

Final Report

Terminal evaluation of “The Partnership for Behavior and Social Change in Yemen” Project in Taiz and Hodeidah

Agreement number: YEMA-PRC-12-C4D

Implemented by Search for Common Ground

December 2017

Lead Evaluator: Sadeq Noman Al-Nabhani

Contact:

Name: Sadeq Noman Al-Nabhani

Project Management Consultant

Sana'a – Yemen

Mobile: 00967-7777727171

Email: sadekalnabhani@gmail.com

ACKNOWLEDGEMENTS

The evaluator would like to extend sincere gratitude to all those who supported the evaluation process. I am really extremely grateful to all Search Staff and implementing partners who shared their time, experience, and knowledge about the project and priority issues in the targeted communities. I would like to acknowledge in particular the insight and support bestowed by Ms. Amal El-Deek (Design, Monitoring & Evaluation Specialist for MENA), who provided invaluable analysis, review, and feedback. Special gratitude goes to Mr. Khaled Baqasi, the project coordinator, who supported the team throughout the evaluation process.

I would also like to express my gratitude to and acknowledge the role and support of Mr. Shoqi Al-Maktari, Search-Yemen's Country Director, for sharing invaluable information, knowledge, and experience on the project and related interventions.

A thank you also to the field team who collected quantitative and qualitative data, and conducted the focus group discussions and implemented the required tasks to a high standard despite the ongoing war and unstable security situation. The field team included: Mohamed Taha Al-Saqaf, Walid Mohamed Al-Sharjabi, Aswan Al-Humaiqani, Samirah Al-Asbahi, Ahmed Abdulrahman Al-Same'e, Maha Abdulalim Abduljabbar Al-Aqhali, Badr Hamoud Mohamed Al-Khulaidi, and Lina Ali Mahyoub Qasem Al-Ariqi.

Special thank goes to Walid Al-Madhaji, who supervised and successfully managed the team work in the field and its timely implementation.

Last but not least, thank goes to Mr. Fadi Al-Sagier, who created a very helpful database on the collected data and information needed for statistical analysis.

The External Evaluator,

Sadeq Al-Nabhani

Project Information

Implementing Agency:	Search For Common Ground (Search)		
Country/Region or Area:	Yemen		
Project Title and ID:	The Partnership for Behavior and Social Change in Yemen” Project in Taiz and Hodeidah Second Phase (706)		
Project Duration:	18 months (June 20 th , 2016 – December 31 st , 2017)		
Funded by:	UNICEF and Search for Common Ground (Search)		
Programme Budget:	Taiz	Hodeidah	Total
From CSO (\$)	\$5580.50 (3%)	\$5580.50 (3%)	\$11,161.00
From CSO (YER)	0	0	0.00
From UNICEF (\$)	\$87,778.24	\$75,250.20	\$163,028.44
From UNICEF (YER)	YER23,370,092	YER22,295,292	YER45,665,384.00
Total (\$)	\$181,258.61 (100%)	175,941.65 (100%)	\$357,200.26
Implementing Partners	<ul style="list-style-type: none"> In Hodeidah: (i) Banat Ahudeidah Association and Al-Hodeidah Radio Station; In Taiz : Generation without Qat Association. 		
Geographical coverage	<ul style="list-style-type: none"> Hodeidah Governorate: (Districts of Bajel, Bait Al-Faqeeh, and Al-Tuhaita); Taiz Governorate: (Districts of Maqbana, Nawza’a, Mocha, and Same’e. 		
Population focus	<p>A total of 79,550 members of local communities in the two governorates of Hodeidah and Taiz were planned to be directly engaged/targeted through a variety of C4D outreach activities as follow:</p> <ul style="list-style-type: none"> Hodeidah Governorate: 41,575 individuals (of which 17,700 were women , 16,275 were men, 3,800 girls and 3,800 boys¹). Taiz Governorate: 37975 individuals (of which 16,700 were women, 14,575 men, 3,350 girls and 3,350 boys) <p>The planned C4D direct outreach activities included:</p> <ul style="list-style-type: none"> Door To Door Visits (DTDVs) Mobile Cinema Event (MCE) Viewing session/community meetings (VS) Joint Community Activities. (JC) Information desk Bazaars (Info-Desk) <p>Further, the project targeted additional members of local communities through radio.</p>		

¹ Directly targeted boys and girls are 15 years and above.

Contents

A- Executive summary:	7
1. THE PROJECT	7
1.1 Project Purpose.....	7
1.2. Evaluation Objectives and Methodology	7
2. Evaluation Findings	78
2.1 Relevance	8
2.2 Effectiveness	8
2.3 Impact	89
2.4 Sustainability.....	9
3. RECOMMENDATIONS.....	9
1.1. The report.....	11
1.2. Background and Context	11
1.2.1. Recent developments.....	11
1.3. Project Description:.....	12
1.3.1. Project Objectives.....	12
3. METHODOLOGY	15
3.1. Data Collection	15
3.1.1. Desk study of project documents and development of questionnaires	15
3.1.2. Collecting information on progress of the project	15
3.1.3. Sample Frame, Sample Size and Distribution.....	16 15
3.1.4 Data analysis.....	16
3.1.5. Limitations to the Methodology.....	17
The methodology faced some limitations that could thus sum up:.....	17
4. FINDINGS OF THE EVALUATION:.....	18
4.1. <i>Relevance</i>	18
4.2. <i>Effectiveness</i>	20
4.2.1. Major Results:.....	21
4.2.1.1. <i>Training of facilitators</i>	22
4.2.1.2. <i>Door-to-Door Visits (DTDVs):</i>	22 22
4.2.1.3. <i>Mobile Cinema Events (MCE):</i>	23
4.2.1.4. <i>Viewing Sessions (VSs):</i>	23

4.2.1.5.	<i>Information desk (Bazar):</i>	23
4.2.1.6.	<i>Media Production:</i>	23
4.2.1.7.	<i>Community Initiatives:</i>	24
4.2.1.8.	<i>Social Media:</i>	25 26
4.2.2.	Effectiveness of progress achieved	26
4.3.	Impact	37
4.4.	Sustainability	38
5.	MAIN CHALLENGES	38 39
6.	CONCLUSIONS AND RECOMMENDATIONS	39
6.1.	Issues where significant change has been achieved	39 40
6.1.1.	Antenatal care and maternal health:	40
6.1.2.	Immunization	40
6.1.3.	Care of childhood illnesses and diarrhoea	40 41
6.1.4.	Feeding infants and young children	40 41
6.1.5.	Washing hands with soap and water	41
6.1.6.	Household water treatment and storage	41
6.1.7.	The safe disposal of human waste	41 42
6.1.8.	Birth registration.	41 42
6.2.	Recommendations	41 42
Annexes	43 44

Abbreviations and acronyms

C4D	Communication for Development
CHC	Community Health Center
CHVs	Community Health Volunteers
DTDVs	Door To Door Visits
GoY	Government of Yemen
IDPs	Internally Displaced Peoples
IEC	Information Education and Communication
Info-Desk	Information Desk Bazaars
IPs	Implementing Partners
KAP	Knowledge, Attitude, and Practice
MCE	Mobile Cinema Events
NGO	Non-Government Organization
PCA	Program Cooperation Agreement
SDG	Sustainable Development Goals
SFCG/Search	Search for Common Ground
ToR	Terms of Reference
UNICEF	The United Nations International Children's Emergency Fund (United Nations Children's Fund)
VS	Viewing session/community meetings

A- Executive summary:

1. THE PROJECT

With support from UNICEF, Search has executed an 18-month second phase project in seven districts in two governorates of Yemen (Taiz and Al-Hodeidah) to provide Yemeni children and their families with knowledge on safe health practices to reduce the impact of conflict in Yemen on children's health. It was implemented through the use of a multi-layer outreach campaign that used house visits, dialogue sessions with community leaders, mobile cinema, and mass media through radio broadcasting. Using community facilitators to moderate these events, the project aimed to raise communities' awareness and encourage adoption of the 11 key life-saving care and protective behaviors identified by UNICEF.

1.1 Project Purpose

The project's overall goal is that Yemeni parents and community leaders across seven targeted districts in Taiz and Al-Hodeidah governorates adopt 14 key life-saving care and protective behaviors for children. This behavioral and social change will be achieved through two objectives:

- Objective 1: Yemeni parents and community leaders have increased knowledge of life-saving care and protection strategies for their children (knowledge change).
- Objective 2: Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families (attitude change)

1.2. Evaluation Objectives and Methodology

The objective of the project final evaluation is to define the extent to which the intended outcomes and indicators were achieved including measuring Knowledge, Attitude and Practices (KAP) of the targeted communities towards the 14 key life-saving care and protective behaviors for children, and develop broader lessons learned for future programming for UNICEF and Search-Yemen programs, and projects in other countries working in this area.

The development effectiveness of the "Partnership for Behavior and Social Change in Yemen" Project in Taiz and Hodeidah was evaluated based on the ToRs developed by Search and UNICEF. Evaluation criteria respected both international standards and Search's evaluation standards, in accordance with the External Evaluation Guidelines of November 2011, as well as the OECD-DAC peace-building evaluation criteria of relevance, effectiveness, impact, and sustainability. This evaluation used mixed methods including desk review, household survey, Focus Group Discussions (FGDs), and Key Informants Interviews (KIIs). Structured and semi-structured questionnaires and guidelines for FGDs were used while the analysis involved statistical and content analyses.

In consultation with the program team, the consultant undertook random sampling of beneficiaries within the districts to ensure that the sample adequately reflects the diversity of villages and targeted beneficiaries. Out of the seven target districts, a number of 49 villages from four districts were selected for this evaluation. These included Maqbana, Same'e, Bajel, and Bait Al-Faqeeh districts in Taiz and Hodeidah governorates. Simple random sampling and stratified random sampling techniques were used. A sample size of 384 participants was found to be sufficient to attain a 95% statistical confidence with an absolute error of 5% for a total of targeted population of 79,500. The sample size of households was determined based on the proportion of beneficiaries' population in the selected districts while preserving an appropriate gender ratio. In addition, two FGDs in each selected district were conducted, one with community leaders and one with parents. In addition, KIIs were conducted at the central, governorate, and district levels, which included the Search project team, IPs, community leaders, relevant government offices, and other relevant stakeholders.

2. Evaluation Findings

2.1 Relevance

The evaluation showed that overall, target communities responded positively to all components of the project. The general consensus among the respondents was that the project was relevant and it did meet the expectations of the beneficiaries. The findings reflect concurrence among the evaluation respondents that the project interventions were relevant because it was implemented at the time when the communities needed it. Worth mentioning in this regard is that under the on-going violence, health and child protection services were deteriorated as most of the CHF's either destroyed or lacked basic resources and capacity to deliver services. Further, the project interventions coincided with the outbreak of cholera, dengue fever, scabies as well as the deteriorated food security and malnutrition conditions. In light of this national catastrophe, the project responded to these needs by ensuring that communities have access to relevant health and protection information and are actively engaged and supported in effectively responding to the dire humanitarian situation.

Community members and leaders in all districts identified the limited availability and restricted access to health services as one of the key challenges during the conflict. Loss of qualified staff (administrative and medical), shortage of medical supplies, and degradation of infrastructure were cited as major obstacles to accessing adequate healthcare in the targeted areas. Indeed, competition over these scarce healthcare resources often lead to local disputes and contributed to the fracturing of the local social fabric. The provision of such services, both within households and communities, has the potential to reduce community violence and promote peace building. Concurrently, school enrolment was also clearly identified as an additional source of local tension, and thus an entry point for local peace building efforts. Resulting from these identified conflict drivers, project interventions addressed these conflict areas by providing both healthcare and educational services to alleviate tensions and strengthen peace.

The project data collected showed that the project was highly relevant to the needs of Yemeni communities. Furthermore, data showed that the project actively supported national policies and strategies alongside Search and UNICEF's country program efforts in maintaining the delivery of basic social services, that are identified as key to stabilization efforts, alleviating the humanitarian crisis, and sustaining the potential for long-term peace. Moreover, the program interventions align with the UN Strategic Framework for Yemen (2017-2019), whose main goal is "to mitigate the impact of the current conflict on the social and economic conditions in Yemen, and on the capacity of state institutions while contributing to ongoing peace efforts."

2.2 Effectiveness

In close coordination and cooperation with local stakeholders, the project team implemented effective awareness campaigns using clear and practicable messages which reached approximately 75,600 household members in seven districts across Hodeidah and Taiz governorates. In doing so, Search deployed a unique approach through the application of diverse communication channels, such as DTDVs, radio broadcasting, viewing sessions, mobile cinema, CHVs, puppet shows and posters, among others. Overall, the project's effectiveness criterion is rated 'very satisfactory'. Thus, it is considered that the project has achieved the target results according to the set indicators. This is reflected by the increased level of knowledge and the positive attitude toward and high degree of adoption of the 14 key life-saving care and protective behaviors for children by Yemeni parents and community leaders in the seven targeted districts.

2.3 Impact

The key overall impact of the project is the knowledge, attitude, and behavior changes created among the target communities. In partnership with UNICEF, Search was successful in delivering immediate results in terms of awareness-raising on the 14 planned messages, thus leading to impact in the short and medium terms. The community initiatives also served to gain trust and ensure the program's credibility among Yemenis, parents, community members, and local leaders for more long-term interventions. 75,600 family members directly benefited from the program's interventions and improved their knowledge on the 14 lifesaving and health care practices related to health and nutrition, water and sanitation, and child protection. Furthermore, the radio broadcasting reached over 119,955 people according to radio polling results.

2.4 Sustainability

It was reported that the knowledge and skills acquired as a result of the program interventions will continue to be used by the beneficiaries. However, similar interventions are needed for further development and normalization of the shared health messages and skills developed across target communities throughout the program. The project design and implementation approach provided a sustainable mechanism for applying capacity building, knowledge enhancement, and development of positive attitudes to adopt the 14 lifesaving, care, and protective practices as tools for enhancement of health and nutrition, water and sanitation, and child protection.

