be harmonised in the future (e.g. guidelines for implementation procedures in sector interventions)?*

The evaluation found that the DG ECHO partners utilise different approaches in similar operations. One problematic issue is that DG ECHO suggests in its sector papers for Yemen a multitude of recommendations covering a large variety of eligible activities. Partners try, when drafting their proposal, to cover most of the recommendations – but with strongly varying focal activities. This causes that the operations does not always follow harmonised approaches. (Remark: The DG ECHO recommendations are based on global needs assessments. Here it is DG ECHO´s understanding, that the partners have to select their areas of intervention according to their institutional capacity and professional know-how). For the up-coming implementation stage (follow-up projects in the pipeline) it will be of value-add to harmonise approaches in concentrating on commonly agreed core activities.

9 *Do the DG ECHO funded projects respect the cross-cutting issues, which are of major importance to the prevailing situation in Yemen in their conception and implementation (Access and Aid Workers Security, LRRD, Gender, Children, Refugees)?*

All DG ECHO partners included and respected gender equality aspects in their project planning and implementation in an adequate manner. Women, children and other vulnerable groups were given particular attention. Environmental risk aspects have likewise been taken into consideration (e.g. WatSan: ground protection against diesel, source catchments with access for wild animals / Health: hospital waste and incinerators / Social: latrine constructions).

DG ECHO partners have actively contributed to the positive visibility of DG ECHO in Yemen with using most of the methods suggested by the DG ECHO Visibility, Information and Communication Guide (ranging from sticker placement to intense media communication[2] in Yemen, Europe and international publications).

Aid Workers Security is so far not a critical issue according to partners - none of the partners reported difficulties in this respect, however as Yemen is known for targeted kidnapping and other incidents like unrest in particular regions, the security issues needs to be monitored (this is done by the TA in Amman who reports regularly to the desk). Every DG ECHO partner is requested to prepare a security plan and to proof it to DG ECHO.

10 *In how far is the preparation of a phase out a realistic mid-term option (3-5 years) for DG ECHO?*

As the majority of the projects operate now in a rehabilitation/development environment in the country and quite a number of projects (water sector / health sector) suffer or are expected to suffer from missing aftercare services/continued support/financial sustainability and therefore putting the investment at risk, it is strongly recommended to prepare an organised phase out (organised means identifying feasible handover options to local structures or to development donors). The staff re-enforcement in the EC Delegation might help to accelerate the process of handing over to

[2] e.g. particularly all social projects, which included a specific component for mass media communication – TV, Radio, Press (advocacy component).

development instruments and to optimise the donor coordination in this respect. The condition is that the development donors are willing and capable to finance NGO projects continuously - also accepting operations in remote areas and at small financial volumes (very time consuming to monitor "micro projects"). The evaluation revealed some supplementary fields of intervention where DG ECHO support is recommended (e.g. Disaster Prevention and Refugee Support).

Remark: Some evaluative questions have been skipped due to the fact that no general statements are possible (e.g. analysis of projects according to DAC criteria). These questions are answered in the particular sector report chapters.

Implementation of Operations (core findings)

Water & Sanitation Projects - The majority of DG ECHO funding has been invested in Water & Sanitation related operation in Yemen (about 51% or 3,084,929 EURO). The DG ECHO operations can be called relevant due to the severe supply situation for clean water in rural areas and are in line with the national reform policy agenda in Yemen. In terms of targeting, the operations addressed needs in obviously poor communities with often showing serious water supply constraints. As there is no countrywide needs assessment available, the DG ECHO partners selected the operation regions and conducted their own needs assessment in these regions (some DG ECHO partners have realised studies in different governorates). In general the reviewed WatSan projects can be called effective in providing sufficient quantities of clean water to the target population. The reviewed projects reached their targets mostly in time and in near to all projects unit costs have been low to moderate (12 – 70 €/Benef. as compared to local standards of 100 €/Benef.). With the exception of two projects, all other projects can be considered as development type interventions. Projects would have benefited from longer funding periods (sustainability) and amended approaches such as intense hygiene measures like hygiene promotion and the construction of latrines (impact) and of extended after-care service – as the funding periods of DG ECHO are of max. 18 months in the case of Yemen, these measures could not be deployed as intensively as required to assure sustainability. Also the sometimes poor technical quality/design of the constructions put the sustainability at risk. All partners introduced cost-recovery schemes through water committees to ensure the day-to-day operation and maintenance. However, in some projects, due to costly systems, the evaluation has doubts if the (very) poor target group can afford to pay for Operation & Maintenance (O&M)/water fees (expectation: about 5 out of 8 reviewed projects have a good to moderate chance to be maintained over the say next 5 years). The Operation and Maintenance resources are reduced by the fact that many beneficiaries being of recognised poverty receive a certain quantity of water free of charge, whereas the actual drop-out rate of the cost-recovery system was never monitored (those who are going back to their traditional water resources).

Health Projects – The health projects are targeted to reach the most vulnerable groups such as women in reproductive age and children under five in remote areas. This targeting in terms of areas and vulnerable groups is fully relevant.

The projects are categorised in two groups. Category one is the contribution to national programmes such as emergency immunisation activities in response to polio outbreak (covering 4 mio. children country wide) and emergency obstetric care including early risk detection and the organisation of referral to high specialised obstetric care. The ECHO support contributed to increase effectiveness and coverage (e.g. national programmes achievement: 95% coverage for the polio immunization campaign).

The category two concerns the promotion of primary health care and mother and child health through rehabilitation and equipment of facilities and the promotion of the capacities of public health providers. All projects are in line with identified needs, the national strategies and the priorities of bilateral and international donors. The operations have successfully been implemented and reached the targets formulated in the project proposals, mostly in time. The unit cost per beneficiary in the PHC projects reached at average 11 EURO/Benef. and was found reasonable, as it includes the costs of rehabilitation works and equipment purchase according to the standards of the Ministry of Public Health and Population. Necessary extensions have been accepted by DG ECHO with out increase of costs. The operational capacities of DG ECHO partners are characterised by high professionalism and dedication. As it regards the impact, projects have resulted in reducing the health expenditures of the target groups through outreach activities (e.g. home deliveries, reduced nutritional risks). The district health services could extend its essential health service delivery despite its very limited financial resources. Those projects which contributed to the national programmes will continue also with out DG ECHO funding as the financing is assured by the Yemeni Government and the donor community. As it regards the primary health care projects, being part of the decentralised public health care system, an integration in the local planning and financial mechanisms is the condition for sustainability – which is not yet fully achieved.

Support to marginalized Groups – The evaluation includes the support to street children, Akhdam and the support to refugees under marginalized groups. When reviewing the projects related to these groups the evaluation found all operations relevant and its conception coherent and complementary to local Yemeni policy. Needs assessments and project planning exercises have been carried out properly. Both projects, street children and Akhdam support have been found well embedded into the local context. The street children project successfully worked with a network of 15 local NGOs/CBO´s and the Akhdam support project cooperated positively with municipal authorities on two re-location/re-housing sites. The operational capacities of the DG ECHO partners involved can be called excellent. Where the direct support to refugees falls into the genuine DG ECHO activities, the support to the street children and the support to the Akhdam addresses more long-time prevailing social problems (structural) in the country.

DG ECHO's presence in Yemen

The DG ECHO operations in Yemen have been justified under the Forgotten Crisis definition (current ranking 8 of 10, where score 10 identifies a crisis as forgotten crisis). The DG ECHO projects implemented in the period 2002 – 2005 in Yemen operated in an environment between rehabilitation and development. Two of the DG ECHO projects however addressed acute emergencies (e.g. Polio outbreak response and WatSan project after a hurricane) and another project supported the refugees in a camp site in the country. All other projects responded to post-crisis problems linked to structural chronic needs (rehabilitation measures in the health sector and in the WatSan sector).

The situation for the most vulnerable groups remains difficult and there is no sign of rapid improvement of the prevailing situation specifically in the rural areas, particularly targeted by the DG DG ECHO partners . In this context, the vast majority of the projects implemented have been found relevant and most often well targeted (beneficiaries, location, type of intervention). Future outbreaks of prevailing conflicts and the potential opening of non-accessible areas (e.g. the Northern Region), which suggest to result in substantial humanitarian needs and which will require rapid humanitarian interventions, are hardly predictable. Due to the climatic situation in addition, the repeated outbreak of Polio can arrive at any time despite of the improved vaccination-supervision system (see also chapter 5.4.1).

Exit strategies for humanitarian actors, especially in the grey area of transition from recovery to development after a crisis are still considered as major challenges. When looking at the instruments/basis for decision making on a potential exit (GNA, FCA, Humanitarian Aid Regulation) these help to find arguments for decision making but also create sort of a dilemma as even within DG ECHO the understanding and interpretation varies. The consultants have used the instruments for considerations and for argumentation (but it must be stated that the present evaluation is not an audit of compliance with one or the other instrument/document).

Most of the projects reviewed are currently operating in an environment requiring longer-term development interventions rather than short-term and timely limited interventions. They are obviously addressing substantial needs of the population. DG ECHO has taken this aspect into consideration by e.g. financing successive primary health care projects in the same regions, each time with complementary actions based on lessons learned. For the DG ECHO funded projects (see water, social and health sector part of the report), it would be beneficial to the projects if they would now be taken on by a development donor/ development instrument in order to address longer-term objectives (but here DG ECHO needs to build in measures in already planned projects to enable an organised handing over).

Linking Relief Rehabilitation and Development (LRRD)

The procedures related to LRRD and the actual and successful implementation of LRRD are considered by DG ECHO partners as major challenge (see workshop results). Two projects have successfully managed the LRRD process to hand over project activities (social projects) to another EC funding instrument (AidCo). For the primary health care projects, funded by DG ECHO it will be easier to enable successful LRRD as continuation of health projects in the same areas with the same partners are planned to start in 2006 (to assure this, feasible LRRD procedures need to be formulated and applied from the beginning). In the water sector, the evaluation found that the majority of the funded projects scored moderate to reasonable on sustainability. Here it would be possibly of value to review the projects after a period of about 1 year to identify if the applied approaches allowed to sustain the water supply for the target population as the project have been or will be handed over to the communities.

Successful LRRD requires proper planning of operations right from beginning and intense assistance coordination and exchange amongst DG ECHO partners, local actors and the donor community. Here it is expected that the extension of the EC presence (from EC representative office to EC Delegation) with its increase in also technical staff will contribute significantly to the coordination between humanitarian assistance and development assistance (facilitating the difficult to manage continuum from relief to development). DG ECHO partners who are currently seeking for long-term development funding with the EC (Delegation) will be given the resources to adapt their project planning (PCM / Logframe) - in time and if necessary external assistance/consultants can be involved (see also Annex 8 for further considerations regarding an organised phase-out).

D. Lessons Learned

It is of major importance that DG ECHO partner proposals include feasible options for handing over or alternative funding or if there is no option at all, the proposal needs to explain why in a particular situation LRRD options are not feasible at all (in terms of a continuum). This in particular in the current Yemen context (operation environment between rehabilitation and development).

When addressing needs in a region or country (post crisis like in Yemen) over a longer period of time, humanitarian assistance with its shorter term funding can certainly address acute problems of

particular vulnerable parts of the population and is able to adequately respond to sudden crisis situations (e.g. natural disasters, outbreak of diseases) but risks to fall short with respect to sustainability (e.g. local administrative integration aspects, aftercare services, etc.).

E. Recommendations

General Recommendations

- DG-ECHO to start the phase-out process from its water, health and social sector support, as the current operation environment can be considered as between rehabilitation and development. In this process the projects need to be handed over to either local entities/actors or international development donors. In this process it has to be prevented that already placed investments get lost. The risk here is that international and bilateral donors are mostly financing large scale projects at national and governorate level and that smaller projects in remote areas does not match their schemes. As the DG ECHO partners are mostly working in remote areas it has to be assured, that the donors are also willing to finance small scale projects in those areas. Maintaining the funding of partners operating in rural (from e.g. different EC budget lines or other donors) is recommended, also due to the fact that the substantial needs of vulnerable groups in rural areas will prevail.

- It is recommended that DG ECHO takes the necessary steps to increase the degree of sector relevant professional expertise in support of project planning, implementation and supervision. This can be realised through the financing of short-term experts as already requested by the DG ECHO partners and expressed again during the evaluation workshops in Sana'a. The already initiated staff enlargement in Amman (Medical and WatSan Expert) and the capacity improvement of the EC Delegation in Sana'a are the right steps to improve the relevant expertise of DG ECHO in the region.

- Improvement of the common understanding and functioning of the PCM application (Project Cycle Management). The evaluation in particular recommends to use the Logical Framework not only as planning tool but also as monitoring instrument in order to simplify the entire monitoring process. This includes (EC PCM manual 2004) the application of goal-oriented project planning methods (GOPP or OOPP objective-oriented project planning). This participative approach will allow the early integration of all stakeholders including the beneficiaries in the project management, monitoring and evaluation. If the problem analysis related workshop is considered to be insufficient to define reachable goals, complimentary studies such as institutional analysis, further stakeholder analysis and KAP surveys with the participation of the beneficiaries are recommended.

- Reinforcement of the DG ECHO partner coordination process in order to streamline approaches and tools such as the standardisation of data collection and survey processes.

- For specific inter-sector activities like socio-cultural surveys and specific programmes like health education and information, education and communication programmes the collaboration with national and expatriate experts should be sought and financed by DG ECHO. This is recommended for all sectors of DG ECHO support.

Priority Sector Recommendations[3]

Water & Sanitation:

- Most of the projects should be transferred to a donor with a development mandate – to assure longer-term support with an extended set of adjacent measures (extended after-care period, hygiene promotion, etc.).

- In case of continued support in short-term assistance, the DG ECHO partners need to be stimulated to utilise the most simple and cost-efficient solutions in view of the extreme poverty of the target groups (e.g. prevent high costs for O&M of the systems).

- The monitoring and technical supervision of the projects needs to be assured (e.g. by DG ECHO TA staff, external experts) in order to prevent observed conception, design and construction flaws in the future.

Health Sector:

- For the two succeeding primary health care projects (to be started in 2006) early integration in the local administrative and financial planning and management process is needed to prepare hand-over and to assure sustainability. More information about the decentralised administrative system is required. This information can result from a sector and institutional analysis financed by DG ECHO (e.g. one DG ECHO partner conducted a limited study in this respect). The results would facilitate "early integration" of DG ECHO inputs in the health sector.

- It is recommended to use absolute data (baseline data) of health service provision in order to facilitate planning and monitoring of the technical assistance provide by the DG ECHO partner projects to the public health facilities. This will allow to compare the situation before and after an intervention.

- The DG ECHO need assessment covers a large spectrum of health needs assessed in Yemen. DG ECHO partners need professional assistance to streamline these recommendations to practical operational and focussed activities in order to prevent an overloading of single projects with too many activities.

Support to marginalized groups:

- Humanitarian assistance to refugees in Yemen is recommended to be maintained, and further developed, both through UNHCR as well as through other partners (national, international) due to the ongoing (increasing) inflow of migrants and refugees.

[3] Extended sets of recommendations by sector are presented in the main body of the report

2 Terms of Reference and Methodology

2.1 Terms of Reference

As described in the ToR, the first external evaluation is justified by §18 of Council regulation (EC) 1257/96 on humanitarian aid: "DG ECHO therefore wants to have an independent evaluation of its recent work and a professional opinion as to how DG ECHO should proceed in the country. DG ECHO's assistance will likely continue for the next 2-5 years at least." "To begin with, the evaluators will assess the objectives set out under the funding decisions in favour of Yemen adopted in 2002 – 2005. Subsequently the evaluation will contribute to the next funding decisions in the area."

Concerning the ability of DG ECHO to phase down and to phase out the following statement is given in the ToR: "Despite the difficulties facing the country it is hoped that by means of economic development and the strengthening of the nation state now over a decade old, that DG ECHO will eventually be able to phase down and phase out. However, the latest analysis of the Worldbank indicates that the social and political situation is likely to deteriorate. Until improvements materialise for the vulnerable, DG ECHO will continue to assess existing needs and to respond to them as much as possible." The issues of phasing out have been discussed during the briefing in Brussels and the evaluation team has given special attention to related questions during the field mission.

2.2 Methodology

The evaluation criteria have been developed according to relevant DG ECHO documents, such as "Evaluating Humanitarian Action funded by the Humanitarian Aid Office of the European Commission", A guide, Edition 2002, the ALNAP[4] guidance, the GNA guidelines for exit criteria, and the OECD's guidance for evaluating humanitarian assistance in complex emergencies. The evaluation team has tested its procedures jointly in the EMDH street children project in Sana'a in order to identify overlapping and crosscutting issues to be taken into consideration. In addition to the sector relevant questionnaires, joint checklists have been prepared and applied.

According to EU PCM regulations a stakeholder analysis including all persons met from national to local level has been carried out in a simplified way, due to the time limits of the mission. As recommended in the ToR, two moderated meetings (workshops) have been held at the beginning and the end of the mission (15.02. and 01.03.2006). The evaluation team leader also participated in the desk/field mission meeting of all DG ECHO partners in Yemen on 14.02.2006.

The visits to the DG ECHO partners included discussions at the country head offices of NGOs and UN agencies, as well as field visits to the project sites. In order to facilitate interviews with the target groups, especially women, as well as stakeholders at committee, village, district, governorate and national level, local female translators have been assigned to the evaluation team.

Considering that evaluation is not a one-sided appraisal of projects, but rather an objectives oriented communication, fact finding, and learning process, evaluation team members have occasionally contributed to improve the dialogue between the DG ECHO partners and other stakeholders. One such example is: the EU sponsored *"Resources CD, Yemen Health Sector, elaborated by the Ministry of Health, November 2005"*, has been distributed to health related DG ECHO partners and to other actors, as it contains valuable general documentations on the country and on other sectors.

[4] ALNAP, Guidance 2003 active learning network for accountability and performance in humanitarian actions (EU ECHO)

In line with the desk mission report March 2005, according to which the *"NGO partners in Yemen need to improve coordination to increase efficiency"* the evaluation team also searched for DG ECHO partners being willing and able to contribute actively to coordination. As it will be described in the workshop results no partner is actually ready to take over a coordinating role.

In a number of cases, preliminary findings per project and DG ECHO partner have been sent to Yemen in order to get a feedback and to reach agreement on the findings. In those cases where it proved impossible to reach agreement on certain findings, assessments or preliminary recommendation, the deviating views are included in the project evaluation sheets.

According to the ALNAP guide for evaluation of humanitarian actions the evaluation emphasised as well as on lesson learning as on accountability (see Table 1). The lesson-learning approach gave the possibility for the use of participatory methods and accountability emphasized impact assessment and the use of DAC criteria. Applying both approaches has been chosen, as the DG ECHO partners in Yemen are present since years and will continue with similar projects, even if some of the actions have been terminated indicating an ex-post evaluation.

Evaluation approach	Lesson learning	Accountability
Examples of evaluation types	Self-evaluation, real time evaluation, process documentation, empowerment evaluation	Objective-based studies, impact assessment, ex post evaluation
Main current use	Intra-organisational learning	Reporting to founders, boards and the public
Main focus	Establishing why results were or were not achieved	Establishing whether results were achieved or not
Main methods used	Qualitative and participatory, e.g. Participatory Rural Appraisal	Quantitative e.g. collation of nutritional data
Use of DAC criteria	Less likely to use the DAC criteria	More likely to use the DAC criteria
Main problems	Information generated may not be considered credible because of lack of 'objectivity'	Tends to be non-participatory and may be viewed as a threat by those being evaluated

Table 1: Evaluation approach by core aspects (Lessons learning & Accountability)

The evaluation has been divided in desk and field study. The deskwork concerned the identification and analysis of different types of documents. In order to analyse the DG ECHO strategy including the questions related to facing down and facing out basic documents like global need assessment (GNA), forgotten crises assessment (FCA) and LRRD papers and guidelines such as Sphere have been read carefully as the evaluation should contribute to identify relative arguments for facing out or for the continuation. The operational and sector strategy is described in the general decision papers covering all sectors and the specific position papers for each sector. In addition the documents of each project are ranging from the proposal over decision to need assessment, management, evaluation and final reports. To compare DG-ECHO's interventions with the European Commission strategy's, ongoing and planned projects the country strategy papers and the indicative programme have been carefully looked trough in order to identify coherence and complementarity. General and specific sector documents of the different Donors, especially in the water and health sector have been gathered and evaluated. In addition according to the terms of reference it has been requested that the experts give specific attention to guidelines and concept papers such as the WatSan Guide and the review of cross cutting and other key issues report prepared by consulting firms.

3 Context of the Situation in Yemen

3.1 Introduction

The following description of the Yemen context is based on EC and DG ECHO documents indicated as footnotes at each chapter. Giving an overview of the political, demographic, economic and humanitarian situation. Development strategies and concepts of the GoY and contributions of the European Commission and other donors to solve the countries problems and to respond to basic needs of its population are presented as well as implementation difficulties faced. Statements and observations of the evaluation team are added when felt necessary for the improvement of understanding.

The following description was felt necessary in order to find answers for main questions, such as:

- Do the DG ECHO financed activities respond to the basic needs of the population, especially of vulnerable groups?
- Do the priorities defined by DG ECHO correspond to national priorities?
- Are DG ECHO actions realised either under humanitarian or development aspects?
- Do the DG ECHO Partners take the national development strategies as well as the implementation difficulties into consideration in the frame of their project cycle management process?

The context description is based on the Country Strategy Paper[5] (CSP) for the period 2007-2013, DRAFT 12, 05/01/2006 of the European Community and on additional documents of international and national organisations[6].

3.2 Actual situation of Yemen.

3.2.1 Political situation

In February 2006 the President has changed the government members. A new Minister of Health has been appointed. Actually it is still unclear, if personal changes will follow, influencing the collaboration between projects and the MoHP. Presidential elections will take place in September 2006, combined with Local Council elections. As in 1999, one women candidate is participating.

Yemen is a democratic state since unification in may 1990 based on a multi-parliamentary system. The executive branch is the president and the council of ministers and legislative branch is maid up by the Shore Council and the House of Representatives (parliament). The president those of the parliament are elected nominates the members of the Shura. Guaranteed by constitution the judiciary is independent. GoY has ratified international human rights conventions and the Ministry of Human Rights is operational. Despite those facts substantial gender inequality can be observed.

The administrative system is strongly influenced by the traditional systems of tribal leaderships, ethnic-religious groups, the members of the noble Sai-yd families (Mohammed al-Azzazi development of the Arabic republic of Yemen, 1978), powerful enlarged families with high

[5] European Community, Yemen, Country Strategy Paper CSP for the period 2007-2013, DRAFT 12, 05/01/2006

[6] UNDP, *2005 Human Development Report*, September 2005. GoY, Ministry of Planning and International Cooperation, *2003-2004 PRS Progress Report*, 2005. World Bank, *2005 World Development Report*, 2005.

positions in the private sector and their leaders with local and outside of country residency. Both systems, the contemporary administrative and the traditional one have to be considered for project planning, implementation and for building up acceptance and sustainability. They influence community participation, organisation of cost recovery systems and the identification of poor families to be covered by solidarity measures. Project visibility and advocacy depends often on the opinion of the traditional stakeholders (see Polio vaccination campaign)[7].

Advocacy through media is quite difficult in spite the strong, politically engaged written press. A recent draft press law brings some improvements, safeguarding journalists from imprisonment over their profession, but at the same time increases the state's control and limits the access to the profession. The influence of newspapers is limited due to the low literacy rate and TV and Radio are under the control of the Ministry of Information. Nevertheless, the media are also used e.g. in the frame of health education/promotion and critical observations on health service performance. In February, the publication of one newspaper had been forbidden, but the owner reacted by changing the name of the paper.

Security problems are linked to international and national conflicts. The government joined the US-led war on terror. This approach is appreciated internationally but raised hostility among the population. At national level conflicts can be due to traditional social structures differences. Rural-urban disparities, widespread poverty, an uneven distribution of resources linked to corruption and the slow advancement of reforms and democratisation increase discontent. Kidnapping is often linked to demands of the population getting no response to specific, sometimes existential demands as water supply. E.g. in Sa'ada, "escalation took a new turn with a death toll of 60 from both sides"/ "23 Al Qaeda suspect escape from political security prison", Yemen Times, 03.02.06.

3.2.2 Population

The population of 20 million (2004) will almost double in 20 years, as the actual annual cross rate is 3.1 %. Almost half of the population is below 15 years. The fertility between 1997 and 2003 dropped from 6.8 to 5.8 children. The population is unevenly distributed all over the 21 governorates and approximately 41,800 villages: 24% live in urban areas, and 74% live in settlements of less than 5,000 people, with negative impact on the delivery of basic services.

3.2.3 Human development data

Data are available for different indicators between 1990 and 2003 according to the presentation "Republic of Yemen at a glance" in the draft EU Country Strategy Paper as shown below:

Republic of Yemen at a glance

HUMAN DEVELOPMEN[8]	Yemen		LDC	Arab States
	2002	2003	2003	2003
Human development index value (max.: 1)[9]	0.482	0.489	0.518	0.679
Human development index rank (of 177)	149	151	-	-
GNI per capita[10] (Atlas method, US$)	490	520	-	-

[7] Yemen Times Article about Polio vaccination problems, 02.02.06
[8] EC Country Strategy Paper 2006 (draft)
[9] HDI: A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

[10] GNI: The sum of value added by all resident producers in the economy plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Value added is the net output of an industry after adding up all outputs and subtracting intermediate inputs. Data are in current US dollars converted using the World Bank Atlas method.

HUMAN DEVELOPMEN[8]	Yemen		LDC	Arab States
POVERTY[i]	1998	2003	2003	2003
Human poverty index value[11] (%)	49.4	40.3	-	-
Human poverty index rank	76th / 85	77th / 107	-	-
Poverty (% of population below poverty line)	41.8	40.1	-	-
Rural poverty (% of rural pop. below poverty line)	46	45.7	-	-
Urban poverty (% of urban pop. below poverty line)	30.8	21.1	-	-
Annual labour force growth rate (%)	-	3.7		
DEMOGRAPHIC TRENDS	1975	2003	2003	2003
Total population (millions)	7.0	19.7	-	-
Annual population growth rate (%)	3.7	3.1	2.3	2.0
Urban population (% of total population)	14.8	25.7	26.7	54.7
Population under age 15 (% of total population)	-	47.1	42.2	36.3
Total fertility rate (births per woman)	8.5	6.2	5.0	3.7
HEALTH STATUS	1970-75	2000-03	2003	2003
Life expectancy at birth (years)	39.9	60.3	52.2	66.9
Infant mortality rate (per 1,000 live births)	202	82	99	48
Under-five mortality rate (per 1,000 live births)	303	113	156	61
Maternal mortality ratio[12] (per 100,000 live births)	-	570	-	-
Population undernourished (% of total)	-	36	33	9
Children underweight for age (% of under age 5)	-	46	-	-
WATER AND SANITATION	1990	2003	2003	2003
Access to improved water resources (%)	69	69	61	84
Access to sanitation (%)	21	30	35	66
EDUCATION	1990	2003	2003	2003
Adult literacy rate (% ages 15 and above)	32.7	49.0	54.2	64.1
Net primary enrolment ratio (%)	52	72	-	-
Net secondary enrolment ratio (%)	-	35	-	-
Children reaching grade 5 (% of grade 1 students)	-	76	-	-
GENDER	1998	2003	2003	2003
Gender-related development index value[13] (max.: 1)	0.389	0.448	-	-
Gender-related development index rank	133rd / 143	121 th / 140	-	-
		Men / 2003	Women /2003	
Life expectancy at birth (years)		59.3		61.9
Labour force participation rate (% ages 15-64)		83.5		32.2
Adult literacy rate (% ages 15 and above)		69.5		28.5
Primary completion rate (% of relevant age group)		82		48

Table 2: Human Development Data – Yemen at a Glance

[11] HPI-1 (for developing countries): A composite index measuring deprivations in the three basic dimensions captured in the human development index—a long and healthy life, knowledge and a decent standard of living.

[12] Adjusted figure based on review by UNICEF, WHO and UNFPA.

[13] GDI: A composite index measuring average achievement in the three basic dimensions captured in the human development index—a long and healthy life, knowledge and a decent standard of living—adjusted to account for inequalities between men and women.

3.2.4 Poverty

The absolute poverty dropped slightly from 41.8 % to 40.1 % between 1998 and 2003. 78 % of the poor live in remote rural areas. Other groups like displaced people from the Golf and marginalized groups like Akhdam represent urban poverty. The UNDP 2005 Human Development Report ranks Yemen 151 among 177 countries on its Human Development Index.

To cope with poverty, the traditional linkages between families and tribes are very important. At village level, committees for the Watsan or Health sector are aware of the poverty level of different families and special arrangements are taken to cover survival costs (lower prices for water, certain amount of water per month free of charge, health provision free of charge or co financed by families or neighbourhood members).

The formal safety nets include: (1) government cash transfer programmes, such as the Social Welfare Fund, (2) social security programmes chiefly consisting of pension funds to civil servants, the police and armed forces, (3) donor supported employment generation programmes, such as the Social Fund for Development, the Public Work Programme and the Rural Access Programme.

3.2.5 Health

The data concerning the health situation differ quite strongly according to sources even between EC and DG ECHO documents by comparing the above shown table of Yemen at a glance (CSP) and DG ECHOS need assessment indicators[14]: Ranked 141 of 191 countries worldwide in 2000 world health report. 20 Millions total population in 2004. 75% of the population live in rural areas. Life expectancy at birth 61.4. Poverty rate 42%. Fertility rate 6.7. As two main vulnerable groups have been identified and prioritised by humanitarian assistance and the access level to public health providers, the evaluation proposes to use the related data as working basis such as: 1. Maternal mortality rate 351 to 1.400/100,000. 2. Under five mortality rate 85 to 114/1,000. 3. 45% of the population has access to PHC. In relation to WatSan the actual access data are important –"68% of rural population has no access to potable water" (see Table 3) and for the specialized health unit-obstetrics- that only "14% of women are assisted during delivery by qualified staff nurse or doctor". Audiovisual media used for health education should consider the data about illiteracy, " Illiteracy reaches 77% for women and 34% for men in rural areas". Indicators as "understaffing" (of health facilities) in rural areas is not a measurable information.

According to the CSP, the following is stated: Yemen has improved the health of certain vulnerable groups such as children when using e.g. mortality as indicator. Infant mortality rate (per 1,000 live births) dropt from 202 in 1975 to 82 in 2003. Malnutrition of children still persist affecting nearly 50% (46%/2003) of children under 5 years showing the high risk situation of this group. Women in reproductive age are vulnerable as indicated by the high maternal mortality ratio per 1,000 live births of 570 in 2003. Even if the total fertility rate (birth per woman) shows a declining trend from 8.5 in 1975 to 6.2 in 2003, high risks are persisting. (In the same report: the fertility rate in 2003 was 5.8 children per woman/5.1 in the LDCs, 3.8 in the Arab countries).

The weakness of the health system is partly due to the low public expenditures, being insufficient to provide basic health care, equipment and medical supplies. The modest increase from 1.4% of GDP in 2002 to 1.9% in 2004 has already changed in 2005, dropping again to 1.7 % of the GDP despite the targeted 2.2%[15]. UNDP in a progress report on the Millennium Development Goals states that based on current trends Yemen is unlikely to achieve the MDGs by 2015, with the possible

[14] Sources "Demographic and health survey 1997"; World Bank " Comprehensive development review – health sector 2000; WHO

[15] GoY, Poverty Reduction Strategy (PRS), Progress Report for 2003 and 2004, April 2005

exception of achieving universal primary education (Goal 2) and reducing under-five mortality (Goal 4)[16].

3.2.6 Education

With an enrolment rate of only 65% and an adult literacy rate of only 39% the education level is low. Latest figures indicate that adult literacy level have increased during the last decade, from 32.7% in 1990 to 49% in 2002 (still low compared to 54.2% for the LDCs and 64.1% for the Arab States). Nationwide, 69.1% of females 10 years old or older, and 27.3% of males, are illiterate.[17] Enrolment in primary education has increased from 25,000 students in 1970 to more than 4,000,000 in 2003, but barely offsets the population growth rate and remains lower than in comparable countries. Women, especially in rural areas, are hugely disadvantaged by their poor educational status: 55% of primary school-aged girls attend schools countrywide and less than 30% in rural areas, where female literacy is only 20%. Great steps in improving access to education, with strong commitment of government and donors are ongoing. Education spending as a share of GDP and of budget expenditure in Yemen is relatively high: the overall financial allocation has expanded from 5% of GDP in 1996 to 7.5% in 2003, falling back to 7.1% in 2005.