3. RECOMMENDATIONS

The key recommendations that emanate from the findings of the evaluation are as follows:

1. The project interventions have brought about tangible results when it comes to health and nutrition, including access to health and nutrition services for mothers and children, especially during war-time conditions. Thus, it is strongly recommended that the project interventions continue and scale-up in order to cover additional geographic areas and broaden the scope of interventions in new and current target communities.
2. Behavioural change requires more time for a clear assessment of results, along with focussed and intensive activities. Therefore, longer activity and intervention periods need to be considered in the design of future projects.
3. Involvement of as many community members as possible in project activities will enhance the community dialogue and promote community-wide consensus to support peace building efforts.
4. Providing basic services, including health care and water supply services, among others, at the household level will reduce conflicts over poor service provision due to limited capacity and meagre resources.
5. Stakeholder involvement, local government ownership, and civil society partnerships are important tools for improving knowledge, positive attitudes, and adopting the 14 lifesaving and health care practice in relation to health and nutrition, water and sanitation, as well as child protection.
6. Communication channels should be identified in accordance with the type of the messages and target groups e.g. breastfeeding messages to be directed to mothers, while those related to washing hands with water and soap to be directed to all household members.
7. It is recommended to try and use other more effective means to deliver messages related to the following life-saving care and protective behaviours for children, taking into account the different education levels of the target groups in different areas:
 - a. Appropriate age for giving birth
 - b. Child immunization.
 - c. Signs of child malnutrition.
 - d. Appropriate age for marriage.

8. The gap in targeting children should also be considered as they are in their formative years, with great potential for change and high capacity to quickly adopt new habits. Accordingly, appropriate messages should be formulated to fit children as a target group.
9. By taking part in outreach and dialogues, Yemeni parents and leaders increasingly understand and adopt alternative behaviour and care practices.
10. The evaluation recommends the importance of maintaining flexibility in the project design (thematic areas and implementation modalities) so as to mitigate the impact of possible risks resulting from the national and local environment, and be able to adapt to locally-identified issues that may not be relevant in other target areas.

1. INTRODUCTION

1.1. The report

This report presents findings from the final evaluation of the “*Partnership for Behavior and Social Change in Yemen’ Project in Taiz and Hodeidah*”, hereinafter referred to as ‘the project’. The final evaluation was conducted from August 29th 2017 to October 25th 2017 by an independent evaluator. The evaluation focused on measuring development results and potential impacts generated by the project. It was based on the scope and criteria provided in the evaluation terms of reference (ToR). See Annex (8) for details.

The purpose of this evaluation is to assess the efficiency and effectiveness of the project in achieving its intended results, and the relevance and sustainability of its outputs as contributions to medium-term and longer-term outcomes. This final evaluation was conducted with the main aim of taking stock of achievements made and documentation of lessons learned. The overall objective of this end evaluation is to assess the project design, results and achievements during its implementation period, delivery effectiveness and to analysis how effective the approach adopted by the project. As such, this report provides key information on (i) the evaluation purpose and proposed scope and focus of the evaluation; (ii) the criteria and questions that were used to assess performance and rationale; (iii) the evaluation methodology; and (iv) the way in which the evaluation was organized.

1.2. Background and Context²

Ranked 168 out of 184 countries in the Human Development Index for 2015, Yemen is one of the poorest countries in the Arab region, facing multiple challenges and crises. Yemen has also witnessed a decline in the humanitarian and livelihood conditions following the socio-political unrest that erupted in 2011, including armed conflict. Poverty and lack of employment opportunities, and thus competition over scarce natural resources such as water were key triggers for the social and political unrest.

Recently, an increase in social and political unrest resulted in spikes in armed violence across several locations. As of July 2016, internally displaced persons (IDPs) were estimated at 3,154,500, compared to 546,000 in May 2015 and 400,000 in 2014. Livelihood conditions are expected to further deteriorate across the country unless rapid improvements on the political and security fronts are achieved. The growing social unrest poses challenges to local development and peacebuilding, thus contributing to the further deterioration of livelihood and humanitarian situations of populations at risk of exploitation and abuse, esuch as youth, women, and IDPs.

1.2.1. Recent developments

Between 2014 and 2017, the country context in Yemen has changed drastically. Since March 2015, the conflict that erupted spread to all governorates across Yemen. This amplified the already existing and protracted humanitarian crisis characterized by years of widespread poverty, economic stagnation, poor governance, weak rule of law, widely reported human right violations, female illiteracy, and ongoing instability. As a result of the widely extended conflict since March 2015, the economy has depleted significantly and the capacity of governing institutions at central and local levels continue to weaken. Participation of civil society in public affairs is increasingly limited, especially so for Yemeni youth and women. According to the Ministry of Planning and International Cooperation (MoPIC), the GDP fell by approximately 35% in 2015. In addition to structural damage and loss of lives, the conflict and its resulting instability has adversely affected livelihoods and the social fabric of the country. The conflict has led to a dire humanitarian situation, with an increasing toll of civilian deaths and casualties, destruction of infrastructure, disruption of trade, commerce and supplies, acute

² *Note: this context describes the situation during the project preparation and formulation, however it should be noted that between 2015 – 2017, the country context has changed drastically and recent developments are described below.*

food shortage and massive internal displacement of people. Furthermore, Yemen currently faces a range of health and security challenges that directly impact the well-being of children. Ongoing violence is compounding previously low indicators of health and child protection, further deteriorating public health through direct casualties and a wide range of indirect complications.

At the beginning of 2016, an estimated 14.4 million Yemenis were unable to meet their food needs (of whom 7.6 million were severely food insecure), 19.4 million lacked clean water and sanitation (of whom 9.8 million lost access to water due to conflict), 14.1 million did not have adequate healthcare, and at least two million had fled their homes within Yemen or to neighboring countries.³

Yemen is now in a precarious situation. As the current outbreak of Cholera illustrates, state institutions have reached a dire level of dysfunction and incapacity to meet the basic needs of its population. Indeed, the national response to this ongoing crisis has necessitated overwhelming support by international actors such as the UN, to organize, finance, and lead the humanitarian and peacebuilding response. The provision of basic health and sanitary services, however, is just one area of state inability to respond adequately to the crisis.. The situation is as critical in other sectors, including education and the absence of teachers in schools due to an inability to pay salaries. This poses yet another risk to the Yemeni population and compounds the magnitude of what is already one of the world's worst humanitarian emergencies.

1.3. Project Description:

With support from UNICEF, Search has executed an 18-month second phase project in seven districts across Taiz and Al-Hodeida governorates. The project aimed to provide Yemeni children and their families with the knowledge and safe health practices to reduce the impact of conflict in Yemen on children's health, and to encourage greater dialogue around sensitive children's health issues. By increasing awareness, the program intended to mitigate the exacerbation of health issues by conflict. The project employed a mix of interpersonal and mass media communication as means to achieve a behavior and social change of Yemeni parents and community leaders. This has been planned to be achieved through the use of a multi-layer outreach campaign that used house visits, dialogue sessions with community leaders and mass media outreach through radio broadcasting and mobile cinema. The outreach focused on improving awareness and encouraging communities' adoption of 14 key lifesaving care and protective behaviors issues identified by UNICEF. By taking part in outreach and dialogues, Yemeni parents and leaders would understand and adopt alternative behavior and care practices.

1.3.1. Project Objectives

The project's overall goal is that Yemeni parents and community leaders in seven targeted districts within two governorates (Taiz and Al-Hodeidah) adopt 14 key life-saving care and protective behaviors for children. This behavioral and social change will be achieved through two objectives:

- Objective 1: Yemeni parents and community leaders have increased knowledge of life-saving care and protection strategies for their children (knowledge change).
- Objective 2: Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families (attitude change).

Result Statement:

³ Yemen Humanitarian Response Plan (2017).

Community engagement for behavior and social change: mothers, fathers, caregivers, community leaders, and stakeholders have improved knowledge and positive attitudes to adopt 14 lifesaving, care, and protective practices

Program Output 1:

49 facilitators trained in community engagement to facilitate social and behavior change processes around 14 key practices .

Program Output 2:

Supportive Information Education and Communication materials produced in multi-media formats in support of behavior change communication.

Program Output 3

Mothers, fathers, caregivers, community leaders, and stakeholders have improved knowledge and positive attitudes to adopt 14 lifesaving, care, and protection behavior practices.

The Partnership for Behavior and Social Change in Yemen Project has three main activities:

Media production and (re)broadcasting

- a) Re-broadcast of a 25-episode radio series, and call-in talk shows on health and child protection
- b) Produce 15 radio flashes.
- c) Produce two additional puppet shows, in addition to the six existing shows.

Outreach Activities

- a) Door-to-door visits (DTDVs).
- b) Viewing sessions and focus group discussions.
- c) Mobile Cinema Events (MCE) and facilitated community dialogues.
- d) Joint community activities.

Supportive Activities

- a) Facilitators Consultation Forums.
- b) Facilitator refresher training course and additional conflict sensitivity training.
- c) Information desk bazaars.
- d) Distribution of hygiene kits
- e) Distribution of awareness materials

2. PURPOSE AND SCOPE OF THE EVALUATION

The objective of this final evaluation is to define the extent to which the intended outcomes and indicators were achieved, and develop broader lessons learned for future programming for UNICEF and Search-Yemen programs, and projects in other countries working on these issues. The primary users of the evaluation will be Search-Yemen staff and other Search country offices. The Secondary audiences include UNICEF, peer organizations, and donors working in the field of peacebuilding.

The geographical scope of this evaluation covers all the projects' seven districts in Taiz and Hodeidah governorates. However, due to the current security situation and time constraints, field visits, interviews and focus groups were conducted in four accessible districts (Bajel, Bait Al-Faqeeh, Maqbana and Same'e).

The evaluation aims to answer the following set of questions, based on the OECD-DAC peace building Evaluation Criteria:

Relevance

- To what extent the project activities and messages were relevant to the peace building context in Yemen?
- To what extent the project interventions are relevant to the target groups needs and requirements?
- Is the project adding value that other actors in peace-building were not previously providing? How to strengthen the peace-building aspect for similar initiatives in the future?

Effectiveness

- To what degree did Yemeni parents and community leaders in seven targeted districts within two governorates (Taiz and Al-Hodeidah) adopt 14 key life-saving care and protective behaviors for children?
- To what degree did the project increase Yemeni parents and community leaders’ knowledge of life-saving care and protection strategies for their children?
- To what degree did the project make Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families?
- Do the stakeholders affected have a significant impact on the conflict? (Are the right/key people or many people being addressed?) Were gender and relevant horizontal inequalities (ethnic, religious, geographical, etc.) taken into consideration?

Impact

- What are the broader changes, positive or negative, intended or unintended, of the intervention in the context? To what extent are these changes desirable?
- Determine lessons learned – what could have been done differently to make the project be of higher quality, greater impact?
- Capture and/or incorporate success stories, when applicable –that have been the most significant changes as a result of the project interventions, specifically ones related to peacebuilding

Sustainability

- Are changes introduced by the project long term and sustainable?
- What could have been done differently so the project becomes more sustainable in the future?
- Have new mechanisms been designed to continue any work initiated by this project? If yes, will the initiatives sustain post-project?

In addition, the evaluation provides information against the following key indicators:

Result statement	Performance Indicator
Community engagement for behavior and social change: Mothers, fathers, caregivers, community leaders and right holders have improved knowledge and positive attitudes to adopt 14 lifesaving, care and protective practices.	#of people reached with integrated C4D efforts and have information and accurate knowledge to adopt 14 life-saving , care and protective behaviors
Program Output 1 # of facilitators trained in community engagement to facilitate social and behavior change processes around 14 key practices	#of facilitators (volunteers) trained on key messages of the project, interpersonal communication skills, key messages use of IEC materials, and reporting by gender trained and engaged
Program Output 2: Supportive Information Education and Communication materials produced in multi-media formats in support of behavior change communication	# of IEC materials produced (#-part radio series, puppet show, printed posters, brochures etc.)

<p><u>Program Output 3</u> Mothers, fathers, caregivers, community leaders and right holders have improved knowledge and positive attitudes to adopt 14 lifesaving, care and protection behavior practices</p>	<p># of people reached with integrated C4D activities including IDPs and have accurate information to adopt key behaviors around the 14 practices</p>
<p><u>Outreach Activities</u></p>	<p># Door to door Visits # Viewing sessions # Bazar (Information Desk) # Joint Community # Mobile Cinema # Distributed hygiene kits # Facilitators Consultation Forums</p>

3. METHODOLOGY

The development effectiveness of the “Partnership for Behavior and Social Change in Yemen” Project in Taiz and Hodeidah was evaluated based on the international evaluation criteria, while respecting Searches’ evaluation standards in accordance with the External Evaluation Guidelines of November 2011, as well as the OECD-DAC peace-building Evaluation Criteria of (i) relevance, (ii) effectiveness, (iii) impact and sustainability, (iv) fostering learning at the project and the organization levels, (v) fulfill accountability obligations and transparency standards according to the International Aid Transparency Initiative (IATI), and (vi) on the assessment of cooperation management from the perspective of agreed success factors.

3.1. Data Collection

For the purpose of this assignment, a three-step approach to collect all necessary data was adopted:

3.1.1. Desk study of project documents and development of questionnaires

This included collection, desk review and analysis of all relevant data, information, project documents, reports, and plans. Based on this initial desk study, questionnaires for each type of the target groups, including guidelines for focus group discussion, were developed. All questionnaires were discussed and validated in consultation with the Search-Yemen Project Coordinator and DME Coordinator. All questionnaires and other data collection tools, including FGDs guidelines were translated into Arabic to ease the interviews and FGDs.

3.1.2. Collecting information on progress of the project

The process employed mixed qualitative and quantitative data collection approaches. Direct interviews, meetings, and group discussions were used. Field data collection took place in four districts of Taiz and Al-Hodeidah governorates (in Maqbana, Same’e, Bajel, and Bait Al-Faqeeh districts) in addition to interviews and discussions with the Search and project staff and relevant stakeholders in Sana’a.

Two focus group discussions were organized in each district (one for community leaders and one for parents) during which qualitative discussions with community leaders and parents were held. Four field enumerators were involved in field data collection in each governorate. Field data enumerators received training for two days before the field surveys. A data analyst also recruited to develop a database from collected data, based on which, statistical analysis was conducted.