3.2.7 Gender

In Yemen the gender gap is widening. Women, especially rural women and girls, are worse off than men for almost all socio-economic indicators. In 2004, Yemen ranked 126th out of 144 countries in the UNDP Gender-related Development Index, the worst performer of Arab states (UNDP HDR, 2004[18]). Only 29% of adult females are literate, compared to 69% of males. 52% percent of girls enrolled do not complete primary school, against 18% of boys, the largest gap amongst the Arab countries. Women are confined to domestic tasks and agriculture only: women do over 70% of agricultural work. Economic decisions and relations with the outside world remain under the remit of men. While traditions protect women from violence, evidence shows a growing trend in domestic violence. The lack of female participation in all levels of society will continue to marginalize women despite political commitments. Early marriage represents a cause for these phenomenon's and another big obstacle to gender equity.

3.2.8 Qat

Qat[19] is a subject of primary importance for Yemen. Chewing *qat* is considered a central element of identity, but unfortunately has strongly increased in the past thirty years, among men, women and even children. *Qat* is the main cash crop[20] in Yemen: it occupies 11% of the cultivated area, it represented 32% of the agricultural added value in 2003 and employed around 24% of the agricultural labour force. *Qat* consumption is taxed but the Ministry of Finance estimates it is collecting revenue on only 5% of all transactions. The crop is estimated to contribute 6% to GDP, but its consumption has several negative effects. Qat reduce income available for other consumption, since absorbs 40% of household budgets in low/medium income families in urban areas, diverting resources from other basic needs. Qat also contributes to the depletion of water resources as irrigation boosts yields, undermining sustainable agricultural growth, and does not offer any added value in terms of external trade. *Qat* chewing is said to have a serious impact on

[16] http://www.undp.org.ye/mdg-en.php
[17] Yemen Family Health Survey, 2003.
[18] http://hdr.undp.org/statistics/data/country_fact_sheets/cty_fs_YEM.html
[19] *Qat* is a tree grown solely for its leaves which contain a mild stimulant, whose chemical structure is similar to amphetamines. *Qat* trees grow to a height of between 2 and 4 meters. Though it can be cultivated in a wider range of environment, it thrives best at altitudes between 1500 and 2000 meters. It is a hardy and drought resistant plant.
[20] Yemen -European Community, Country Strategy Paper, for the period 2007-2013, DRAFT 12, 05/01/2006, Page 16.

productivity, shortening the working day. The net impact of this habit needs further study. This is also needed in relation to the economic burden (40% of household budget) as shown in the EC Humanitarian Aid Department , Position Paper Health 2005 giving the number of 9% as shown below:

Qat cultivation [21]has grown greatly to constitute over 10% of total cultivated land in 2000[22]. Qat crop has multiple advantages, it is resistant to the semi-arid climate, can be cultivated all the year round, and its return -per hectare- is more rewarding than other cash crops. Qat consumption has negative impact on household economy as its consumption absorbs about 9% of total household spending[23] and bad effects on health, especially on the neurology system and psychological well being of its users. Besides, qat chewing has its physiological effects such as high-blood pressure, stomatitis, esophagitis, stomagasteric acid, constipation, anorexia, hepatitis, and sexual latency.

3.2.9 Civil Society

Non Governmental Organisations play an important role since the law on civil societies has been ratified in 2001. About 3,000 active and non-active society organisations with private and public ownership are registered.

The EC Country Strategy Paper states the following, already discussed facts: Tribal affiliation is a key component of identity for many Yemenis, especially in the north and in areas where the state is institutionally weak. The tribal setting provides a key component of civil society, which could be part of a system of holding greater degree of society accountability. Civic activism has been an enduring characteristic of recent Yemeni history. Human rights associations operate without serious constraint. In all, these amount to vigorous forms of non-electoral contestation. Nevertheless activists seeking to launch a new civil society organisation complain about the lack of transparency in procedures, and about the authorities over-sensitivity.

Evaluation Observations: *During the evaluation mission, only one efficiency-analysis of a private national consulting firm could be identified, reducing the number of "active" organisations to around 30[24]. The PAN Yemen Consulting firm of Sana'a states after the evaluation on efficiency of civil societies that only around 30 civil societies can be considered as fully active. This is partly confirmed by the Human rights information and training centre in the directory of non-governmental organisations of Yemen[25]. "Since the number of non-working organisations is unpredictable, we chose to publish a more professional directory in order to be more benefit. In addition unified legal references are very often lacking as many NGOs are registered in more than one official sector."*

[21] EC Humanitarian Aid Department , Position Paper Health 2005, Alain Robyns
EC Humanitarian Aid, Regional office Amman, Updated September 2005

[22] official figures but might be underestimated
[23] According to Ward and Gatter study (2000). http://www.yementimes.com/01/iss52/b&e.htm
[24] PAN Yemen Consult, P.O. Box 205, Sana'a , Yemen
[25] HRITC Directory of the non-governmental organisations, in cooperation with the American attaché Sana'a 2005

3.3 Ongoing Reforms

3.3.1 Social reforms

Already in 1990 the GoY adopted the Social Safety Net (SSN) aiming at improving living conditions of poor communities through development projects, infrastructure and delivery of basic services: 1. Social Welfare Fund to deliver direct cash assistance to the poorest population; 2. Social Fund for Development to deliver basic services and to create jobs at community level. The government has strengthened the SSN through various interventions, in particular by increasing resources for the social welfare system and access to soft credit.

Evaluation Observations: *The EC is co-financing the Social Fund for Development (SFD), established as a part of the social safety net by Law No. 10 in 1997 to participate in poverty alleviation by improving living conditions and income generation to the poor through its three programs: community development, capacity building, and micro-credit. The three programs are implemented under six units, one of which is the Health and Social Protection Unit. Impact is measured in relation to developing ground services for local communities, fostering development and improving performance of civil society organisations by building their capacity of management and to interact with local authorities. It is worth stating that some of the DG ECHO Partners are cooperating effectively with this Fund.*

3.3.2 Poverty Reduction Plan

The third Development Plan for Poverty Reduction 2006-2010 (DPPR), prepared on the basis of a MDG-country analysis carried out in 2005 with the participation of various national stakeholders and donors, reaffirms Yemen's commitment to pursue social, political and economic reforms aiming at strengthening democratisation, improving governance, deepening citizens' participation in development processes and enhancing people's standards of living. Measurable indicators are: 1. move Yemen from the Low to the Middle Human Development Group by 2025, 2. sustain higher economic growth (beyond 7%) and 3. halve poverty by 2015 (from 1998 level).

3.3.3 Administrative Reforms

Since the year 2000, the GoY implements the decentralization process according to the law 2000, administrative including financial competences should be delegated to lower structures. The reform has not yet reached its targets but important local empowerment is in process.

Evaluation Observations: *For DG ECHO partners it is important to get acquainted with local administrative structures. The evaluations give the example of a study financed by an DG ECHO Partner[26]. According to this study, the country is devised in 20 Governorates (Muhafaza) headed by the governor (Mouhafez), subdivided in 300 Directorates (mudiryya) with a certain number of districts (Daira, pl Dawair). The Local Council at governorate level is composed of 15 elected members, directed by the Governor nominated by the president. At directorates level, 18-30 members compose the Council and the Local Authority nominates its president. They are responsible for project identification, monitoring, evaluation and supervision. Local budgets are prepared and supervised by them. The executive responsibilities are delegated to 3 committees covering services, social affaires, finance and the offices of decentralized ministries, education, health, environment, and public works. In line with Art. 14 of the law 2000, the governorate decides on all actions in its region conform to the national strategies and represents the local authority. NGO activities have to be in line with Art. 6 law on associations and foundations, 2001. For DG*

[26] DIA, Routier, Mathieu, Eléments concernant l'organisation administrative du Yémen, 07/08/2005

ECHO Partners it is important to recognise, that in the frame of decentralisation process, the local government, specially the local councils are responsible to integrate NGO projects in the local planning and to supervise their conformity to the above mentioned law. The degree of cooperation with national NGOs and integration of external NGOs activities in the local planning procedures have to be balanced between the demand for independence and the obligation to assure continuity.

3.3.4 Good Governance Reform

The Government of Yemen has recently adopted an Action Matrix for Comprehensive Good Governance Reforms that cover the judiciary, human rights, freedom of the press, anti-corruption, democratisation, economic reforms, public finance, civil service and reforms to the business environment in Yemen to be implemented in 2006-2007. Technical Committees for different topics have been created. E.g.: Good Governance Technical Committee; CPIA and CPPR Technical Committee; an independent National Anti-corruption Commission; an independent High Technical Commission for Procurement and Tendering.

3.4 European Commission's Strategy

3.4.1 Strategy

To reach the short- and long-term objectives the relations with the EU through increased political dialogue and the integration of Yemen in the Strategic Partnership, will be an opportunity to receive the necessary support and foster the implementation of the reform programme. The European Commission's Country Strategy Paper has been formulated within the framework of the EC-Yemen cooperation agreement signed in 1997 and the Strategic Partnership for the Mediterranean and the Middle East, adopted by the European Council in 2004. In the same year, Yemen was selected by the UN Millennium Project as one of eight pilot countries to prepare an MDG-based development plan. The Development Plan for Poverty Reduction 2006-2010 sets out three major targets: i) to improve human development records, ii) to sustain higher economic growth, and iii) to halve poverty. The specific interventions are outlined on the National Indicative Programme (NIP).

3.4.2 Structure and Objectives

The EC/Yemen co-operation strategy for 2007-2013 will be therefore structured as follows:

Strategic Objective 1: support the Yemeni Government to promote good governance through: Supporting democratisation through supporting Yemen's democratic institutions; Promoting human rights and civil society; supporting Yemeni government reforms in the judicial sector, the civil administration and to support decentralisation.

Strategic Objective 2: in line with the first Millennium Development Goals, to strengthen Yemen government capacities to fight poverty through: Fostering private sector development by supporting sustainable development in the agriculture and fisheries sector, and those reforms aimed at improving the regulatory framework for investments, business and trade; Contributing to human capital development by supporting reproductive health policies, and strengthening the delivery of basic services.

Evaluation Observations: *The DG ECHO concept is in full harmony with the EC/Yemen co-operation strategy concerning different topics such as: Promoting human rights and civil society; supporting Yemeni government reforms civil administration and support decentralisation, fight poverty through contributing to human capital development by supporting reproductive health*

policies and strengthening the delivery of basic services. The specific focus in the health sector is therefore reproductive health policies and strengthening the delivery of basic services.

3.4.3 Appreciation of the political context in the CSP

Over the last years, important efforts have been made by the government of Yemen and by the international donors to address the country's key challenges. Nevertheless, main economic and social indicators show few signs of improvement. The problems are compounded by governmental difficulties to transform the commitment to reform into operational policy actions. EU has therefore placed its relations in a broader perspective, including political dialogue and the adoption of a joint declaration in 2004 targeting stability, security and good governance and focusing development co-operation. Quarterly political dialogue meetings will take place between the Yemeni government and EU Heads of Mission.

Evaluation Observations: *As informed by the EC Charge d'Affaires (02.06) in Sana'a, stronger coordination between donors is in process especially in the WatSan sector but is still week in the health sector. The donors will adjust planning procedures in a 2 years cycle that timing will be congruent. The upgrading of the EU Delegation including the increase of technical staff will contribute to improve the coordination between humanitarian and development assistance.*

4 Water and Sanitation Sector

4.1 Summary Water & Sanitation Sector Appraisal

As most projects targeted really poor communities with a difficult water situation, the relevance of all but two projects was reasonable - good. However, the lack of a country wide needs assessment made it difficult to comment on the relevance of the target governorates. The (as far as completed) projects were in general effective in bringing sufficient quantities of clean water to the population, an exception however is the project for the marginalized communities in Sana'a which suffers poor design and construction.

Due to the lack of a comprehensive needs assessments of some of the partners, it is difficult to determine if all villages in the target area have been included (or excluded for good reasons). However in the target villages there is no evidence that groups of beneficiaries had undeservedly been excluded. Some doubts exist if the poorest of the poor can afford the connection costs.

Projects reached their targets more or less within the time frame, although several projects experienced delays and setbacks. In general the costs of the water & sanitation projects can be called quite reasonable. In addition, all IO's / NGO's kept the costs of (expensive) expatriate staff to a minimum.

Due to a lack of data it was difficult to assess the impact on health of these short projects. It is plausible, that those projects with (relatively) serious hygiene promotion efforts might have created some positive impact as result. However this impact will be limited as hygiene promotion was more or less a side show in the projects and behavioural change in a maximum project period of only 1.5 years can hardly be reached. The improved water situation undoubtedly made life easier for women and children, but economic benefits or effects on school attendance of girls are not clear. Institutional development was not only hampered by the short time frame, but also by the rather unclear legal and institutional environment and the lack of suitable (development) NGO's.

In order to assist DG ECHO in calibrating activities and to guide future interventions, specific remarks and recommendations on "linking WatSan projects with community participation and hygiene education (CPHE) as well as health are presented in Annex 7 "Linking WatSan and Health".

As the majority of the projects could be classified as development rather than emergency projects, the issue of sustainability is of overriding importance. Unfortunately, several projects fell short on this issue, due to inadequate designs (which are often not flood or drought proof) or the poor construction of the water structures. From a maintenance point of view, there are not many constraints as the partners used commercial available technology and ensured cost recovery for O&M by creating water committees. However, in several projects, the costs of structural maintenance or replacement could become a problem as these costs might go beyond the reach of the target group. The good relations of some of DG ECHO's partners with the authorities are valued and could enhance the acceptance of the project and hence the sustainability. However in most cases, reliable long-term development partners were lacking. It is important to mention that the sustainability in all projects would have benefited from an extended after-care period.

From the environmental point of view the DG ECHO projects had only a limited impact, as groundwater abstractions for domestic use are relative small. On the other hand, the diesel powered water supply systems have environmental constraints and projects did not much to improve the

depletion of the water table, which is one of the most pressing problems in Yemen. These issues however cannot be addressed in the short time frame of DG ECHO type projects. Due to several reasons, such as a lack of counterpart organisations and the short time frame of the projects, it is unlikely that the DG ECHO projects have initiated long term development in the target regions.

Considerations on DG ECHO's presence :

For the question whether DG ECHO should continue operations or should phase out of Yemen, there are arguments for both options:

Reasons to continue operations include the fact that DG ECHO project are relevant as they concentrate on a vulnerable sector with high needs, where not many organisations are active. In addition, DG ECHO projects are reasonably cost-effective and are in line with the reform policy agenda of the Yemen government. Phasing out of DG ECHO would reduce the capacity of the few (in Yemen) existing NGO's to come into action in case the present situation suddenly deteriorates (drought, floods, civil unrest).

On the other hand, DG ECHO's projects are probably too short to have much and lasting impact on issues as sustainable health improvements. The same constraint applies to the creation of essential organisations as regional water users associations or local NGO's. Another argument is that DG ECHO's partners (again the problem of the timeframe) could not work in integrated water resources management approaches and could not initiate more sound environmental approaches. Europeaid is probably a more likely partner for the NGO's, however it will take considerable time before the complete programme of DG ECHO is taken over by Europeaid (in case of transferring this could cause project interruptions).

4.2 Water sector in Yemen

4.2.1 Needs situation in the water sector

The water situation in Yemen, which is one of the poorest countries in the world (HDI = 151 out of 177), leaves a lot to be desired. The Worldbank and Ministry of Water and Environment (MoWE) estimate the total access to safe water and sanitation in Yemen at 31 % (resp. 22 %). Rural areas are worse of than urban, although the data on the rural Watsan situation are variable. Worldbank 2004 and MoWE estimate the rural access to water and sanitation to 25 % (resp. 20 %). GARWSP data in 2006 indicate a 57 % rural water coverage; Barres & Sharba, (2005) conclude that 32 % of the rural population is served by 1.750 operational public water schemes, which are maintained by Community Based Organisations (CBO) or Water Users Associations (WUA). UNICEF's website is somewhat more optimistic: 74 % of the urban and 68 % of the rural population used improved drinking water sources, while for adequate sanitation this is 74 % (resp. 14 %) (data from 2002).

The coverage of improved water supply systems is not evenly spread throughout the country. According to Table 3, several governorates are worse off, as they have both a high percentage of people not covered and a relative low investments in the water sector The governorates, which score low on both scales, include: Hodeida, Hajah, Sadah, Marib & Al Dalah.

Governorates in Yemen	Investment / inhabitant (EURO)	% of People Not Covered
Sana'a	35	64
Aden	87	34
Taiz	25	50

Governorates in Yemen	Investment / inhabitant (EURO)	% of People Not Covered
H.al-sahel	32	36
H.al-wadi	34	8
Hodiedah	19	66
Lahj	21	71
Ibb	16	45
Abyen	49	36
Damarh	49	63
Shabwa	9	34
Al-baiedah	30	45
Al-mahara	32	3
Al-mahwite	53	40
Hajah	24	76
Sadah	23	57
Mareeb	15	62
Al-jouff	66	86
Ammran	39	67
Al-dala'a	23	71
Raymah	46	95
Yemen (average)	30	57

Table 3: Investment per inhabitant in the water sector (data 2003-2004) and % of people not yet covered by water projects (data GARSP, 2006)[27].

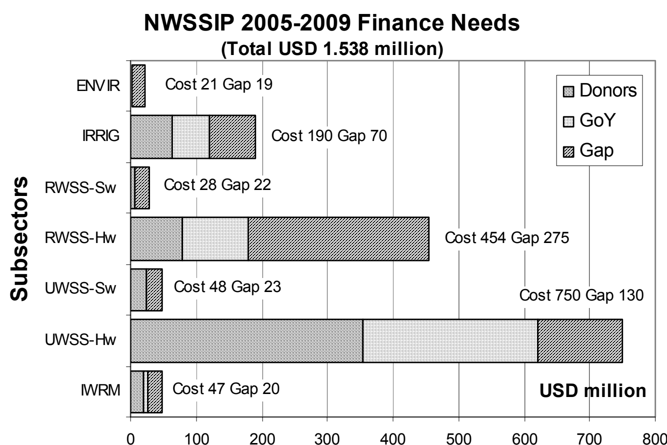
The lack of adequate water supply structures however, is not the only water constraint. “An additional challenge is represented by environmental degradation in the country. Thorough information on environmental questions remains weak; according to UNDP, environmental degradation coupled with demographic pressure represents a real problem for Yemen. The most alarming environmental issue is water scarcity and continuous water depletion due to over-consumption and to the great expansion of groundwater pumping. The situation is particularly dramatic in the western part of the country, were the rate of water extraction exceeds rain precipitation by 70%, with the risk of drying up within fifty years. Also main urban areas such as Sana’a and Taiz suffer water shortage. The government has ratified a number of international conventions (biodiversity protection, fight against desertification, flora and fauna protection)”. This view is shared by others : Yemen’s per capita share of recoverable water sources is just 137 cu. m, according to the most recent statistics from 2000, having dropped from 242 cu. m in 1980. This is compared with an average of 1,250 cu m in the Middle East and 7,500 cu. m in the world. The main culprit is irrigated agriculture (for example, quat), not domestic water, as irrigation accounts for 90 % of the water use (Ward, 1995).

Reaching the MDG’s (both for urban and rural water) is still a long way (see Table 4) and this requires huge amounts of money, which is only partly available (see Fig. 2 & Fig. 3). The MoWE foresees the following funding scenario: Donors 550 million US $, the GOY 429 million US $, however with a gap of 559 million US $. According to an overview by KFW , the main donors include (in order of importance): Germany, Worldbank, Abu Dhabi Fund, Arab fund, The Netherlands, OPEC Fund, Islamic Bank & EC (see Table 5) The sum of commitments, active or planned projects amounts up to 865 million US $.

[27] The values below or respectively above national average are shaded.

Population / Type of Coverage	Target Situation / Target by year		
	2000 - 2003	2009	2015
% of urban population covered with WS	47	71	75
% of urban population covered with sanitation	25	52	63
% of the rural population with access to safe water	25	47	65
% of the rural population with access to safe sanitation	20	37	52

Table 4: MDG Targets in the water sector / Source: National Water Sector Strategy and Investment Program, 2005-2009 (NWSSIP)



IWRM – Integrated Water Resources Management
UWSS-Hw – Urban Water Supply & Sanitation / Hardware
UWSS-Sw – Urban Water Supply & Sanitation / Software
RWSS-Hw – Rural Water Supply & Sanitation / Hardware
RWSS-Sw – Rural Water Supply & Sanitation / Software
IRRIG – Irrigation

Fig. 2: NWSSIP 2005 –2009 Finance Needs / Source: Ministry of Water and Environment & National / Water Sector Strategy and Investment Program (NWSSIP)

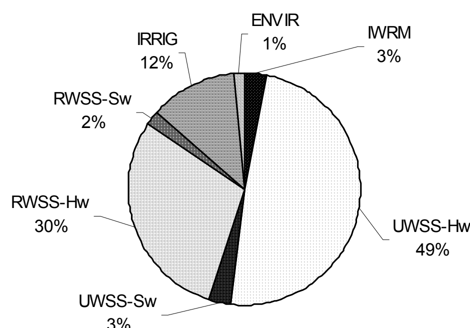


Fig. 3: NWSSIP 2005 – 2009 Sub-sector Finance shares / Source: Ministry of Water and Environment National Water Sector Strategy and Investment Program (NWSSIP)

Despite the obvious needs in the rural water and sanitation sector, the expenditure in the sector is relatively modest. The total average expenditure in rural water supply and sanitation for the period 2000 – 2004 is estimated to be approximately 40 million US $ or about 0.3 % of the GDP, this is only 20 % of the total water expenditure (Barres & Sharba, 2005). Of this amount 97 % are expenditures for water and 3 % for sanitation (mainly sewage systems in large villages). The share of DG ECHO is modest with only € 2.4 million in the period 2000 –2004. For both hard and software in the rural sector the MoWE estimates the finance needs for 2005 – 2009 at 482 million US $, but expects only 185 million US $. According to KFW, only 37.4 million US $ are available (commitment, active or planned) at present.

	Accumulated	**Tentative Sub-sector Allocation of Accumulated Commitments**							**Funds**	**Funds**	**% in**	**% in**	**% in**
DONOR	Commitments active or planned	Capacity building and Training	Studies and short term Experts	Urban water and Sanitation	Rural Water and Sanitation	Integrated Water Resources Management	Irrigation and Dams	Others	still un-disbursed July or Dec. 2005	Un-disbursed Excl. Irrigation & Others	Active or planned projects	still un-disbursed funds	Undisbursed projects excl. Irrigation & others
Germany	315.3	44.6	8.4	247.6	2.7				144.2	144.2	36.5%	23.3%	32.5%
Netherlands	31.9	4.4	16.5	10.3				1.9	24.8	23.0	3.7%	4.0%	5.2%
World Bank	266.6			134.6	33.6	64.0	7.5	27.1	221.7	200.0	30.8%	35.8%	45.1%
Arab Fund	58.0			68.0					58.0	58.0	6.7%	9.4%	13.1%
OPEC Fund	12.0			12.0					7.8	7.8	1.4%	1.3%	1.8%
Islamic Bank	10.0			10.0					7.5	7.5	1.2%	1.2%	1.7%
Abu Dhabi Fund	150.0						150.0		150.0	0.0	17.3%	24.2%	0.0%
EU / CE	20.0	7.2			0.6		11.0		4.8	2.0	2.3%	0.8%	0.5%
UNDP											0.0%	0.0%	0.0%
UNICEF											0.0%	0.0%	0.0%
USAID	0.5		0.5						0.5	0.5	0.1%	0.1%	0.1%
Japan											0.0%	0.0%	0.0%
France	0.5				0.5				0.2	0.2	0.1%	0.0%	0.0%
CARE											0.0%	0.0%	0.0%
TOTALS USD mn	864.8	56.2	25.4	482.5	37.4	64.0	168.5	29.0	619.5	443.2	100.0%	100.0%	100.0%
Distribution	100.0%	6.5%	2.9%	55.8%	4.3%	7.4%	19.5%	3.4%	71.6%				

Table 5: Tentative Donor Mid-term Expenditure Framework (MTEF) with Ongoing, Planned and Earmarked Projects (Source KFW)

4.2.2 Institutional framework and national water policy

The General Authority for Rural Electricity and Water (GAREW) used to be the main government body responsible for providing rural water supply and sanitation services in Yemen. Following reform and separation of the electricity and water sectors in 2002, the newly formed General Authority for Rural Water Supply Projects (GARWSP) was given responsibility for the rural water supply and sanitation sub-sector. This sector agency is now under the MoWE.

In 2000, the Government of Yemen also issued a policy statement agreeing to the guiding principles of the RWSSP, namely a "decentralised, demand-responsive approach (DRA) to RWSS development, integrating sanitation and hygiene education with water supply to maximise health benefits and sustainability of the RWSS systems" . The policy statement laid out the three major principles of a demand-responsive approach:

- Communities self-select to participate in the project;
- Communities participate in the design of their rural water supply and sanitation system, and in the selection of the technology and service level that they consider suitable for their needs and for which they are willing and able to pay partial investment costs and full operation and maintenance costs (including for major repairs and spare parts); and
- Communities create a formal water user association for management of their rural water supply and sanitation system.

Following reorganisation of the water sector in 2003, the MWE initiated a multi-stakeholder process of preparing a consolidated strategy, action plan and investment program for the water sector as a whole – the National Water Sector Strategy and Investment Program (NWSSIP).

In 2004, the MoWE prepared a draft rural water supply and sanitation 'reform policy agenda' with assistance from the RWSSP-TA. The draft sub-sector 'reform policy agenda' is based on a mix of international best practice and local realities, including the following policy elements:

- Decentralised provision of sustainable rural water supply and sanitation services;
- Financial sustainability through cost recovery (100% for operation and maintenance);
- Use of demand-responsive approaches;
- Sustainable use of resources;
- Capacity building of sector institutions, human resources and non-government sector;
- Sanitation and hygiene promotion to be inseparable from rural water supply services;
- Co-ordination within and across the sub-sector;
- Sub-projects to include training and skills development in rural communities;
- Research and development of alternative approaches and technologies.

4.2.3 Comments on the institutional framework

At present, however, the institutional framework does not make a very solid impression. As water is the most precious asset for rural and urban development, the legal framework and protection is poor. There is no regulation for groundwater abstraction, the ministry does not even have a reliable data base on wells and the scope of the local authorities are not well marked out. For example Triangle in wadi Masilah co-operated with the Ministry of Planning, UNICEF has well-developed ties with the GARWSP and CARE co-operated with the local Ministry of Agriculture and Irrigation. In addition, projects are often constraint by local tribes and sheikhs, which makes the work of small NGO's quite difficult.

DIA did an investigation by an Arab speaking lawyer (DIA, 2005), who concluded:

“Each institutional body created is always weakened by another. No one has a real power and effective means to apply its duties”.

Therefore, to define the right and adequate government counterpart, or simply to know who are the relevant authorities is quite difficult, and very often more or less impossible in Yemen. In addition, the framework of local development NGO’s does not seem to be well developed. Neither of DG ECHO partners nor other development organisations in the water sector have a strong, long term relation with a Yemen non governmental counterpart.

This lack of national guidance on national development approaches, especial the rural areas, hampers the work of NGO’s. From interviews with directors of development agencies and with government officials, it appears that the urban water sector is somewhat better organised and regulated than the rural water sector. The new water strategy, as mentioned above, is a promising improvement in a better regulation of the rural water sector.

In the absence of regulation, the technical part of the projects (drilling, equipment, maintenance etc.) is completely left to the private sector. For the commercial interesting systems, like diesel powered pumps, this is not a constraint. On the other hand, the introduction of cheaper systems like hand-pumps or innovative systems with solar power, encounters constraints in this laisez-faire environment. These systems need technical support, but also a “critical mass” to become sustainable.

4.3 Water projects

Most of rural water supply schemes have been developed by the General Authority for Rural Water Supply Projects (GARWSP), which accounts for 64 % of the development expenditure, followed by Social Fund for Development (SFD) which finances 16 %, Public Water Projects (PWP) 9 %, Rural Water Supply and Sanitation Projects (RWSSP) 4 %, UNICEF (4%) and others (3 %) (Barres & Sharba, 2005).

Robinson (2005) has reviewed the performance of the different players in the rural water and sanitation with regards to the reform policy agenda, see Table 6. While SFD projects are given credit for good performance, the performance of especially GAWRSP leaves room for improvements. The relative performance and the costs of the DG ECHO projects is (as assessed by the DG ECHO Watsan evaluator) reasonable. The costs / beneficiary of DG ECHO water projects are all below 50 € (well below the SDF guidelines of 100 $ / beneficiary).

Sustainability appears to be a bottleneck as 634 out of 2,384 schemes (27 %) are out of operation due to lack of maintenance or the depletion of the water table. An important aspect is the water users organisations, However, these are not organised at district, governorate or national level and they do not get appropriate support (Barres & Sharba, 2005). Another essential component, the social issues of watsan projects, the hygiene promotion is often not carried out adequately. Both Robinson (1995) and (Barres & Sharba, 2005) conclude that GARWSP’s capacity in this respect is weak. This lack of a sanitation and especially the lack of a sanitation strategy is also a constraint for DG ECHO’s partners to introduce latrines in the framework of water projects.

The SFD has carried out extensive research and development into alternative water and sanitation technologies, including rainwater harvesting, fog harvesting, community sand filters, household

ceramic water filters, and low-cost composting latrines. Several of these technologies, e.g. fog harvesting and community sand filters, have been discarded following unsuccessful pilot tests, but rainwater harvesting is now the mainstay of the water program. The SFD plans to scale up provision of several other promising technologies. Although water harvesting has some advantages, it is not everywhere applicable (only in mountainous areas with sufficient rainfall) and the water quality is a constraint.

Alignment with Reform Policy Agenda

Policy	SFD	PWP	RWSSP	GARWSP	DG ECHO(*)
Decentralized provision of services	•••	••	••	•	•••
DRA: Community self-selection	•••	••	••	•	?
DRA: Technology options, service levels and prices	•	•	•	•	••
DRA: Participation (planning, design, construction)	••	•	•••	•	•••
Cost recovery (capital investment)	20-50%	5-30%	5%	>5%	0- 20 %
Cost recovery (operation and maintenance)	100%	100%	100%	100%	100%
Sustainable resource use	••••	••	••	•	••
Capacity building (within sector)	••	•	•	•	•
Sanitation and hygiene promotion	••	•	••	•	••
Coordination (planning, policies, monitoring)	•	••	•	•	••
Community development (WUAs, training)	••	•	•••	•	•••
Research and development of technologies	••••	•	•	•	•

WUA = Water User Association DRA = Demand Responsive Approach
Scoring: '•' = Poor; '••' = Average; '•••' = Good; '••••' = Excellent
(*) Indicative assessment by the Watsan expert of the evaluation team

Table 6: Comparison of the performance of the main stakeholders in the water sector in relation to the performance of DG ECHO's partners / Source: Robinson (2005), with additions of the Watsan expert of the evaluation team

4.4 DG ECHO strategy & supervision

At present, DG ECHO does not have a policy of selecting priority areas or groups in relation to strategy in water and sanitation issues, such as under-privileged groups or most vulnerable governorates. The Yemen position paper on Watsan (2005) rightly mentions the water constraints in Yemen and gives some guidelines, but there is no clear discussion on these criteria. Hence the partners proposed projects according to their priorities. This all contains the risk that some areas really have been forgotten. Nevertheless most projects had some relevance (see section "Evaluation Criteria").

Another issue is that DG ECHO did not monitor the technical aspects[28]. As discussed later in the section regarding the Evaluation Criteria, the technical performance (design, quality, sustainable approaches) left a lot to be desired, or in some projects (for example in ECHO/YEM/BUD/2004/01001) the construction is outright "amateurish". It is clear that issues of quality control and appropriate technical solutions are the responsibilities of the partners. Nevertheless a closer monitoring of DG ECHO would have been helpful to keep up standards of engineering.

[28] A few months before the arrival of the team a water and sanitation specialist was added to the ECHO team in Amman

Positive is the adaptation of the DG ECHO partners to the “Reform Policy Agenda” as formulated by the MoWE in 2004, in comparison Robinson (2005) made between SFD, PWP, RWSSP and GARWSP projects. When these criteria are applied to DG ECHO projects, these would score quite reasonable (Table 6). In addition they comply more or less with the RWSS policy statement, as explained earlier.

4.5 DG ECHO’s presence in Yemen (Water Sector)

In view of the manifold constraints in the water sector of Yemen, any and all assistance is welcome and needed of course. However, taken into account DG ECHO’s mandate and type of interventions, the projects of DG ECHO’s partners are not without constraints. In the following overview both options for DG ECHO, to stay or to phase out will be reviewed:

Arguments to continue activities in the Water Sector:

- In view of the difficult water situation and high gap in finance needs (see earlier chapters), the contribution by the EC (Europeaid & DG ECHO) of about 20 million EURO is, to put it mildly, not excessive. Even with all the committed money it is unlikely that the MDG’s will be reached. In addition, as DG ECHO invests mainly in the rural water sector, a possible departure would hit the most vulnerable areas/sector. This especially applies to the underprivileged groups like for example the Akhdam.