3.1.3. Sample Frame, Sample Size and Distribution

With regard to quantitative data collection, random sampling and stratified random sampling techniques were used. A sample size of 384 participants was found to be sufficient to attain a 95% confidence with an absolute error of 5% covering a total of targeted population of 79,500. With the aim of tracking the Knowledge, Attitude and Practice (KAP) of the targeted communities, the sample was proportionally distributed in relation to the number, type and gender of project beneficiaries amongst the selected districts. The following table shows the project target population in the seven districts.

Table 1: Population of the targeted districts

Governorate	District	Population per district
Al-Hodeidah	Al-Tuhaita	88,100
	Bajil	221,205
	Bait Al-Faqeeh	314,195
Taiz	Al-Makha	76,301
	Maqbanah	228,343
	Mawza'	42,814
	Same'	41,464

Table (2): Distribution of quantitative survey sample.

	Bajel	Bait Al-Faqeeh	Maqbana	Same'e	Total
Male	50	50	41	27	168
Female	57	57	54	30	198
Community leaders	4	4	5	5	18
Total	111	111	100	62	384

For qualitative data, a simple random sample was selected from among the projects' stakeholders including the project staff, Search staff, relevant government officers, implementing partners, volunteers and community members benefited from the project. In addition to focus group discussions, 32 KIs were interviewed for collecting qualitative data.

Table (3) Distribution of qualitative survey sample.

KIs	Number of KIs
SFCG/Project Staff	2
Office of MoPHP (Hodeidah/Bajel and Bait Al-Faqeeh)	2
Office of MoPHP (Taiz/ Same'e and Maqbana)	2
Implementing partners	2
Community members from the targeted districts	16
Volunteers	8
Total	32

3.1.4. Data analysis.

For data analysis, a database was developed for quantitative data which were all classified, statistically analyzed, and described in accordance with the agreed evaluation indicators. In addition, qualitative data

collected through focus group discussions as well as direct interviews with relevant stakeholders and beneficiaries, were discretely analyzed and reviewed in relation to participants' perceptions, justifications and practices related to the priority life-saving, care and protective behaviors using content analysis techniques among others.

3.1.5. Limitations to the Methodology.

The methodology faced some limitations that could thus sum up:

The baseline evaluation results were high, due to being conducted in urban areas where the level of education is high and numerous functioning medical units exist. Thus, the project decided to move implementation to rural areas, where the level of education is lower and medical units are rare or non-functional. In this final evaluation the sample covered rural and urban areas as well as extra districts, such as Same'e.

Importantly, security issues led to the suspension of activities in some districts as a result of the armed conflict and the unstable security situation. Due to the extreme deterioration of the context in certain governorates and resulting high influx in IDPs, some results dropped between baseline and final evaluation in some target areas, especially suburban ones.

New messages around Cholera, Scabies, and Dengue Fever were introduced for which a baseline was not conducted. Moreover, as a result of the bad situation, in some cases even though people were aware of the messages they were less able to adopt them because of living conditions and other priorities, which could also explain the drop between final evaluation and baseline for some results.

4. FINDINGS OF THE EVALUATION:

Overall Assessment: Interviews with all relevant stakeholders and targeted beneficiaries have showcased positive feedback on the quality, relevance, and sustainability potential of the projects' interventions. There are however some key challenges that could have constrained the project from reaching its full potential. Some of these challenges are inherent to the complex political environment and security risks crippling the country making it difficult for different agencies to operate in. However, the project governance, implementation mechanisms and management arrangements were able to address effectively most of these challenges.

4.1. Relevance

Yemen is in the grip of a fast spreading cholera outbreak of unprecedented scale, which since 27 April has resulted in a total of 430,401 suspected cases and 1,903 associated deaths across 286 districts (20 Governorates). The integrated cholera response plan outlines emergency health, WASH and communications interventions to contain and prevent further spread of the outbreak in 286 high risk districts where suspected cholera cases were reported during the period October 2016 to June 2017.⁴

In its third year, the civil war in Yemen continues to have a devastating effect on the country and its people, with estimates of around 8 million having lost their source of livelihood and with minimal access to basic services including health, education, and access to safe water and sanitation, among others⁵. Worth mentioning is that Yemen faces a range of health and protection challenges directly impacting the wellbeing of children. Nearly all people in the targeted areas are unable to access basic healthcare. Since the start of the conflict, the provision of public services, such as healthcare, has come to a virtual standstill due to either the damaged facilities or lacked basic resources and capacity which is affecting operational inputs such as salaries for staff, availability of materials and equipment.

Humanitarian needs in Yemen are at their highest and at least 20.7 million people require humanitarian assistance to thrive, including approximately 11.3 million children. By the end of July 2017, 436,625 suspected AWD/cholera cases and 1,915 deaths had been reported in 21 of 22 governorates, and in 297 of 333 districts⁶. In response, the project closely worked with authorities and partners in tackling the root causes of the outbreak at household level and promoting preventative practices.

The program interventions are aligned with the UN Strategic Framework for Yemen (2017-2019) whose main goal is "to mitigate the impact of the current conflict on the social and economic conditions in Yemen, and on the capacity of state institutions while contributing to on-going peace efforts"⁷. Worth mentioning in this regard is that the current conflict resulted either in damage to health centres or deteriorated the health services delivery. The project interventions contributed to reducing the competition of people on health services resources through providing the information to their houses and enabling households to use their improved knowledge at homes e.g. to prepare ORS at home and successfully addressing diarrhoea, proper water storage etc.. This way, the project contributed to the on-going peace efforts by reducing the competition on limited resources, which is among the mentioned UN Strategic framework. Further, Community initiatives including maintenance and recovery of water supply projects represent a transformation of conflict on limited resources into economic and development opportunities, and accordingly promoting peace building.

⁴ Yemen Humanitarian Response Plan 2017

⁵ Yemen Humanitarian Response Plan (2017)

⁶ UNICEF Yemen Humanitarian Situation Report (July 2017)

⁷ UN Strategic Framework for Yemen 2017-2019.

Furthermore, the project was found to be in line with the Sustainable Development Goals (SDG) and specifically contributed to SDG 3 – ‘Ensure healthy lives and promote well-being for all at all ages of reducing maternal and neonatal mortality’ and SDG 16.2 – ‘End abuse, exploitation, trafficking and all forms of violence against and torture of children’.

The evaluation found that the project interventions are relevant to the peace building context in the country. In this regard, dissemination of information to the targeted people at local levels and improving knowledge on health issues reduce the demand and competition on resources including health centers (HCs) and accordingly the conflict on resources which contributes to peace-building. This is an added value that other actors in peace-building were not previously providing.

In this context, involvement of local councils and local authorities at district level, creates trust between people and enhances social solidarity, promotes peace building and the trust between the project and local authorities. Further, by involving all stakeholders, the project approaches and interventions promoted social synergy and solidarity among community members themselves as well as with community leaders and local authorities leading to conflict alleviation.

“When work together, people come close and peacefully discuss issues and this promotes conflict prevention – one respondent said in Maqbana”

Findings show the project is highly relevant to the needs of Yemeni communities, and in line with the national policies and strategies as well as SFCGs and UNICEF’s country programme efforts in maintaining the delivery of basic social services as a key to stabilizing the humanitarian crisis and sustaining peace in the long run.

The project and all its components remained highly relevant throughout, as confirmed by all target groups including mothers, fathers, caregivers, community leaders and right holders and CHVs as well as project partners in the interviews and FGDs conducted. At household level the priority accorded to improve knowledge and positive attitudes to adapt all the 14 lifesaving care and protection behavior practices remains, as is to be expected, extremely high. Less obvious, but no less important, is the increased importance of sanitation and hygiene for the target communities, as expressed by them, thanks to the project’s efforts to raise awareness in this regard.

The project objective of providing Yemeni children and their families with the knowledge and safe health practices to reduce the impact of conflict in Yemen on children’s health, and to encourage greater dialogue around sensitive children’s health issues, is both appropriate and relevant. By taking part in outreach and dialogues, Yemeni parents and leaders would understand and adopt alternative behavior and care practices. Given the characteristics of the target beneficiaries and their situation, a focus on improving their knowledge and positive attitudes to adapt all the 14 lifesaving care and protection behavior practices is both appropriate and relevant.

Targeting the mothers, fathers, caregivers, community leaders and right holders is an extremely appropriate choice given the contexts of war and the effects therein, and in particular in the remote rural areas where women are constrained for the opportunities. Also, by selecting the 14 lifesaving, care and protective practices wherein women play an active role, the project target was fitting into the local social contexts while addressing the women empowerment.

Furthermore, a project of this dimension has a strong potential to improve, principally, the awareness of Yemeni parents and leaders and encouraging communities’ adoption of the identified 14 key lifesaving care and protective behavior practices.

Under the C4D approach, using various and effective tools, the project implemented several awareness activities to promote key prevention practices, covering inter alia, Health and Nutrition, Water and Sanitation and Child Protection reaching 75,600 household members out of the targeted 79,500.

The interventions, aimed at targeting mothers, fathers, caregivers, community leaders, and stakeholders, focus on improving knowledge and positive attitudes to adopt 14 lifesaving, care and protective practices, while at the same time enhancing the effectiveness and efficiency of the piloted tools and solutions ensuring impact on the health and livelihoods of the targeted groups.

Furthermore, the project provided training to community facilitators in community engagement to facilitate social and behavior change processes around 14 key practices – which is the right choice for improving the Yemeni parents’ and community leaders’ knowledge of and positive attitude toward life-saving care and protection strategies for their children and families. Also, these activities were highly beneficial to both the communities and are deemed self-sustainable.

4.2. Effectiveness

The project was implemented in a unique period and in a very complex and difficult environment. The magnitude of the challenges in the country are quite phenomenal, particularly, the ongoing war, the lack of infrastructure and war destruction of the existing ones, high levels of poverty, weak government structures at the governorate and county levels, and the limited capacity within the civil service and public administration. By noting the severe implementation constraints limiting the access to target areas, the project’s ability to reach out to the key target beneficiaries is highly commendable. The indicators regarding the measures adopted for creation of knowledge and positive attitude toward the 14 lifesaving care and protection behavior practices is considered achieved, with the number of parents and community members benefiting from the project interventions, receiving knowledge on the 14 lifesaving care and protection behavior practices, positive attitudes to adapt them, number of facilitators trained, the of media tools produced, disseminated, distributed, and broadcast.

“With the remoteness of our villages, the destroyed health care centers, the project is a lifesaving project especially by providing clear and comprehensive data and information using different approaches and tools. A respondent from Bait Al-Faqeeh said”

The evaluation findings found out that the project approach played an important role in this progress. The messages were clear and practicable and included the involvement of local stakeholders in the outreach sessions. Among those involved were the managers of civic status offices in the districts, who provided support and facilitated the processes. Also, they suggested and arranged collective transportation to reduce costs. Furthermore, despite the persistent difficulties, the project's realistic approach allowed for the tailoring to differing operational and environmental contexts, which ensured project continuation in very diverse settings. The project conducted several diverse yet interrelated activities, aiming at increasing the knowledge and adoption of lifesaving and child protection behavior changes through dissemination of key messages and promotion of 14 key behavior change messages. Effective awareness campaigns were conducted reaching 75,600 household members using different approached and tools and every part of the awareness campaign targeted different community members and groups in seven districts in Hodeidah and Taiz.

Efforts were also made to engage national partners at both central and governorate levels, mostly through efforts of the project and Search-Yemen’s staff who, under security restrictions imposed on INGO staff, were able to build partnerships with local authorities and communities. Primarily, those involved included the offices

of ministry of health at district and governorate levels, MoPIC, the local radio stations (Taiz and Hodeidah Radio Stations).

It is the evaluator's view that the management arrangements of the project played a significant (if not the most important) role on reaching its full potential. Search and the Project used a unique approach used in communicating the messages through application of several and diversified means of communication including DTDVs, radio broadcasting, viewing sessions, mobile cinema, CHVs, puppet shows and posters, among others. Further, the dialogue and conversational approach used and using the language of the targeted people enhanced the effectiveness of the project interventions. In addition, echoing and repeating the messages using various means was an effective measure to enhance and improve knowledge and attitude of the targeted communities.

In addition to involvement of the IPs for implementation of field activities, continued and daily communication, field visits, technical support, and coaching for implementing partners and training of facilitators and community volunteers were excellent and effective management strategies within the project design. To avoid the risks of air strikes, in coordination with community members, leaders and local authorities, the mobile cinema, viewing sessions, and Bazars were conducted in the villages' schools. Moreover, in response different challenges faced, Search conducted a number of modifications to adapt and overcome the implementation obstacles including reprogramming the Bazar activities to DTDVs.

Due to armed confrontations between conflict parties, implementation of C4D activities in Mawza' and Al-Tuhaita were suspended. As a result, Search in consultation with UNICEF agreed to cease activities in Mawza' and Al-Tuhaita, and move the outreach activities to the remaining five districts targeted in the project. For implementation of field activities, Search provided Community Health Volunteers (CHVs) with the equipment needed to implement the outreach activities, including projectors, screens, laptops, speakers, microphones, brochures, backpacks, jackets, hats, flipcharts, and template forms to document activities in the field. CHVs were divided into two groups in each district. Each group developed their own implementation plan in conjunction with SFCG's local partners and the CHC officers in their districts. To avoid duplication, ensure quality field activities, and for monitoring and evaluation purposes, visited houses were systematically coded by writing codes on the door or walls of each household visited.

4.2.1. Major Results:

At the time of the evaluation, the project made tangible progress in all its planned activities including main and supporting activities. Under C4D approach, using various and effective tools, the project implemented several awareness activities to promote key prevention practices, covering the following results:

- 2 refresher trainings were held in Al-Hodeidah and Taiz (one in each) involved 58 facilitators.
- Broadcasting of 15 radio flashes on Al-Hodeidah radio station and Taiz radio station.
- Broadcasting of a full 25-episode radio program (Yomiat Bokra), broadcast twice on Al-Hodeidah radio station, and thrice on Taiz radio station (total of five broadcasts).
- Implementation of 3,694 door-to-door visits (DTDVs).
- Implementation of 333 mobile cinema events (MC).
- Implementation of 48 viewing sessions (VC).
- Implementation of 10 bazars (information desk).

During the project period, a total of 78,569 community members in the seven targeted districts were engaged through the activities listed above. The radio program and radio flashes reached an estimated 88,780

individuals across both governorates: 49,888 across targeted districts in Al-Hodeidah (consisting of 8% of the total population in the governorate); and 38,892 across targeted districts in Taiz (consisting of 10% of the total population in the governorate). The outreach activities and radio programming were used to promote awareness throughout each of the targeted communities about the 14 key life-saving messages adopted by UNICEF.

The table below shows the key practice areas focused on throughout the outreach activities and radio programming, along with the number of individuals reached in each population segment.

Table (4): Summary of the key practices covered by outreach activities, disaggregated by age and gender

Key Practice	Men	Women	Girls	Boys	Total
Childhood illness& Immunization	7,842	8,393	12,016	3,744	31,995
Waste disposal	7,857	8,479	12,390	3,717	32,443
Cholera	5,388	5,983	9,408	2,352	23,131
Hand Washing	54,158	58,488	85,385	26,306	224,337
Scabies- dengue fever	4,825	5,332	8,146	2,152	20,455
Child nutrition	7,403	8,012	11,871	3,624	30,910
Early marriage	6,775	7,237	10,215	3,552	27,779
Birth registration	6,278	6,676	9,077	3,466	25,479

Table (5) Engaged Community Members in the Seven Targeted Districts

	activities		Taiz		Hodeidah		Total	
	Target	Actual	Target reach	Actual reach	Target reach	Actual reach	Target reach	Actual reach
# Door to Door Visits	3,000	3,694	14,400	22,324	10,400	16,263	24,800	38,587
# Viewing session	70	48	1,225	546	1,225	780	2,450	1,326
# Bazar (Information Desk)	70	10	4800	1,496	3600	0	8,400	1,496
# Joint Community Initiative	14	1,400	800	8,282	600	2,268	1,400	10,550
# Mobile Cinema	500	333	17,000	5,827	25,500	20,319	42,500	26,146
# Distributed hygiene kits	10,000	3,423	5,000	923	5,000	2,500	10,000	3,423

4.2.1.1. Training of facilitators

Thirty-two facilitators, 15 of whom were female, from Same', Maqbana, Mawza', and Al-Makha districts in Taiz, as well as twenty-six facilitators, 14 of whom were females, from Bajel, Bait Al-Faqeeh, Al-Tuhaita districts in Al-Hodeidah received a refresher training to update and sharpen participants' facilitation skills and knowledge of health and child protection messages, while also reflecting on lessons learned from the first phase of the project. In addition, the training also targeted four Community Health Centers (CHC) from Taiz and 3 from Hodeidah as well as local implementing partners.

4.2.1.2. Door-to-Door Visits (DTDVs):

Through Search's implementing partners, CHVs carried out 3,694 DTDVs engaged 38,587 household members. During these visits, CHVs raised awareness about the 14 key life-saving messages. In response to the escalation of the Cholera outbreak and the increased cases of Dengue Fever and Scabies cases, awareness raising activities focused also on cholera, dengue fever, and scabies. For effective implementation of these activities, visited houses were systematically coded to avoid duplication and facilitate monitoring and evaluation. These activities were implemented in full coordination and cooperation with (CHCs) and UNICEF who provided supportive tools including brochures on the 14 key life-saving messages. Further, during DTDVs, 3,423 hygiene kits were distributed to the visited households in Taiz and Hodeidah.

4.2.1.3. Mobile Cinema Events (MCE):

The objective of MCEs is to attract a maximum number of people to promote awareness about the 14 key life-saving messages and to engage communities in discussions about these messages and their impacts on their lives. Out of the targeted 500 MCEs, 333 mobile cinema events were executed involving 26,146 community members. Worth mentioning in this regard is that MCEs activities reprogrammed to DTDVs to avoid the risks of air strikes in the targeted areas with intensive war confrontations.

4.2.1.4. Viewing Sessions (VSs):

As part of the community outreach component, CHV teams conducted a total of 48 viewing sessions reaching 1326 individuals. Viewing sessions targeted community leaders, youth, and local authority offices in the targeted districts. The puppet show flashes were presented and followed by a structured discussion led by trained facilitators around the 14 key life-saving messages. CHV teams utilized prepared guiding questions to engage a wide variety of community leaders across a number of community divides (sectarian, tribal, generational, and gender), including school teachers and principals, imams, sheikhs, among others. The discussions aimed to find common ground among local "influencers" on health issues and generate their buy-in for local efforts. The discussions also included the issues of child marriage and early enrollment in school. During the implementation of the viewing sessions, a number of initiatives were established by members of the community aiming to promote awareness about the key life-saving messages in their local areas.

4.2.1.5. Information desk (Bazar):

The implementation of Bazars was not possible due to security reasons as informed and instructed by the officials of the Executive Unit in Al-Hodeidah. As a result, only 10 Bazar events organized reaching 1496 community members in Samee district of Taiz. During these events, information booklets, brochures, and leaflets, developed and provided by Search and UNICEF, were distributed. Bazar tents presented people with the opportunity to ask questions regarding the 14 key messages and give their opinion regarding each key message. Issues that were of most interest to community members included cholera, dengue fever, storage of clean drinking water, and vaccinations needed for mothers and children.

On the other hand, the Executive Unit in Al-Hodeidah instructed Search that the Bazar tents could be a potential target for air strikes and were thus a risk to the local community. As a result, the implementation of Bazars was not possible in Al-Hodeidah and the remaining districts in Taiz due to security reasons. Accordingly, in consultation with UNICEF, 60 Bazar events were re-programmed into DTDVs.

4.2.1.6. Media Production:

- An extra two puppet show flashes were produced featuring Salem and Warda, two popular characters previously developed by SFCG. The two flashes covered the issues of cholera, dengue fever, and scabies. These flashes along with six other flashes produced during the first phase of the project and were used in community outreach activities.

- 15 radio flashes were produced and broadcasted through local radio stations during the implementation of outreach activities in targeted governorates.
- Broadcasting of a full 25-episode radio program (Yomiat Bokra), broadcast twice on Al-Hodeidah radio station, and thrice on Taiz radio station (total of five broadcasts). 12 series of the radio program (Yomiat Bokra) re-broadcasted every day except Fridays and three radio flashes were broadcasted nine times a day during the implementation of outreach activities in the targeted districts.
- The produced radio program is structured with an initial drama series, followed by a vox-pop with residents from the targeted communities, and then a final conclusion by a medical expert who would summarize and highlight the key messages covered by each given episode.
- Moreover, Search designed a polling sheet to measure the reach of the radio program audience and to measure effectiveness of messages via radio programs.
- The reach achieved from these two media productions was 119,955 community members in accordance with the radio polling results.

4.2.1.7. *Community Initiatives:*

Within the framework of C4D outreach activities and radio podcasts, more than 12 joint community meetings were held with participation of community leaders, youth activists, and local authorities in four districts (Same'e and Maqbana in Taiz and Bajel and Bait Al-Faqeeh in Al-Hodeidah). The participants worked on small joint initiatives to address important health-related issues in their communities. Community initiatives were designed to promote participation from the wider community and local residents. As a result of DTDVs and Viewing Sessions, 14 community initiatives were designed and implemented aiming at promoting awareness about the key life-saving messages in their local areas. Examples of community initiatives included inter alia:

- ❖ The cleanness campaign in Maqbana district involved more than 850 community members over the course of four days, during which time the waste was removed and local residents were sensitized to UNICEF's life-saving messages.
- ❖ Community initiative in Maqbana district "Birth Registration Initiative" involved more than 3,000 persons including parents, community leaders, youth, students and Imams and garbage cleaning campaign.
- ❖ An initiative launched by Headmaster of Al-Salam School, community leaders and CHVs in Bait Al-Faqeeh district in Al-Hodeidah. The activity, which targeted over 500 individuals including students and teachers, focused on raising awareness of key life messages, specifically related to cholera. Students and volunteers utilized C4D outreach tools as well as led interactive theater sessions.

"the awareness process carried out by the volunteers within the program contributed greatly to change the behavior of local residents through the practice of correct behaviours and life-saving health habits, including environmental sanitation messages and the conservation and storage of potable water" a community leader said

- ❖ During implementation of DTDVs in Maqbana and Hajda, CHVs noticed mounds of garbage littered across Al-Zwareq area in Hajda. While completing the DTDVs, CHVs shared the key life-saving messages with a particular focus on WASH messages. During one of these visits, a mother mentioned one of her neighbors, Fawzia Ahmed Mahyoub, who died in her forties due to cholera. A group of mothers agreed that they don't want this to happen to their families. These mothers along with CHVs started a campaign to clean the garbage that had accumulated in their area. More than 100 women took part in the cleaning campaign.
- ❖ During the International Immunization Week Campaign in April 2017, CHVs used DTDVs in Taiz and Al-Hodeidah to raise awareness about the importance of immunization. As a result, more than 120

children and 50 women received vaccinations after the awareness campaigns in Hajda sub-district of Maqbana, in addition to 350 mothers and 292 children received vaccinations Bani Salah, and Al-Ashmala sub-districts.

- ❖ Building of public toilets in Bukian and Sar-bit sub-districts of Same'e District in Taiz benefiting more than 3,800 community member from the two target communities.
- ❖ In coordination with the local authority in the district of Beit al-Faqeeh, the team of local facilitators conducted an assessment of the poorest families in the village of Kuwakra who use water tanks that are not suitable for storing water. Following this assessment, 21 200-litre water tanks were distributed in the presence of the director of Bait Al-Faqeeh district.

"This project has had a positive impact across the district and its suburbs," said the director of Bit Al-Faqeeh District , Mr. Hassan Sahl,

- ❖ Due to lack of access to water as a result of frequent faults of the pump in Al-Ma'asela sub-district in Bait Al-Faqeeh district, tensions have increased across the community as a result of competition for water. This has caused some children to leave their schools in order to fetch water from areas far away from their homes. In response, the team of facilitators in Beit Al-Faqeeh coordinated with local authorities and community leaders in the area and conducted a comprehensive assessment of the damage to the water pump, which had previously provided water for approximately 200 families (1,600 community members) in the sub-district prior to its suspension in 2016. Facilitators were able to convince the community to donate to this activity by holding dialogue sessions during the awareness-raising period. Despite the deterioration of the economic situation in Yemen in general, approximately 150 families contributed 70% of the total amount to restoring the faulty water pump, with Search and UNICEF funded the remaining amount.

"The governorate of Al-Hodeidah suffers from extreme poverty" " said the director of the Bit Al-Faqeeh, Mr. Hassan Sahl. He added, "I was surprised by the ability of the facilitators to motivate local residents from Huwaila to donate to the initiative, this reflects the degree of experience they have from previous project activities and their training in dealing with local communities. This has enhanced the community's confidence in them, I hope that the rest of the neighboring villages follow the example of this village to deal with the health problems they face. The local authority will bless such interrelated activities of awareness and empowerment of the community and will always support them"

- ❖ During the community outreach activities, volunteers in Bajel District observed unsafe water storage habits in three villages in Al-Khalafia sub-district. Old rusted tanks were being used to store water, exposing local residents to health risks and diseases. In addition, due to the lack of a functioning water well, pump, and pipeline grid, children were the designated water bearers, thus affecting their ability to attend schools. Community leaders discussed this issue and identified several solutions. One of these solutions involved the purchase of a water pump, large water tank connected to the water well, with built-in taps for ease of access. Due to lack of funds, Search and UNICEF provided a small grant to purchase the new tank, and community members contributed water taps for use in the revitalization project, alongside volunteers for the construction and setting up of the new water tank. As a result, the pump and water tank were installed and community members in three villages were able to access clean potable water from one sterilized source.

4.2.1.8. Social Media:

The puppet shows were promoted through Search's Facebook page, tagging several relevant pages including e.g. UNICEF Yemen's Facebook page. Such an action reached a wide range of Yemenis in several governorates e.g. Sana'a, Al-Hodeida, Taiz, and Amran governorates, where the outbreaks spread.

4.2.2. Effectiveness of progress achieved

With regard to the progress achieved in changing the parents' and community leaders' knowledge, believe in and adopting the 14 life-saving care and protection strategies, the following have been achieved:

1. Antenatal care and maternal health

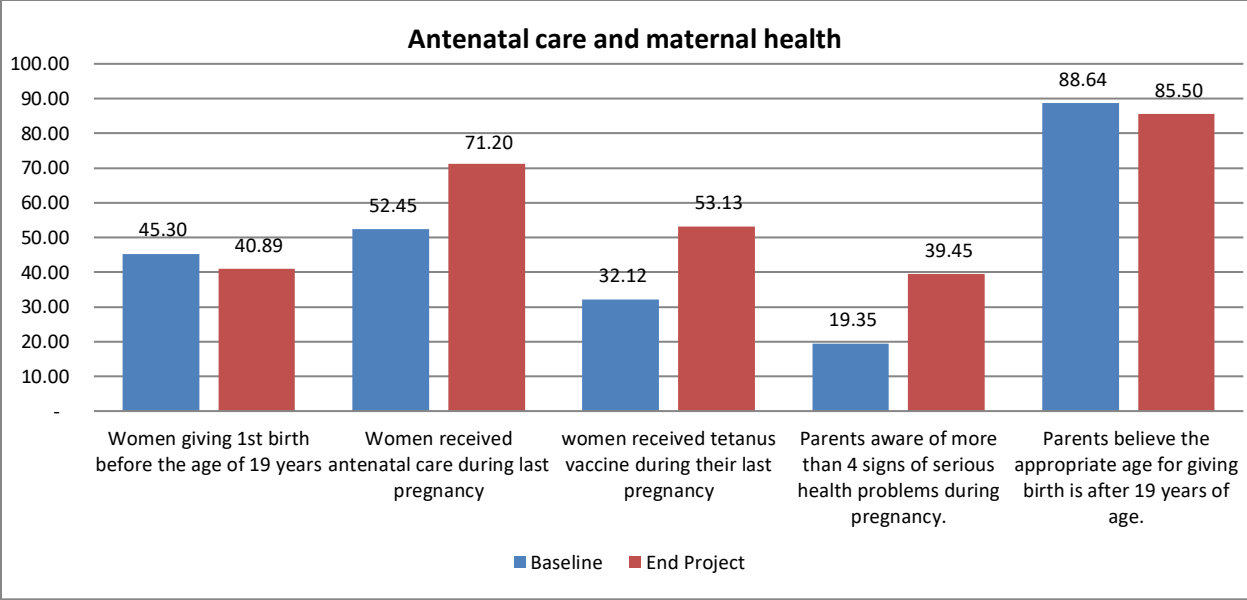
Compared to the baseline, the evaluation noted that there is no significant change in the number of women giving their first birth before the age of 19. The findings show that the percentage of people who believed that the appropriate age for giving birth is "after 19 years" decreased to 85.5% compared to 88.64% in the baseline. The reasons behind this decrease could be attributed to the fact that in the baseline, the sample covered districts already benefited from the phase I project while in this evaluation the sample covered Same'e district which is also a mountainous and remote district. In addition, considering the high values of the baseline, the project interventions focused on other areas including rural and urban areas while in the baseline the sample focused on the urban areas. This implies difference in level of education and accordingly people's capabilities in grasping and understanding the messages.