- DG ECHO projects can be implemented on short notice and are implemented quickly, with reasonable efficiency. This in contrast with GARWSP projects which take more time (up to 3 years just for the technical implementation). The SFD mainly invests in rainfall harvesting systems (and capacity building), which are however not everywhere feasibly.

- DG ECHO projects, in general are relevant as they target poor and remote locations or underprivileged groups (Akhdam). In addition they comply for an important part with new Yemen policy guidelines on rural Watsan as well with the Reform Policy Agenda.

- Costs / beneficiary of DG ECHO’ partner projects are reasonable, much less than what the SFD has as maximum value (for example 100 US $ for water supply systems).

- Even as the performance of DG ECHO’s partners in social issues as hygiene promotion, leaves some room for improvement (partly caused by the short time frame of the project), DG ECHO’s performance in this is probably better than those of projects implemented by GARWSP and PWP (see chapter 4.3).

- If DG ECHO decides to phase out of Yemen, some of the present partners might leave too, causing a loss of institutional memory (lessons learned), contacts with beneficiaries and government agencies. This could reduce the capacity of DG ECHO to return in case of emergencies or long droughts. This is especially relevant, as the conflict in the northern part of the country is unpredictable. If the conflict worsens, floods of IDP’s could occur. If the conflict subsides, more areas could become accessible, with potential high but “forgotten” needs.

Arguments for a phase-out:

- The essential software aspects to ensure impact on health and to ensure sustainability, such as hygiene promotion, the creation of interest in latrines, the sense of ownership need ample

time and aftercare. For optimum results, however, projects in general need more than 12 – 18 months duration.

- For optimum use of the scarce groundwater resources an integrated water resources management approach is required, this however are rather complicated, need ample financial resources and cannot be done in a short time frame.

- Local development NGO's, that could have been counterparts of the DG ECHO's partners or regional water users associations are relatively underdeveloped in Yemen. These organisations are essential for sustainable development, but it requires many years to build these, which, however, does not fit in DG ECHO's time frame.

- Alternatives for diesel powered water supply system, as hand pumps or solar powered systems are valuable, but require much coaching and aftercare, which unfortunately cannot be done in short-term project environments.

Conclusions

- Although the assistance of DG ECHO partners is still of great value for the rural poor in Yemen, the limitation of DG ECHO's short time frame, especially concerning sustainability would make it advisable for DG ECHO to phase out. This, however, under the condition that long term development donors (e.g. AIDCO) are willing and capable to take over.

4.6 Evaluation Criteria

The present chapter summarises the results of the evaluation of different water and sanitation projects (see: Table 7) in line with the standard evaluation criteria.:

RELEVANCE

Assessing the relevance of the DG ECHO water programme in the Yemeni context was somewhat constraint by the fact that there is no countrywide needs assessment available, which could be used as a guideline for DG ECHO partners. Hence, the selection of the projects was based on the assessments of the partners, (some were done quite extensively like (3)), rather than on a preference of DG ECHO or on governmental priorities. Although the DG ECHO approach was in agreement with the decentralisation policy, it contains the risks that some areas are overlooked. In more detail, partners made a (in general reasonable) need assessment in their project area, but some (5,6) did not discuss the selection criteria of target villages sufficiently. With the exception of the project (1) (hurricane) and the refugee project near Aden (2)[29], all projects targeted more or less conventional rural villages, of which the majority was visibly poor, were very remote (5,6,9) and / or belonged the a under-privileged minority (2,7,9). In addition most had serious water constraints (even if the general situation in Yemen is taken into account). Exceptions maybe were the (relatively well to do) village of Bani Fakhr near Ibb (3), and the villages along wadi Masilah (9). These villages along the wadi Masilah were clearly underprivileged Akhdam communities in adobe houses, but the short distance of the villages to a perennial river with a reasonable water quality did not justify a water project.

EFFECTIVENESS

[29] Detailed Project Evaluation Sheets available with DG – ECHO (as confidential annex to the evaluation report)

The (completed) projects were effective in bringing sufficient quantities of clean water to the population; an exception however is the project for the marginalized communities in Sana'a (4). In this case, the poor design and construction will make it questionable if the target population will ever get sufficient water of good quality. Moreover as the water delivery is far from safe as this is based on a verbal agreement with the director of a neighbouring factory. In addition the slow sand filters in project (8) will never work as these are not designed for rain water harvesting systems. In all other cases, the beneficiaries receive generous quantities (far exceeding the minimum SPHERE standards of 15 / pp / day) of good quality water, but probably somewhat below the national standards)[30].

Few projects included the latrine construction and only one of this (7) might have chances of success. The latrines, constructed in the Akhdam camp of Beni Hushesh (4), are due to poor design not effective (see impact).

COVERAGE

Due to the lack of comprehensive needs assessments of several of the partners, it is difficult to determine if all villages in the target area had been included (or excluded for good reasons). However in the target villages there is no evidence that groups of beneficiaries had undeservedly been excluded. Some doubts exist if the poorest of the poor can afford the connection costs. For example in Taiz (5) the beneficiaries have to pay up to 2.5 times their average monthly income to get a home connection. In this and other cases, the WUA assured that the community could support the poor, but some doubts remain if everyone can be connected. In other projects the connection costs as well as the water prices were more modest and in two projects (5 & 6) the poor could get the first 3 m³ water / month for free.

EFFICIENCY

Projects reached their targets more or less within the time frame, although several projects experienced delays and setbacks. The costs / beneficiary of the DG ECHO projects ranged from 12 to 115 €, which in general are quite reasonable. The costs / beneficiary (115 €) of the project for the Akhdam community in Taiz (5), are high, but the difficult sewage construction and the river bank protection works have to taken into account. The costs / beneficiary (50 €) are a bit high in the wadi Masila project (9) as motorised WSS resulted in only small improvements for the local population (the same money could have been used for more urgent needs). In addition, the costs of the project, "Emergency assistance in Al Gorafy (6) ", however, are too high (69 €) as there are no special circumstances which could explain this. All IO's / NGO's kept the costs of (expensive) expatriate staff to a minimum.

IMPACT

Due to several reasons (short life span of the project, time constraint of the evaluation, lack of pre and post project data), it was difficult to determine the impact of the project on health quantitatively. It is plausible, that those projects with serious hygiene promotion efforts might have some positive impact on health. For all projects, the hygiene promotion was more or less a side-show. Among the projects which took health promotion relatively serious are the projects in near Taiz and the Mhoka governorate (5), (6), (7), the project in the wadi Masilah (9) and both UNICEF projects (1) & (3), the last ones due to the presence of active female (non project) health promoters. Unfortunately few

[30] 40 l/d/p above 1,000m and 60 l/d/p below 1,000 m (note of the evaluator, these standards are generous for a rural areas in such a poor and water constraints country as Yemen)

projects included the constructions of latrines. This however, should not be blamed on the IO's / NGO' concerned. Latrines still receive resistance, there is not yet a sanitation strategy in the Yemeni context (see 4.3) and successful sensitisation on hygiene and health issues is difficult to reach in the short time frame of DG ECHO projects. The impact of the project on malaria is probably small if at all, as most mosquito sources are surface water (the perennial river at wadi Masilah) or open (irrigation) wells. In the village of Damkout (1) the health promoter mentioned an increase of mosquito's after the installation of the water supply system (leaking joints / taps?).

In one case however, (4), the NGO constructed latrines, but with such an inappropriate design that these could have a negative impact on the health as these latrines might become a focus of infection. As abstractions of groundwater for domestic use in villages is low (< 10 % of the total abstraction see Ward, 1995), the negative impact on the environment will be minimal. More environmental friendly alternatives for diesel powered WSS are welcome, but as explained earlier, experimenting with new approaches (in Yemen) should not be done in short-term projects.

The improved water situation undoubtedly made life easier for women and children, however economic benefits are not likely as in none of the villages the women had paid jobs or other economic activities. The effects on school attendance of girls are, due to a lack of information not clear. None of the projects, with the exception of the project in wadi Mahweet (8) and the project in al Haout (1), had any programme to strengthen the local (water) authorities. Although it is understandable that this was not done in these short-term projects with a rather unclear (to put it mildly) legal and institutional environment. However some institutional development would have improved the impact of the projects.

SUSTAINABILITY

As the majority of the projects could be classified as development rather than emergency projects, the issue of sustainability is of overriding importance. Unfortunately, several projects fell short on this issue. Often, the design or construction of the water structures was not adequate. Two projects (1) & (8) constructed pipe schemes from protected springs in the mountains to villages. Although this is a sustainable way of water supply, the constructions in project (1) and to a lesser extend also (8) were not "flood proof" and can be damaged in any major event. Heavy floods, potentially, could damage also some project wells in the wadi at (6) and (9). In both cases, this is a disappointment as with a modest increase in construction costs, the pipelines / well locations could have been adequately protected. The gabion walls near the Akhdam community in Taiz (7) made that area less vulnerable to heavy floods. This project, and other projects (3), (5) and maybe also the wells in (8) (not visited) made the community less vulnerable to droughts. It is unknown how long the protected sources in the mountains can withstand prolonged period of droughts.

The sustainability of the source was a real concern in only two projects. In a water project in al Gorafy and al Zukeria (6), the NGO constructed a dug well, where a borehole[31] would have been safer in view of the falling water table due to groundwater irrigation. A completely different issue was the water supply of the Akhdam camp of Beni Hushesh (4). The delivery of water to the camp currently depends on a verbal promise of the director of a nearby factory, instead on a written delivery contract.

The technical quality and design of the water supply and sanitation of the Akhdam camp in Beni Hushesh (4) was outright poor and will not last very long. Fortunately, the technical quality of the other projects was satisfactorily. In addition it is unlikely that the availability of spare parts or lack of know-how will be constraint in maintaining the water supply structures, as all equipment is

[31] Provided that this was feasible from a hydro-geological point of view

widely (commercially) available in Yemen. An exception however, is the installation of a solar power water supply system as a kind of "pilot approach" in the project in wadi Masila (9). As explained earlier, the introduction of new technology is appreciated, but it should not be done in DG ECHO type projects.

A crucial factor in sustainability is the ability and willingness of the beneficiaries to pay for operation and maintenance (O&M). The operation costs will probably be within the budget of most beneficiaries. (In some projects, the village will subsidise the poorest inhabitants). The costs of structural maintenance or replacement could become a problem in several projects as the target group was, even for Yemen standards, poor and the villages were very small (about 300 inhabitants). For example it is unlikely that the Akhdam community in the Al Mahra (9) project could afford new diesel generators or submersible pumps. In the village of Damkout and Haouf (1), the water price was too low (the more as the beneficiaries were not very poor), to save any funds for structural maintenance.

In all projects, the IO / NGO requested some village participation and / or a cash contribution to ensure ownership of the systems. Nearly all partners took the issues of community participation seriously (labour for the construction and or cash contribution from the beneficiaries). In addition all but two projects[32] created water committees, which appeared to be more or less successful at the time of the evaluation. These water committees organised cost recovery system with administrative procedures. In one case (6) the water committee could show an excellent organised administration

The good relations of some of the NGO's / IO's, especially CARE and UNICEF with the (water c.q. agriculture) authorities are valued and could enhance the acceptance of the project and hence the sustainability. Nevertheless, the sustainability in all projects would have benefited from an extended after-care period[33]. The construction flaws could have been repaired and the water users groups certainly would have benefited from longer coaching.

Local NGO's appear not to be an important factor in the development context of Yemen (only the flood assistance project in Taiz (7) co-operated to some extend with a local association of Akhdam people). This factor complicates the aftercare and hence the sustainability of the (too short) DG ECHO projects.

VISIBILITY

Visibility (DG ECHO posters & knowledge of DG ECHO by the local authorities) was satisfactorily handled by the DG ECHO partners.

PROJECTS INCLUDED IN THE ABOVE REVIEW

Number	Project Number	Short Description
1	ECHO/YEM/BUD/2004/01007	Post crisis reconstruction & rehabilitation operation in favour of the population of Yemen / Al Mahra Governorate victims of the hurricane
2	ECHO/YEM/BUD/2004/01006	Construction of Shelters in Kharaz Refugee Camp
3	ECHO/YEM/210/2002/01003	Rural water source in Ibb & Amran governorates Highlands
4	ECHO/YEM/BUD/2004/01001	Basic service provision for marginalized communities in Sana'a

[32] Project (1) already had a local water supply company and the situation in project (2) is unknown as this could not be visited.
[33] ECHO mentioned that some of the small NGO's were successful in monitoring and after-care of their past projects.

5	ECHO/YEM/210/2002/010 04	Emergency Assistance for Water Supply Taiz Governorate, Districts of Al-Mokha and Wazeiah
6	ECHO/YEM/210/2003/010 03	Emergency assistance for water supply in Al Gorafy & Al Zukeria
7	ECHO/YEM/210/01002	Assistance for water supply, sanitation and flood mitigation
8	ECHO/YEM/BUD/2004/01 004	Increase of water safety for vulnerable Communities in the Yemeni Western
9	ECHO/YEM/210/2003/010 02	Alimentation en eau potable et amélioration des conditions sanitaires dans le Wadi Masila, gouvernorats de Al-Mahra et de l'Hadramaout"

Table 7: Water and Sanitation projects evaluated during the evaluation mission

4.7 Cross-Cutting Issues – Water & Sanitation

4.7.1 Environmental Issues

All water abstractions in a water scarce country as Yemen have negative impact on the environment. However the total domestic abstractions (both urban and rural) account for less then 10 % of the total water use (Ward, 1995). For this reason, the groundwater abstractions for small rural villages will very have limited impact on the overall water balance in Yemen

The diesel powered water supply system as applied in many DG ECHO project are not environmental friendly, these consume fuel and possible oil and fuel spills could harm the delicate environment (for example in Wadi Masilah) [34]. An alternative would be the installation of hand-pumps or solar power systems[35]. However, while these systems are low in maintenance they are not maintenance free. As all pump maintenance is provided by the private sector, this will only be successful if there is a critical mass. Otherwise these systems will suffer from a lack of spare parts and in case of solar power systems, capable technicians. For example in Africa the lack of maintenance of hand-pumps is THE ISSUE in rural water supply. On the sub Sahara part of the continent there are numerous failed schemes waiting for a friendly NGO to rehabilitate these. More or less the same applies to solar power systems, which are expensive and need high-tech maintenance. In Gambia solar power systems were successful thanks to an innovative maintenance arrangements. Hence in the framework of the DG ECHO type operations, partners are not recommended to experiment with new approaches unless they can guarantee long term aftercare.

Water harvesting could be a more sustainable use (although there are high losses by evaporation and not harvested runoff is not lost, but recharges groundwater), but these systems are not everywhere applicable. In addition, water from rainfall harvesting system is very dirty and difficult to filter. The construction of protected springs is also quite environmental friendly, but the protection (=closure) of many springs in a dry mountainous environment potentially could deprive domestic animals and wildlife of drinking places. It is valued that the project ECHO/YEM/BUD/2004/01007 in the Mahra governorate installed drinking troughs.

4.7.2 LRRD Issues

In general one can say that DG ECHO partners projects scored moderate to reasonable on sustainability (see relevant section). Even with looking at the applied, sustainability relevant approaches there were no “seeds to development”. The successful projects relieved the fate of rural poor and especially that of women and girls’ considerable, but did not put them on the road for long-term development (with exemption maybe the issue of increased school attendance of young girls).

This however, should not be blamed on the incompetence of DG ECHO’s partners. It is simply not realistic to expect that the short-term projects could have much impact beyond their targets. Development in these very undeveloped locations is a matter of patience and long-term commitment by both the donor and operational partners.

Another constraint for LRRD is the lack of counterparts, which could continue with long term development after the DG ECHO intervention. The non-governmental sector does not seem to be well developed in Yemen. Only DIA in Taiz had some co-operation with the Wadi Gadeed

[34] e.g. The NGO took some precautions to prevent spilling of oil and fuel
[35] If the right conditions (high water table and sufficient radiation) occur, see experiences of GTZ

Association. As explained above, local government is not well organised, which will hamper efforts develop long term relations with these.

4.8 Conclusions

1. With the exception of two projects, all projects can be considered as development projects, which however were carried out within the constraints of an emergency approach as required by DG ECHO. The projects would have benefited from working in a development environment with a (much) longer time frame to complete the projects. This would allow the projects to spend more time on issues such as, co-operation with local authorities, quality control, and participation of local population, sensitisation and after-care.

2. DG ECHO's Specific Project Purpose: "Extend potable water supply services to unserved rural population aiming at enhanced health status and well being of population in general with focus on children and women in particular" is, in the Yemen context, too narrowly formulated. It does not take into account that the impact of the provision of only clean water is very limited. The impact on health probably could have been much higher if the projects had a wider approach and also had concentrated on environmental health issues like intensive hygiene promotion and the construction of latrines.

3. Some uncertainty exists if DG ECHO's projects targeted the highest priorities in Yemen, as there is no countrywide needs assessment available. Neither government nor DG ECHO provide some guidance on priority locations and or groups. Nevertheless, most projects appear to be relevant as they targeted visibly poor villages and / or villages with serious water constraints. In only 2 out of 8 projects the relevance for water projects was questionable as villages were not really under-privileged or had already a fair water situation (for Yemen standards).

4. Most of the projects scored reasonably on effectiveness and efficiency. All projects delivered generous quantities of water with an acceptable quality, however occasionally with high costs for the beneficiaries. The effectiveness of two projects is, due to inappropriate solutions for water supply or sanitation questionable. The (project) costs / beneficiary were, in general, acceptable and costs of (expensive) expatriate input was minimal.

5. All water supply systems are, from a technical point of view, easy to maintain as the partners used locally available technology. The partners organised cost recovery through water committees, which ensures day to day O&M. However structural maintenance or replacement might become problematic in several projects, as some of the systems are too costly for the (very) poor target group. In addition, sustainability is often jeopardised by poor technical quality / design of the water supply structures, especially in view of the extreme events (floods / droughts), which could occur in Yemen. Concluding, out of the 8 projects 3 projects have a reasonable chance of survival after 5 years, 2 have a moderate chance and another 3 are likely to encounter major constraints in the coming years.

6. The negative impact on environment was limited. On the other hand the projects did hardly contribute to the highly pressing problem of the declining groundwater table in Yemen. Although diesel powered water supply systems have their environmental constraints, alternatives as hand-pumps and solar power systems could encounter maintenance set-backs, as these are (unfortunately) not yet mainstream technology in Yemen.

7. The projects did not cause significant unplanned effects. It would have been appreciated if the projects could count on some additional benefits (for example, an improved economical situation or

strengthening of local institutions). However the short time frame of the projects excluded any such effects.

8. The monitoring of DG ECHO on the partner's projects leaves some room for improvement, especially concerning the technical point of the work. The often below standards construction work could have been avoided if DG ECHO had been more strict on quality issues.

9. "Big names" (Well known IO's / NGO's) certainly did not perform better than relative small organisations. On the other hand, long established IO's / NGO's could establish some long-term contacts with national government institutions. For these organisations the transfer to a long-term development approach might be easier than for small NGO' without these contacts.

4.9 Recommendations

1. Most actual DG ECHO projects should be transferred to donors with a development mandate. The present situation in Yemen with many constraints, however with few extreme crises, requires definitively a development approach. Most setbacks in the current projects could have been prevented if the project horizon had been 2-3 years (or even more).

2. The specific purpose of the programme should be wider than water alone, comprising more issues which effect environmental health, such as hygiene promotion, and, if feasible, latrine construction.

3. DG ECHO recommended to communicate to its partners in Yemen, what they consider as priorities (locations / target groups) in the water and sanitation sector. If DG ECHO decides to stay, a country wide needs assessment as a joint venture with another donor / e.g. an UN agency is recommended.

4. DG ECHO's partners should be aiming at the cheapest and simplest solution in view of the poverty of the target group and the wide range of other needs, rather than sophisticated, but expensive solutions, which have only limited impact.

5. Partners should act more professionally, especially on technical issues. The observed flaws in approach, design and construction of the water supply and sanitation structures were obvious and below standards of professional engineering. In addition some structures are not adapted to the climatic extremes in Yemen.

6. In the framework of development projects, a watershed management approach should be considered as much as possible. In addition one could think of more environmental friendly water supply devices, but only if the maintenance issue is being considered (on a nation wide scale). There should be no pilot approaches in short-term projects without the assurance of proper aftercare.

7. Additional benefits for the target group such as an improved economical situation and strengthening of local institutes should be taken into account, but only if projects adopt a development approach (see point 1).

8. It is recommended that DG ECHO improves its monitoring and supervision capacity in the field of water & sanitation (especially on the technical level).

9. DG ECHO's partners should be requested to team-up with local organisations or government institutes, whenever feasible.

5 Health Sector Report

5.1 Summary of the Health Sector Appraisal

In the period 2002-2005 DG ECHO has financed the following health projects:

Category 1: Contribution to national programmes, Emergency Obstetric Care, Polio Immunization

YEM/210/2003/01005 Emergency Obstetric Care (EmOC), Mahara, Dhale Hodeida
YEMM/BUD/2005/01001 Immunization Activities (SIAs) in response to the Polio Outbreak, Nation wide

Category 2: Strengthening Primary Health Care (PHC), Mother and Child Health (MCH) services

YEM/210/2002/01001 Emergency Assistance to Basic Health needs services, Tihama
YEM/210/2002/01002 Rehabilitation and restoring maternal and child health services, Dhala
YEM/210/2003/01001 Strengthening of PHC services, focused on the promotion of safe motherhood, in rural areas, Taiz / Hodeida
YEM/210/2003/01004 Rehabilitation and restoring of health units and maternal and child health, Dhala

Project Nr	Title	Beneficiaries	Total Costs in EURO	Unit Costs in EURO
YEM/210/2002/01001	Emergency Assistance to Basic Health needs services	27.000	425.000	15,74
YEM/210/2002/01002	Rehabilitation and restoring maternal and child health services	60.000	375.000	6,25
YEM/210/2003/01001	Strengthening of PHC services, focused on the promotion of safe motherhood, in rural areas of Taiz and Hodeida governorates	38.500	505.821	13,14
YEM/210/2003/01004	Rehabilitation and restoring of health units and maternal and child health	16.760	326.000	19,45
		142.260	**1.631.821**	**11,47**
YEM/210/2003/01005	Emergency obstetric care	44.000	380.000	8,64
ECHO/YEMM/BUD/2005/01 001	Immunization Activities (SIAs) in response to the Polio outbreak	4.249.657	500.000	Echo only funded parts of the campaign (unit costs not comparable)

Table 8: Unit Cost Survey Health Projects

The engagement of DG ECHO in Yemen was justified as the country is considered by DG ECHO as forgotten crises. According to the scoring criteria, relative humanitarian needs, degree of media attention and coverage, net official development assistance per capita and assessment of DG ECHO Units/ textual analysis In 2006,Yemen reaches score 8 of 10 ranging a country under "Forgotten Crisis".

1. Projects of Category 1: Contribution to national programmes, Emergency Obstetric Care and Immunization in response to the polio outbreak in 2005 concern 2 projects:

The UNICEF emergency obstetric care project focuses on early risk detection and referral of identified risk cases to centres with high specialised midwifes and if necessary to hospitals with surgical/obstetric capacities. The project has phased problems related to the organisation of the referral system and to the availability of operational capacities.

The UNICEF EmOC project has been integrated in the national reproductive health programme of the MoPHP in collaboration with most of the bilateral and international donors. It is still phasing difficulties to interlink emergency detection, referral system availability and sufficient obstetric surgical services. It is expected that the joint donor group will assist in overcoming the described difficulties. Eventually further support will be requested from DG ECHO to realise a feasibility study in a selected district.

The WHO has assisted the GoY in fighting the Polio outbreak in 2005 spreading over the whole country and risking to cross boarders. 98 % of the children could be reached in 21 governorates and only 80 % in Sa`ana as access is limited due to the actual political crisis. Follow up measures related to handicapped children (acute flaccid paralysis/AFP) have started and two specialised consultants are already in Yemen.

The complementary activities of WHO in the frame of the Poliomyelitis vaccination campaign have contributed to stop the spread of the virus for the moment. Depending on the climatic situation during the next month a new outbreak has to be feared. Eventually additional co-financing would be required. The activities, started to help handicapped children due to the Polio infection, have certainly emergency character and DG ECHO's assistance is recommended if requested by the partner. The project can be followed through the publications of WHO Polio team[36].

2. Projects of Category 2: Strengthening Primary Health Care (PHC) and Mother and Child Health (MCH) services concern 4 projects realised by two bilateral NGOs, COOPI and CINS focusing on women and children as priority. DG ECHO has realised a large needs assessment and selected women in reproductive age and children under five as priority groups. The selection of the geographical area of intervention is based on the criteria of remoteness, poverty, vulnerability, health needs and actual low coverage by public health services. The region of Al Dhala is characterised as mountainous area, difficult to access with a high poverty range reducing the possibility of the population to access health providers. The region Tihama is a plain at the red sea belonging to the governorates Taiz and Al Hodeida characterised by low coverage of public health providers, malaria and nutrition problems of children.

As for projects of category 2, Primary Health Care and Mother and Child Health, it is recommended to continue with the two projects actually under decision in Dhala and Tihama region. It is recommended that the DG ECHO partners should concentrate on specific areas of their actual work in order to assure connectedness and even sustainability after the end of the projects. In the

[36]WHO, " global wild poliovirus update" monthly reporting

mountain area of Dhala it is indicated to concentrate on further improvement of service delivery and to increase the quality of the health facilities through water supply. In the Tihama region it is recommended to continue the collaboration with WHO on the malaria eradication programme and to enlarge, if possible the nutrition activities (children and lactating mothers) and adjacent measures.

3. LRRD Aspects
DG ECHO is considering to phase down during the next years and to phase out after the certain period. Taking the results of the evaluation into consideration, the evaluation recommends the continuation of DG ECHO's engagement in Yemen at interim before projects can be handed over to national partners – or be taken on by a development donor. The arguments are as follows:

The international NGOs have accompanied the health sector since the countries unification. The bilateral NGOs have started soon after the crises in 1998 and 1999. The DG ECHO partners therefore have a great experience in the Yemen context.

In the actual critical, political situation between the Middle East and the Western Nations, the presence of European NGO experts in rural areas and in close contact with the health staff and the target population is of great importance. They show the European interest and engagement more directly than experts of development projects working more at central level.

To prepare and to assure sustainability, an external sector and institutional analysis of the district health and administrative system is recommended in order to identify their capacities and the willingness to take over the project activities. Sustainability could than be assured, even if complementary support has to be offered to strengthen the administrative/technical services. At the same time DG ECHO and the reinforced EC Delegation in Sana'a should identify possibilities how to finance the continued presence of the bilateral NGOs in Yemen (see Annex 8 "Consideration for an organised Phase out").

It is expected that the political, economic and geographical situation of Yemen can always lead to heavy crises situations. The presence of bilateral NGOs on the ground, which can be mobilised according to their experiences for different emergency situations is important.

5.2 Health Sector

5.2.1 Needs Situation

Health profile of the population
The health situation is characterised as in every developing country by the high incidence and prevalence of infectious transmissible diseases whilst the number of non-transmissible diseases is increasing slowly (see chapter 3.2.5). This is due to different facts such as weak capacity of the population to prevent diseases or to seek for treatment. Prevention includes improved hygiene (individual and group hygiene related to water, sanitation, food and environment protection), better protection against vectors (mosquito nets, spraying), better housing and clothing. In case of sickness, the willingness and capacity to seek for healthcare is mostly hindered by socio-cultural attitudes such as avoiding public presence of women, poverty to pay for services and medicines and difficult geographical conditions to reach the service providers. In the following the actual health service provision in Yemen is described.

HEALTH STATUS	1970-75	2000-03
Life expectancy at birth (years)	39.9	60.3
Infant mortality rate (per 1,000 live births)	202	82
Under-five mortality rate (per 1,000 live births)	303	113
Maternal mortality ratio[37] (per 100,000 live births)	-	570
Population undernourished (% of total)	-	36
Children underweight for age (% of under age 5)	-	46

Table 9: Health Statistics (1970- 75 / 2000-03), EC Country Strategy Paper 2006

The data concerning the health situation differ quite strongly according to sources even between EC and DG ECHO documents by comparing the above shown table of Yemen at a glance (CSP) and DG ECHO's need assessment indicators[38]. Yemen is ranked 141 of 191 countries worldwide in the 2000 world health report. The total population in 2004 is estimated to have reached 20 Millions. 75% of the population live in rural areas. Life expectancy at birth 61.4. Poverty rate 42%. Fertility rate 6.7.

Two main vulnerable groups have been identified, women in reproductive age and children under 5 years. The related data are:

1. Maternal mortality rate 351 to 1.400/100,000. Only 14% of women are assisted during delivery by skilled personal. Even if the total fertility rate (birth per woman) shows a declining trend from 8.5 in 1975 to 6.2 in 2003, high risks are persisting

2. Under five mortality rate 85 to 114/1,000. Infant mortality rate (per 1,000 live births) dropt from 202 in 1975 to 82 in 2003. Malnutrition of children still persist affecting nearly 50% (46%/2003) of children under 5 years showing the high risk situation of this group. The vast majority of children under five years death are caused by preventable diseases and malnutrition are a contributing factor in more than half of these young deaths. More than 50% children die at home due to poor access to any health facilities. Acute respiratory infections are the biggest single killer (19% or over 2 Million every year), followed by diarrhoeal diseases (17% or 1.8 Million), malaria (8% or approximately 1 million), measles (4% or 0.5 million), pertussis (0.4 million), tuberculosis (0.4 million) and neonatal tetanus (0.2 million).

UNDP in a progress report on the Millennium Development Goals states that based on current trends Yemen is unlikely to achieve the Millennium Development Goals (MDGs) by 2015, with the possible exception of achieving universal primary education (Goal 2) and reducing under-five mortality (Goal 4)[39].

5.2.2 National Policy, Institutional Framework and DG ECHO Partners

The governmental health system is structured in order to reach the population even in remote areas based on a bottom up approach. Starting from Health Units (HU) and Health Centres (HC) the system ranges up to district and governorate hospital level. According to the cost-recovery system, patients have to pay service related prices. Poor people with poverty certificate pay less or nothing as registered in the service files. Referral costs to a higher service level have to be covered by the patient.

[37] Adjusted figure based on review by UNICEF, WHO and UNFPA.
[38] Sources "Demographic and health survey 1997"; World Bank " Comprehensive development review – health sector 2000; WHO
[39] http://www.undp.org.ye/mdg-en.php

The cost recovery system has not contributed very much to increase the financial resources of public facilities. In addition, the weakness of the health system is due to the low public expenditures, being insufficient to provide basic health care, equipment and medical supplies. The modest increase from 1.4% of GDP in 2002 to 1.9% in 2004 has already changed in 2005, dropping again to 1.7 % of the GDP despite the targeted 2.2%[40].

"Implementation and sustainability of project can only be assured by early integration in decentralised administrative system"[41]. According to the Local Authority law number 4 of the year 2000 the country is divided in administrative units, each within its own local authority. The law consolidates local authority for planning, development, and administration into one elected body, the municipal council. Each administrative unit has its own local authority, which consists of the administrative head of the unit (appointed), the elected local council in the two tiers, and the executive organs (branches and offices of the ministries and other government agencies). Both the local council and the executive organs in the administrative unit are headed either by a governor at governorate level or by a director at the district level. In line with Art. 14 of the law 2000, they decide on all actions in its region conform to the national strategies and represent the local authority. NGO activities have to be in line with Art. 6 law on Associations and Foundations, 2001.

The Health Sector Reform programme[42] was designed in 1998 to improve the quality, efficiency and accessibility of public health care for the population. The appraisal in 2004, based on the results of a household survey (346 households containing 2,790 individuals/ Governorates of Aden, Hudeida, Ibb and Raima), showed the increased preference of the population for private services. Private health facilities account for more consultations than do public facilities even in rural areas. The "very poor" socio-economic group were equally more likely to go to private facilities as the richest group. Out-of-pocket expenditure on health care is high with on average $245 for a hospital admission and $18.70 for a outpatient (OPD) consultation, hospital delivery costs between 90$ in public and 100$ in private facilities. Close collaboration with the private sector is recommended in order to avoid overlapping, to make best use of available resources and to respect the preferences of the population to select their health care provider.

Besides the governmental system, private formal and informal providers are offering health services. At village level traditional birth attendants (TBA) render services related to pregnancy, delivery and post-partum care. They are officially recognised, receive training, working kits and are supervised by the nearest health facility. The situation for traditional healers is not yet clear as basic information about professional capacities are missing and an official recognition is not yet decided.
In small towns pharmacies are important. They are often the first contact of a husband seeking medicines for his wife or bringing his children for treatment, which includes oral medicaments and injections. For women, the more private atmosphere is often more convenient than visiting a public health service. No professional quality control is reaching those health service providers.

Private investors and NGOs (either under public or private ownership) build up private services. The NGO Soul (working in close collaboration with UNICEF for field surveys) for example is one of the largest private providers in the country. The professionalism is considered to be higher in private services, as the staff is well trained and business hours are respected facilitating access for the care seeker. For example, contractually no additional private practice is allowed for the staff.

The 24-hour service is not always available in public services. Most of the civil servants work privately in the afternoon, often using the technical equipment of the health facility. This informal

[40] RoY, Poverty Reduction Strategy (PRS), Progress Report for 2003 and 2004, April 2005
[41] UNDP Yemen Country Profile, 2003
[42] RoY, MoPHP, Appraisal Report of the Health Sector Reform, Vol.1 Main Report 2004

service provision is out of official quality control and data are not inserted in the general health statistic. Being aware of the health seeking behaviour and the strong interest of the population, being poor or reach, to by-pass public services is recognised by the MoPHP. Cooperation with the private sector is recommended as stated in the Health Sector Reform Programme.

The District Health Service (DHS) is attempting to develop better management by introducing output indicators. They should enhance the ability of focusing the attention of staff on the provision of quality services and should also clarify the roles and responsibilities of the District Management Team (DMT). The quantitative and qualitative indicators should not be expressed in percentages but in absolute numbers in order to allow comparison between the situation before and after an external input. In the following some examples are given:

Quantitative Indicators: No of outpatient consultancies,(increased from x to xx); No of immunization, (increased from x to xx); No of women using oral contraceptives or IUD, (increased from x to xx); No of pregnant women having ante-natal care, (increased from x to xx); No of deliveries attended by skilled attendants,(increased from x to xx).

Qualitative indicators: 24 hours curative health service available, (yes/no); Health facility hygienic & well-maintained, (yes/no according check list).
Information, Education, Communication (IEC) strategies involving multi-sectoral partners are developed and implemented using quantitative and qualitative indicators: No of pupils knowing the risk of qat misuse, (increased from x to xx); No of mothers knowing how to treat diarrhoea. No. persons knowing STDs/AIDS,(increased from x to xx).

Fig. 4: Examples of applicable Indicators Health Sector (quantitative & qualitative)

Appreciation

As far as it could be assessed, DG ECHO Partner projects are not yet integrated in the local administrative planning and management process as they collaborate only with the technical health officials. Different governorates already have a strong decentralised system down to district level (e.g. Taiz). Even if the integration at the local administration is considered as difficult task, the activity should be taken to build up sustainability. Besides the already recommended institutional analysis of the local authority services, documents already prepared in Yemen can be consulted such as the health sector reform report prepared by EC and the MoPHP[43].

DG ECHO has up to now limited its assistance to DG ECHO Partners working in the public health sector. No cooperation, including also co-financing, has been officially launched, besides the UNICEF/EmOC collaboration for research, with a national NGOs working in the formal private sector. It has to be assessed, if the collaboration with private providers could, for example, contribute to assure sustainability even in remote areas. This is due to the fact, that no area is totally characterised by an entirely rich or an entirely poor population. DG ECHO could collaborate with the MoPHP to identify private health providers and/or civil societies to act either as partners of the DG ECHO sponsored NGOs or as direct receivers of funds.

[43] EC/ MoPHP SUPPORT TO HEALTH SECTOR REFORM IN THE REPUBLIC OF YEMEN, Quality Management of Health Care, In the District Health System
Consultancy presentations: Prof. John Ovretveit, Prof. Abdulwahid Serouri December 2004

Concerning health data the difficulties of collection are generally known. Access to health services is actually calculated under the assumptions of no by-passing of public services in rural areas. According to the mentioned survey results it seems evident, that data of public services do not reflect the reality of the populations health seeking behaviour. The official data used for planning/evaluation procedures are limited, as they do not seize data of all the private formal providers. No data of the informal sector are available, e.g. rehabilitated/equipped services show often no increase of users, but the number of patients in the private practice of the hospital doctor increases without being registered.

Due to the fact, that the DG ECHO partners do not use for all areas absolute data but percentages, it was not possible to give an overview of the results obtained by the projects in the period between 2002 and 2005. Only one partner used absolute data due to the recommendations of an external professional evaluation (Public Health MD). The concept to simplify measurable indicators in form of numbers is valuable as they can be compared before and after an intervention. If felt necessary, they can be expressed in percentages under the condition that absolute data are mentioned. It is not recommended to establish new information systems as the basic of information system is available in Yemen which can be used by the DG ECHO partners. In addition, international NGOs have started own follow-up documents (e.g. Governorate Dhala). According to our findings, it is not recommended to create new, external checklists for health facilities related to quantitative to qualitative data collection[44]. The Health Information System exists in Yemen including routine data sources, survey results and qualitative data collection through interviews and observation –but collection, processing, interpretation and presentation is often week and has to be improved.

5.3 DG ECHO's Strategy in the Health Sector

5.3.1 Intervention strategy

DG ECHOs strategy in the health sector is described according to the Yemen related position paper on health and the general and specific recommendations[45]. The provisions of the legal basis of DG ECHO (councils, humanitarian regulation/ EC 1257/78) provide the baselines for the health sector interventions for Yemen. They are justified as they ensure minimum "social safety net" coverage for the most vulnerable beneficiaries. The entry criteria are consistent with the needs/based approach that aims at focussing on priority humanitarian needs.

According to the position paper the right to health, recognised in international legal instruments, can be "ensured only if the responsibles for the health care system are well trained and committed to universal ethical principles and professional standards, if the system they work in is designed to meet minimum standards of needs and if the state is disposed to establish and secure these conditions of safety and stability… "[46]. The importance of health for children and women has been recognised by their inclusion as specific targets in the framework of the Millennium Development Goals (MDGs).

In line with the mandate to save and preserve the life of the victims of humanitarian disasters priority has been given to primary health care (PHC). In emergencies and humanitarian settings, the

[44] Republic of Yemen, Ministry of Public Health and Population, Planning and Development Sector General Administration for Statistics and Public and Private Health Facilities Survey
Health Facilities Questionnaire. 2004

[45] EC humanitarian department, Yemen position paper health September 2005.
[46] EC humanitarian department, Yemen position paper health September 2005.

main priority in the health sector is to keep mortality and morbidity below the emergency threshold and more particularly the under five mortality. This can be achieved with both, curative (e.g. support to medical facilities, provision of essential drugs, treatment centres for specific diseases such as measles or cholera, support to hospitals), and preventive measures (immunisation of children, provision of clean water, establishment of supplementary or therapeutic feeding centres, adequate sanitary conditions, shelter against adverse weather conditions, malaria prophylaxis e.g. via impregnated bed-nets, health and hygiene education).

5.3.2 Operational strategy

The health needs identified by DG ECHO units cover the following topics: health profile, access to health facilities, public funding, problems related to health services, malaria, obstetric care, Qat consumption, water and sanitation and hygiene knowledge attitudes and practises (KAP).
The identified priorities are the efficiency of primary health care (PHC) in remote areas and underprivileged areas such as on the south coast of the Tihama and in the mountainous areas of Al Dhala.

The general recommendations for health interventions in Yemen (updated September 2005) stresses the importance of "humanitarian assistance aimed that improving access to qualified primary health care and sometimes to the secondary level (district hospitals) in specific cases with the particular emphasis to children under five and to pre- and postnatal maternal care."
"Considering that none – emergency health intervention require time to address technical and social issues. There is need to consider the following aspects: "detailed needs assessment including baseline information, primary health care support with clear targets to achieve, use of national standards and targets, reproductive health, health information system, support to health authorities, health and hygiene awareness, malaria prevention, HIV/Aids precautions, outbreak preparedness and sustainability of the projects".

Specific recommendations for the Yemen context (from DG ECHO)

- Clearly identify vulnerable areas where minimum standards are not met and make comprehensive review of the health system.
- Ensure that most vulnerable families and marginalized groups have access to heath services.
- Ensure that health infrastructures for rehabilitation or construction are adequately located in the coverage area, review with health authorities and communities should be made before project implementation.
- Health and hygiene awareness sessions and dissemination material, take into consideration the high rate of illiteracy especially among women, (85% of female in rural Yemen are illiterate and 40% of girls only are attending to schools).
- Health issues should be discussed and explained to local religious representatives who need to support health interventions and in particular children vaccination.
- Family planning dissemination should be promoted but with extreme care in a very traditional society and in order to avoid objections from religious leaders.
- Ensure that all health facilities have adequate precaution measures and have an incinerator for the destruction of medical equipment.
- Liase with malaria control program at Governorate level for malaria prevention (mosquito nets and insecticide spray interventions).
- Outreach activities to be promoted for marginalized communities and remote areas as health centres coverage remains low in a country where villages are very scattered, remote villages should be prioritised.
- Ensure that health approach between partners are coherent and share methodologies and material for training and dissemination.
- Ensure that partners have adequate health expertise to implement projects.

The financial mechanisms are well defined. It starts with an assessment at field level, which is then reviewed at DG ECHO Headquarters using: a specific methodology including the 'Global Needs Assessment' (GNA); the 'Forgotten Crisis Assessment' (FCA); and ends with consultation with other humanitarian actors at meetings called 'Strategic Programming Dialogues'. However, the overall final yearly budget allocated to humanitarian aid is determined with regard to other Commission priorities. As for Yemen the allocations had been 100% of the requested demand of the partners. No differences between the needs identified and the budget actually made available have arisen.

DG ECHO's interventions are realised in the frame of the following well-known parameters described by Prolog Consult as follows: limited duration of financial decisions, and the lack of a guarantee for sustained funding. The operational time horizon and medium to long-term policy horizons for DG ECHO are relatively short, (reflection DG ECHO's mandate), when considering the requirements of the LRRD policy. DG ECHO can only finance international/EU-based NGOs, UN organisations, the Red Cross family, and a few selected other bodies. The distribution of DG ECHO's budget is apportioned across humanitarian crisis worldwide on the basis of identified and quantified needs.

Appreciation

Needs have been identified clearly according to national statistical data and the information provided by DG ECHO partners on the ground. Reliable data are usually hard to obtain. DG ECHO compares different sources and takes the highest estimates (the "Worst case scenario") for attributing scores to each country.

The general and specific recommendations cover a large spectrum of health provision and related activities. But they are not regrouped according to professional working areas, to functions, tasks and skills required from a service or person. "Liase with malaria control program" is a working area in itself, even a specific project. Some recommendations, like awareness rising in health and hygiene need additional expertise from other sectors like audio visual media producers and social marketing experts. The recommended review with authorities and communities before construction or rehabilitation work starts, does not correspond to the standards of community participation.

In regard to sustainability the recommended "review" is misleading. Projects have to be adjusted already in the planning phase to the plans of the decentralised management and budgeting system to avoid overlapping and duplications and assure e.g. that follow up costs are covered. This is specially valuable in the grey zone between emergency, rehabilitation and development. The variety of recommended intervention areas are difficult to transpose in planning instruments and can lead to overloading of activities when DG ECHO partners try to fulfil all recommendations.

The same observation is made by Prolog Consult[47]: "DG ECHO has a high demand on professionalism and expertise of DG ECHO partners and high requirements as to project management and results to be obtained. Achieving the requested high performance levels would request that DG ECHO's working instruments, country and sector documents are constringent and easy to transpose in planning instruments."

As we consider this subject as very important, most of the recommendations will be regrouped in different activity areas in the following chapter "Evaluation Results" to illustrate the workload, the expertise required and to recommend valuable activities to be sustained.

[47] Prolog Consult review of Cross Cutting and other key issues, concept paper and model guidelines, October 2005.

5.4 Evaluation Results

5.4.1 Regrouped DG ECHO's recommendations in activity areas

Primary Health Care (PHC) including Mother and Child Health (MCH) is the selected priority for DG ECHO's interventions. PHC/MCH covers a wide range of activity areas which will be briefly described. The description shows the workload of the DG ECHO partners, but should also lead to the discussion if all the activity areas should be or can be covered in respect to time limits and according to the partners capacities.

1. Activity area: Health service provision

The services are provided in Health Centres (HC), Health Units with inpatients (HCI, with beds), Health Units with only outpatients (HCO), district and governorate hospitals up to specialist hospitals including:

1. First and repeated consultations, diagnostic and treatment of common diseases and injuries. (Target group according to population in district/health coverage area).
2. Immunisation of children (estimated target group is 3.6 % of the population)
The children immunisation schedule consists of BCG during the first weak (OPV/DPT 1) at the 6th weak two at the 10th and three at the 14th weak and measles vaccination at the 9th month. The national coverage rate is based on vaccination card verification.
3. Reproductive health (estimated target group is 4.1 % of the population)
The basic services consist of antenatal (4 visits) care, TT immunisation, normal deliveries and identification/referral of obstetric complications, post natal care and family planning. The reproductive health services are enlarged through the participation of traditional birth attendance (TBA) officially recognised after training by the MoPHP "traditional birth attendance certificate".
E.g. The decision for family planning is taken by the couple in 29 %, in 53 % the husband decides and 6.5 % of women decide themselves. 40.9 % of ever-married have used family planning methods. 49.8 % are women between 30 and 35 years age.
4. Surgical/ obstetric and other specialisations

2 Activity area: Specific deceases requiring specific programmes

The DG ECHO actions in Yemen support the MoPHP in reaching its goal to reduce mortality and morbidity due to specific diseases. It is therefore expected that the DG ECHO partners have the adequate professionalism or they seek for a professional assistance by employing health experts and collaborate with experienced international organisations and specialised national health services. Some examples are presented as follows:

Poliomyelitis

Needs assessed: The outbreak of polio in 2002 and the countrywide vaccination programme of the MoHPH in collaboration with the DG ECHO partner WHO has reached until February 2006 up to 95% of the target group of children (4 million). 25 cases of acute flaccid paralysis (AFP) have occurred in January 2006. Follow-up activities in case of a re-outbreak are planned and for handicapped children. Medical experts will assist in treatment and building up a rehabilitation system. In spite of this success routine vaccination has to continue.

This disease, usually of young children is caused by the polio virus an enterovirus. The infection can result in its cardinal sign acute flaccid paralysis (AFP). The clinical disease is relatively uncommon however 99 % of infected people show no paralytic manifestations. A worldwide vaccination effort is under way to eradicate it. Transmission takes place via ingestion of faecal contaminated food or

water or via droplet spread from the respiratory tract. Prevention concerns vaccination and improved public health. The poliomyelitis vaccine is available in two forms: a live attenuated virus vaccine given by mouth (OPV, Sabin vaccine) and an injectable killed virus vaccine, given by IM injection (IPV, Salk vaccine). The expanded programme on immunisation (EPI) recommends the OPV because of its low cost, ease of administration and its potential to booster second immunity. The WHO recommended infant immunisation schedule: OPV at the age of 6,10 and 14 weeks.

The DG ECHO assistance has been justified as the general national vaccination programme could not stop the spread of the disease in the country and could not, without the international support, stop the boarder-crossing risk. The Expanded Programme on Immunization of Yemen is working hard to achieve the objectives: to reduce morbidity and mortality resulting from the six EPI target diseases. This includes surveillance strategies for eradication of poliomyelitis, elimination of MNT, purchasing of EPI vaccines, control of measles, introduction of 2nd dose of measles vaccine, supplementation of Vitamin A capsule and introduction of new vaccine: (Hepatitis B vaccine).

The success of the polio emergency vaccination campaign is due to different facts: e.g. the Government and its partners disposed of sufficient funds to mobilise assistance at all levels, down to vaccinators for house to house visits. In addition, advocacy and promotion has been assured by political and religious leaders, supervision assured by national and expatriate experts.

Measles

Needs assessed: Despite the success of the expanded programme on immunisation (EPI) it is still estimated that over 30 million cases and 875.000 death occur worldwide each year[48]. Children less than 5 years age are under high risk, making measles to the leading cause of vaccine preventable child mortality. In Yemen, routine coverage has increased to 76% in 2004. Responsibility is shared between the national centre for disease surveillance (NCDS) and the EPI programme. Targeted are children between 9 months to 15 years, followed by supplemental immunisation campaigns every four years.
In addition to sporadic disease with a fatality rate of around 5% it also occurs in devastating epidemics that kill up to 40% of infected children in unvaccinated populations. The reasons are overcrowding as measles is very contagious and malnutrition predisposing to severe and persistent infections. Control: active immunisation. Passive immunisation with human gamma globulin up to 5 days post exposure. The measles vaccine is a freeze-dried preparation of live attenuated virus given by single SC injection. Age: 9 months. In industrialised countries it has now been replaced by a triple vaccine, combining measles, mumps and rubella vaccines (MMR).

Malaria

Needs assessed: 60% of the population live in regions with endemic malaria, specially in the Tihama region (Al Hodeida/Taiz) where DG ECHO partners operate. In 2005 the No. of clinical cases has been 70.424.
Since 2002 the National Malaria Control Programme is co financed by the Global Fund[49]. Treatment standards are developed and applied. Prevention consists of the combination of anti malaria drugs, residual house spraying, larviciding of mosquito breeding places and individual and family protection. Prevention is not yet effective e.g. less then 10 % of the population use mosquito nets.[50]
The UNICEF financed impregnated bed nets (IBN) have arrived in December 2005 and are not yet distributed.

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[48] RoY, MOHPH, PHC division, proposal of funding and national measles immunisation campaign, 2005
[49] Amran, Jamal, MD G.D. National Malaria Control Programme, Yemen, Power point presentation,2005.

[50] MOHPH, Household and facility survey 05/2004

The evaluator has to express his astonishment about the recommended objective "to distribute bed nets among 60% of pregnant women and children under 5 years". According to the epidemiology of malaria being transmitted from the reservoir "man" to a new susceptible human population, the new host, the limitation of protection to a certain group is not justified or acceptable. As expressed by DG ECHO partners working with marginalized, vulnerable groups it is also not feasible from the socio cultural point of view. In poor, enlarged families nearly no person has a single bed to use the "single bed nets" proposed. Combined prevention measures affordable by the population and feasible by the service providers are indicated.

Dengue and dengue haemorrhagic fever (stressed by the MoPHP /Febr.2006)
Needs assessed: No needs assessed up to now. The disease has been indicated as important by the MoPHP. Dengue is transmitted from infected to susceptible humans by day-biting Aedes aeqypti mosquito. Dengue clinical syndromes range from a benign febrile illness (DF) to a severe life-threatening syndrome characterised by disordered haemostasis and shock (DHF/DSS). No vaccine is yet available. The disease, wide spread in Yemen, should be put on the priority list of DG ECHO's partners.

3 Activity area: Malnutrition
Needs assessed: 46% of children are moderately or severely underweight (chronic malnutrition) and 2 % of women have a high nutrition deficit.
The MoPHP in cooperation with international, bilateral donors and the contribution of the Social Fund and NGOs is fighting against malnutrition. One of the DG ECHO partners is actively participating in a food aid programme. Another partner assists in his working area in malnutrition surveillance and nutrition education. The problem of malnourished women and delivery has been stressed, as breastfeeding can be limited increasing the risk for children up to the age of 6 month.
Actions against malnutrition involve a large scale of activities for assessment and areas of intervention to identify causes and to contribute to problem solving. To assess malnutrition a combination of clinical features and body measurements are used: Wasting- weight for height, mid upper arm circumference (MUAC), body mass index (BMI) used for adults. Stunting- height for age. Wasting and stunting combined- weight for age. The standards and standard deviations (SD) are used in monitoring tools such as growth charts. Micro nutrient deficiencies are treated. E.g. vitamin A deficiency (blindness prevention)[51].
The first cause of malnutrition is a negative balance between dietary intake and physical need. There are three major underlying factors: Lack of food/decline in food security, infectious diseases, caring practices for dependents. This elements seldom occur in isolation and they often reinforce each other. Caring practices are determined not only culturally but also by the financial resources and time available to families for their children, disabled, orphans and elderly. Deep routed gender inequalities can be important underlined factors like the workload of women. Successful prevention and treatment of malnutrition should address the three underlined causes of malnutrition including a combination of medical, nutritional, and social care and help to improve the economy[52].

4 Activity area: Communicable diseases related to WatSan projects
Needs assessed: No specific needs assessment, not even in the frame of WatSan projects could have been identified. The communicable diseases related to water, sanitation and hygiene are mostly characterized by the symptom of diarrhoea. They range from viral diarrhoea, amoebic dysentery, Typhus, Salmonellosis Gastroenteritis with Bacterium colli, worm infection like Ascariasis, Ankylostomiasis, Tapeworm to Filariasis, Bilharzia and Polio.

[51] WHO, WFP, UNHCR, IFRC (2000) the management of nutrition in major emergencies
[52] Sphere, Humanitarian charter and minimum standards in disaster response, 2004 edition

It has been expected, that technical WatSan projects combined with information, education and communication (IEC) campaigns would improve hygiene related knowledge, attitudes and practices (KAP) leading to the reduction of communicable diseases. Some DG ECHO partners have realised KAP surveys and health and hygiene education methods including the production of audiovisual media has been undertaken.[53]

For the future it has to be considered to subcontract national experts in sociology, communication and hygiene education to achieve the following actions:

1. IEC campaigns and practical technical measures.

As communicable diseases have characteristic path of transmission, the goal of IEC campaigns is to change the prevalent practices favouring transmission of diseases. The campaigns have to be designed to promote KAP which interrupts the transmission cycle described as follows:

Transmission cycle	Activities/ control methods
Diseased Individuals	Diagnosis and treatment
Excreta	Construction of sanitary facilities
Water	Drinking water supply and water treatment
Food	Protection of foodstuffs
Vectors	Protection against vectors
Hands	Individual and family hygiene
Soil	Treatment of the soil and protection against excreta
Infection of healthy individuals as a result of transmission	Diagnosis and treatment

Table 10: Transmission Cycle – Activities & Control Methods

The approach taken to control these diseases is to interrupt their transmission paths (hygiene) and to treat diseased individuals. Interruption measures vary depending on the disease. They include

- a hygienically safe supply of drinking water,
- installation of sanitation facilities (latrines, waste and waste water disposal),
- protection against vectors, monitoring of foodstuffs, and
- treatment of the carriers of pathogens.

Consequently, the incidence of communicable diseases can be reduced by means of the combined use of IEC and practical technical measures. The curative health services have to contribute in the area of diagnostic and treatment and to consult projects through its specialist hygiene and environmental health services.

2. Trust introducing measures

Complementary to information and education activities, so called practical trust-inducing measures are used in WatSan projects of bilateral and international donors. They have the purpose, to show the population, that the provision of health services or the implementation of water and sanitation schemes will have an effect on their daily life and their health situation.

- A simple way is e.g. the organisation of the treatment of worm infections in schools or workplaces giving visible results.

For further details see Annex 7 "Linking WatSan and Health"

[53] UNICEF, Republic of Yemen, Knowledge, attitudes and practices on hygiene and sanitation in the governorates of Ibb, Abyan, Hodeidah, Lahj and Mahra, Interaction in Development December 2003

5 Activity area: works, equipment and consumable items

Needs assessed: Lack of financial resources for rehabilitation, new constructions of health facilities and equipment. The related problems, as stated by DG ECHO, are that new infrastructure quickly becomes inoperative, due to technical problems, lack of proper maintenance or inadequate financing.
The DG ECHO partners of the PHC/MCH projects have given high attention to this activity area. According to the final reports, 26 health facilities have been up graded. This includes construction, rehabilitation, water and sanitation, electricity if possible, wastes disposal, incinerator and fencing. Standard planes for each health facility category are provided by the MoPHP. Medical equipment for different services (PHC, MCH, laboratories, delivery rooms, TBA kids) and furniture have been purchased and delivered. It could not been assessed, if maintenance and repair, availability of spare parts, information about local products and their market availability and repair network is assured.
During the presence of the DG ECHO partners, the purchasing of consumable items has been co-financed in urgent cases. Consumables range from office material for management to material for nursing, diagnostic, laboratories and aid prevention. For outreach work this covers e.g. insecticides for malaria prevention, consumable parts of midwife kids and mosquito nets if replacement is necessary.

6 Activity area: Training

Training topics cover primary health care management, mother and child care, malaria prevention, nutrition education, delivery risk management for midwifes, training of traditional birth attendants, health educators and community members. Criteria are, that the training curricula is based on job descriptions, performance analysis and the results of knowledge, attitudes and practice assessment. Training material should be elaborated according to the trainee's needs and capacities. The training should lead to enrichment and not to job enlargement. If a new job description is created income-generating actions have to be taken.
The partners have trained health staff in management, conducted refresher training for midwifes and trained Traditional Birth Attendants (TBAs). Around 500 trainees have participated. The training content is based on guidelines of the MoPHP elaborated in cooperation with DG ECHO Partners in Yemen and bilateral donors (e.g. GTZ). The training is conducted by the national district health experts and high skilled staff of the concerned services.

7 Activity area: Management assistance and supervision

Management assistance has been provided through close collaboration with the national staff of the health facilities. The topics ranged from day to day management, drug supply, laboratory service organisation and handling of inpatients. The health facilities are visited by the regional district officials and the project experts on a regularly basis. The criteria are, that the visits contribute to a constructive assistance including on the job training and problem solving actions concerning the actual needs of the health facility. They are not always fulfilled and the NGO Partners will stress this aspect during the next projects period.
Covering planning, monitoring and evaluation it includes although the financial and men power management. The new cost recovery system has been introduced in the frame of the health decentralisation programme. Evaluation criteria are, that external advisers are fully informed about the institutional capacities at the level of health facilities and at the district/ governorate level. If possible projects should have the possibility to overcome bottlenecks. I.e. if essential drug supply does not cover the demands. Manpower and financial management aspects are topics of the district administration and closer collaboration is intended.

8 Activity area: Improving the information system

Improved data collection and treatment is promoted. The district Health Service (DHS) is attempting to develop better management by introducing output indicators. Quantitative and qualitative indicators should not be expressed in percentages but in absolute numbers in order to allow comparison between the situation before and after the external input. As different DG ECHO partners are working in same areas like Dhala, the data collection, e.g. supervision sheets should be harmonised with the governmental sector system (MoPHP statistical department) using the most appropriate as example.

9 Activity area: Outreach activities

Offering services in the closer environment of the health seeking persons includes the obligation to reach the population in all their “settings” from family over work place, schools, villages and towns. The setting environment influences the individual health seeking behaviour through restrictions or positive advises including empowerment. The evaluation criteria therefore include the question how service provider reach individuals in their social and economic environment and according to their position/status in the society. How they identify and use communicators in form of social accepted persons such as TBAs, schoolteachers, religious leaders, Sheikhs and gender groups. The mother and child health services have the best outreach through midwifes. Health education for pupils is limited. Closer cooperation with the educational sector and DG ECHO partners working in this field should be build up.

10 Activity area: Community participation and integration in the health sector

Related to sustainability of projects the following is mentioned in the DG ECHO sector documents: “Involvement of communities and participation in the decision process in particular women could be seek at village level for health unit management with community contribution for good ownership[54].” Involving communities in the project cycle is the general target of community participation. But to often community participation is considered as financial or men power contributions to technical installations (health facilities, WatSan). In the frame of Primary Health Care projects, the participation is actually limited to the creation of Health Committees under the leadership of the sheiks and contribution to rehabilitation works. The members of the committees are men and women mostly on equal basis with different functions and tasks. Powerful sheiks can motivate the local government to assist when problems occur. Cooperation with traditional and religious leaders has been proved useful during the polio vaccination campaigns to raise acceptance.
In order to reach sustainability the integration in the local planning and management procedures have to be targeted. The assessment indicates, that the ECHO partners are not fully informed about the capacity and willingness of the local administrative system to participate. The projects are not yet part of the local health manpower and budgeting plan.

11 Activity area: Monitoring and steering

The guidelines for project planning and management include a large spectrum of working tools such as need assessment, sector analysis, KAP survey, PCM and especially target oriented project planning and operational planning based on the log frame. DG ECHO has built up a clear procedure for the submission of project proposals, preconditions for project planning, implementation and methods for monitoring and evaluation according to PCM standards. Realistic need assessment has become the basic for the acceptance of proposals. During the execution of projects DG ECHO follows the project process through field visits of the desk officer in Brussels and the field TA, abbreviated as “desk and field”. The steering includes reports on project process monitoring,

[54] EC Humanitarian Department, Position paper health, Yemen, Sept. 2005

midterm evaluations, monthly information's and sector papers. The dialogue between DG ECHO and the DG ECHO partners in the country is very intensive.
This leads to an great amount of documents and secondary analysis is quite difficult and time consuming. For the partners and interested stakeholders it would be easier to follow the project process, if the log frame would not only be used for project planning and decision taking, but for further management and monitoring.

5.4.2 Appraisal of the Health Projects

DG ECHO has supported different categories of health projects between 2002 and 2005. Two new projects are proposed but not yet finally approved. Even if the two new project proposals are not part of the evaluation, the proposals have been briefly assessed under the aspect of continuation of former activities and how lessons learned have been integrated. The projects have been separated according to following categories:

Category 1: Contribution to national programmes
Category 2: Strengthening PHC and MCH services

Relevance

The DG ECHO financed health projects are based on problem and need assessment and are fitting into the national health planning and the different donor policies and project strategies[55]. The co-financing of the MoPHP/ WHO vaccination campaigns against the polio outbreak is crisis relevant. The UNICEF Emergency Obstetric Care project (EmOC) has become an important part of the national programme in reproductive health. International and bilateral donors are assisting the MoPHP in coordination and financing. The terminated CINS and COOPI projects are in line with the national planning and have assisted in the implementation of PHC/MCH in remote areas and for marginalized groups. Connectedness into local structures has been assured as the target groups, health committees composed of woman and man, and the district health services have participated in the planning process facilitating coping with strategies of the MoPHP and the affected population.
For all DG ECHO partners the assessing of information concerning health has been difficult related to the CART criteria (completeness, accuracy, relevance and/or representatives, time lines). Qualitative data such as local description of environmental or social factors and peoples perception and health seeking behaviour (HSB) are mostly not available in general even if knowledge, attitudes and practice (KAP) surveys have been realised.

Effectiveness

The health project has been effective in delivering the actions described in the log frame. The purpose varies from work (construction/rehabilitation measures) to equipment purchasing, related training and improvement of health care performance in primary health care and MCH. All works and equipment are actually finished and delivered, including the delayed purchasing in Al Hodeida.
The planned benefits in the other projects have been delivered, reception can be judged quantitatively by the increased number of health personnel trained, improved access to services, increased number of patients, improved qualitative skills of the health care performers.
Assumptions and risks have not affected the projects implementation and changes were limited though that the management could react without changing mayor points in the log frame. The balance of responsibility between DG ECHO partners and various stakeholders is clearly defined and operational. The activities of the DG ECHO partners are highly appreciated at local, district, governorate and national level.

[55] MoPHP, Yemen Health Sector Resources CD, Version. 2,0 Nov.2005

Some unplanned effects can be stated: training of midwifes has not increased the number of deliveries in health facilities despite the improved equipment financed by DG ECHO, but the number of home-deliveries assisted by my the midwifes (relation 1:10) raised. This experience should be taken into consideration related to the hypothesis, that better equipment will attract pregnant women to deliver in health facilities. Enlarged KAP and socio-cultural surveys would help to plan in accordance to the target group's health seeking behaviour.

Coverage

The coverage goals are mostly based on census data. WHO could use the data but faced limitations at micro levels. Poverty levels are defined together with village and district committees in order to target the assistance to the groups at risk. In order to reach the predefined target groups "catchments" areas have been defined based on health facility data, access, walking distance and transport facilities (Mapping). At community level the improved health services are gender-balanced, as the relation of male to female staff (e.g. Dhala) is 49% female to 51% male staff.

Efficiency

The targets maximising quality, quantity and timelines have been reached by most of the DG ECHO partners. The EmOC project faced difficulties concerning access, acceptance, transport facilities and the availability of surgical capacities. It is expected, that the integration in the national program will contribute to overcome the difficulties.
The operational capacities of the DG ECHO partners are at a high level. WHO has included short-term experts to assist in the field work for training of vaccination teams and for supervision. CINS disposes of a highly experienced female expert and will enlarge the number of staff. The lessons learned by COOPI have led to professional capacity improvement by employing two national health experts. Skill control by observation and refresher training on the job will complete the planned supervision and reinforcement project of existing health facilities. All partners apply the monitoring and evaluation system. Deadlines have been respected in spite the sometimes difficult procedures ranging from delayed decisions, transfer of money to Yemen, external and internal purchasing problems.
In the limited timeframe of DG ECHO's project quantitative results related national goals expressed in percentages e.g. "morbidity and mortality due to poor health services and the deriving from the most relevant diseases" cannot be measured. The same statement is relevant to the decrease of transmissible diseases due to hygiene education expected in WatSan projects. Absolute data are difficult to find for each working area, not even in all final reports. Some absolute data prove increased access and improved health care provision. The performance capacities of the health staff has improved due to the training and supportive supervision activities.
The target groups are participating through gender oriented health committees expressing needs and performing self-help actions. An increased responsibility of the communities can be stated. Malnutrition problems have been analysed by CINS and staff and mothers training modules developed, adapted to the socio-cultural basic problems. UNICEF has finally revised its nutrition survey from measuring weight/age to the measurement of weight/height.