The evaluation revealed a significant increase in relation to the percentage of households who sought and received antenatal care during their last pregnancy. It was noted that 71.20% of women received antenatal care during their last pregnancy, compared to only 52.45% in the baseline. This reflects a reasonable level of knowledge of the importance of seeking antenatal care as well as the positive attitude of the households. The evaluation also revealed a significant improvement in people's level of awareness of the serious health problems that may occur during pregnancy. Compared to 19.35% in the baseline, it is noted that 39.45% of parents are aware of more than four signs of serious health problems during pregnancy.

On the other hand, findings show a notable increase in the number of women who received tetanus vaccine. The evaluation revealed that 53.13% of women received tetanus vaccine during their last pregnancy compared to 32.12% in the baseline.

During the FGDs, it was revealed that several barriers prevent women from seeking full antenatal care. The lack of near health facilities, the lack of female specialists and people's incapability to bear the relevant costs are among the main barriers.

Figure (1) Antenatal care and maternal health

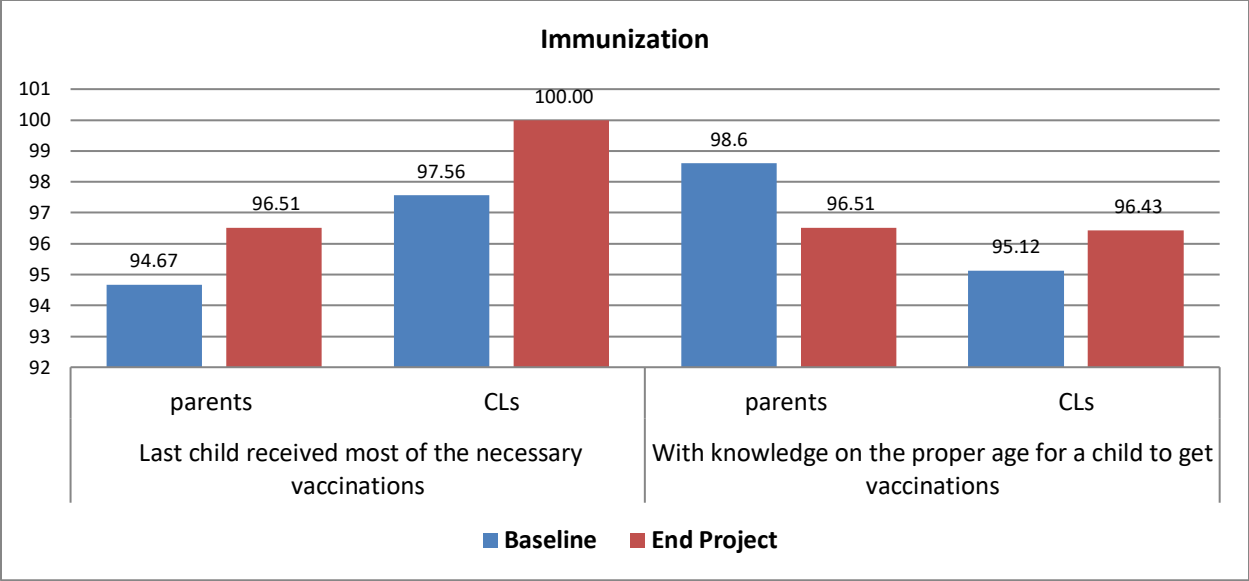


2. Immunization

While already high, the evaluation revealed increase in the number of parents and community members with their last child received most of the necessary vaccinations. Compared to 94.67% in the baseline, 96.51% of parent with their last child received most of the necessary vaccinations. However, notable increase was noted in the number of community members with knowledge on the proper age for a child to get immunizations. On the other hand, the evaluation show a drop in the number of parents with knowledge on the proper age for a child to get immunizations. The evaluation results show 96.51% of parents with knowledge on the proper age for a child to get immunizations compared to 98.51% in the baseline. This might be due to the fact that the percentage reported in the baseline is already high. On the contrary, 96.43% of community leaders know the proper age for a child to get immunizations compared to 95.12% in the baseline.

While knowledge of the timing of first vaccination was not measured in the baseline, 65% of house hold were found to be are aware of the timing of the first vaccination. As this issue was not measured in the baseline study, a new baseline was created using the nationally available data and reports. Accordingly, based on the final report of the first phase of the project, “only 20% of households were found to believe that first immunization should be as early as the first day of birth, while 30% of them think it should be during the first month, and 26% think it is after first month”. Compared to this created baseline, the evaluation noted a significant change in the knowledge of the timing of first vaccination among the households as well as the community leaders.

Figure (2): Immunizations



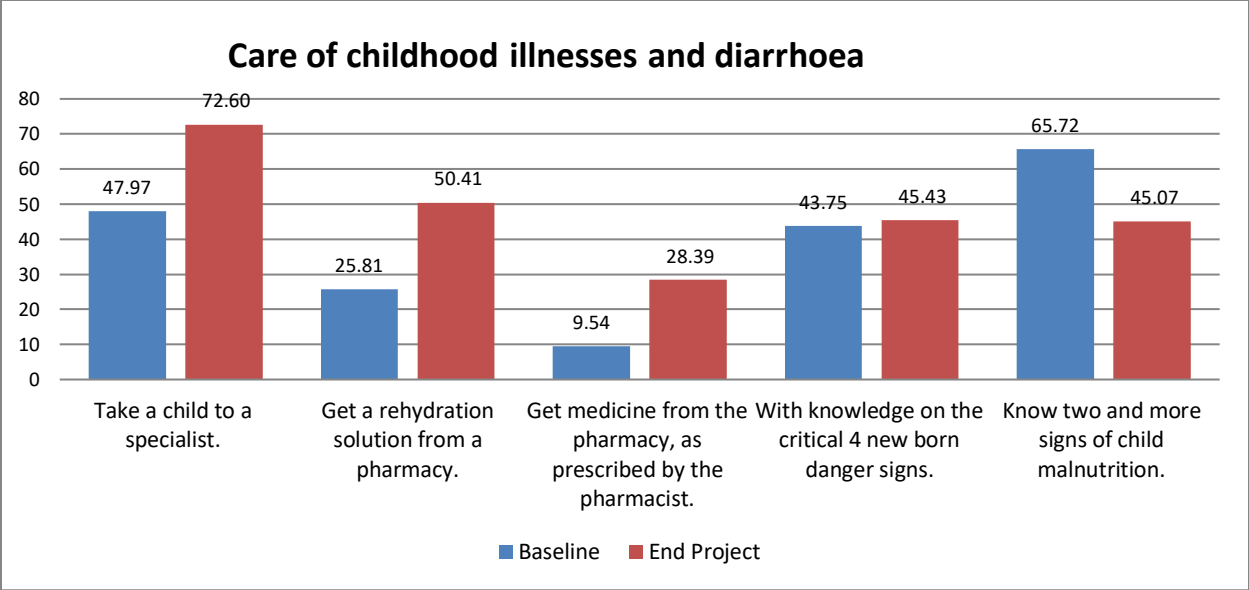
3. Care of childhood illnesses and diarrhoea

With regard to the main procedures parents use for the treatment of children with diarrhoea, the evaluation noted an increase in the number of parents who take the child to a specialist, getting a rehydration solution from a pharmacy and those getting medicine from the pharmacy, as prescribed by the pharmacist. Although the transportation challenges and non-availability of health services at village levels, the number of parents who take the child to a specialist is higher as 72.60% compared to 67.97% in the baseline. This could be attributed to the improvement in the knowledge and the positive attitude of the targeted communities.

The evaluation shows a significant improvement in relation to the knowledge of the oral rehydration solutions (ORSs) as a treatment for diarrhoea. The findings show that households’ knowledge on how to prepare ORS at home has been increased to 39.2% compared to 10.9% of the baseline, which can be largely attributed to project interventions. The evaluation also revealed a slight increase in the knowledge of mothers on the critical four new born danger signs. Findings show that 45.43 % of mothers were able to identify four of these critical danger signs of newborn, compared to 43.75% in the baseline.

On the other hand, the evaluation reported a drop in the number of parents who know two and more signs of child malnutrition. Compare to 65.72% in the baseline, the evaluation revealed that only 45.07% of parents are aware of two and more signs of child malnutrition. This can be attributed to the difference in methodology compared to the baseline survey. While the sample of the baseline survey focused on districts with high education level including Bajel and Maqbana, households were selected from urban parts of these two districts.

Figure (3) care of childhood illness and diarrhea

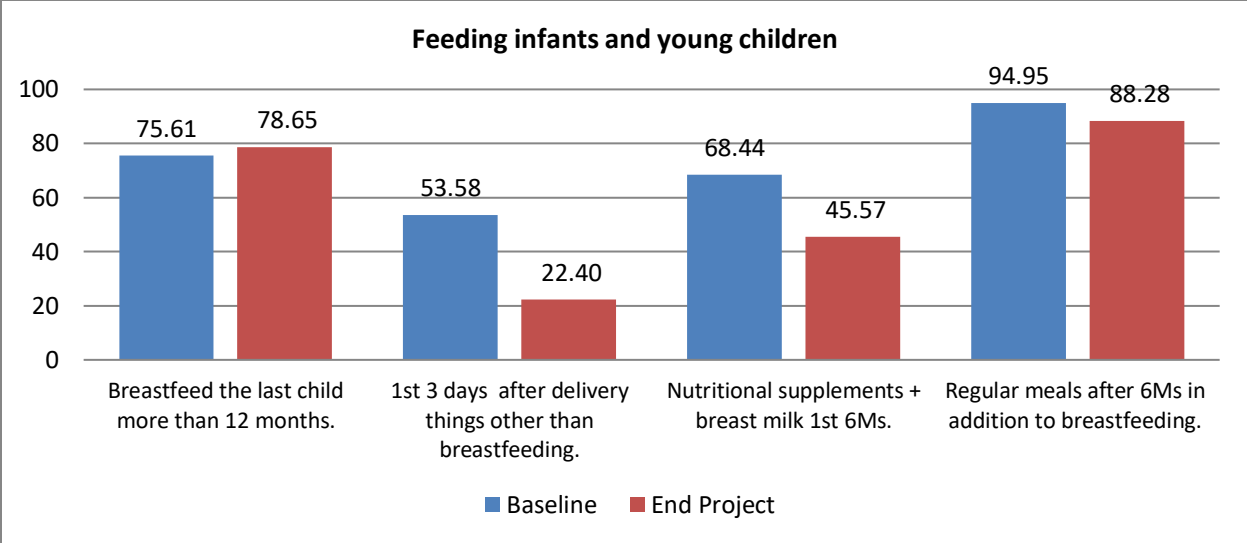


4. Feeding infants and young children

The evaluation noted a slight increase in the number of mothers continued breastfeed the last child more than 12 months. Compared to 75.61% in the baseline, this evaluation shows 78.65% of mothers continued breastfeed the last child more than 12 months. However, significant improvement was reported regarding the number of households feeding their newborns, during the first three days after delivery, with something other than breastfeeding. Compared to 58.53% in the baseline, the number of households feeding their newborns, during the first three days after delivery, with something other than breastfeeding decreased to 22.40%. Similarly, the evaluation revealed a positive decrease in the number of households who give a child nutritional supplements along with breast milk during the first six months. Compared to 68.44% in the baseline, the evaluation findings show that the number of households who give a child nutritional supplements along with breast milk during the first six months decreased to 45.57%.

However, the evaluation shows a drop in the number of households who give a child regular meals after completing six months in addition to breastfeeding. give a child regular meals after completing six months in addition to breastfeeding. Compared to 94.95% reported in the baseline, the findings of this evaluation show that the number of households giving their child supplementary meals after six months of age is 88.28%. This can be attributed to the fact that the target areas already suffer extreme famine resulted from the ongoing war and parents interested in providing the basic needs to their families and children . With regard to the number of meals given to a child at such age, three meals a day were reported by 87.7% of households.

Figure (4): Feeding infants and young children

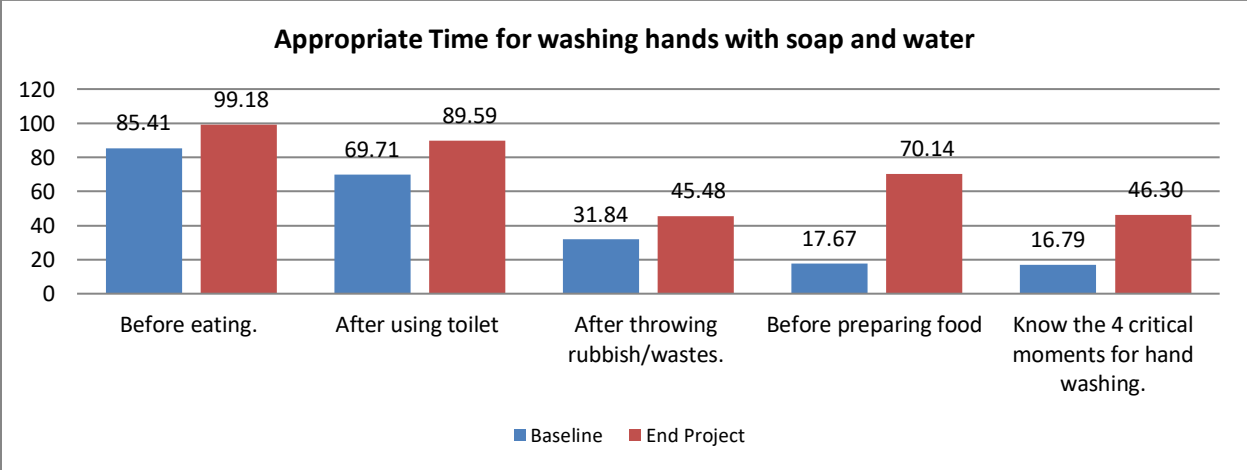


5. Washing hands with Water and Soap

A notable change was reported in the percentage of those who know four critical moments for hand washing with water and soap. The findings indicated that 47.3% of the respondents are aware of four and more of the critical moments for washing hands with soap compared to 16.79% in the baseline. The evaluation shows 99.18% of parents wash their hands before eating, 89.59% after using toilet, 45.48% after throwing rubbish/wastes and 70.14% before preparing food compared to 85.41%, 69.71%, 31.84% and 17.67% in the baseline respectively.

The increase in the number of household members who wash their hands with water and soap before preparing food and after throwing wastes reflects significant improvement in the level of awareness regarding the importance of washing hands with water and soap as well as reflects their positive attitude and practices.

Figure (5): appropriate time for washing hands with water and soap

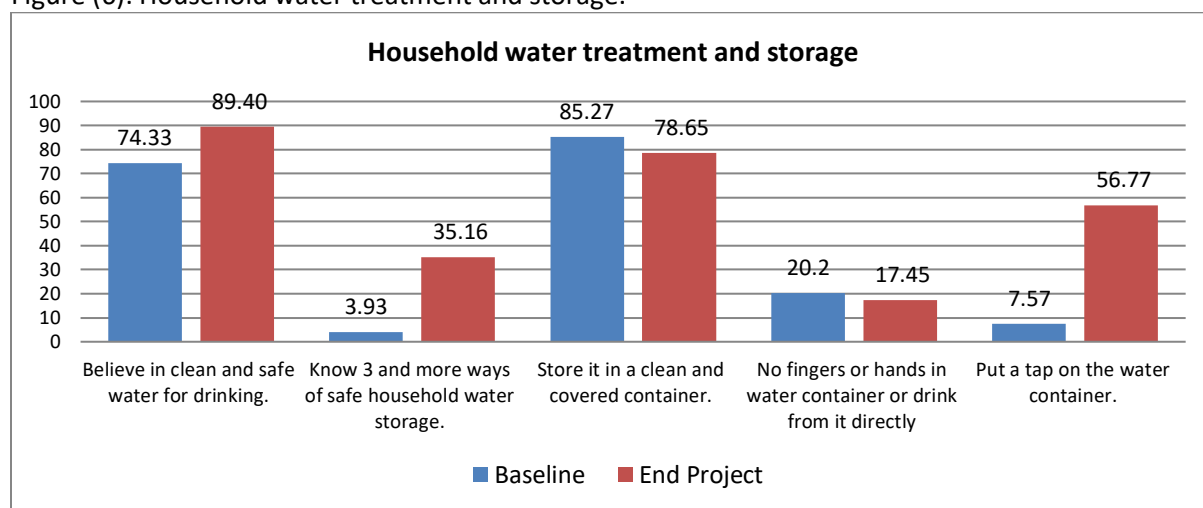


6. Household water treatment and storage

The evaluation revealed a significant increase in the knowledge of people in the safe ways of household water treatment and storage. Findings shows that 89.40% of households members believe that the water their family members drink is clean and safe compared to 74.33 in the baseline. In addition, a significant increase is reported in the number of households aware of three and more ways of safe household water storage. The evaluation findings show 35.16% of households aware of three and more ways of safe household water storage compared to 3.93% in the baseline.

With regard to the main three safe ways people use for storing drinking water, the evaluation shows that the number of households who store water it in a clean and covered container decrease to 78.65% compared to 85.27% in the baseline. The same applies to the number of households who do not let anyone put his fingers or hands in the water container or drink from it directly which reveal a slight decrease from 20.2% in the baseline to 17.45%. however, there has been an increase, up to 56.77% in the number of households who put a tap on the water container compared to 7.57% in the baseline.

Figure (6): Household water treatment and storage.

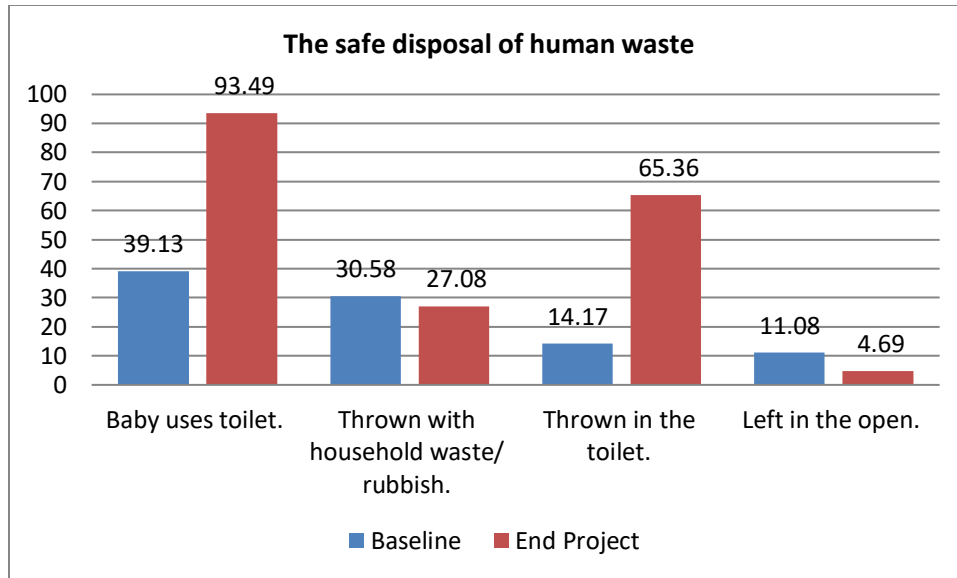


7. The safe disposal of human waste

With regard to the main ways people use for a child and infant waste disposal, the evaluation revealed an increase in the number of households who reported that their babies use toilet. The evaluation finding revealed that 93.49% of the respondents revealed babies use toilets compared to 39.13 in the baseline. Compared to the baseline, a slight improve in the number of households who through the infant wastes with household wastes/rubbish. Furthermore, a significant improve in the number of households who throw the infants' waste in the toilet. The evaluation revealed that 65.36% of households throw the infants waste in the toilet compared to 14.17% in the baseline. More important is the significant decrease in the number of households who left the infant's waste in the open compared to the baseline, from 11.08 in the baseline to 4.69 in this evaluation.

Overall, this reflects improved knowledge, positive attitude and practices with regard to the safe disposal of infants' waste.

Figure (7) Safe Disposal of Human Waste

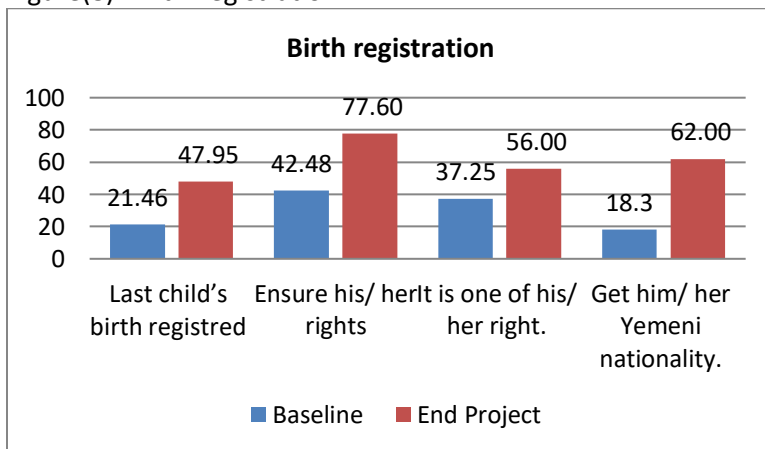


8. Birth registration

In addition to the significant improvement in the number of parents who registered their last child's birth compared to the baseline, the evaluation findings also show a significant improvement in the level of parents' awareness of each child's right of birth registration with civil authorities. The number of parents who reported to have registered birth of their last child has increased from 21.46% in the baseline to around 47.95% in this evaluation. However, the evaluation found that 52.05% of parents did not register their last child's birth. The main reason preventing parents from doing so was the remoteness of civil authorities' offices where they could register their child's birth. On the other hand, the evaluation revealed significant increase in their knowledge about the importance of the registration and its procedures.

Among the main reasons people believe for child's birth registration, 77.60% of parents are aware that it ensure his/her right to education, health care, legal and social services compared to 42.48% in the baseline. In addition, 56% of parents believe that child's birth registration is one of his/her rights compared to 37.25% in the baseline. A significant increase, from 18.3% in the baseline to 62% in the evaluation, in the believe of parents that child's birth registration is important to get him/her the Yemeni nationality.

Figure(8): Birth Registration



9. Child trafficking

The evaluation findings revealed that 97% of community leaders and 83% of parents are aware of the prevalence of child trafficking even if child trafficking does not occur in their area compared to 87.8% and 47.05% in the baseline which represent a notable improvement resulted from the project interventions. Similarly, notable improvement was reported in the number of community leaders (98%) and parents (97%) who believe that child trafficking is very dangerous compared to 92.68% and 91.87% in the baseline respectively. On the other hand, all community leaders and parents interviewed reported that they want to prevent child trafficking.

Figure (9a): Child trafficking - Community Leaders (CLs)

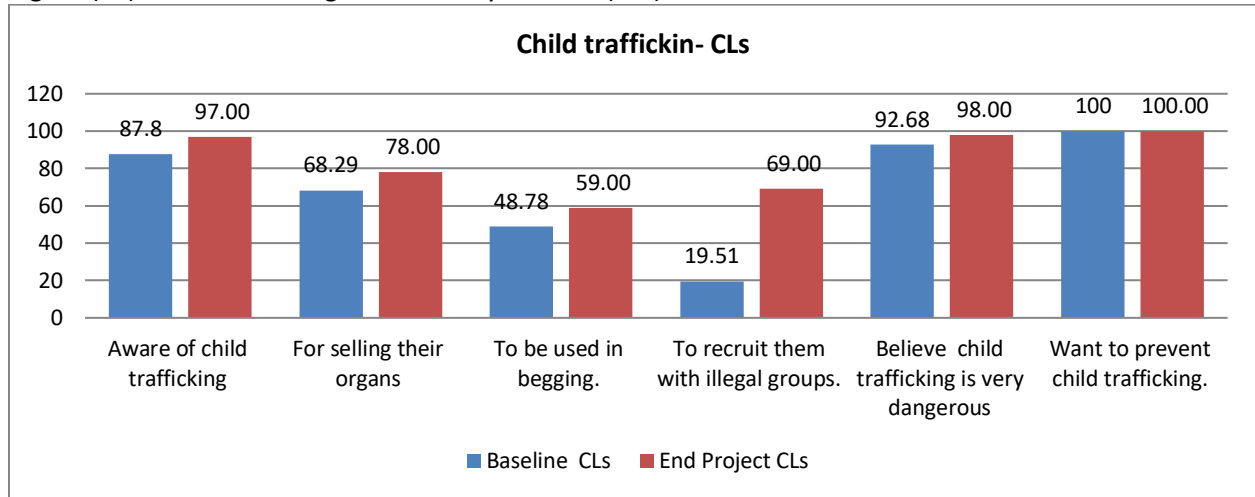
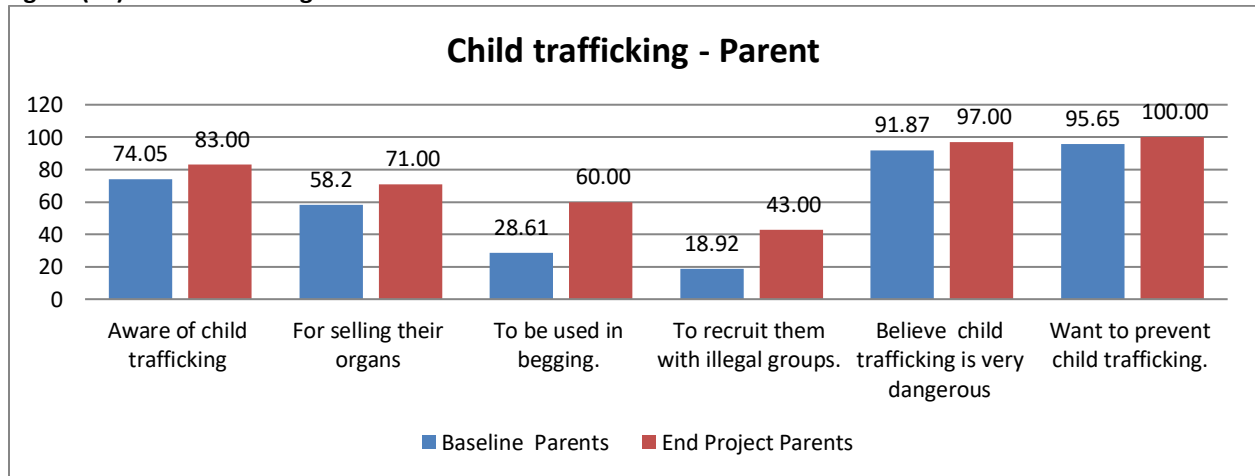