Impact

The socio economic impact is difficult to measure, as even in rural areas, patients tend to by pass the public health services. It can be presumed, that families will economise money due to reduced travel costs as health facilities are now closer. Home deliveries assisted by public midwifes and officially recognised trained traditional birth attendants reduce cost which can range up to 90$ in private and even public hospitals. The initiated community participation can promote joint action also in other sectors like education through community based construction of schools. Contributing to the reduction of endemic malaria will reduce sick days of the workforce leading to an improved economic situation. Environmental risks are limited to medical waste disposal. Incinerators have

been constructed in the health facilities reached by the DG ECHO partners. Nevertheless risk persist during the daily work concerning consumables like needles and dirty cloves. Protection against AIDS transmission is therefore an integrated part of DG ECHO's recommendations to be stressed between the health staff.

Sustainability

Sustainability is fulfilled if the counterpart organisations and/or the target groups are able to sustain the DG ECHO projects start-up innovations implemented in the time frame of 12 – 18 months. The health projects duration ranged from 6 – 13 months. The Primary Health Care (PHC) and Mother and Child Health (MCH) projects have been extended once during the 4 years period. A further extension with slight different focal subjects (Water and sanitation, Malaria eradication) is in preparation. Connectedness is proofed in different working areas such as organisation of services, drug supply, permanent updating of know-how, improved MCH care, cooperation with other programmes (WHO malaria) but sustainability is not yet been assured. Even if demonstrating ownership through participation, the local committees will not be able to contribute much, e.g. for maintenance and repair. The local health officials are participating during the projects field work but integration in the local administrative and financial planning and management process has not yet been achieved. More information about the decentralised administrative system are required in order to facilitate integration. Sector and institutional analysis is recommended.

5.5 Cross Cutting Issues

5.5.1 Gender / Vulnerable Groups / Environment / Visibility

Gender equality is assured , as DG ECHO sponsored projects are strongly gender oriented. The staff of bilateral NGOs is composed of women assisted by man as medical doctors, secretaries or drivers. In the project area of Dhala 49 % of the health staff are women. The traditional birth attendants working in the villages are mostly elderly women with a strong social influence on their families, the enlarged family groups and neighbour families. The health committees are in both project areas equally composed by women and men. The selected priority groups are women in reproductive age. They are reached through mother and child health services and family planning. Women suffering for example from domestic violence (SGBV cases) contact public health services and can be transferred to social services in the district, example Dhala region. The cooperation with religious leaders showed positive results as reported by the DG ECHO partners (e.g. WHO polio vaccination and by the MoPHP/GTZ with respect to the social marketing in reproductive health).

Income generating projects for women are actually ongoing under the financing of UNDP[56] and GTZ[57]. According to some results described by PAN Yemen Consult (PYC) the re-payment ranges at around 95% in the given time. (PYC is an independent, non-governmental, privately owned consulting firm, Sana'a).

Vulnerable groups include specially children under 5 years. They receive vaccinations and if necessary nutritional assistance. Following the polio outbreak, more attention will be given to handicapped children. WHO has already affected specialists in neurology and orthopaedic for the after-care of children having suffered of acute flaccid paralysis. In the project period 2002 – 2005 handicapped children have not been defined as priority. A specific food aid programme completing the fight against malnutrition has not been integrated.

[56] UNDP micro start support in the Yemen national poverty alleviation program
[57] GTZ, employment oriented private sector development program

Children over 5 years age are reached through school health activities of the PHC staff and by health education campaigns related to different topics[58]. Pupils of religious schools are reached through the activities of national NGOs.

In the frame of outreach activities of public health facilities although elderly people, women and men are contacted by the health staff and the health educators. The contacts are limited as elder people live in the family and family members take care of them in the frame of the enlarged family tradition. Information about single persons or those in marginalized social positions are difficult to obtain. At village level the community assists as far as possible and the administration can deliver poverty certificates.

Cooperation with the national Social Fund has been initiated by DG ECHO partners, as the fund has large experiences in working with vulnerable groups like people physically dependent in a community children, elderly, disabled. This includes people with special or increased nutritional needs: e.g. pregnant and lactating women, AIDS patients, social/marginalized minorities or disempowered groups with limited access to economic resources and markets. People in unhealthy environments e.g. refugee camps and shanty towns. It has to be taken into consideration that vulnerability often affects the whole family or the whole community.

For family planning modern and traditional methods are used. The decision for family planning is taken by the couple in 29 %, in 53 % the husband decides and 6.5 % of women decide themselves. 40.9 % of ever-married have used family planning methods. 49.8 % are women between 30 and 35 years age. Prolonged breast-feeding is the most prevalent traditional method followed by withdrawal. 8 % use IUDs (Intra Uterine Devices), the use of condoms is limited (3.6 %). Family planning methods are used for birth-spacing or to stop child bearing. The sources for obtaining family planning methods are equally distributed between the public and private health and pharmaceutical services including NGOs.

Gender issues are mainstreamed between the NGO partners and their collaborators. Family surveys and knowledge attitude practice (KAP) have been conducted in the frame of the projects. The assessment of those studies indicates that the questions are quite "westernised" not considering for example valuable traditions in individual hygiene, enlarged family cooperation, empowerment of independent women with or without children and female headed households, even in rural areas.

Environmental risk assessment indicates the dangers related to hospital and health facilities medical waste disposal. Incinerators have been constructed in the health facilities reached by the DG ECHO partners. Nevertheless risk persist during the daily work concerning consumables like needles and dirty cloves. Protection against AIDS transmission is therefore an integrated part of DG ECHOs recommendations to be stressed between the health staff. In the follow-up projects in Dhala water supply will be part of the project activities and attention has to be given for the handling of waste water and human excreta. In the frame of anti-malaria campaigns it has to be watched that in- and outdoor spraying does not affect the population. Pesticide handling and treatment of breeding places of mosquito has to be controlled.

Visibility is intended by all agencies in order to inform their target audience with the objective to enhance their profiles and/or to ensure funding. In the humanitarian context visibility can be seen under two aspects. Signs on cars for example can prevent aggression but although lead to targeted violence. One of the NGO in Yemen for example renounced to put the DG ECHO Logo on T-Shirts for this reason. Nevertheless all DG ECHO partners use most of the methods for visibility,

[58] MoPHP, PAPFAM, Yemen family health survey 2003, draft 2005

information and communication (VIC)[59]. The DG ECHO partners have used most of the audio-visual communication instruments ranging from logo, signs, videos, mass-media publications in Yemen and in their home-countries. It has been stressed by DG ECHO to intensify press conferences in order to present better DG ECHO's humanitarian mandate. The projects related to marginalized groups have the highest media coverage. This is partly due to the activity area "advocacy" being part of the projects basic activities and partly due to the strategy of the DG ECHO partner itself.

5.5.2 Linking Relief Rehabilitation and Development (LRRD)

Exit strategies for humanitarian actors, especially in the grey area of transition from recovery to development after a crisis are still considered as major challenges. Humanitarian aid programmes can simply be closed when the need for emergency assistance disappears. For various reasons linkage with longer-term assistance will be thought. To ensure a "minimum social safety net humanitarian aid is regularly faced to hand over some valuable activities not to waste funds." [60]

The situation for the DG ECHO partner projects in Yemen is actually the following. For the category 2 "primary health care support in Dhala and in the Tihama region" still problems exist to cover maintenance and repair costs for rehabilitated and equipped facilities. The capacities of the communities and the health facilities to cover those costs is very low. The projects are integrated in the local health services but not yet in the administrative system responsible for planning, management and financing. The health community committees have not been analysed in relation to their co-financing capacity and willingness. For the follow-up projects envisaged a sector and institutional analysis is recommended to identify the possibility of full integration/financing of the mentioned activity areas.
The projects of category 1, "contribution to national programmes" are already integrated in the funding mechanism of the national health services and the donors in the health sector. Only in case that further complimentary funding is requested, the partners will address their demand to DG ECHO.
Linking relief rehabilitation and development needs the contribution of DG ECHO. This includes the decision of DG ECHO to continue or to phase down/ out in a country or in a sector according to humanitarian aid criteria. In the case of facing out the DG ECHO partners need early information in order to adapt project management and integration procedures assuring continuation and sustainability of the initiated improvements in order to avoid lost investments. Early information would also allow the partners to seek for development donors in the EC family, with international or bilateral donors (See Annex 8 "Consideration for an organised Phase Out").

5.5.3 Disaster Preparedness

Organisation and preparedness of DG ECHO partners in the country is described in the section "Social and marginalized groups". WHO and UNICEF, actually working partly under DG ECHO funding are integrated in the national emergency responds system. The bilateral NGOs, working in remote areas, can contribute in case of urgencies with their local know-how and can give logistic support.

[59] ECHO Guidelines for ECHO's NGO partners on the implementation of visibility, information and communication activities, 2004
[60] Prolog Consult, A review of cross-cutting and other key issues, 2005, concept paper, page 62-65

5.6 Conclusions

1 For the category 2 projects, primary health care support in Dhala and in the Tihama region still problems exist for example to cover maintenance and repair costs for rehabilitated and equipped facilities. The capacities of the communities and the health facilities to cover those costs is very low. The projects are integrated in the local health services but not yet in the administrative system responsible for planning, management and financing. The health community committees have not been analysed in relation to their co-financing capacity and willingness.

2 The category assisting national programmes are already integrated in the funding mechanism of the national health services and the donors in the health sector.

3 Knowledge, Attitudes and Practices (KAP) Surveys still too " westernised". E.g. the surveys do not value traditional individual and group hygienic behaviour. The four basic dimensions, economic, social, medical and cultural are misbalanced. The target population in most of the regions are of different ethnic groups and the social strata of the Yemenite society has to be considered.

4 In the project period 2002 – 2005 handicapped children have not been defined as priority. A specific food aid programme completing the fight against malnutrition has not been integrated.

5 The national standards and targets according to the DG ECHO sector paper[61] are used as basics to describe the needs of the target population. The objectives and purposes of the health projects are therefore often expressed according to the standards in percentages. As the health projects have the goal to improve the capacities of public services it would be appropriate to use at all levels of the logframe absolute data allowing measuring of success and improvements.

6 Monitoring of projects and the steering by DG ECHO is based on a wide range of guidelines and textual documents hindering transparency for interested stakeholders and making the secondary analysis difficult and time consuming.

7 In order to make the documents more constringent they should be simplified and aligned to SPHERE standards[62].

8 Medical professionalism is not enough strengthened through technical working groups or external advisors starting from needs assessment, identification of priorities and making recommendations for country sector strategies.

9 The DG ECHO recommendations cover the health needs in Yemen. For projects it is recommended to select their areas of activities in accordance to the local needs, the capacity of the health service to be promoted and the technical and professional capacities of the NGO itself.

10 In the Watsan sector the timeframe had been too short to expect substantial improvement of hygiene related knowledge, attitudes and practices (KAP) leading to the reduction of transmissible diseases.

11 Cooperation between DG ECHO partners in Yemen is based on private contacts, common professional interests and agreements on specific intersectoral/trans-sectoral activities. The coordination by a "leading" NGO seems not to be appreciated by the partners.

[61] EC, Humanitarian Aid Department, Position Paper, Health Yemen, 2005
[62] The Sphere Project: humanitarian charter and minimum standards in disaster response, 2004.

5.7 Recommendations

1 For the follow-up projects, to prepare hand-over and to assure sustainability, integration in the local administrative and financial planning and management process is needed. More information about the decentralised administrative system are required in order to facilitate integration based on the results of a sector and institutional analysis[63]. The financing of a sector/institutional analysis of the decentralised system is recommended. The results would facilitate "early integration" of DG ECHO inputs in the future.

2 Only in the case when further complimentary funding is requested the partners will address their demand to DG ECHO.

3 In Knowledge, Attitudes and Practices (KAP)[64] Surveys, each target group should be investigated separately, since it is not possible to generalize on values, practices related to health seeking behaviour, interrelation between hygiene, water and health and related to traditional and contemporary community participation mechanism.

4 Enrichment of DG ECHO support for handicapped children and integration of food aid activities in the fight against malnutrition.

5 The use of absolute data will facilitate planning and monitoring of projects and will allow to prove increased access and improved health care provision.

6 Monitoring of projects and the steering by DG ECHO should be simplified and based on the log frame used as monitoring tool.

7 In order to make the documents more constringent they should be simplified and aligned to SPHERE standards[65].

8 It is recommended that DG ECHO continues to improve its technical expertise. It is expected that the staff enlargement in Amman and the changes of the EC Delegation in Sana'a will improve the technical expertise of DG ECHO.

9 Achieving the requested high performance levels requests, that DG ECHO's working instruments, country and sector documents are constringent and easy to transpose in planning instruments.

10 In relation to communicable diseases it has to be considered to subcontract national experts in sociology, communication and hygiene education in the future to fulfil the tasks. Close collaboration with the curative health services and specialist services in hygiene and environmental protection have to be established.

11 It is recommended to intensify the sector and cross sector cooperation amongst the DG ECHO partners. This cooperation can be strengthened through working together on overlapping and other complementary issues (e.g. institutional integration, KAP surveys, IEC-advocacy, etc.). External

[63] Remark: The objectives of an institutional analysis is to identify the capacities of a public or non-governmental service partner and to propose improvement activities according to identified strength and weaknesses)

[64] Remark: The participative approach in KAP surveys gives quantitative and qualitative information on the analysed group in relation to specific problems. According to this basics KAP surveys can be used to enrich information about all project related stakeholders and different sectors if needed.

[65] The Sphere Project: humanitarian charter and minimum standards in disaster response, 2004.

short-term experts can optionally be used in common by different partners. Financial resources have to be made available for joint measures.

6 Social-Marginalized Communities Sector

6.1 Background – Marginalized Communities

The DG ECHO Amman "Position Paper on Marginalized Communities in Yemen" is exclusively addressing the Akhdam. Though the paper uses (somewhat unsystematically) both terms, the content indicates clearly that only the Akhdam are addressed. Thus, the concept paper is not exactly in line with the otherwise prevailing perception to include also other groups of DG ECHO concern with needs for social support, like street children and refugees.

We therefore suggest to re-define the sector somewhat vaguely labelled "Social" as "marginalized communities", whereby the "Marginalized Communities" addressed comprise three different social groups, identified by their respective particularities and problematic:

- Akhdam
- Street Children
- Refugees

6.1.1 Refugees

Since 1992, when it responded to a significant influx of refugees from Somalia, UNHCR in Yemen provides protection and assistance to refugees mainly arriving from the Horn of Africa. The Government of Yemen recognizes Somalis as *prima facie* refugees, while asylum seekers of other nationalities undergo a Refugee Status Determination process (RSD) conducted by UNHCR protection staff. Twelve years after the commencement of the UNHCR operation, Yemen is experiencing an upsurge in boat arrivals not only from Somalia but also from Ethiopia, from where, particularly people of Oromo ethnicity, travel to Yemen and seek refuge.
It is commonly agreed that refugees constitute a humanitarian problem, and thus projects and programmes addressed at these are per se considered humanitarian interventions. As to the DG ECHO mandate, Article 2(e) ranks refugees among the "Principal Objectives" of EC humanitarian aid, stating that DG ECHO has "to cope with the consequences of population movements (refugees, displaced people and returnees)"[66].

Consequently, DG ECHO's support to refugee related projects and programmes falls under a genuine DG ECHO mandate. The case is different with the other two target groups addressed under this sector (Akhdam and street children).

6.1.2 Akhdam

Akhdam per definition, and per social perception are an ethnic and social minority, probably of African origin, numbering some 200,000 dispersed mostly between the bigger coastal cities, Tais and Sana'a, and settling both in rural areas and in the cities, whereby the urban dwellings are usually slums (illegal, not serviced sites).[67]

Being mentioned in the UNDP Arab Human Development Report as a matter of concern in view to minority human rights, the social exclusion of the Akhdam has attracted he attention of the

[66] Council Regulation (EC) No 1257/96…, Art. 2(e)
[67] A number of studies have been commissioned on the Akhdam: OXFAM UK, The Akhdam in Yemen, London 1997; Seif, Huda A., The Accursed Minority: The Ethno-Cultural Persecution of "Al-Akhdam" in the Republic of Yemen – A Draft Advocacy Project, Emory 2003; Grabundzdja, Maggy / DIA, The Akhdam: Their Situation in Taez, Taez 2004

international community.[68] Consequently, during the last few years, GoY has started a number of projects of improving the housing situation of Akhdam, both in urban and rural areas, at times implemented with forced relocations.

International NGOs have supported these measures, providing shelter, WatSan infrastructure, education, and social integration promotion on community level, with the objective to reduce social exclusion of this minority.

6.1.3 Street Children

According to UNICEF findings, children in Yemen are subject to abuse, exploitation and even trafficking (usually to neighbouring Gulf states) due the prevailing poverty affecting a growing number of families in particular in urban areas; also, the high fertility rate (6.5) causes growing numbers of children per household, and thus increasing the danger of having children living, or at least working "in the street" in order to contribute to the family income. The issue is not new (as suggested in some DG ECHO papers), but has been pat of he social fabric since considerable time, whereby the post-conflict situation, with its socio-economic challenges (growing population growth, reduced number of labour migrants to the Gulf states) is contributing to the problem. However, the number of actual "street children" (e.g. children abandoned by their families) is rather small (no way close to the UNICEF published figure of some 11.000 cases for Sana'a - as per information received from EMDH); by contrary, the more prominent problem are "children in the street", e.g. those working often on behalf of their families) in various trades of the so-called informal sector.

Thus, Akhdam and street children constitute rather a social problem then a humanitarian issue. Such social problems usually are a long lasting nature, based on structural and/or historical social deficiencies encountered by a particular group, while humanitarian crisis refers to a particular recent event (usually a sudden crisis, or disaster, by it natural or man made).

As to the Akhdam, it has been argued by major stakeholders (such as the EC Delegation Yemen) that an ongoing visible support to this group through EC entities is of some political relevance, as it is one of the few projects addressing human rights promotion.[69] The evaluation has revealed that both DG ECHO partners involved in Akhdam support will continue their work with this minority after DG ECHO's phasing out. Alternative financial support is sought (partly already received) through AIDCO, thus maintaining the politically important presence of the EC in this particular field of activity. The partners' involvement thus did not exclusively depend on DG ECHO support only, and there is a likelihood that also other donors will provide contributions. Therefore, DG ECHO's initial involvement with the Akhdam minority will be made subject to longer term, development oriented intervention (good governance/human rights promotion) by EC and other stakeholders. It can thus be considered as a case in which the link from relief (forgotten crisis) to development (LRRD) is achieved.

[68] UNDP, Arab Human Development Report 2004– Executive Summary, Berlin 2004, (Chap. "Abusing Minority Rights", p. 28)
[69] The UNDP „Arab Human Development Report 2004" is singling out the Akhdam minority and its situation in Yemen as one of four cases of abusing minority rights in Arab countries; the problem thus is clearly visible to the international community.

6.2 Project Assessment by Target Group

A comprehensive systematic assessment of the sector is difficult, as long as it incorporates such different groups and problematic; therefore, the assessment is done separately (though in a kind of a synopsis) for each of the three groups.

Criteria	Street Children	Akhdam	Refugees
1.Relevance	GoY policy more recently in support of this reportedly growing social phenomena	-Issue mentioned in the UNDP Arab Human Development Report as a matter of concern in view to minority human rights. -In EC perspective, problem is relevant in terms of promotion of human rights -At national level, the issue is not a priority in most regions, possibly with the exception of Sana'a City, where organised relocations and re-hosing have been undertaken by municipal authorities	- GoY has signed the relevant international instruments on refugee protection; thus the policy base for the support of this group is existing - However, there are some particularities, such as the restriction of refugee status to African refugees only (the few Arab refugees registered with UNHCR enjoy the protection of the latter) -the restruction is counter-balanced by a prima facie recognition of refugees ex Somalia; among the latter, a high percentage (probably the majority) must be considered economic migrants in transit to Gulf States and beyond (EU)
	Problem and need analysis sound and adequate, both in identification and in incorporation into action plan	Problem and need analysis sound and adequate, addressing urban integration of shanty towns (by supply of basic services and amenities), as well as promotion of social inclusion (schooling, adult education, community awareness building etc.)	Partner (UNHCR) is monitoring, and analysing refugee migration into Yemen as its standard task. However, related problems beyond UNHCR mandate remain unobserved, if not invisible (issues such as illegal and risky smuggling of migrants / refugees from resp. via Somalia; transit migration / secondary migration to Golf States and Europe etc.
	Connectedness into local structures clearly on a good way, by creating and supporting network of local NGOs and CBOs	-Connectedness, in terms of neighbourhood integration, partly achieved in Sana'a relocation site, and in institutional integration in Taiz (common awareness creation workshops with Akhdam and police). -Urban and social integration less likely in Taiz (new houses), and outside Sana'a (WatSan supplied to existing shanty town), where relocation site is isolated, no neighbourhood relations. -Advocacy mandate responds well to perception of Akhdam situation as a human	Projects supported by DG ECHO (refugee camp, proGres registration system) are ultimately a direct support to GoY entities at national / Governorate level, dealing with refugee issues. Also, the use of a number of specified local NGOs (medical, social services) are an indicator of An existing connectedness.

Criteria	Street Children	Akhdam	Refugees
		rights issue	
	Coping strategies of affected population (children and their families) analysed, and changes initiated where appropriate	Coping strategies of target population analysed, to some extent; further studies necessary. Changes initiated where appropriate, mostly addressed at children (schooling), in some areas. Long lasting traditions (begging, nomadic coping strategies) not likely to be changed within short term DG ECHO intervention.	Coping strategies of the various migrant groups claiming / receiving refugee status vary a great deal, whereby UNHCR's assumption is that all of its clients are genuine refugees. Recent (at times violent) conflicts between refugees and UNHCR, but also with GoY authorities indicate a disparity between what GoY and UNHCR can provide and (often unrealistic) expectations of refugees (such as mass resettlements to US or Europe). Also, the issue of illegal and risky smuggling (often by unseaworthy craft) is an issue yet to be addressed in some more detail
	Actions based on PCM compatible planning and implementation features; important changes imposed by GoY had to be accepted, and programme amended accordingly	Actions based, to some extent, on PCM compatible planning and implementation features; Logframe to be amended / adjusted to dynamic project environment, if need be.	No PCM planning, nor LF had been required for the two actual DG ECHO projects; one of it is a "thematic funding" issue, extended to 42 countries.
	Need assessment included participative survey strategies (action research), and refers to initial policy support by national and local GoY entities	Need assessment included participative survey strategies (PRA, other); background studies on Akhdam society yet sketchy and no sound basis for long term social inclusion strategies.	Need assessment in case of camp shelter construction based on actual population increase into this only camp, in recent times not only through new arrivals, but also movements of needy refugees from urban areas. This secondary movement partly instigated by (unfounded) rumours of resettlement selections being imminent in the camp.
	Project integrates well with existing activities / structures (local foundation) in this field, and provides relevant added value (innovative approaches, capacity building of local staff)	- in Sana'a relocation site, project provides complementary contributions to municipal urbanisation and integration programme. -Social activities (schooling, community and institutional awareness campaigns, advocacy) are partly including / incorporating local and regional GoY institutions -Choice of sites for physical urban integration measures when undertaken by partners appears to be not well integrated into municipal planning, or in social neighbourhood concepts.	-DG ECHO contribution vale to extension of shelter facilities is evident. -proGres new registration system is supposed to facilitate greatly GoY entities capacity in registering and monitoring refugee movements into, within, and through Yemen
2. Effectivity	Planned benefits are delivered (though reduced through GoY imposed amendments), and received by direct	Planned social benefits are delivered, and apparently well received mostly by children (schooling programme, where applied); there	-Of the planned 200 new shelters, at the moment of this evaluation 150 have been finalised, while the remaining 50 shelters have yet to be completed.

Criteria	Street Children	Akhdam	Refugees
	TG (children and families) and indirect TGs (local educators, local NGOs, CBOs)	are some doubts whether adult literacy measures are always addressing Akhdam (by appearance, beneficiaries in one location clearly of Yemeni extraction). Community (self) organisation well on its way; needs however longer term involvement beyond DG ECHO support periods	-proGres registration system (including important hardware elements, staff training etc.) remains so far restricted to UNHCR offices only, and has yet to be extended to 6 designated GoY registration centres
	The phenomena of street children (SC) are initially based on some-what statistically inflated UNICEF figures. It is doubtful whether the programme really is about (abandoned) street children; rather, beneficiaries seems to be "children in the street", an issue caused by family poverty and child labour (not an DG ECHO task).	The phenomena of Akhdam is yet to be analysed in more detail; available studies remain sketchy, and in relevant findings contradictory. Intended changes are not likely to be easily accepted neither by the Akhdam community, nor by the surrounding Yemeni society. Integration needs efforts in both communities.	The refugee movement into Yemen certainly has to be further analysed in a greater context of regional migration (including transit migration), an issue beyond the mandate of UNHCR, but still of some relevance to its policies and interventions.
	Balance of responsibilities well achieved with network of cooperating NGOs/CBOs; overall dependency of very strong direct partner (foundation) problematic.	Balance of responsibilities well achieved in the case of Sana'a (municipal urban integration programme), and to some extent with other GoY services (schools, CBOs in Taiz). Self organisation capacity of TG yet weak, needs community development intervention on long term base (beyond DG ECHO support periods).	Balance of responsibilities is based on international legal instruments (GVA protocol and convention), as well as additional operational agreements between GoY and UNHCR. Also, the contacting of a number of national NGOs for operational tasks, mostly in the camp and in the reception centre, represent an adequate and relevant involvement of local entities.
	no unplanned effects	no unplanned effects	Provision of full equipped shelters (with adequate WatSan and electricity systems), as well as the question of provision of labour force for their construction (yet to be completed) have caused considerable tensions and conflict between villagers (tribesmen) in the vicinity of the camp on one side, and refugees, UNHCR and GoY on the other side; recent threats of UNHCR staff abduction have caused some military action in the area.
3. Coverage	Action addressed primarily at boys found in the streets, or interned in home facility; girls not a prominent feature among street children. Also, families of SC object of psycho-social interventions / support.	Action mostly addressed at some (few) illegal urban Akhdam settlements, or (in two cases) at relocation / re-housing sites. In terms of coverage, projects can be considered as pilot experiences, possibly to be replicated by GoY and international partners with other financing instruments (long term).	Coverage is subject to established legal determination of refugees. There are doubts to what degree the Somali prima facie refugees are actually economic (transit) migrants.

Criteria	Street Children	Akhdam	Refugees
	Activities are addressed at children sent to work by parents (not abandoned SC); amendment in TG justified.	Activities are addressed at households (for basic WatSan services), but also children (schooling) and adults, including women (literacy classes).	The increasing numbers of smuggled refugees/migrants, in the context of risky voyages, is of concern, though no activities yet are envisaged by UNHCR (GoY with international assistance has created a coast guard)
4. Efficiency	Operational and professional capacities of partner excellent	Operational and professional capacities of partners excellent	Operational and professional capacities of partner can be assumed adequate (UN standard)
	M&E system as applied by partner optimal; in depth evaluation commissioned and results used to re-orient operation	M&E system as applied by partners optimal; technical evaluation commissioned and results used to adjust operation	M&E system refers to own UNHCR system, not adjusted to PCM standards.
	Day-to-day management up to required standard	Day-to-day management up to required standard	Day-to-day management up to required standard
	Budget used as per FA (as agreed in contract)	Budget used as per FA, however with some justified no-cost extensions	Budget used as per FA (as agreed in contract)
	Indicators (number of reached CS) adjusted to realistic figures (as compared with unrealistic UNICEF survey figures)	I Budget used as per FA (as agreed in contract)indicators (number of reached TG) in social activities more realistic and verifiable; adjustment of indicators in amended / updated LF yet outstanding.	Indicators available through list of camp inhabitants, resp. refugees assigned to new shelters.
5. Impact	Given the limited time period provided for in DG ECHO contracts, impacts (in terms of PCM) can hardly be assessed.	Given the limited time period provided for in DG ECHO contracts, impacts (in terms of PCM) can hardly be assessed as to social achievements concerning a minority and its long standing co-habitation in Yemeni society (600-1.000 years)	The impact of increasing the camp's capacity to meet increased numbers of population there (reasons see above) is evident.
	Still, it is evident that the quality of psycho-social intervention is improved, by means of capacity building among educators.	Akhdam issue (human rights, minority discrimination) has been put visibly on the agenda of the international community, but also among GoY municipal bodies	The impact of the new registration system (more transparency in refugee movements, less misuse of services / allowances provided) has yet to be proved.
	Also, the new aspect of family re-integration of SC, by means of family counselling is a new impact brought about by the project.		
6. Sustainability	Since sustainability remains an unlikely achievement in short term humanitarian intervention, referring to social structures and changes therein, the DG ECHO concept of connectedness is applied instead.	Since sustainability remains an unlikely achievement in short term humanitarian intervention, referring to social structures and changes therein, the DG ECHO concept of connectedness is applied instead.	Sustainability is replaced, in the case of refugees, by UNHCR concept of "Durable Solutions", which are Repatriation, Integration, or Resettlement.

Criteria	Street Children	Akhdam	Refugees
	Accordingly, the two major lasting achievements in this context are: - psycho-social qualification of educators - community integration, through the network of 15 local NGOs/CBOs participating actively in the project	In terms of connectedness, the successful co-operation with municipal authorities on two relocation / re-housing sites is a positive achievement, and its momentum worth to be maintained	The DG ECHO contribution refers rather to a (temporary) assistance, he stay in the camp being considered as a temporary assistance measure.
		The actual exclusion (partly self-exclusion) and thus lacking societal integration of Akhdam renders it difficult to extend connectedness into other areas / regions, in particular in view to semi-nomadic groups roaming the countryside, in search of a livelihood. Certainly not a (short term) DG ECHO task	

7 Cross Cutting Issues and Other Issues (cross sector)

7.1 Gender and Children

A comprehensive list of relevant international guidelines, tools and checklists on gender issues and their appreciation in planning and implementing humanitarian assistance project has been provided in the DG ECHO commissioned review of cross-cutting and other issues.[70] The list also contains the most important EC documents on gender, as applicable, since the latter refer to the context of development cooperation only.

Detailed appreciation of gender related aspects are contained in project proposals, assessments, community development inputs, social communication messages[71] . Most of DG ECHO partners have adopted up-to-the-standard vision and mission statements on gender, some of them are even spearheading gender concepts and their application in humanitarian aid and development (such as UNICEF).

Also, most of the sectors addressed by DG ECHO projects have a strong bias on women and girls (water supply and use for domestic purposes mostly being their traditional task; health interventions mostly addressing women in their function as mothers etc.). An interesting different case is the street children project, which is only addressing boys, thus reacting the a particular problematic affecting practically only boys between 5 and 16 years.

Gender sensitivity and appreciation thus can be confirmed for most projects and partners; this refers to intervention areas such as social communication with communities, community participation, and in the actual delivery of services / products resulting from DG ECHO projects.

7.2 Visibility

All DG ECHO partners used stickers, NGO & DG ECHO label, DG ECHO name plate at their offices and in the health facilities and at the water points/pumping stations. Interviews with the recipients, local communities and the local authorities revealed that most of the stakeholders are aware that the support comes “from Europe”. DG ECHO partners placed a number of well written articles in the Yemeni press. In addition, the regular monitoring visits of the DG ECHO desk and the DG ECHO TA at project sites and the related beneficiary contacts resulted in a very positive DG ECHO visibility and appreciation (further sector specific aspects see sector report parts). The projects related to marginalized groups have the highest media coverage. This is partly due to the activity area “advocacy” being part of the projects basic activities and partly due to the strategy of the DG ECHO partner themselves.

7.3 Security

Being well known in the working area the DG ECHO partners do not need official papers to pass police or military controls. As they travel mostly with a national counterparts or national staff members they can safely reach the outstations of their projects. The DG ECHO partners with respect to aid workers security have reported no critical event so far. The current non-accessibility of the refugee camp in Aden is described in chapter 10.1.

[70] PROLOG Consult, A Review on Cross-Cutting & other Key Issues-Concept Paper, Brussels 2005, p. 77ff
[71] See also project appraisals in chapter 6.2

8 DG ECHO Aid Planning and Management

As established in Article 6 of the DG ECHO mandate, the European Community humanitarian assistance is delivered to the beneficiaries through Community funded programmes and projects that are *designed and implemented* by humanitarian international and non-governmental organisations.

8.1 Project Design and Planning

Project design and planning, as per the above mentioned mandate regulation, is a task assigned to the partner's responsibility. Project proposals addressed to DG ECHO for possible funding are elaborated and presented in a new standard format (introduced by DG ECHO) referred to as "SINGLE FORM FOR HUMANITARIAN AID OPERATIONS ". The same format is also used for the Grant Agreement, once the proposal has been accepted, and eventually is also be used as the base for monitoring and evaluation.

Application of PCM:

DG ECHO, as part of the EC, is required to apply in its projects the Project Cycle Management system. Consequently, terminology, structure and internal logic of the "Single Form" refer to respective standards set by EC's PCM system.

Logical Framework Application:

LF format is widely used and applied, with different quality of their application by the various DG ECHO partners operating in Yemen. Apparently, it is assumed that partners are acquainted with the LF technique. The presentation of an LF in the project proposal document (Single Form), and later as a contractual document, in the Financial Agreement is about all which is required concerning this instrument. However, the appreciation and the understanding of the LF technique is varying a great deal not only among partners, but also among EC/DG ECHO entities supposed to review the document.

Hence, a number of shortcomings have been identified on two levels: (1) elaboration of LF and (2) use / application of LF.

LF elaboration:

- Evidently no use of horizontal and vertical logic to analyse LF arguments;
- Hence frequently lack of consistency in the intervention logic;
- Indicators lack the QQT minimum criteria (quality, quantity, time);
- Occasionally, indicators seem to be replaced by SMART objectives which is not in line with LF requirements[72].

Assumptions are not formulated in prescribed PCM/LF terms, e.g. as positive situations / conditions, since they are considered "external factors that have the potential to influence (or even determine)

[72] SMART objectives are not a feature in a logframe, which depends –for analytical reasons- on a separation between objectives (overall goal, specific objectives, results) and indicators. Unfortunately, in some ECHO guidelines reference is made to the use SMART objectives, without outlining the methodological difference to LF objectives / indicator relation; SMART objectives are used, for instance, when using the intervention logic as a brief description of a project.

the success of a project, but lie outside the direct control of project managers."[73] The need assessment usually is not integral part of the participative LF elaboration process (stakeholder analysis – problem analysis – objectives analysis – strategy analysis), but the produce of the project manager.

Application of LF:

LF is considered both by DG ECHO entities, but also by a number of partners as a static contractual document which is not to be changed[74]. Amendments of LFs in order to meet changed circumstances, different pace of the project etc. are not accepted, or discouraged by DG ECHO entities. Thus, the LF is not used as a management tool (which is its function), but rather as a historical document. It is therefore necessary to recall some basic principles the PCM approach has established as to elaboration and use of the LF:

The LFA should be thought of as an *'aid to thinking'*. It allows information to be analysed and organized in a structured way, so that important questions can be asked, weaknesses identified and decision makers can make informed decisions based on their improved understanding of the project rationale, its intended objectives and the means by which objectives will be achieved. It is useful to distinguish between the LFA, which is an analytical *process* (involving stakeholder analysis, problem analysis, objective setting and strategy selection), and the Logical Framework Matrix (LFM) which, while requiring further analysis of objectives, how they will be achieved and the potential risks, also provides the documented *product* of the analytical process.

Therefore it is recommended to:

- Ensure colleagues and partners have a common understanding of the key analytical principles and terminology used;
- Emphasise the importance of the LFA *process* as much as the matrix *product*;
- Ensure it is used as a tool to promote stakeholder participation, dialogue and agreement on project scope, rather to impose 'external' concepts and priorities;
- Avoid using the matrix as a blueprint through which to exert external control over the project;
- Treat the matrix as a presentational summary (keep it clear and concise);
- Refine and revise the matrix as new information comes to light.[75]

Goal-oriented project planning (GOPP)[76]

The application of goal (GOPP) or objective (OOPP)[77] oriented project planning workshops is recommended strongly in order to give the project team and the stakeholders the opportunity to identify in a participative way problems and causes. The approach will allow to define clearly objectives, expected results, assumptions and risks and to define visible activities accordingly[78].

[73] EC PCM Guidelines, Brussels 2004, Chapter 5.3.3
[74] This is a widespread misconception of PCM and LF not only in ECHO, but also among AIDCO and EC delegation project managers
[75] EC PCM Guidelines op.cit., Chapter 5.1.1
[76] PCM Group GOPP (goal-oriented project planning)
[77] Proposal writing, PCM and objective oriented project planning (OOPP) seminar, Coimbatore Jan. 2006
[78] EC PCM Manual/NEW-2004

Since AIDCO, in its PCM help desk facility, has a pool of PCM trainers, available for trainings of EC staff at Brussels, but also to be deployed, upon request, to delegations or other EC entities in the field (including EC partners), an initial and / or upgrading training and orientation on PCM in general and LF application in particular for DG ECHO and partner staff appears to be appropriate.

8.2 Monitoring and Evaluation

The consultants have found the monitoring, assured by the Amman based TA, a very efficient and methodologically sound exercise, by which DG ECHO entities (both in Amman and Brussels) are kept well informed on the pace of each project.[79] Also, the evaluation has found that the regular and relatively frequent presence of the TA and also of the desk at project sites, and the contacts with beneficiaries (both direct and indirect), are contributing considerably to a very positive DG ECHO visibility. Feed backs provided by the monitoring systems are met with a high acceptance by partners, considering such contributions rather a support then a control, which is an asset to the development of partnership relations.

The central monitoring instrument is the Project Appraisal Worksheet (PAW), which has been found well applied and updated for most projects; they provided a reliable resource to this evaluation. Unfortunately, the logframe appears not to be used as a monitoring tool. It should be integrated as a standard feature into the PAW, and reviews thereof encouraged and accepted, if need be.

9 DG ECHO Organisation and Strategy[80]

9.1 DG ECHO Institutional Organisation / Yemen Context

DG ECHO is facing a number of operational parameters, conditionality or pre-conditions (in PCM terminology) structuring its area and its methodology of operation:

- Limited duration of financial decisions, which includes a lack of sustained funding;
- In the case of Yemen, financing periods are –in general DG ECHO terms- relatively generous, with 12 to 18 months implementation periods;
- Relatively scarce in-house technical expertise on technical and cross-cutting issues; RSO Amman (under which the Yemen programme is coordinated) has only recently been re-enforced by a WatSan and a Health specialist;
- DG ECHO Yemen so far is only funding operations implemented by UN agencies and European NGOs; though Article 6 of the mandate allows for financing of Yemeni NGOs ("…non-governmental agencies and organisations from … a recipient third country", see above), no such request so far has been occurring, or been encouraged;
- DG ECHO budget distribution is apportioned under a consideration of globally identified and quantified needs, using rigidly structured parameters, such as the GNA and the FCA, and occasionally based on "Strategic Programming Dialogues" with other major humanitarian actors;
- Availability, presence and capacity of actual and potential local partners in Yemen[81] .

[79] Compared to numerous AIDCO projects the evaluator is regularly monitoring, on EC's behalf, ECHO´s quite detailed knowledge on the projects and their pace of implementation is remarkable.
80 The present review of the "ECHO Organisation and Strategy" with respect to Yemen takes as reference the "Review of Cross-Cutting & other Key Issues – Concept Paper", Prolog Consult 2006

DG ECHO Yemen as such comprises two organisational entities, namely:

- the Yemen Country Desk at Brussels;
- the Regional Support Office at Amman, with two field experts / TA assigned for a number of ME/Arab countries, one of them being Yemen.

9.2 Entry and Exit Strategies for Yemen

Entry strategies define, mostly by indicators related to humanitarian needs (see 9.2.1) and forgotten crisis situations (see 9.2.2), the justification for DG ECHO to become involved. Exit strategies refer normally to the end of a successful intervention, assuming that intended objectives have been accomplished as planned; a more demanding concept refers to the transition of a humanitarian (often emergency) aid programme to a longer term development assistance programme, referred to in EC terminology as LRRD (see 9.2.3).

Council Regulation (EC) No 1257/96 (the DG ECHO mandate) has, in its article 6, established the possible procedures governing DG ECHO entry strategies, whereby two different approaches are foreseen:

a) by requests from partners (these partners include three groups)

- International Organisations and Agencies (inter-governmental);[82]
- NGOs from a EU member state;[83]
- NGOs from a recipient third country.

b) by initiative of the Commission

It is not specified which particular DG, or other entity of the EC can possibly initiate an DG ECHO intervention; certainly, DG ECHO itself can undertake such initiative, but also other EC entities can do the same; this refers in particular to EC delegations in a given country.

In a rough analysis, one can assume that initiatives, project and programmes requested from partners (in particular in the case of NGOs from a recipient country) are more likely to be demand driven, while EC initiated interventions tend to be offer driven. The overall principle governing the DG ECHO entry strategy is a "need based approach", focusing on priority humanitarian needs. This approach has been repeatedly been emphasised in relevant EC documents:

- *Humanitarian Regulation* states that "…humanitarian aid decisions must be taken impartially, and solely according to the victims' needs and interests".

- *DG ECHO Mission Statement stresses that "*The decisions and actions taken by the service are determined solely by the assessment of humanitarian needs, and are not guided by, or subject to political considerations".

[81] This refers not only to the local partners indirectly co-operating (with ECHO international partners), but also to local NGOs which could directly become ECHO partners (such as the national Red Crescent Association, etc.).
[82] All international organisations and agencies (inter-governmental) can be included into a "Framework Partnership Agreement with International Organisations" (FPA-IO); this includes UN organisations and agencies, but also inter-governmental organisations like the IOM.
[83] There is are certain restrictions as to which NGO can submit such a request, or can be considered a "Partner" of ECHO. EU NGOs have to apply for registration with ECHO as a possible (implementing) partner, and to be included into the "Framework Partnership Agreement with Humanitarian Organisations" (FPA-HA). Actually, some 200 NGOs are registered under the FPA-HA.

A number of instruments by which these humanitarian needs are identified have been found applied by the various actors and stakeholders involved, as described below:

9.2.1 Humanitarian Need Assessment

At DG ECHO HQ level, the main planning tool is the Global Need Assessment (GNA), which currently ranks 135 countries and territories (including Yemen) in a list of relative need, using two sets of parameters (5 categories, 9 indicators). These parameters have been taken from a number of experienced international humanitarian agencies and include:

- Overall situation - Human development, human poverty;
- Exposure to major disasters /Natural disasters, conflicts;
- Humanitarian effects of population movements - Refugees, IDPs, returnees;
- Situation of children - Malnutrition, under nourishment, mortality;
- Donor contributions - Net ODA 2000-2002 per capita (including emergency and food aid).

GNA provides a cross-country comparison which is to be complemented by in-depth and bottom-up analysis on the Yemen country situation in general, and on particular emergency situations (regions, affected groups etc.). The latter have to be assured by DG ECHO country desk (based in Brussels) and field based experts (in the case of Yemen, a TA based in Jordan). An example of such country emergency (or needs) analysis of the Yemen operation are the Position Papers on relevant areas or sectors (Water and Sanitation; Marginalized Communities; Health).

A more detailed needs assessment (by sector, area, beneficiaries, as appropriate) is contained in the Concept Paper required from partners submitting a request for DG ECHO funding for a project, or a series of project in a given sector / area or to a special group of beneficiaries. This quite detailed document requires in-depth field studies, and their respective documentation. It is thus completing the other needs assessment documents. The various instruments and actors, the objectives and / or outputs they aim at are shown in the following table:

Actor ***Instrument***	***DG ECHO HQ***	***DG ECHO Desk (BRX)***	***DG ECHO-TA (RSO Amman)***	***Partner***
GNA	Cross country comparison			
Country Papers		Country analysis		
Position Paper			Sector / Social Group	
Concept Paper				Project Area / Sector / Beneficiaries
Single Form Need Assessment				Project related (target area, TG)
Monitoring -Monthly reports TA -Mission reports TA -PAW (FichOps) -Reports Partners -Yearly Visit Desk Off.		-appreciation of TA findings -partner liaison, GoY contacts	-findings on projects, situation -findings on projects, sectors -cooperation desk/TA	on projects, work plan
Evaluation - by Partners				-technical, PCM

- DG ECHO HQ	Overall Policy	Country Policy, project impacts		-end of project reports

Table 11: Need Assessment System: Instruments / Actors / Areas

Remark: The evaluation has carefully analysed the different position papers for the sectors of intervention. With respect to needs assessments, elaboration of recommendations and to derive operational recommendations. The related comments are included in the different sector report parts (see for example 5.3).

Considering that in project cycle management (PCM) needs assessment becomes an integral part of the project cycle (whereby it is assumed that assessment results, at all levels, are being re-inserted into the project cycle, and thus continuously contributing to the refining and updating of need assessment, thus assuring the quality of DG ECHO project interventions, and rendering them adequate strategies to bring about solutions to actual humanitarian needs). The integration of the needs assessment results should be finally analysed in the frame of the GOPP workshop based on the participation of the stakeholders, especially the target group.

9.2.2 Forgotten Crisis Assessment (FCA)

Forgotten crisis are defined as those situations where a high level of humanitarian needs persist, but which receive, for various reasons, little attention from government, the international donor community, and from the media. Four key indicators are used to determine whether or not there is a case for a Forgotten crisis, namely:

- relative humanitarian needs;
- degree of media attention and coverage;
- net official development assistance peer capita (ODA);
- DG ECHO contextual analysis (HQ, desk, field).

The majority of the projects assessed in the course of this evaluation are classified and justified by DG ECHO as “Forgotten Crisis”, besides three projects: emergency response to polio outbreak, a hurricane related WatSan project and support to refugees. Countries or territories receiving a total score of ten or more are considered forgotten crises. The actual FCA analysis for Yemen scores at 8. The following table shows the actual analysis:

Comments: the forgotten crises (FC) analysis for Yemen shows a total score of 8 in 2005 and 2006. Consequently Yemen just ranges below the score ten to be fully considered as forgotten crisis. The scores of the four criteria are presented below without rank and value.

Country	2006 GNA	Media coverage	ODA	DG ECHO assessment	FC score 2006	FC score 2005
Yemen	2	2	2	2	**8**	**8**

Fig. 5: Forgotten Crisis Analysis – Yemen 2005 / 2006

9.2.3 Linking Relief, Rehabilitation & Development (LRRD)

A general exit strategy referring to humanitarian aid programmes usually indicates the end of a successful intervention, assuming that intended objectives have been accomplished as planned, or when the need (or the cause) for emergency assistance has ceased. In Yemen, a recent example for LRRD is the emergency polio vaccination programme. This emergency response programme is now being followed-up by the improvement of a supervision system, preparedness to react on new outbreaks and development related measures for handicapped persons. This national programme is funded by international donors and technically assisted by WHO.

A more complex exit strategy concept refers to the transition of a humanitarian (often emergency) aid programme to a longer term development assistance programme, referred to in EC terminology as LRRD.

Though LRRD, as an own EC policy issue has been formulated only in 2001[84], already the DG ECHO mandate document of 1996 (Council Regulation) mentions in Article 2 (d) that it competes to DG ECHO, in the aftermath of humanitarian and emergency interventions, "taking long-term development objectives into account where possible". Thus, important elements of what later should become known as LRRD was already part of DG ECHO strategy since the beginning. An DG ECHO strategy assessment (2003) on Horizontal Issues/LRRD, listing cases of successful LRRD has revealed that in the prevailing perception governing that analysis, LRRD was considered achieved when an DG ECHO project was handed over, or continued under another EC instrument (usually AidCo). This refers to what LRRD policy defines as the Continuum, e.g. the handing over of relief programmes, or elements thereof, to other donors, or to other stakeholders.

No mention whatsoever is made in that assessment on the other, even more relevant policy element of LRRD referred to as the Contiguum. This refers to DG ECHO projects and programmes that are implemented as complementary measures to other actors' (including Government) parallel efforts and interventions in the same sector, area, and/or targeted at the same beneficiaries. This strategy requires particular coordination and harmonisation efforts in planning and implementation of such programmes.

In the case of Yemen, some of the partners have, within their strategy, successfully applied the LRRD concept of the Contiguum in using DG ECHO contribution for special (short-term and limited) projects and interventions, complementing their other long-term oriented, comprehensive development programmes. Some of DG ECHO funded WatSan projects, one project for Akhdam, as well as the refugee projects can be included into that category[85].

[84] Commission Communication of 23.04.2001 on Linking Relief, Rehabilitation and Development – An Assessment, COM 2001 (153) final

[85] A typical case in question is Triangle and its Akhdam support programme, which is being implemented since several years, whereby the partner has mostly been using AidCo development funding instruments. ECHO's occasional, and limited contribution has been used as a complementary and targeted measure (mainly funding shelter constructions and WatSan systems), thus contributing to the overall development programme of promoting the social inclusions of Akhdam. Also, a number of CARE's ECHO funded WatSan projects for remote villages are to be considered of this continuum type.

10 Considerations on future fields of intervention

During the evaluation exercise a number of options and areas of interventions justifying and requiring an ongoing DG ECHO presence in Yemen have been identified and discussed with different stakeholders (Ministry of Planning; EC-Delegation; UNDP; UNHCR; General Directorate for Civil Defence-Ministry of Interior). Some of these options are presented below:

10.1 Refugees

Among the categories of vulnerable beneficiaries covered by the preamble and the Art. 2e of the DG ECHO mandate, refugees and other victims of forced migration are mentioned repeatedly. Consequently, one of DG ECHO's principle objectives shall be "to cope with the consequences of population movements (refugees, displaced people and returnees) caused by natural and man made disasters…".

Due to its strategic location, Yemen has been a centre for transitory population movements throughout history. The recent increased influx into the country was prompted by the ongoing civil war and unrest in Somalia since 1991. Being the only country in the Arab peninsula that is signatory to the 1951 (refugee) convention and the 1967 protocol relating to the status of refugees, Yemen grants prima facie refugee status to Somalis arriving in the country since the outbreak of hostilities in Somalia.

Somalis (and more recently Ethiopians, mainly of Oromo ethnicity) arrive at an average of 1.200 persons per months (of which 85% Somalis) mostly by illegal human smuggling between the Somali port of Bossaso (controlled by a local warlord and his militia)[86], mostly in risky makeshift vessels, causing increasingly casualties (on January 21 and 22, two of such boats capsized, leaving 92 immigrants dead)[87].

Humanitarian assistance to refugees in Yemen should therefore be maintained, and further developed, both through UNHCR as well as through other partners (national, international). The ongoing (increasing) inflow of migrants and refugees, usually by illegal smugglers by boat on the Yemeni coastline is in itself a humanitarian challenge, and could be subject to suitable DG ECHO intervention.

On the other hand, conflicts between local population and (mostly Somali) refugees, but also the latters' at times unruly and aggressive behaviour (against GoY, UNHCR and other institutions) is a potential source of social / civil unrest and conflict. There have been (in December 2005 and January 2005) a number of violent demonstrations in front of UNHCR offices, followed by accusations against Yemeni police and UNHCR staff on the handling of the incident[88]. In another recent incident (which was obstructing the evaluators planned site visit to the Khazar refugee camp), tribal villages along the access road to the refugee camp expressed growing frustration over compensation hey expect from UNHC. Though village improvement works have been undertaken in these villages by UNHCR (WatSan infrastructure), the new construction activities (DG ECHO financed) caused new demands by the villagers, including the request to employ more labour force from these villages for the shelter construction. The unmet demands culminated in a threat to abduct

[86] Own observation by an evaluator during a previous mission to Somalia
[87] Article „Human Smuggling into Yemen must stop – UN Official", Yemen Times of 7.2.06
[88] Article „HOOD demands investigation in Somali refugee rape cases", Yemen Times of 9.2.06

and take hostage UNHCR staff on their way to the camp, a threat which caused some military action in the region, as well as a ban on accessing the camp.

Given these circumstances of actual and potential social conflict, respective conflict prevention measures between these communities thus also could be considered an important field of action for DG ECHO support.

10.2 Disaster Preparedness

In line with the Council's Humanitarian Regulation EC 1257/96, disaster preparedness is ranking among the "principal objectives" of DG ECHO listed in Article 2; under section (f) of article 2 DG ECHO is "to ensure preparedness for risks of natural disasters or comparable exceptional circumstances and use a suitable early-warning and intervention system".

UNDP has been supporting since September 2003, in a particular programme on "Disaster Preparedness, Management & Recovery" (DPM&R), the General Directorate of Civil Defence (GDCD), as the central GoY body entrusted with disaster management and intervention. Main outputs of this first phase are:

- the elaboration of a National Disaster Management Plan (NDMP)
  Institutional support to the (National) Civil Defence & Disaster (Management) Unit (NDMU);
- Establish the Disaster Management Communication and Information System (DMIS);
- Create awareness among international donors to support Yemen in disaster preparedness.

The project's actual first phase is coming to an end by August 2006. Having concentrated mostly on the central set up in Sana'a, a possible follow-up phase would have to establish / strengthen NDMU structures on the level of most disaster prone governorates. A support by DG ECHO to UNDP to finance phase II of DPM&R would be a timely and perfect opportunity to establish DG ECHO as an important actor in the field of disaster preparedness. Though there have been some objections expressed (though not substantiated) by the TA at Amman RSO against a possible partnership with UNDP, the evaluation suggests to consider the feasibility of such a cooperation. A Yemen DIPECHO programme, of which a support to the next phase DPM&R programme of UNDP disaster preparedness support to GDCD be eventually designed as a DIPECHO pilot strategy for the Middle East region, thus adding the Arab peninsula to DG ECHO's DIPECHO map.

ANNEX

Annex 1: List of Acronyms

ACC/SCN	United Nations Administrative Committee on Coordination/Subcommittee on Nutrition
ADRA	American NGO
ALNAP	Active Learning Network for Accountability in Practice
ANC	Antenatal Care
BCC	Behaviour Change Communication
BEOC	Basic Emergency Obstetric Care
CBD	Community Based Distribution/Distributor
CBO	Community Based Organisations
CBT	Competency Based Training
CCC	Core Commitments for Children in Emergencies (UNICEF)
CDC	Centres for Disease Control and Prevention
CDU	Civil Defence Unit
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Woman (UN)
CemOC	Comprehensive emergency Obstetric Care
CMW	Community Midwife
CMWTP	Community Midwife Training Programme
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
CSO	Community Society Organisation
CSRP	Civil Service Reform Programme
CSSW	Charitable Society for Social Welfare
CST	Country Support Team
DAC	Development Assistance Committee (OECD)
DED	Deutscher Entwicklungsdienst
DFID	Department for International Development
DG	Director General
DG DEV	European Commission Directorate-General for Development
DHS	Demographic and Health Survey
DHS	District Health System
DIPECHO	Disaster Preparedness Programme DG ECHO
DMIS	Disaster Management Communication and Information System
DPM&R	Disaster Preparedness, Management & Recovery Programme (UNDP)
DRA	Demand Responsive Approach
EC	European Commission
DG ECHO	European Commission Directorate-General for Humanitarian Aid
EDCTP	European and Developing Countries Clinical Trials Partnership
EDF	European Development Fund
EDP	External Development Partners
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
EOC	Emergency Obstetric Care
ESDP	European Security and Defence Policy
EU	European Union
EVI	Extremely Vulnerable Individual

FANC	Focused Ante Natal Care
FAO	Food and Agriculture Organization
FCA	Forgotten Crisis Assessment
FCA	Forgotten Crisis Approach the General Directorate of Civil Defence
FGD	Focus Group Discussion
FH/FP	Family Health/Family Planning Project
FP	Family Planning
FPA	Framework Partnership Agreement
GARWSP	General Authority for Rural Water Supply Projects
GBV	Gender Based Violence
GDCD	General Directorate of Civil Defence
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNA	Global Needs Assessment (DG ECHO)
GoY	Government of Yemen
GOPP	Goal Oriented Project Planning
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH
HC	Health Clinic
HDI	Human Development Index (UNDP)
HH	Household
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HoD	Head of Department
HU	Health Unit
IAPSO	Inter-Agency Procurement Services Office (UNDP)
ICPD	International Conference on Population and Development
ICRC	International Committee of the Red Cross
IEC	Information, Education, Communication
INFCD	International Nutrition Foundation for Developing Countries
INGO	International Non-Governmental Organisation
IPPF	International Planned Parenthood Federation
IRIN	Integrated Regional Information Network (UN OCHA)
IUD	Intrauterine Device
KAP	Knowledge, Attitude, Practices
KfW	Kreditanstalt für Wiederaufbau
LF	Logical Framework
LFA	Logical Framework Approach
LGA	Local Government Authority
Logframe	Logical Framework
LRRD	Linking Relief, Rehabilitation and Development
LWF	The Lutheran World Federation
MDG	Millennium Development Goal
MDGs	Millennium Development Goals
MEDA	EU financial instrument of the Euro-Mediterranean Partnership
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
MOF	Ministry of Finance

MOLA	Ministry of Local Administration
MOPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MOWE	Ministry of Water and Environment
NCHEI	National Centre for Health Education and Information
NCHS	National Centre for Health Statistics
NCW	National Council for Women
NDF	National Drug Fund
NDMP	National Disaster Management Plan
NDMU	(National) Civil Defence & Disaster (Management) Unit
NGO	Non Governmental Organisation
NMR	Neonatal Mortality Rate
NPC	National Population Council
NPC	National Planning Commission
NWSSIP	National Water Sector Strategy and Investment Program
O&M	Operation & Maintenance
OC	Oral Contraceptives
OCHA	UN Office for Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OFA	Obstetric First Aid
OFDA	Office of Foreign Disaster Assistance (USAID)
OOPP	Objective Oriented Project Planning
PAW	Project Appraisal Worksheets (formerly “FichOps”)
PCM	Project Cycle Management
PHC	Primary Health Care
PNC	Post Natal Care
PPA	Participatory Poverty Assessment
proGres	PROFILE Global Registration System (UNHCR)
PRSP	Poverty Reduction Strategy Process
PRSP	Poverty Reduction Strategy Paper
PTSS	Programme and Technical Support Section (UNHCR)
QoC	Quality of Care
RBA	Rights Based Approach
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RSO	(DG ECHO) Regional Support Office Amman
RWSSP	Rural Water Supply and Sanitation Project
SBA	Skilled Birth Attendant
SC	Street Children
SDP	Service Delivery Point
SFD	Social Fund for Development
SM	Social Marketing
SMART	Specific Measurable Accepted Realistic Timed (indicator)
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TG	Target Group
UNDP	United Nations Development Programme

UNEP	United Nations Environment Programme
UNFPA	United Nations' Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
Watsan	Water and Sanitation
WCRWC	Women's Commission for Refugee Women and Children
WFP	World Food Programme
WHO	World Health Organization
WNC	Women's National Council
WS(S)	Water Supply (System)
WUA	Water Users Association
YFCA	Yemeni Family Care Association
YR	Yemeni Rial Exchange rate as of February 2004 1 EURO = approximately 230 YR

Annex 2: Humanitarian Aid Decisions (Yemen 2002 – 2005)

Year	Title	Decision Reference Number	Amount
2002	Humanitarian aide for the most vulnerable rural population in Yemen victims of tribal tensions and natural disaster	ECHO/YEM/210/2002/01000	1.590.000 EUR
	Principal Objective: "Assist the most vulnerable rural population in Yemen" Specific Objectives: ▪ Improvement of the health situation of the target population with no having access to primary health care ▪ Reestablishment of the access to clean drinking water to the target population in most isolated rural areas		
2003	Decision of the Commission regarding humanitarian aide for the most vulnerable rural population in Yemen victims of tribal tensions and recurrent natural disaster	ECHO/YEM/210/2003/01000	2.000.000 EUR
	Principal Objective: "Assist the most vulnerable rural population in Yemen" Specific Objectives: ▪ Improvement of the health situation of the target population with no having access to primary health care (with mother and child health promotion component) ▪ Improvement of the access to clean drinking water to the target population in most isolated rural areas – in order to reduce the occurrence of water prone diseases		
2004	Humanitarian assistance to the most vulnerable populations of Yemen.	ECHO/YEM/BUD/2004/01000	2.530.000 EUR
	Principal Objective: "Humanitarian aid in favour of the most vulnerable people of Yemen" Specific Objectives: ▪ Provide assistance to the marginalized and isolated vulnerable groups ▪ Provide assistance fro the refugees ▪ Provide appropriated protection to the children victims of traffic and the street children victims of abuses		
2005	Emergency anti-polio vaccination in Yemen.	ECHO/YEM/BUD/2004/01000	500.000 EUR
	Principal Objective : "To support an emergency response to the outbreak of polio in Yemen" Specific Objective: ▪ to support the interruption of wild-polio virus transmission in Yemen and respond to the risk of spread previously polio-free countries.		
		Total	**6.620.000 EUR**

Annex 3: DG ECHO Operations (Yemen 2002 – 2005)

DG ECHO Operations Yemen (2002 – 2005)
Source: DG ECHO Project Appraisal Worksheets (PAW)