figure (9b): Child trafficking - Parents

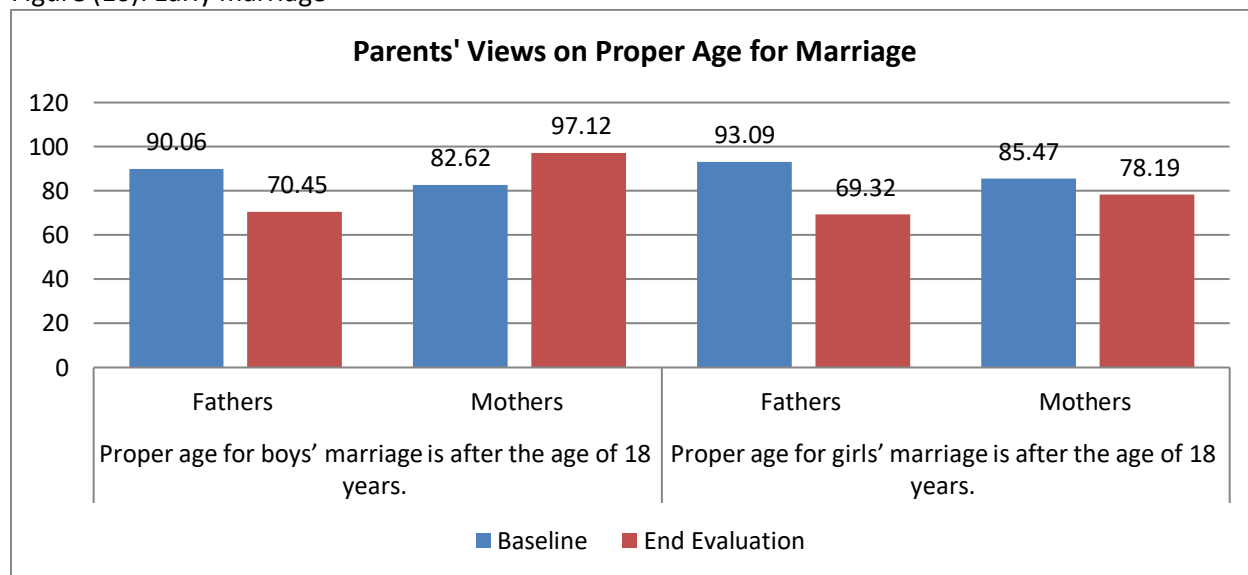


10. Early marriage

The evaluation findings show that the number of mothers with the belief that the proper age for boys' marriage is after the age of 18 years, increased from 82.62% in the baseline to 97.12 in this evaluation. However, the number of fathers with the belief that the proper age for boys' marriage is after the age of 18 years has decreased for 90.06% in the baseline to 70.45 in this evaluation. On the other hand, the evaluation findings

show a drop in the number of fathers who believe that that the proper age for girls' marriage is after the age of 18 years. The number of these fathers decreased from 93.09% in the baseline to 69.32% in the evaluation. This could be attributed to the fact that, during the period of project implementation time new IDPs came to the project areas e.g. Bait Al-faqeeh, Same'e, and Bajel.. Similar, however slight decrease was noted in the number of mothers with the belief that the proper age for girls' marriage is after the age of 18 years as indicated in figure (10) below. Another reason behind this is the fact that parents need the brides of their children as labors assisting them in their farms instead of paying for labors. With regard to girl early marriage, it is a tradition among parents that the girl should get married before the age of 19 years otherwise her chance in marriage is uncertain.

Figure (10): Early marriage



11. Enrolment in primary education

Concerning parents' views about the right age for boys and girls to go to school, as illustrated in the graph below, there is no significant change in attitudes that should be highlighted. The evaluation findings show some increase in the number of fathers, mothers, and community leaders who believe that the proper age for boys' enrolment into formal schooling is at the age of 6 years. These increased up to 40.24%, 45.23% and 45.83% in this evaluation from 30.66%, 41.6% and 43.9% in the baseline respectively. However, a number of fathers believe that the proper age for boys' enrolment into formal schooling is at the age of 7 years has decreased from 63.26% in the baseline to 60.23% in this evaluation.

Figure (11a): Proper age for enrolment in primary education.

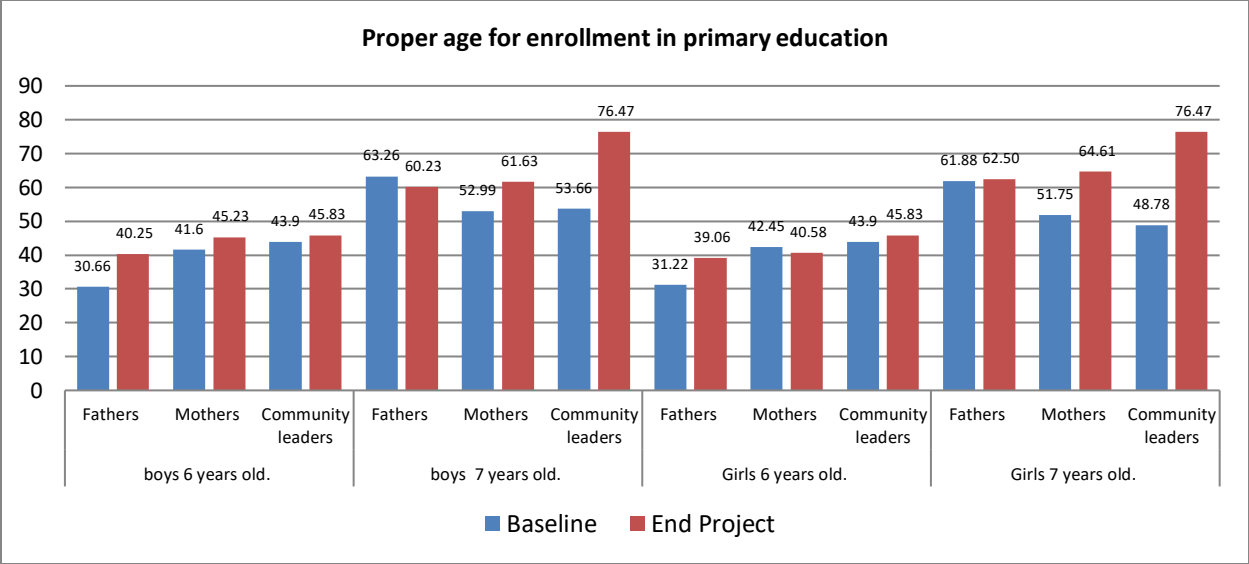
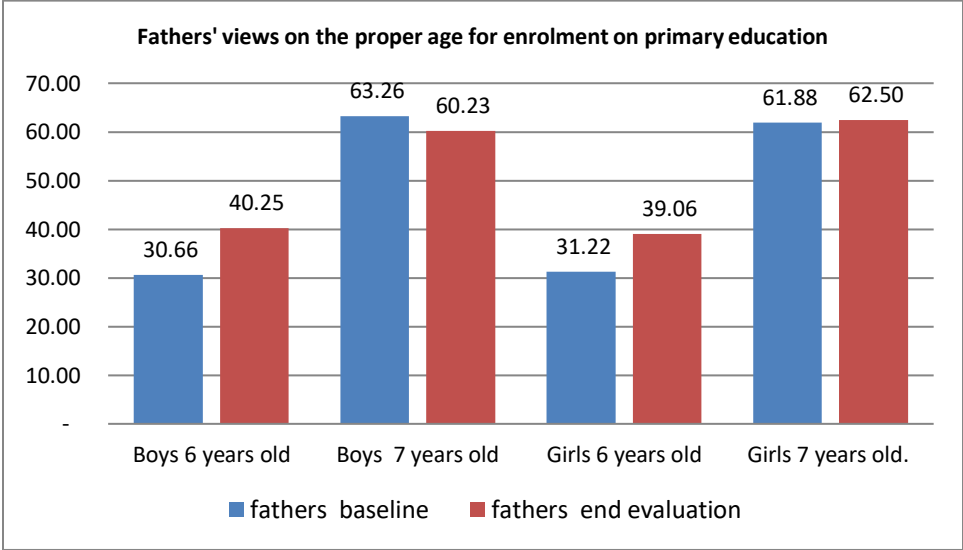
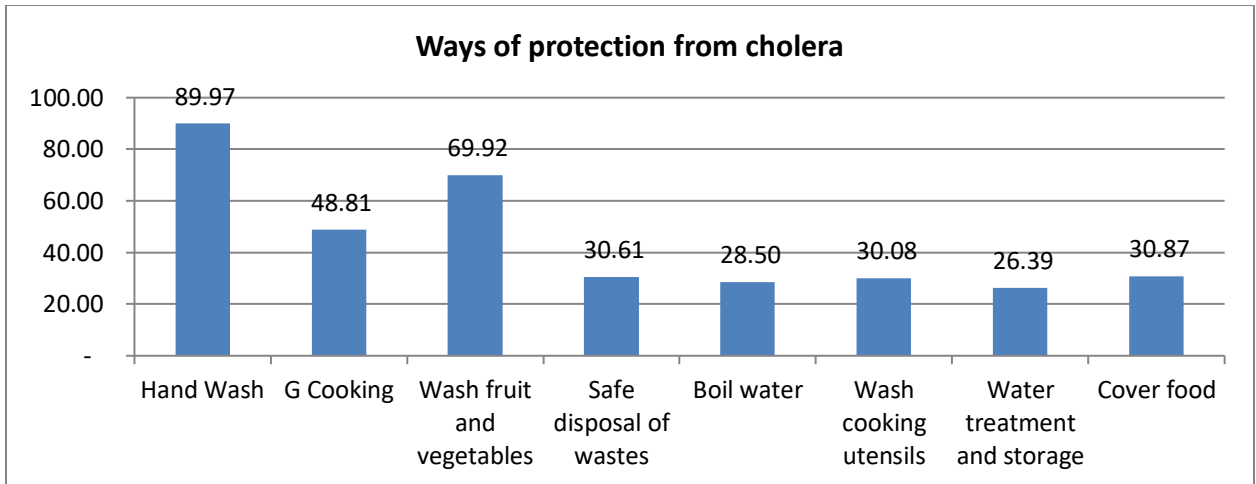


Figure (11b): fathers’ views on the proper age for enrolment on primary education

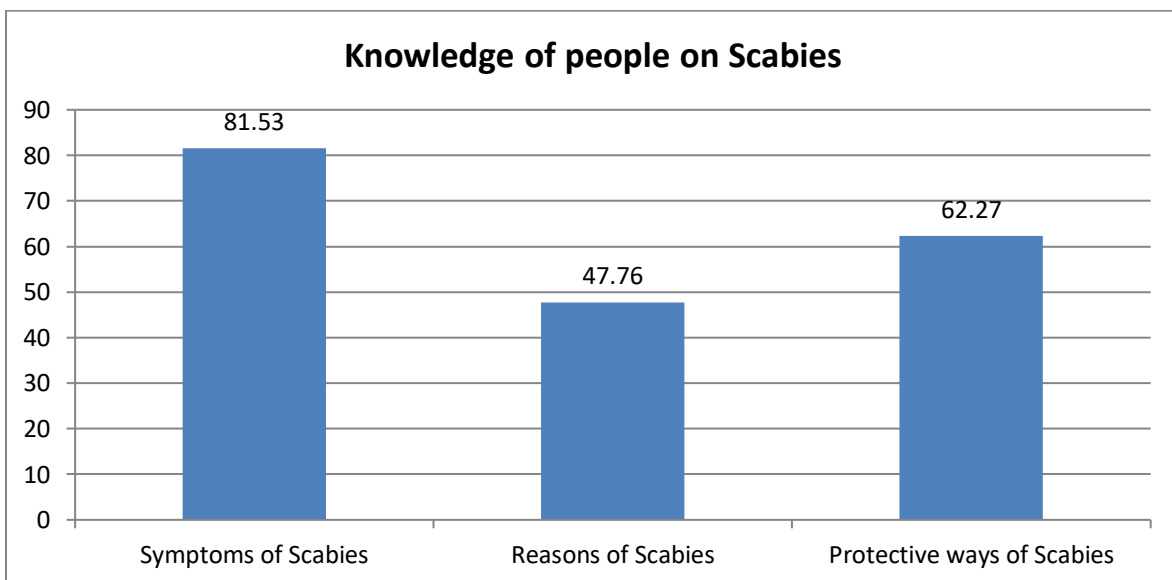
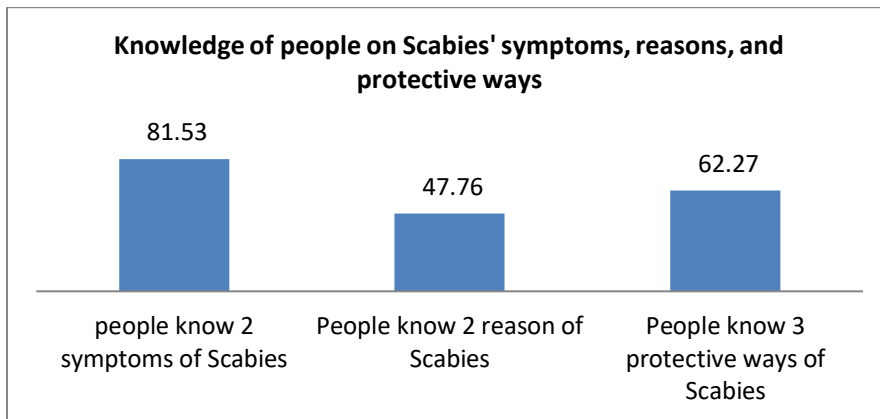


12. Cholera, dengue fever, and Scabies

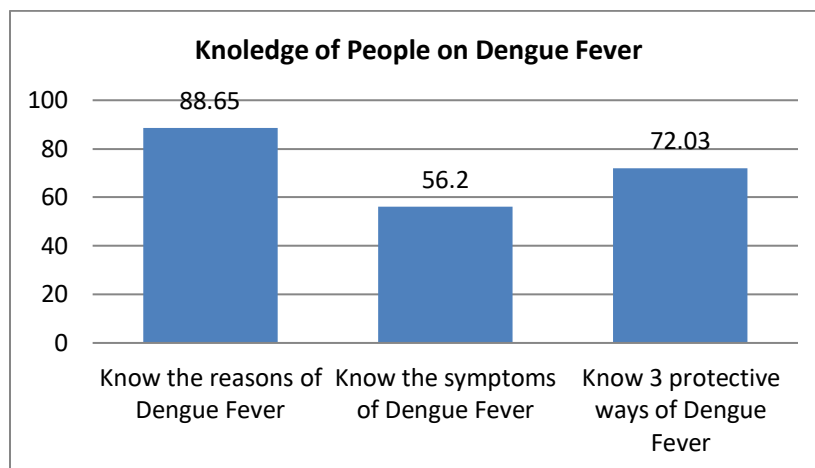
The knowledge related to cholera, dengue fever, and scabies was not measured in the baseline. The findings show that the number of parents aware of 2 symptoms of cholera is 94.5% while parent aware of 3 symptoms of cholera are 52.2%. When delving deeper to understand the reason, it was found that some parents don’t consider fever among symptoms that is why they mentioned only two symptoms. Knowledge on reasons for the contraction of cholera is high. 84.7 % of respondents reported two reasons, 62.8% reported three, and 58.3% reported 4 reasons. This reflects the improved knowledge of the targeted community members regarding the reason of cholera. Furthermore, the evaluation findings show that 70.24% of people know two ways of protecting their families from cholera and 54.1% of people know three ways.