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
2005												
ECHO/YEM/BUD/2005/01000	ECHO/YEM/BUD/2005/01000/01001	WHO	500.000 EUR	27/09/2005 - 26/03/2006	Implementation of Supplemental Immunization Activities (SIAs) in response to the Polio Outbreak in Yemen	Number of people:Appr. 4 million; Type of beneficiaries : Children; Locality : Nation-wide immunization campaigns across Yemen.	To support an emergency response to the outbreak of polio in Yemen.	To support an emergency response to the outbreak of polio in Yemen.	Health		on-going	**A**
2004												
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BUD/2004/01007	UNICEF	771.400 EUR	01/04/2005 - 31/03/2006	Extension of water services to 4 rural population settlements in 3 districts within Amran and Ibb Governorates.	Number of people : 25,650 people in needy areas; Type of beneficiaries: Rural Population; Locality: Yemen, Amran and Ibb Governorates	Humanitarian assistance to un-served and under-served rural areas in Yemen aiming at improved social services and consequently well being of vulnerable groups especially children and women.	Extend potable water supply services to un-several population aiming at enhanced health status and well being of population in general with focus on children and women in particular.	Water and Sanitation / Health Components / Gender		on-going	**A**
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BUD/2004/01006	UNHCR	450.000 EUR	01/05/2005 - 30/04/2006	Construction of Shelters in Kharaz Refugee Camp	Number of people : 1,200 persons (200 families); Type of beneficiaries: Refugees; Locality: Al Kharaz Refugee	Construct permanent shelters, latrines and ensure adequate water supply in Kharaz refugee camp.	To provide protection and assistance according to international standards to refugees in Yemen.	Construction - Water & Saniation			**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
						Camp/LAHJ Governorat						
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BUD/2004/01005	CARE Nederland	312.908 EUR	01/03/05 - 28/02/06	Increased water safety for vulnerable Communities in the Yemeni Western Highlands	Number of people: 7,500 people; Type of beneficiaries: Villagers from around 25 poor rural communities in the Western Highlands of Al-Mahweet governorate; Locality: Yemen	Vulnerable rural communities in Al Mahweet secure improved access to potable water including through its safe handling.	Poor communities in Al Mahweet own and manage improved drinking water supplies, and practice the safe use and handling of drinking water.	Water and Sanitation		on-going	**A**
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BUD/2004/01004	TRIANGLE	50.000 EUR	01/03/2005 - 31/05/2005	Survey on water & sanitation projects in Dhala, Taiz and Lahej Governorates of Yemen.	Number of people: 22.500; Type of beneficiaries:Rural poor and vulnerable communities ; Locality:Yemen – Governorate of Dhala, Taiz and Lahej	To provide the most vulnerable people of YEMEN with water & sanitation.	To improve the definition of water & sanitation priority needs and future project implementation for vulnerable communities of the 3 governorates of Dhala, Taiz and Lahej	Water and Sanitation		completed	
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BuD/2004/01003	EMDH	262.317 EUR	14/03/2005 - 14/03/2006	Protection de enfants des rues contre les abus au Yémen.	Number of people : Direct 1.250 enfants; indirect 8,040; Type of beneficiaries:Children; Locality: Sanaa	Diminuer la vulnérabilité des enfants au Yémen.	Apporter une meilleure protection et assistance aux enfants des rues au Yémen et à Sanaa en particulier.	Social / Soziological Project		on-going	**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
						Yemen						
ECHO/YEM/210/2004/01000	ECHO/YEM/210/01002	DIA	460.050 EUR	01/03/2005 - 28/02/2006	Emergency Assistance for Water Supply, sanitation and flood mitigation in the north western periphery of Taiz city	Number of people : 3,926 for flood protection and 2,538 for watsan activities; Type of beneficiaries: Vulnerable populations, and special emphasis on women and children in remote areas; Locality: Taiz Governorate, including 6 villages (Al-Muftash, Geeban, Al She'ebah, Jebel Al Wash, Al Shajarah & Al Meqwat)	To reduce the risk of morbidity and mortality among the most marginalized populations of Taiz governorate.	To provide an emergency assistance to the marginalized and vulnerable populations settled in the periphery of Taiz in terms of access to safe water, sanitation, hygiene and mitigation of flash floods'impact	Water and Sanitation - Disaster Preparedness?		on-going	**A**
ECHO/YEM/BUD/2004/01000	ECHO/YEM/BUD/2004/01001	CARE Nederland	223.321 EUR	01/02/2005 - 28/02/2006	Basic Service Provision for Marginalised Communities in Sana'a	Number of people : 19,430 persons; Type of beneficiaries:6 Akdham communities in Sana'a. Women and children are	Improving the living conditions of marginalized groups and strengthening their self-help capacities in Sana'a Yemen.	To provide basic services to six marginalized communities in Sana'a.	Water & Sanitation Social / Sociological Project		on-going	**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
						direct ; Locality: Sana'a						
2003												
ECHO/YEM/210/2003/01000	ECHO/YEM/210/2003/01005	UNICEF	380.000 EUR	01/04/2004 - 31/03/2005	Emergency obstetric care (management of complications of pregnancy and delivery) in the gov. of Al-Mahara, Hodeida and Al-Dhala.	Number of people : 44.000; Type of beneficiaries:Women of child-bearing age in rural areas of 5 districts (20% of the all population); Locality:Hasween - Al Gheda districts Al Mahra, Zaidia - Al Dhahi districts Hodeida, Al Haha district Al Dahle	To ensure that EmOC is operational in the 5 selected districts to contribute to the reduction of the maternal mortality ratio (MMR).	1- To ensure that Emergency Obstetric Care (EmOC) is provided in at least 60% of the health centres (Basic EmOC) and all referral hospitals in the 5 targeted districts. 2- To ensure that women and men know danger signs, when, why and where to seek EmOC services. 3- To raise the percentage of deliveries attended by trained health workers from 22% to 40%.	Health		completed	**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
ECHO/YEM/210/2003/01000	ECHO/YEM/210/01004	COOPI	326.000 EUR	01/04/2004 - 31/03/2005	Rehabilitation and Restoration of Health Units and Maternal and Child Healthcare services	Number of people : 8.240 women, under 5 children and health workers.; Direct beneficiaries : women in reproductive age, and children under five and health workers (8.200) + wider indirect benefit for total district population (16.760).	Restore and Improve maternal and child health care services in Gehaf district. Reduce mother and child morbidity and mortality in the entire district of Gehaf; in Dhala Governorate.	Improve the quality and increase accessibility and coverage of maternal and child health services in the district of Gehaf, in Dhala Governorate.	Health		completed	**A**
ECHO/YEM/210/2003/01000	ECHO/YEM/210/01003	DIA	387.250 EUR	01/04/2004 - 28/02/2005	Emergency Assistance for Water Supply in Al Gorafy and Al Zukeria Areas, Al Mokha District – Taiz Governorate	Number of people : 5.600 direct beneficiaries (to be confirmed by partner's general census); Type of beneficiaries: Vulnerable populations, and special emphasis on women and children in remote areas; Locality: Al Mokha District, Taiz Governorate	To improve the availability and the access to potable water of the population of Al Gorafy and Al Zukeriah areas, Mokha district, thereby also improving their sanitary conditions.	To provide 1,009 families of Al Gorafy and Al Zukeriah ares of Taïz governorate with 50 l/day/per of drinking water. 2. To Improve sanitary environment and practice for 5,600 persons of the area through trainings focusing on women (260 trained) and children (1000 children trained).	Water and Sanitation - Hygine Training		completed	**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
ECHO/YEM/210/2003/01000	ECHO/YEM/210/2003/01002	Triangle GH	388.000 EUR	01/03/2004 - 31/12/2004	Alimentation en eau potable et amélioration des conditions sanitaires dans le Wadi Masila, gouvernorat de Al Mahra et de l'Hadramaout	Number of people : 6.500; Type of beneficiaries: local general population in rural and poorest areas; Locality: Hadramaout – Al Mahra directorate	Amélioration des conditions de vie sanitaires primaires des populations isolées du Wadi Masila.	1/ Assurer un accès à l'eau potable de manière permanente et sécurisée, en quantité suffisante pour les 6 650 bénéficiaires des 48 villages du Wadi Masila. 2/ Prévenir l'apparition des pathologies et des risques d'épidémies liées au manque d'hygiène. 3/ Améliorer l'accès à la santé pour 4 000 bénéficiaires.	Water and Sanitation		completed	**A**
ECHO/YEM/210/2003/01000	ECHO/YEM/210/2003/01001	CINS	505.821 EURO	01/02/2003End of operation: 30/12/2004	Strengthening of PHC services, focused on the promotion of a safe motherhood, in rural areas of Taiz and Hodeida Gover	75.120 to be redefined by CINS based on the reduced districts n°.local general population in rural and poorest areas with special focus on females in fertile age(14-45)Locality: Taiz and Hudeida Governorates	Contribute to the reduction of morbidity and mortality due to poor health services in rural areas of Taiz and Hodeida Governorates, and to the improvement of health security for both mother and child.	To improve access to basic health services in the selected districts, with particular emphasis on the promotion of a safe motherhood among the female population in reproductive age and adequate methods nutrition of children in the first 6 months of life. VL note: should be modified or removed. See CINS answer to e-mail 27/01/04.	Health		completed	**A**
2002												

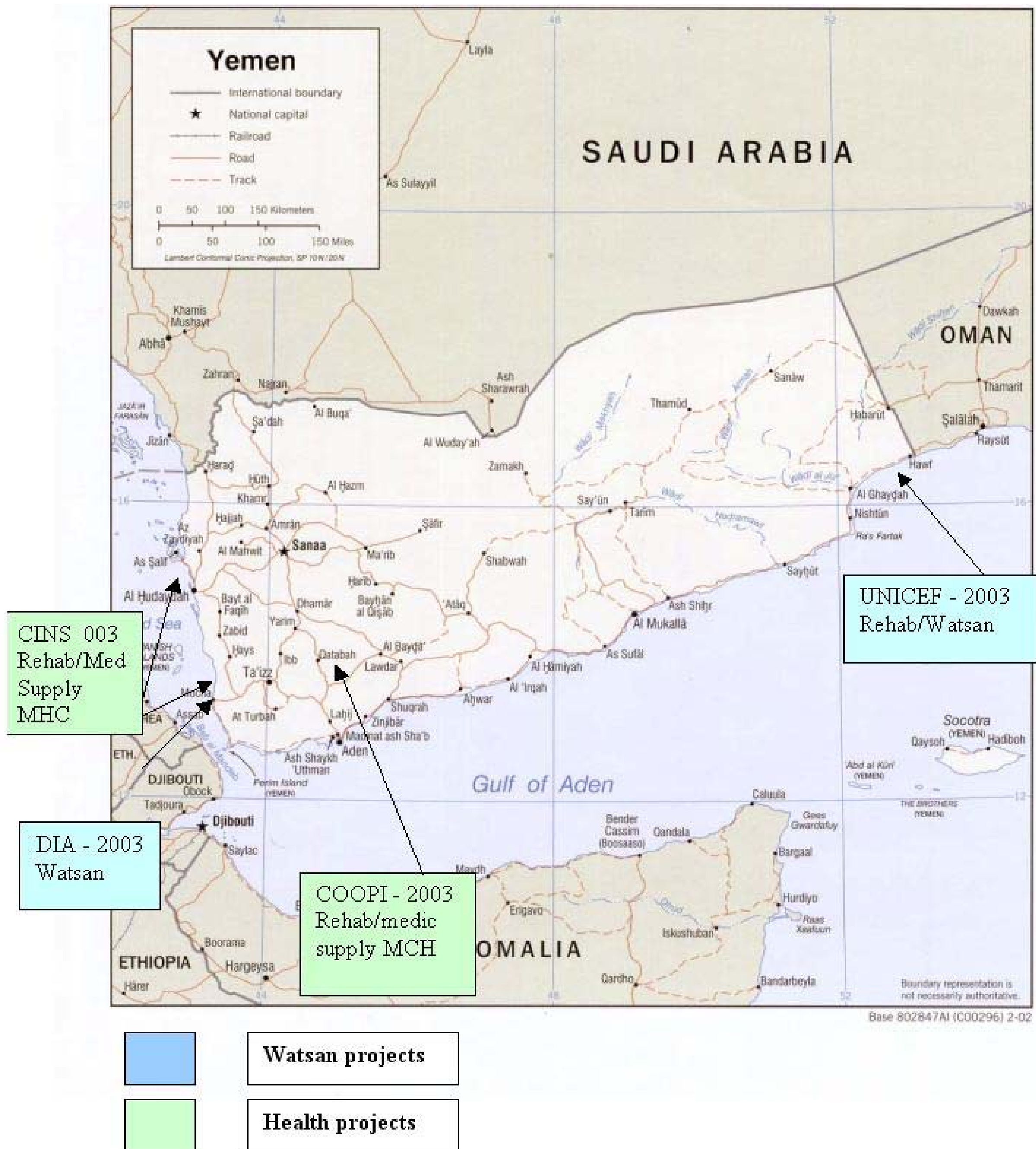
Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
ECHO/YEM/210/2002/01000	ECHO/YEM/210/2002/01005	DIA	32.000 EURO	15/12/2003-28/02/2004	Extension d'un réseau d'adduction d'eau et assistance technique aux populations bénéficiaires des districts d'Al Mokha et de Al Wazeiah	4.000 General Local Population - Wazeiah district / Al Mokha district/ Taiz Governorate	To improve health situation of the population of Al-Thawbani village and Al Sawafah villages.	To provide the population of Al Mokha distritrict Al Thawbani villages and Wazeiah district Al Sawafah villages on the coastal area of Taiz Governorate with improve access to drinking water.	Water and Sanitation		Completed	
ECHO/YEM/210/2002/01000	ECHO/YEM/210/2002/01004	DIA	330.000 EURO	31/12/02 - 31/12/02	Emergency assistance for water supply	13,500 - specially vulnerable group-25 villages in two districts of Ta'iz governorate	To improve the health and sanitary situation of the population living in the coastal area of Taiz Governorate.	To provide the population of 25 villages with drinkable water and to raise public awareness about health and sanitation issues	Water & Health and Hygine Awareness		completed	**A**
ECHO/YEM/210/2002/01000	ECHO/YEM/210/2002/01003	UNICEF	460.000 EURO	31/12/02 - 30/12/03	Post crisis reconstruction and rehabilitation operation in favour of the population of Al Mahra governorate, victims of the hurricane	12.000 - populations rurales - Al Mahra governorate	Provide basic humanitarian drinking water services to the 12000 inhabitants of the hurricane-hit-Haouf district of Al Mahra Governorate of the Republic of Yemen	To provide basic drinking water services to the 12,000 inhabitants of the hurricane-hit Haouf district of Al-Mahra Governorate of Yemen through the rehabilitation of the water supply system.	Water and Sanitation (rehabilitation)		completed	**A**
ECHO/YEM/210/2002/01000	ECHO/YEM/210/2002/01002	COOPI	375.000 EURO	31/12/02 - 31/10/03	Assistance to basic health services in Tihama	60,000Identité des bénéficiaires : populations ruralesLocalisation : zones éloignées (Dhala governorate)	Contribute to the improvement of maternal and child health status in Dhala Governorate of Yemen.	Reduce vulnerability to preventable morbidity and mortality among women and children in the remote and neglected districts of Dhala Governorate.	Health		completed	**A**

Decision	Contract Nr	Partner Organisation	Amount	Start / End	Title	Beneficiaries	General Objective	Purpose	Type of Aid	Sectors incl.	Status	Remark
ECHO/YEM/210/2002/01000	ECHO/YEM/210/2002/01001	CINS	425.000 EURO	31/12/02 - 30/10/03	Assistance to basic health services in Tihama	102.578 - populations rurales - éloignées (Taez + Hodeida)	Contribute to the reduction of mortality and morbidity deriving from the most relevant diseases and to the increase of health services in general	To ensure the provision of adequate basic health services to rural populations of Taiz and Hodeida governorates, with special regard to malaria control and prevention of malnutrition.	Health		completed	**A**

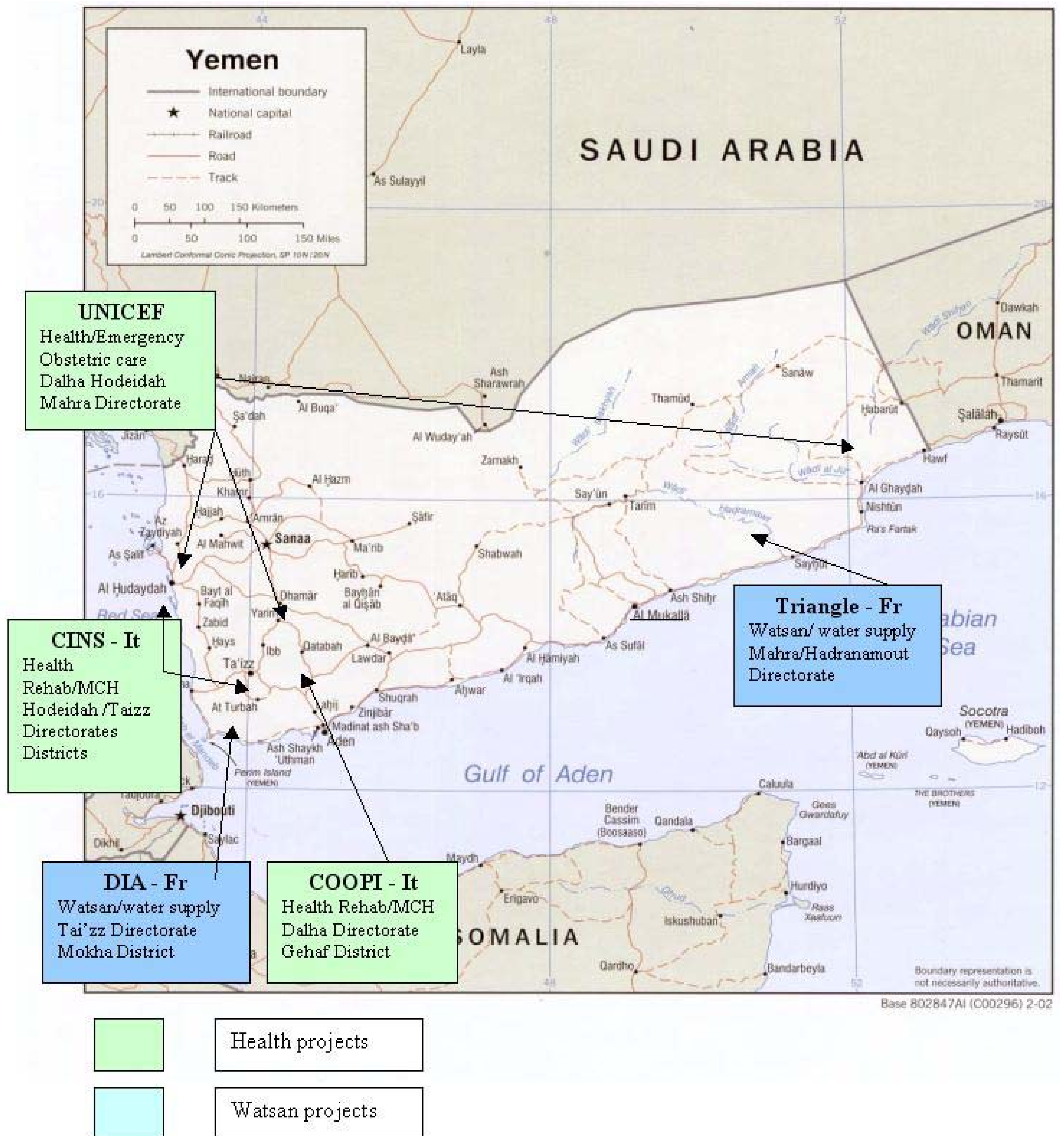
A = appraised during evaluation

Annex 4: Map of areas covered by the operations in Yemen

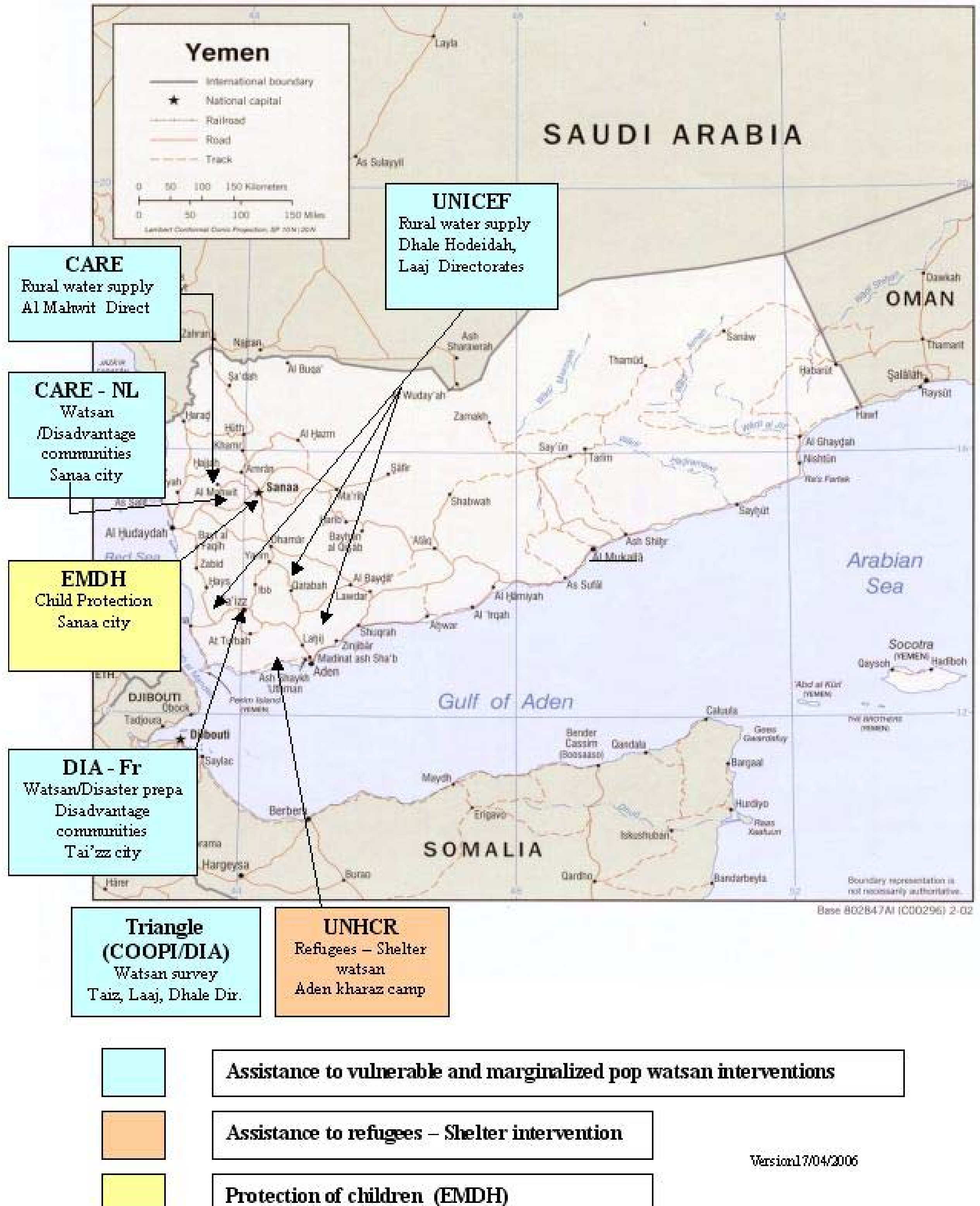
DG ECHO Operations - Grants 2002 – 2003
Source: DG ECHO



DG ECHO Operations Yemen / Grants 2003 – 2004
Source: DG ECHO



DG ECHO Operations - Grants 2004 – 2005
Source: DG ECHO



Annex 5: List of Persons interviewed and Sites visited

Mission Schedule for Yemen

Mr. Gerhard Astor
FROM 31st January TO 03rd February, 2006

Day	DATE	Location	ORGANISATION	NAMES	COMMENTS
Tue	**31.01.06**	D			Travel HAM-FRA-AMM
Wed	**01.02.06**	Amman	ECHO RSO	Alain Robyns	Briefing; Interviews
Thu	**02.02.06**	Amman	ECHO RSO	Alain Robyns	Documentation; Interviews
			DEC-Food Security	Olivier Boudard	Consultations
			DEC-Social Sector	Michel Laloge	Consultations
			DEC	Angelina Eichhorst	Consultations
Fri	**03.02.06**	JOR-YEM	Team		Travel AMM-SAH
Sat	**04.02.06**	Sana'a	Team		Mission Planning/Contacts SAH
Sun	**05.02.06**	Sana'a	EMDH	A. Vallat	Street Chldren Programme
				G. Poulhiac	Visit Social Center
Mon	**06.02.06**	Sana'a	EMDH	G. Poulhiac	Street Work observation
				H. Baladi Negenman	Network and Community Participation
			German Embassy	Dr. Buchwald	German Dev. Involvement
			Team		Elaboration Questionnaires
			ECHO	A. Robyns, E. xx	Consultations
Tue	**07.02.06**	Sana'a	UNICEF	S. Saeed, PO WatSan	Interview ECHO projects
			UNICEF	PME Officer	Consultations on Planning, M&E
			German Embassy	Dr. Feldmann, Councellor Dev.	Reception German Dev. Institutions
Wed	**08.02.06**	Sana'a	EU Mission Health Project (new)	F. Terwindt, F. Hachette	Consultation
			MoH	Dr. xxx, T. Al-Husny, Dr. S. Pahls	ECHO cooperation
			MoH-GTZ Repr. Health Progr.	Dr.Tezcan	Consultation
			Social Fund for Development (SFD)	Ms. A. Al-Iryani, Head M&E	Consultation
Thu	**09.02.06**	Sana'a	UNHCR	A. Jasmin, Rep.	Information on projects shelter, registration
			Min.Planning	N. Shaiban,	Consultations
Fri	**10.02.06**	Sana'a	Team		
Sat	**11.02.06**	Sana'a	GTZ	Dr. Grosskreutz, N. Scherg	Consultations
Sun	**12.02.06**	Sana'a-Hodeida			Travel
		Hodeida	UNICEF		Project Visit-Hodeida Site
Mon	**13.02.06**	Ad Dahi	UNICEF		Project Visit
		Ad Dahi-Sana'a			Travel
Tue	**14.02.06**	Sana'a	Team		Mission Planning
			UNDP	W.A. Al-Eryani	Proj. Disaster Preparedness
Wed	**15.02.06**	Sana'a	Team	ECHO Partners	Workshop I (Initial)
Thu	**16.02.06**	Sana'a	CARE	G. Richards, Country Dir.	Interview on ECHO cooperation, projects
Fri	**17.02.06**	Sana'a	Team		Mission planning
		Sana'a-Taiz			Travel
Sat	**18.02.06**	Taiz	DIA	Marion Junca, Country Dir.	Interview on Akhdam operation
				Marion Junca	Field Visit Akhdam settlement
Sun	**19.02.06**	Taiz			Visit Governor (postponed)
		Taiz-Aden			Travel
Mon	**20.02.06**	Aden	UNHCR	T. Vodougou, Head SO	Refugee Shelter Construction

Day	DATE	Location	ORGANISATION	NAMES	COMMENTS
			UNHCR	NN, ProtectionOfficer	Application proGres registration system
			Triangle	A. Trechondard, CoM	Interview on operation, ECHO cooperation
Tue	**21.02.06**	Aden-Mokha			Travel
Wed	**22.02.06**	Mokha-Mafaq			Travel
		Al Zukeira	DIA	xxx, regional Sheikh; Water committee members, beneficiaries	Project site visit
		Al Garafy	DIA	Water committee members, beneficiaries	Project site visit
		Mafaq-Taiz			Travel
Thu	**23.02.06**	Taiz			Documentation; return travel postponed due to flood disaster at Mabar
Fri	**24.02.06**	Taiz-Mabar			Travel
		Mabar	Various Disaster Intervention bodies		Visiting site of recent flood disaster
		Mabar-Taiz			Tavel
Sat	**25.02.06**	Sana'a			Arranging meetings UNHCR, CARE, UNDP
Sun	**26.02.06**	Sana'a	UNDP/Civil Defense Unit	UNDP: Ms. F. Pansieri, Res.Rep.; Ms. D. Assaf, Dpty. Res.Rep.; W. Al-Eryani, Prog.Ass.; F. Poretti, CTA; Civil Defense: I. Al-Subihi, Dir.Gen.; M. A-Shabaan, Dir. Dissater Manafgement;	Consultations on Disaster Prearedness Programme
					Interview / review of application of proGres registration system
					Planning; WS preparation
Mon	**27.02.06**				Interveiws / Project Visit Sana'a project sites
			Team		Financial issues; re-planning WS
Tue	**28.02.06**	Mahweed	CARE	R. Gareth, Country Dir.; M. Saad, Eng.; M. Sormi, DG MinAgric; 2 Social Organisers; beneficiaries	Interveiws / Project Visit Sana'a project sites
Wed	**01.03.06**	Sana'a	Team	ECHO Partners	Workshop II (post mission)
			EC Delegation	Dr. Dreyer, CdA	Debriefing
Thu	**02.03.06**	Sana'a-Amman	Team		Travel
		Amman	ECHO RSO, EC Delegation	ECHO RSO staff; ECD sector specialists	Debriefing
Fri	**03.03.06**	Amman-FRA-HAM			Travel

Mission Schedule for Yemen
Mr. Bernd Leber
FROM 31st January TO 03rd February, 2006

Day	DATE	Location	ORGANISATION	NAMES	COMMENTS
Tue	**31.01.06**	D			Travel HAM-FRA-AMM
Wed	**01.02.06**	Amman	ECHO RSO	Alain Robyns	Briefing; Interviews
Thu	**02.02.06**	Amman	ECHO RSO	Alain Robyns	Documentation; Interviews
			DEC-Food Security	Olivier Boudard	Consultations
			DEC-Social Sector	Michel Laloge	Consultations
			DEC	Angelina Eichhorst	Consultations
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				H. Baladi Negenman	Network and Community Participation
			German Embassy	Dr. Buchwald	German Dev. Involvement
			Team		Elaboration Questionnaires
			ECHO	A. Robyns, E. xx	Consultations
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			UNICEF	PME Officer	Consultations on Planning, M&E
			German Embassy	Dr. Feldmann, Councellor Dev.	Reception German Dev. Institutions
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			MoH	Dr. xxx, T. Al-Husny, Dr. S. Pahls	ECHO cooperation
			MoH-GTZ Repr. Health Progr.	Dr.Tezcan	Consultation
			Social Fund for Development (SFD)	Ms. A. Al-Iryani, Head M&E	Consultation
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			Min.Planning	N. Shaiban,	Consultations
Fri	**10.02.06**	Sana'a	Team		
Sat	**11.02.06**	Sana'a	GTZ	Dr. Grosskreutz, N. Scherg	Consultations
Sun	**12.02.06**	Sana'a-Hodeida			Travel
		Hodeida	UNICEF		Project Visit-Hodeida Site
Mon	**13.02.06**	Ad Dahi	UNICEF		Project Visit
		Ad Dahi-Sana'a			Travel
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Sun	**19.02.06**	Taiz			Visit Governor (postponed)
		Taiz-Aden			Travel
Mon	**20.02.06**	Aden	UNHCR	T. Vodougou, Head SO	Refugee Shelter Construction
			UNHCR	NN, ProtectionOfficer	Application proGres registration system
			Triangle	A. Trechondard, CoM	Interview on operation, ECHO

					cooperation
Tue	**21.02.06**	Aden-Mokha			Travel
Wed	**22.02.06**	Mokha-Mafaq			Travel
		Al Zukeira	DIA	, regional Sheikh; Water committee members, beneficiaries	Project site visit
		Al Garafy	DIA	Water committee members, beneficiaries	Project site visit
		Mafaq-Taiz			Travel
Thu	**23.02.06**	Taiz			Documentation; return travel postponed due to flood disaster at Mabar
Fri	**24.02.06**	Taiz-Mabar			Travel
		Mabar	Various Disaster Intervention bodies		Visiting site of recent flood disaster
		Mabar-Taiz			Tavel
Sat	**25.02.06**	Sana'a			Arranging meetings UNHCR, CARE, UNDP
Sun	**26.02.06**	Sana'a	UNDP/Civil Defense Unit	UNDP: Ms. F. Pansieri, Res.Rep.; Ms. D. Assaf, Dpty. Res.Rep.; W. Al-Eryani, Prog.Ass.; F. Poretti, CTA; Civil Defense: I. Al-Subihi, Dir.Gen.; M. A-Shabaan, Dir. Dissater Manafgement;	Consultations on Disaster Prearedness Programme
					Interview / review of application of proGres registration system
					Planning; WS preparation
Mon	**27.02.06**				Interveiws / Project Visit Sana'a project sites
			Team		Financial issues; re-planning WS
Tue	**28.02.06**	Mahweed	CARE	R. Gareth, Country Dir.; M. Saad, Eng.; M. Sormi, DG MinAgric; 2 Social Organisers; beneficiaries	Interveiws / Project Visit Sana'a project sites
Wed	**01.03.06**	Sana'a	Team	ECHO Partners	Workshop II (post mission)
			EC Delegation	Dr. Dreyer, CdA	Debriefing
Thu	**02.03.06**	Sana'a-Amman	Team		Travel
		Amman	ECHO RSO, EC Delegation	ECHO RSO staff; ECD sector specialists	Debriefing
Fri	**03.03.06**	Amman-FRA-HAM			Travel

Mission Schedule for Yemen
Mr. Anton Rijsdijk
FROM 31st January TO 03rd February, 2006

Day	DATE	Location	ORGANISATI ON	NAMES	Function	Context	COMMENTS
Tue	**24.01.06**	Brussel	ECHO	Peter Cavendish	Head of Evaluation Unit	Briefing	
Wed	**25.01.06**	Brussel	ECHO	Mr. Morrissey / Mr Nunn	Desk Laos, Cambodia, Philippines	LRRD Meeting	
Thu	**26.01.06**	Brussel	ECHO / DG Relex	Ms Lefranchois; Mr. Mancini	Desk officers	Briefing	
Fri	**27.01.06**	Brussel	DG Aidco	Dr. Walter Seidel; Ms. Caroline Bivar	Desk officers	Briefing	
Tue	**31.01.06**	Amman	ECHO				Travel to Amman
Wed	**01.02.06**	Amman	ECHO	Mr. Alain Robyns; Mr Philippe Royan	TA ECHO ; Head of Regional support office	Briefing	
Thu	**02.02.06**	Amman	ECHO	Ms Elisabeth Lictevout	Watsan expert	Briefing	
Fri	**03.02.06**	Sanaa					Travel to Sanaa
Sat	**04.02.06**	Sanaa	EC delegation	Dr. Ralf Dreyer; Ms Mary Hovers	Charge d'Affaires / Senior project monitor	Briefing	
Sun	**05.02.06**	Sanaa	EMDH	A. Vallat	Testing of team evaluation tools		Street Chldren Programme
Mon	**06.02.06**	Sanaa	EMDH	G. Poulhiac			Visit Social Center
Tue	**07.02.06**	Sanaa	UNICEF	Sami A Saeed / Tahrid Saffo	Asst. Project officer watsan / logistic officer	Interview	
		Taiz					Travel to Taiz
Wed	**08.02.06**	Zukeija village	DIA	Addullah Al Homidi	National coordinator	Field visit	ECHO/YEM/210/2003/1003
		Al Gorafy	DIA	Raga Nasser Ahmed	Social advisor	Field visit	,,
		Al Qashaa	DIA	Tahani Mohammed	Assistant	Field visit	ECHO/YEM/210/2002/1004
Thu	**09.02.06**	Taiz	DIA	Mohammed Benechebli	Engineer	Field visit	ECHO/YEM/210/2004/1002
Fri	**10.02.06**	Taiz	DIA	Ms Marion Junca	Country representative	Interview	
		Sanaa				Travel	
Sat	**11.02.06**	Sanaa	Dutch Embassy	Mr. Ton Negenman	First secretary for water and sanitation	Interview	
			Ministry of planning	Mr. Nabil Shaiba	Head of Aid effectiveness Unit	Interview	
			GTZ	Dr. Helmut Grosskreutz / Ms. Ina Scherg	Director / Team leader	Interview	
SUN	**12.02.06**	Sanaa	Ministry of water	Dr. Mohammed I Alhamdi	Deputy minster of Water	Interview	
Mon	**13.02.06**	Sanaa	National Water Authority	Mr. Abdullah Abdul Malik	Director of project	Interview	
Tue	**14.02.06**	Sanaa	GARWSP	Mr. Abdullah Abdulmalek Badr	Head technical office	Interview	
			KFW	Mr. Gerhard Redecker	Director	Interview	
Wed	**15.02.06**	Sanaa	ECHO			Workshop	
Thu	**16.02.06**	Ibb				Travel	
		Ibb	UNICEF	Mr. Waleed Noman	Ass. Project officer	Interview	ECHO/YEM/BUD/2004/01004
		??				Field visit	,,

Day	DATE	Location	ORGANISATION	NAMES	Function	Context	COMMENTS
Fri	**17.02.06**	Aden				Preparation of field visit	
Sat	**18.02.06**	Mukallah				Travel	
			Triangle	Mr. Sahab Mohammed Karim	Project manager	Interview	ECHO/YEM/210/2003/1002
Sun	**19.02.06**	Wadi Masilah	Triangle			Field visit	,,
Mon	**20.02.06**	Wadi Masilah	Triangle			Field visit	,,
		Seihut	GARWSP	Mr. Kamis Mohammi Khamis	Director	Interview	,,
Tue	**21.02.06**	Al Ghait	Local government	Mr. Salim Naimar	Vice govenor	Interview	ECHO/YEM/210/2002/1003
			UNICEF	Mr. Fadl Bashir	Ass project officer	Interview	,,
Wed	**22.02.06**	Hawf district	UNICEF	Mr. Fadl Bashir	Ass project officer	Field visit	,,
		Hawf district	Water authority	Mr. Saeed Mehaison	Director	Interview	,,
		Damkout		Mr. Ali Said	Head of village	Field visit	,,
		Damkout		Ms. Halina Ali	Health promotor	Field visit	,,
Thu	**23.02.06**	Sanaa				Travel / Report writing	
Fri	**24.02.06**	Sanaa				Report writing	
Sat	**25.02.06**	Sanaa	GAWRSP	Mr. Wael Al Wail	Director in Al Mahrah governerate	Interview	
			GARWSP	Mr. Abdullah Abdulmalek Badr	Head technical office	Interview	
Sun	**26.02.06**	Sanaa	GTZ	Mr. Jochen Renger	Head of water projects	Interview	
Mon	**27.02.06**	Sanaa	CARE	Mr. Gareth Richards	Country director	Field visit	ECHO/YEM/BUD/2004/01007
				Mr. Mohammad Saad	Director of programme		
Tue	**28.02.06**	Al Mahwit province	CARE	Mr. Gareth Richards	Country director	Field visit	ECHO/YEM/BUD/2004/01005
Wed	**01.03.06**	Sanaa	ECHO partners			Workshop	
			EC delegation	Dr. Ralf Dreyer	Charge d'affaires	Debriefing	
Thu	**02.03.06**	Amman	ECHO	ECHO staff		Debriefing	Travel to Frankfurt

Annex 6: Summary notes on Sector Analysis and Health Seeking Behaviour (HSP)

Sector Analysis

There is at least one local Ministry with the corresponding agencies working in each of the support sectors (e.g. Public Health, Water & Sanitation, etc.). The functions of these Ministries and agencies must be reviewed in the context of the project tasks to determine which of them can be involved and to what extent. At local level the administrative technical offices (WatSan, Health) should be analysed. Their performance capacity should be assessed according to the following criteria:

Area of work and output, - Organisational structure, - Managerial structure (hierarchy, planning, monitoring, collaboration and communication), - Budget and budget management, - Personnel (qualifications, size, turnover, opportunities for further training, salaries), - Planning and implementation of work, - Equipment, logistics and facilities, Legal status and responsibilities, - Statutes and labour legislation.

The results of the sector analysis combined with the results of need assessment and target group-stakeholder analysis provide the basic information concerning the actual situation, the capacities and willingness of local partners to cooperate and will indicate the possibilities to assure sustainability and to reach all social groups. Information exchange between the DG ECHO partners and the use of analytic results of development agencies should be strengthened in this context.

Health Seeking Behaviour (HSB)[89]

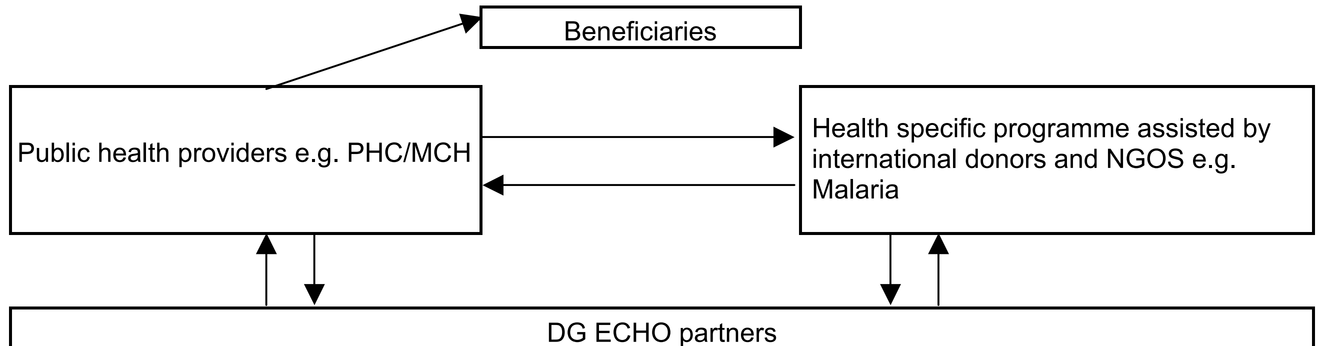
With the primary health care (PHC) approach of the late 1970s, studies on community perspectives and human behaviour experienced a real boom. The focus on social sciences was promoted by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). Early studies funded by the Social and Economic Research (SER) component of TDR contributed much to the increasing emphasis on socio-cultural and socio-economic aspects. Special journal issues in the early 1990s presented collections of papers on behavioural and economic research. WHO/TDR workshops on qualitative research methods helped to shape the approaches of health-seeking behaviour studies in tropical disease research.
Health-seeking behaviour studies acknowledge that health control tools, where they exist, remain greatly under or inadequately used. Understanding human behaviour is prerequisite to change behaviour and to improve health practices. Experts in health interventions and health policy became increasingly aware of human behavioural factors in quality health care provision. In order to respond to community perspectives and needs, health systems need to adapt their strategies, taking into account the findings from behavioural studies. In this methodology and organisation part, we portray health-seeking behaviour and health system response.

Example: “why pregnant women (who never attended and discontinued ANC attendance) are not interested in such health centres, what are their perceptions and health seeking behaviours and what is the understanding, attitudes and behaviour of health care providers among to pregnant women. In addition to this, we also like to focus on pregnant women’ husbands and families.”

[89] University of Manchester Health Systems Development Programme
A review of health seeking behaviour: problems and prospects Author: Sara MacKian HSD/WP/05/03

DG Echo partners and public health services

Two types of assistance



Clear separation between the assistance of the NGOs and the services provided by the public health services and by national programmes.

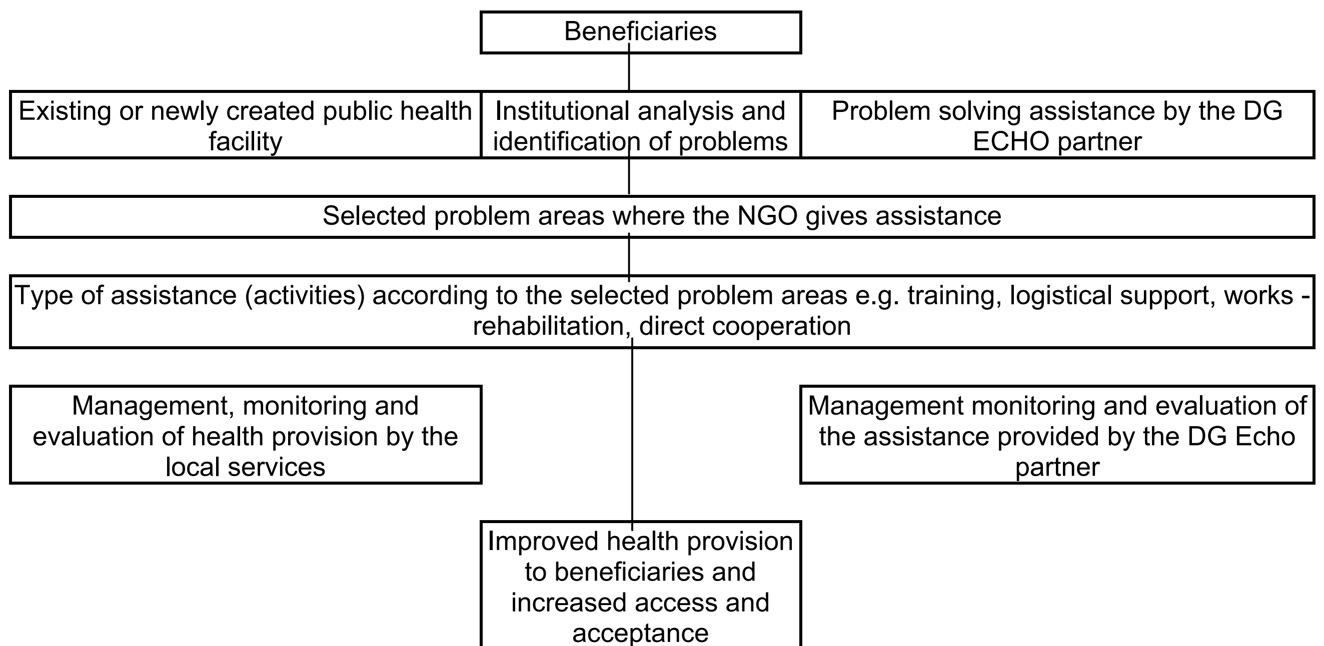


Fig. 6: Interaction Model – DG ECHO partner and Public Health Services

Annex 7: Links between WatSan projects and Primary Health Care (PHC)

For WatSan projects it is recommended to follow the SPHERE standards and the internationally proved approaches in development projects of different donors. Standards and approaches are characterized by the combination of technical works and the following, so-called “soft components” of a WatSan project. The “soft components” are integrated parts of the projects linking water, sanitation and health:

1. Acceptance and assuring of operation and maintenance (O&M) through community participation.
2. Reduction of transmissible diseases through the safe drinking water supply and hygiene education using information, education and communication methods.
3. Treatment of sick persons to stop the beginning of the transmission cycle in cooperation with health services.
4. Practical trust-inducing measures to show beneficiaries the value of healthy drinking water and improved hygiene behaviour (e.g. treatment of worm infections as visible activity). This includes although participative diagnostic and treatment of diarrhoea by improving mothers practices (e.g. using salt and sugar), assistance through the availability of oral re-hydration medication (e.g. free of charge for motivation reasons, purchasing facilities in health centres) and treatment by the health services.

The combined approach concerns also the design and preparation of WatSan projects. The technical design is not only based on the survey results of the water engineers but also on the results of participative Knowledge, Attitude and Practice surveys (KAP), giving information in relation to water acceptance, financial capacities for purchasing, maintenance and repair.
If well designed the survey also allows to identify the beneficiaries knowledge, attitudes and practices related to hygiene and handling of transmissible diseases.
The traditional socio-cultural denominated forms of communication learned by the surveyors are the basis for the preparation of appropriate, understandable, socio-cultural adopted information, education and communication, audio-visual materials and methods.
In cooperation with the primary health care and hygiene service curative measures are taken for diagnostic and treatment.

During the evaluation it has been observed, that the combined approach has not been used by all DG ECHO partners with the following justifications:

1. DG ECHO projects with their limited duration up to 18 months do not allow the combined approach.
2. DG Echo funding does not include Community Participation and Hygiene Education measures (CPHE).
3. The local sector responsible agencies and services are too weak to collaborate.
4. The national sector strategy and the provided services are not based on countrywide needs assessment or not existing.

The final analysis and the discussions between DG ECHO and GERMAX have revealed the following facts:

1. Even if the project period is short, the combined approach has to be used to assure acceptance and participation of the WatSan project. It is agreed, that in one years period behavioural changes cannot be measured. In relation to transmissible diseases a decrease is also

difficult to measure, as mostly an increase appears due to better information of the beneficiaries and changed health seeking behaviour.

Recommendations:

- The combined approach has to be used even in medium-term projects.
- Measurable indicators should not be established in relation to the decrease of water and sanitation related diseases.
- Qualitative indicators in relation to hygiene behaviour and changed practices cannot be used, as they are not measurable in the short period.
- Community participation and co-financing of O&M in relation to sustainability can be set as goal.

2. According to international and bilateral donors of WatSan development projects 20%-30% of the costs of the technical project is reserved (or added) for community participation and hygiene education.

Recommendations:

Allocation of appropriate funds either to reinforce the DG ECHO partner directly or to allow the financing of sub-contractors in CPHE.

3. The different national services (e.g. Ministry of Agriculture, GARWSP General Authority for rural water supply projects) used by DG ECHO partners are still weak. But it has also to be stated, that no institutional analysis had been performed to identify capacities and willingness of the services at local level.
The same statement applies for cooperating health services. No analysis of the services neither primary health care nor hygiene specific services have been done.

Recommendations:

- Institutional analysis financed by DG ECHO of local authorities and services in WatSan and health.
- Assistance through DG ECHO to improve close collaboration with international and bilateral donors financing WatSan projects in Yemen (e.g. Worldbank, Germany, Netherlands).
- Identification and subcontracting of private/civil societies in Yemen acquainted with community participation and hygiene education measures.

4. The national strategies, based on a broad, general needs assessment can certainly only give general guidelines for DG ECHO partners in the frame of their micro projects. At local level the project identification and planning is based on expressed and/or identified needs. For further project planning complimentary surveys are needed in addition to the technical study of the engineers. This includes the KAP survey and the detailed analysis of the stakeholders composed of four main groups: 1. National authorities/donors, 2. Local authorities, 3. Technical services – public, private, social societies; 4. Beneficiaries (target group and their leaders).

Recommendations:

- DG ECHO to allocate a specific budget for the complimentary measures starting from survey to realisation.
- DG ECHO partners to transmit their micro project experiences to the international and bilateral donors.
- DG ECHO to provide assistance in seeking for training facilities in relation to the combined approach and related methods in the WatSan sector.

Opposite opinions:
The evaluators are aware that their different opinions related to this summary description. E.g. CPHE should start in the moment when the drinking water flows; national strategies do not exist; local authorities are unable to participate.

Recommendations:

- Advocacy and promotion of the combined approach is necessary.
- Mainstreaming between DG ECHO partners (e.g. some partners are experienced in KAP surveys using EPI info software)

Annex 8: Supplementary considerations regarding an organised phase out

The following table supplements the recommendations regarding an organised phase out with outlining adequate preparatory and implementation steps:

PHASES AND STEPS	DG ECHO contribution	DG ECHO Partners contribution
1. Preparation Phase		
Formulation of "LRRD" idea (reasons for prolongation e.g. sustainability not assured, expressed needs, identified needs, persisting problems, infrastructure still insufficient/absent)	Assistance and recommendations	Project team and Headquarter OOPP [90]Workshop[91]
Discussion between DG ECHO and Partner	Constructive criticism	OOPP method
2. Planning Phase		
Feasibility study: national, local, sector	Country information	Information lessons learned
Stakeholder analysis: 1. National authorities; 2. Local authorities; 3. Technical public, private, social societies; 4. Target Group and leaders. [Including Institutional Analysis[92] and KAP (Knowledge, Attitude and Practices)survey if still judged necessary.]	Country and donors strategies. Existing sector know how	Analysis with external support of experts
3. Objective Oriented Project Planning -(OOPP) workshop	External moderator	Selection of stakeholders - participants
4. Project planning according PCM/ logframe Phase	External support if necessary	Project manager and team
3. Proposal Phase		
Submission to interested donor (s)	Donor connections Assistance if needed	Meetings, presentation - marketing
Discussion- Revision if necessary	Facilitating meetings	OOPP method
Decision- approval	Consultancy if needed	
4. Implementation Phase		
Organisation of project implementation structure (PIU)	Assistance related to financing in time	Organisation
Objective oriented project planning workshop (OOPP)	Participation observation	Organisation
5. Final Planning (PCM) and MM and Evaluation system	Follow up system to be created	Project team and headquarter
6. DEVELOPMENT PROJECT START		Former DG ECHO Partner

[90] *OOPP – Objective Oriented Project Planning is also called GOPP – Goal Oriented Project Planning

[91] PCM Group GOPP (goal-oriented project planning)
Proposal writing, PCM and objective oriented project planning (OOPP) seminar, Coimbatore Jan. 2006
EC PCM Manual/NEW-2004

Annex 9: Workshop Reports

1. General Description

As recommended by DG ECHO Brussels the evaluation team has conducted two small workshops in order to test if monitored meetings are useful for evaluations of projects or a group of projects realized by DG ECHO partners in a given country. During the briefing in Brussels DG ECHO has recommended not overloading the partners with meetings, as in the same time official DG ECHO mission (Brussel/Amman) took place. In addition it has been remarked, that NGO partners especially the team members of small bilateral NGOs would not like big gatherings and sophisticated environments. We have therefore chosen a small Hotel in Sana'a.

The participants, invited by Echo Amman, have selected their own accommodations. They received no extra per diem but food and beverage had been financed in the frame of the evaluation budget. The budget also covered the rent of the meeting room, presentation media and the costs for the master plan equipment offered by GTZ Sana'a.

The nature and kind of discussions and the points of disagreement/ agreement are described as follows:

The offered breakfast gave the time for the participants to talk with each other, as most of them have personal relations and have worked on different subjects together. Meeting each other has mostly been difficult for them due to the distances between the project sites and the relative high travel and accommodation costs. Following the monitoring procedures, the participants presented themselves, their projects and their different sources of project financing verbally and by using the card system to visualise the statements. This exercise allowed the participants to get acquainted with the card writing.

As recommended by the desk officer Brussels, one topic has been the coordination and cooperation amongst DG ECHO partners and the possibility that one of the NGOs takes over a kind of leading role. The questions have been structured very simple under three headings: Why, Why not, How. The following table shows the text of the cards, written by the participants.

It could be observed, that after a certain hesitation all participants presented their statements on cards. This indicates, that the target-oriented project planning method (metaplan), is not a common instrument used by NGOs. It had been expected, that according to the PCM all participants would be informed about this method and would have used it in the frame of their project planning process (need assessment, problem analysis, defining of objectives and preparing activities and measurable indicators). The evaluators could confirm this observation during the field visits. The recommendation to include and to strengthen the use of this method in PCM has been included in the final report.

The discussions and the cards showed, that NGOs are feeling the time pressure of DG ECHO projects short duration, difficulties to reach Sana'a as meeting place and a certain difference between international larger organisations and small bilateral NGOs. Already in November 2005 a meeting had been organised in Sana'a but was not followed up.

Agreement has been reached concerning the collaboration in specific areas (e.g. WatSan survey). Meetings should not only include DG ECHO partners but also other NGOs working in the same sectors as the DG ECHO partners. The partners have not felt the need to nominate a lead agency

with regard to coordination activities. Instead of coordination by one partner, increased collaboration as it is already ongoing, should be strengthened. Experiences gained through e.g. common surveys have already led to close collaboration between the DG ECHO partners, even extended to local NGOs for specific activities like first aid in health. Quarterly meetings would be useful under the condition, that DG ECHO makes financial resources available.

The second subject concerned the actual situations of the projects and problems faced in relation to LRRD. The DG ECHO partners are aware of the challenges related to the mechanism of linking relief, rehabilitation and development. The own financial resources of the bilateral partners are insufficient to cover the cost for "bridging" e.g. from rehabilitation to development as it is actually the case in Yemen. Large key partners, receiving funding from DG ECHO for specific topics do not face this problem as they can continue with their proper funds or be integrated in a multi donor programme in the country. Concerning the health projects to start in 2006, the NGOs are actually pre-financing the activities.

In relation to "Reporting, Log frame and indicators" the following has been expressed:

The log frame approach in the frame of project cycle management is fully accepted and used. DG ECHO's documents are not always available and as observed by the evaluation team, the use of the log frame as monitoring instrument is still limited. Indicators are felt too "difficult to be quantified and not realistic" and donors push in too ambitious directions. Further training is recommended.

The final and brief workshop (8 a.m. to 2 p.m. due to the departure of the evaluation team) provided the opportunity to discuss the preliminary findings and to make recommendations. Close collaboration for interlinked activities between sectors such as hygiene education in WatSan projects and water supply in the future health projects in the Dhala region could be stressed. The presence and the presentation of international partners gave the chance to increase information and strengthen contacts and collaboration. Experiences gained on other specific subjects such as malaria, malnutrition and management have been discussed.

2. Workshops

Workshop 1 Date: 15.02.2006 Participants[93]: 17

Focal issues:

1. Coordination and Cooperation between the DG ECHO Partners and possible leading role of one of the partners.
2. Experiences gained, problems faced and recommendations specially to linking relief, rehabilitation and development (LRRD) and management aspects.

Subject 1: Coordination of DG ECHO Partners in Yemen
Subject 2: Cooperation between DG ECHO partners and related services and "professional, task specific partners."
Subject 3: Actual situation and LRRD problems faced

[93] Participants of workshop 1 and 2. Representants, members, experts of COOPI, CARE, DIA, CINS, MOVIMONDO, FRENCH RED CROSS, UNICEF (Hodeidah), EMDH, TRIANGLE, WHO, UNHCR.

Workshop 2 Date: 01.03.2006 Participants: 18

Focal issues:

1. Presentation of preliminary evaluation results according to Annex 2 of ToR; [ALNAP Guidance 2003 active learning network for accountability and performance in humanitarian actions (EU DG ECHO)]. Example Watson projects.
2. Presentation by national and expatriate experts of country wide and over regional programmes and projects:

- Immunisation programme in response of the polio outbreak 2005
- Emergency obstetric care (EmOC), example Al Hodeida

The EU co- financed Resources CD[94] of the MoPHP, giving an overview of the health sector documents, in English and Arabic will be handed over to the health partners. (Already distributed during field visits).

3. Appreciation: Value added for the evaluation team and the DG ECHO Partners.

3.1. Value of moderated meetings - workshops in the frame of evaluations?
The target oriented planning approach using the technique of cards written by each participant and than attached to a board (Meta plan) is a democratic method to give everybody the chance to express his/her opinion. By using this method, the evaluators got quite open and clear information about the problems and recommendations expressed by the DG ECHO partners. The social contacts allowed to established a friendly and open cooperation process facilitating the fieldwork and the discussions.

3.2. Value of moderated meetings – workshops for DG ECHO Partners?
The meetings gave the opportunity to express felt needs and recommendations quite freely for everybody. The social gathering allowed the exchange of experiences, find answers to open questions and to agree on cooperative aid between the partners.

3.3. Methodological problems and appropriate solutions?
One day is not sufficient to work on the statements to build up the logical structures for problems and objectives (e.g. Problem trees transposed in objective trees). The target oriented project planning approach (see Project Cycle Management) is not yet commonly used by all DG ECHO partners and it is sometimes felt difficult to write the own statement on a card. The cost for one day workshops is quite high, as e.g. the necessary equipment has to be rented and the transport costs for the partners are not justified for one day- (not the case in Yemen as workshop followed directly after DG ECHO mission's partner meeting).

4. Meta Plan cards

Subject 2: Cooperation between ECHO partners and related services and "professional, task specific partners."

WHY?	WHY NOT?	**HOW?**
Overlapping Activities = Ex. Health	NGO'S change to often	For all NGO's with different Donors
More info through coordination (desk)??	DG ECHO funding period too short	Restricted for DG ECHO Partners
Coordination to improve monitoring	Little output expected from coordination	Coordination not necessarily limited to DG ECHO partners

[94] MoPHP, Yemen Health Sector, Resources CD, Nov. 2005

WHY?	WHY NOT?	**HOW?**
Exchange of lessons learned	Ex.: Never use DG ECHO funds for construction	
Common survey marginalized groups	"Too many meetings" are not helpful for NGO out of Sana'a	Conclusion Meetings quarterly
WatSan Survey (DG ECHO funded)	No sense in DG ECHO partner coordination	Conclusion: Budget line
Coordination related to technical issues	Difficulties met in coordi-nation between UN and NGOs	
Harmonisation with strategies (GoY, IOs)		

Subject 3: Actual situation and LRRD problems faced

Proposal to DG ECHO		
1. Preparation Phase	Continuation	
	New starters (2005/2006)	No contract
2. Implementation Phase	Delay in payment by DG ECHO	Delay: Agreements, Materials
3.Finalisation Phase	No feedback on interim reports	Of 200 shelters 150 are finished + in use 50 will be ready by end of contract
Project closing		
NGO's Possibilities	Prolongation Phase - when possible-	Continuation: Through other financial resources
	No prolongation Phase possible - return to France - Other donors	
	NGO own funds not available	
	Report achievements and goals to various potential Donors	
	What about 2006 projects financing by DG ECHO. Contract not signed yet	
	Instruments for continuous financing	

Subject 4: Reporting, Log frame and indicators

LOGFRAME	**INDICATORS**
Reporting is linked to the donors ' system	Indicators are difficult to be measured
Log frame not used as appropriate monitoring tool	Indicators are difficult to be quantified
New log frame applying PCM method	Indicators not realistic
Docs are available from Oxfam to support NGOs in DG ECHO's administrative tools (budget, reports)	Indictors too ambitious
DG ECHO documents not always available in Yemen	Quality indicators not taken into consideration
Training ECHO/ 2 or 3 days Training	Donors push for too ambitious direction

Annex 10: WatSan Guide Review

Introduction

The WatSan expert was requested to comment on the application of two documents:

- A review of water and sanitation issues relating to the funding of humanitarian operations under the EC humanitarian regulations: Model guidelines
- A review of water and sanitation issues relating to the funding of humanitarian operations under the EC humanitarian regulations: Concept paper

General comments

Both the documents are professional, well-written and practical documents. The documents show that the authors have a much practical experience and do have realistic view on (post) emergency situations. The documents are recommended as guidelines for DG ECHO. Some comments / recommendations to improve the document include:

Layout / readability - In general the document is easy to read, with exception of chapter 4.2 (concept paper) which is not very clear.

Some issues which might be interesting to include in the document:

Capacity of NGO's in an emergency situation - There are often a large number of NGO's in emergency situations (especially those emergencies which get ample media coverage), but not all NGO's have sufficient competent staff and well-known IO's / NGO's do not necessarily perform better than relative small ones. Criteria for the selecting of partner IO's / NGO's in a specific crisis, should include not only be the operational capacities, but also the roots of the organisation in the country. This would enhance the rehabilitation phase / development phase as the established IO's / NGO's have development partners, understand the local situation, have already good qualified local staff, have or good relations with the authorities and so on.

Vulnerability assessments in development projects (model 7.1) - All DG ECHO projects in a chronic crisis or development projects should include a kind of vulnerability assessment in the proposal or prepare this during the project. Example: Can wells survive long term droughts or can gravity pipe schemes withstand heavy floods? It looks very obvious, but in reality, many projects (even DG ECHO projects) do not take this aspect into account.

Impact assessment of IDP camps - If time allows, an impact assessment on the environment would be recommended.

Chronic emergencies - Summary: No emergency approaches if there is no emergency.

On minimum water quality standards - Suggestion to develop a Green range (water OK), Orange range (passable during an emergency) and a Red range (a new water source has the highest priority).

Funds for chronic emergencies (Concept chapter 7. C11) - For chronic emergencies DG ECHO time span of max. 18 months is too short to ensure sustainable development. When DG

ECHO provides funding for a project in such a situation, DG ECHO should encourage (oblige) the NGO's to find donors for aftercare once the project ends.

Annex 11: Review of the Cross Cutting Guide (Prolog Document(s))

Introduction and summary
Besides the assessment of cross cutting issues in the frame of DG ECHO's interventions between 2003 and 2005 in Yemen, the evaluators have been asked to comment the work of Prolog Consult concerning cross cutting and other issues. The Prolog documents are composed of a concept paper and a model guidelines paper. The assessment has been made under two aspects: How valuable are the documents for external evaluators and how useful can they be for DG ECHO and DG ECHO Partners.

Concept Paper
For external evaluators the concept paper gives e.g. an overview of DG ECHO's mandate, institutional system, financial procedures and capacities, intervention areas and the operational frame described as "working parameters" such as timeframe ranging from 6 to 18 month including an extension of up to 4 month and the condition only to work with international and bilateral non governmental partners. Besides the detailed description of politics and strategies of different partners concerning cross cutting issues and enabling strategies, the discussions between the partner about specific subjects, such as the Sphere standards are presented (e.g. Sphere standards discussed by a Quality Platform set up by different key NGOs).

Appreciation
As the projects in Yemen are actually in a phase between rehabilitation and development in the frame of the forgotten crisis definition, special attention has been given to LRRD, the link between relief, rehabilitation and development. The Prolog concept paper gives a clear picture allowing external evaluators to use the criteria and to elaborate recommendations accordingly. Nevertheless, complementary information was necessary to understand the roles and tasks of different units involved in the LRRD procedures. In addition to Prolog's concept paper the work and recommendations of the DG ECHO, LRRD/DPP Inter-Service Group[95] (Feb. 2003) have been consulted.
For DG ECHO Partners, not directly involved in the cross cutting and enabling strategies dialog, the concept paper gives an overview of the actual state of affaires. For each topic the background and a summary of key policies and practices are presented. A large number of references and sources of information are complementing the assessment. A summary of definitions is annexed in the Model Guidelines, Annex A.

Model Guidelines
The model guidelines are presented in a very comprehensive form. For each subject, the definition is given and the following questions answered: "Why should DG ECHO and its partners be concerned; what should DG ECHO and its partner do and how to do it". According to core and specific objectives, the essential activities and performance indicators are described, based on Sphere, Oxfam and WFP and extracted from several sources (UNHCR,UN,IASC). They cover the cross cutting issues for all main sectors (e.g. Health, WatSan). For each vulnerable group, objectives, activities and indicators are presented according to the different phases of DG ECHO's interventions from disaster preparedness, acute emergency, chronic emergencies to the post acute phase. In addition Prolog describes activities which should be avoided in order to reduce strategic risks. One general but important recommendation is to avoid "making standard assumptions about who is vulnerable, what women want/need, what is appropriate etc. without doing a context specific assessment" (Page 33).

[95] EC LRRD/DPP Inter-Service Group (Feb. 2003) Report and operational conclusions 27.10.2003

Appreciation

The need for assessment in form of the so called feasibility study as used in the development context is necessary for all cross cutting and enabling strategy aspects. It is clear, that in emergency cases this can not be possible. DG ECHO therefore recommends to choose experienced partners in a given situation and socio cultural environment to overcome the gap of eventually missing basic information. In addition it is recommended to use experiences gained by development agencies. Cross cutting issues ranging from gender equality, vulnerable groups to environmental issues are basic topics and aspects of the international donor community in development cooperation. Lessons learned in the frame of development cooperation show, that respecting cross cutting issues requests a high level of socio cultural understanding and "soft" skills for communication. In development sector projects the work is therefore generally divided between different professions. E.g. in WatSan projects, the engineers are responsible for the technical works (Hard ware), subcontracting firms and/or specialists cover the package (Soft ware) composed e.g. of community participation measures, assessment of knowledge, attitudes and practices (KAP), prepare and perform information, education and communication (IEC) campaigns and advocacy (Soft ware).
Solutions have to be discussed, how to introduce this experiences in actions of emergency character and how to finance them.

In relation to the so called "enabling strategies" one topic is here presented as example. The "consultation with beneficiaries" under the aspect of participation in activities requests a constructive dialogue with the beneficiaries. The dialogue should lead to the identification of the felt and expressed needs of the population, but also to get the information about their experiences and coping strategies in difficult situation as well as about the traditional, cultural forms of organisation to reach all strata of the targeted groups. The integration of all partners in the project cycle management process (PCM) from the beginning to the end of a project is a standard approach of donors in development. The local partners are the politico-administrative officials, the public and non governmental technical services and the target group with their contemporary and traditional leaders, including women and men. This partner approach can facilitate integration, acceptance and continuation of actions. In the frame of humanitarian aid, the integration of all local partners in the project cycle is still limited and should be enhanced in order to reach their collaboration during the intervention, for necessary follow up actions and for taking over necessary rehabilitation and development activities according to their own capacities and resources.
The aspects of occupational health and safety, including rules, regulations and practices are not stated in spite their importance for DG ECHO partners in the field and the beneficiaries. Important recommendations of the International Labour Organisation (ILO) are only mentioned in relation to child work and forced work.

Conclusions

The concept paper and the model guidelines are stressing the important role of DG ECHO among different humanitarian donors and agencies in providing response to the various challenges of acute and chronic emergencies. Furthermore the conclusions point to the need for better regulation of relations between the different stakeholders.
The general policy recommendations indicate areas for improvement in the future in terms of political and legal frameworks at the institutional level and in mainstreaming at programme level.
Both conclusions and recommendations however are very general and it maybe interesting to see to which extent they can be realised through concrete actions in the future.

Recommendations

The model guidelines are valuable for evaluators, DG ECHO and the partners. The overview is exhaustive and very good and can be compared with a “ideal curriculum”. To make the recommended activities operational, working tools, as simple and practical as possible will be needed.

Annex 12: References

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