On the other hand, 81.53% of people reported to know two symptoms of Scabies while 46.76% of respondent reported two reasons of Scabies and 62.3% of people know at least three protective ways of Scabies.



Findings show that 88.65% of people know the reason of Dengue Fever while the number of people who know at least three symptoms of Dengue Fever found to be 56.2% and the number of people know protective ways of Dengue Fever found to be 72.03%.



The credit of this knowledge can be attributed to project interventions, as previous knowledge about these three diseases is assumed to be absent.

4.3. Impact

Throughout the Project, UNICEF and Search were able to deliver immediate results in terms of awareness raising on the 14 planned messages leading to impact in the short and medium terms. The community initiatives also served to gain credibility among Yemenis, parents and community members and leaders for more long-term interventions. Families and targeted community members received key information on safe practices related to Health and Nutrition, Water and Sanitation, and Child protection. Despite challenges faced during the project implementation, respondents indicated that the project interventions and activities had a positive impact regarding willingness to adopt the messages received.

Out of 79,550 targeted family members, 78,569 have directly benefited from project's interventions and improved their knowledge on 14 lifesaving and health care practices related to health and nutrition, water and sanitation and child protection. In addition, several people indirectly benefited from the project interventions including from community initiatives covering cleaning and hygiene campaigns, rehabilitation of water supply projects and wells, distribution of safe water reservoirs as well as construction of public toilets.

The most important general impact of the project on the situation of the women beneficiaries was the awareness raising on the 14 lifesaving and health care strategies through the project diversified approaches and interventions.

Together with the outbreak of diseases, the limited capacity of the community health centers rendered them unable to accommodate all people. As a result, the competition and conflict on health services and resources increased. With the improved knowledge, as a result of the project interventions, people are able to deal with

common diseases, vaccinations, preparation of Oral Rehydration Salts (ORS), among others. Experience gained and the capacities built of the CHVs qualified them to work for similar projects and organizations.

4.4. Sustainability

The project has strived to ensure sustainability of its achievements such as through building the capacity of the CHVs and implementing partners, engagement of the all relevant stakeholders in selection of the beneficiaries. However, one time action cannot guarantee lifetime sustainability of the current achievements unless there is additional and future support.

Sustainability in respect of the project activities can be considered at several levels: firstly, in terms of continuation of knowledge created; and secondly , in terms of the sustainability of effects and outcomes generated through the project activities. In this regard, most stakeholders felt that such effects would continue but might prove diffuse and difficult to identify as time passed.

“I will continue using the knowledge and skills acquired and no potential barriers will prevent me. however, as time passes, I’m not sure whether people will be able to remember the acquired knowledge – An interviewee in Bajel said”

Households and community leaders will continue applying the received knowledge and skills. It was reported that the knowledge and skills acquired as a result of the project interventions will continue to be used by the beneficiaries. However, similar interventions are highly needed for further developing the knowledge and skills of the targeted communities.

Sustainability aspects of the project include knowledge and skills passed to parents, community leaders, CHVs and implementing partners. Accrued benefits of the project also include confidence built among community members, improved knowledge and positive attitudes of them towards adopting the 14 lifesaving care and protective practices and sustained knowledge base that will continue to stimulate debates in the community about health and peace building issues. Although small, the contributions of the beneficiaries in the community initiative enhanced and promoted a sense of ownership and accordingly the sustainability of the interventions.

The project design and implementation approach provided a sustainable mechanism for applying capacity building, knowledge enhancement, and development of positive attitudes to adopt the 14 lifesaving, care and protective practices as tools for enhancement of health and nutrition, water and sanitation and child protection.

5. MAIN CHALLENGES

The project was implemented in a unique period and in a very complex and difficult environment. The magnitude of the challenges in the country are quite phenomenal, particularly, the ongoing civil war, the lack of infrastructure and war destruction of the existing ones, high levels of poverty, weak government structures at the governorate and country levels, and the limited capacity within the civil service and public administration. Under such conditions, providing people with high quality information and effective messages considering the number of beneficiaries and time limitations were among the main challenges of the project. The political and religious sensitivity of some issues including recruitment of children as well as child marriage. As a result of escalating war and air strikes in the targeted districts, the project activities came to hold several times and transferred to another districts.

Due to the potential risks of war and air strikes, it was difficult to implement some activities especially those involving collection of people e.g. Bazar, Viewing Sessions and Mobile Cinema. accordingly, the activities changed to DTDVs.

- The implementation of Bazars was not possible due to security reasons as informed and instructed by the officials of the Executive Unit in Al-Hodeidah.
- Implementation in Al-Tuhaita was stopped due to instructions by the Executive Unit due to security concerns and risks. Accordingly, the activities moved to other districts.
- High risks in implementing MCEs and VS in Mawza'a and Maqbana in Taiz were reported by both SFCG local partner and CHVs as the area is targeted by air strikes.
- Implementation of the activities in Mawza'a and Al-Mokha stopped beginning of Jan. 2017 during the armed confrontations between the conflicting parties. Accordingly, all CHVs were forced to displace from Al-Makha and Moza'a.

6. CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusion and recommendations arising from the evaluation findings. The recommendations are made in light of the challenges and sustainability facilitating factors that have been identified in this evaluation. It can thus be concluded that:

The project addressed the problem for which it was designed. The project implemented a comprehensive set of activities which yielded tangible results. The intended objectives and outputs of the project as outlined in the project document were achieved, both by way of implementation targets and intended results/effects. The project activities as set were adequate to realize the outputs and they contributed to the measure of effectiveness of the project.

Overall, the evaluation consultant concludes that the project design and implementation process was appropriate; the project was completely effective, , had the desired, was relevant in the local, national and country context and has aspects that will be sustained.

The program management model with Search taking full responsibility but implemented by the local organizations and other partners who have substantial but focused presence in the field has contributed significantly to the overall success of the project.

Dissemination of information to the targeted people at local levels and improving knowledge on health issues reduce the demand and competition on resources including health centers (HCs) and accordingly the conflict on resources which contributes to peace-building. The evaluation noted that effective communication and materials used by the project created the needed awareness around and positive attitude toward the 14 key issues and finally their adoption. This notably alleviated the health problem resulted from the ongoing conflict. Key sustainable aspects of the project includes the knowledge gained by the target beneficiaries. Although continuation of activities will not be possible without additional funding, knowledge as a sustainable benefit in society with its multiplier effect cannot be under estimated.

The partnership with local NGOs as IPs enabled optimizing their core capacities and expertise. This, together with involvement of local health centers, fostered a strong sense of ownership and sustainability.

There is no doubt in the Evaluator's mind that this project has achieved very significant and substantial delivery within quite a number of difficult constraints, not least of which being both political and security instabilities as well as available time and resources. So, it is accurate to conclude that this project has delivered valuable products despite some inherent problems and constraints.

6.1. Issues where significant change has been achieved

In the following areas, some positive change has been observed, as follows:

6.1.1. Antenatal care and maternal health:

- Women received antenatal care during last pregnancy, where 71.20% of women received antenatal care during their last pregnancy compared to 52.45% in the baseline. (significant change -18.75%).
- Tetanus vaccination during last pregnancy: 53.125% of women received tetanus vaccine during their last pregnancy compared to 32.12% in the baseline (significant change – 21.01%) .
- Knowledge of signs of serious problems that may occur during pregnancy. There has been significant change in the number of parents aware of more than four signs of serious health problems during pregnancy. 39.45% of parents reported to be aware of more than four signs of serious health problems during pregnancy compared to 19.35% in the baseline (significant change - 20.10%).
- The appropriate age for giving birth: There has been a slight decrease, from 88.64% in the baseline to 85.50%, in the number of parents who believe the appropriate age for giving birth is after 19 years of age.

6.1.2. Immunization

- There has been a slight change in the number of parent and community leaders whose last child received most of the necessary vaccinations. While all community leaders reported that their last child received most of the necessary vaccinations compared to 97.56% in the baseline, 96.51% of parents reported that their last child received most of the necessary vaccinations compared to 94.67% in the baseline.
- While there has been a slight increase in the number of community leaders with knowledge on the proper age for a child to get immunizations, from 95.12% in the baseline to 96.42% now, there has been a slight drop in the number of parents from 98.6% in the baseline to 96.51%.

6.1.3. Care of childhood illnesses and diarrhoea

There has been significant increase in the number of parents who adopted improved procedures for the treatment of children with diarrhoea as follow:

- The number of parents who take their child to a specialist increased by 24.63%, those get a rehydration solution from a pharmacy increased by 24.69% and those who get medicine from the pharmacy increased by 18.85% compared to the baseline. All indicate significant improvement in the knowledge, attitude and practices.
- Knowledge on the critical new born danger signs: A slight increase in the number of mothers with knowledge on the critical 4 new born danger signs. 45.42% of respondents were found to know four signs compare to 43.75% in the baseline.
- Knowledge of the detection of signs and symptoms of malnutrition: Significant decrease has been noted in the number of parents who know two and more signs of child malnutrition. 45.06% of parents were found to know two and more signs of child malnutrition compared to 65.72% in the baseline, (significant decrease -20.65%).

6.1.4. Feeding infants and young children

- Breastfeeding for more than 12 months, where 78.65% of households continued breastfeed the last child more than 12 months compared to 75.61% in the baseline.
- Feeding a new born, during the first three days after delivery, with something other than breastfeeding. A positive change in terms of positive decrease (-31.18%) in the number of households feeding their new born during the first three days after delivery, with something other than breastfeeding.

- Things given to a new born during the first six months after delivery other than breastfeeding, where 21.09% of respondents reported sugar or glucose with water, 20.30% plain water and compared to 53.14%, 21.2% in the baseline respectively. On the other hand, 21.61% of parents give their new born milk (other than breast milk) during the first six months compared to 13.35% in the baseline. This is a negative increase.
- Giving a child nutritional supplements along with breast milk during the first six months, where the number of households decreased by -22.87% which is a positive decrease.

6.1.5. Washing hands with soap and water

- The number of parents aware with the four critical moments for hand washing increased by 29.5 % compared to the baseline.
- With regard to the belief when family members should wash their hands with soap and water, the number of parents who believe that the family members should wash their hands with soap and water before eating increased by 13.77%, after using toilet increased by 19.9%, after throwing rubbish/wastes increased by 13.64% and before preparing food increased by 52.5%.

6.1.6. Household water treatment and storage

- Believe that the water family members drink is clean and safe, where 89.4% of households believe that the water family members drink is clean and safe compared to 74.33% in the baseline.
- Awareness of three and more ways of safe household water storage, where the number of households aware of three and more ways of safe household water storage increase by 31.2% (from 3.93% in the baseline to 35.2% in this evaluation).

6.1.7. The safe disposal of human waste

- The main ways people use for a child and infant waste disposal: the evaluation reported increase in the number of households where: Baby uses toilet increased by 54.4%, where infant waste thrown in the toilet increased by 51.2% compared to the baseline.

6.1.8. Birth registration.

- The number of parents who reported to have registered birth of their last child has increased from 21.46% in the baseline to around 47.95% in this evaluation.

6.2. Recommendations

The key recommendations that emanate from the findings of the evaluation are as follows:

1. The project interventions have brought about tangible results when it comes to health and nutrition including access of mothers and children to health and nutrition services, especially under war conditions. Thus, it is strongly recommended that the project interventions be continued and scaled-up and to cover additional areas and interventions.
2. Behaviour change need longer time together with focussed and intensive activities. Therefore, enough period needs to be considered in the design of future projects.
3. Involvement as much community members as possible in the project activities will enhance the community dialogue and promote peace building.
4. Providing the basic services including health care and water supply services, among others, at household level will reduce the conflict on the limited service providing facilities and resources.

5. Stakeholder involvement and government ownership and civil society partnerships are important tools for improving knowledge and positive attitude and adopting the 14 lifesaving and health care practice in relation to health and nutrition, water and sanitation as well as child protection.
6. Communication channels should be identified in accordance with the type of the messages and targeted people e.g. breastfeeding messages to be directed to mothers while those related to washing hands with water and soap to target all the household members.
7. It is recommended to try and use other more effective means to deliver messages related to the following life-saving care and protective behaviours for children, taking into account the different educational levels of the target groups in different areas:
 - Appropriate age for giving birth
 - child immunization.
 - Signs of child malnutrition.
 - Appropriate age for marriage.
8. The gap in targeting children should also be considered as they are at their formation stages with potential for change. Accordingly, appropriate messages should be formulated to fit the children.
9. By taking part in outreach and dialogues, Yemeni parents and leaders would understand and adopt alternative behavior and care practices.
10. The evaluation recommends the importance of maintaining flexibility in the project design (thematic areas and implementation modalities) so as to mitigate the impact of possible risks resulting from the national and local environment.

Annexes

Annex 1

Search For Common Ground

Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”

Interview Questionnaires for Beneficiaries – (Family-Based Survey)

Governorate: Code ()

District: Code ()

Village: Code ()

Interview date:

Interview Start Time: **Interview End Time:**

Field Team:

Surveyor’s Name: Code () **Signature:**

Govt. Supervisor’s Name:Code () **Signature:**

Office Team:

Reviewer’s Name: Code () **Signature:**

Data Registrar’s Name: Code () **Signature:**

Instructions for Surveyor/Researcher

To ensure success of the interview, the Surveyor/Researcher must do the following:

1. Knock the house door quietly and ask politely to meet the head of family.
2. Greet the head of family.
3. Introduce yourself to the head of family, and state the purpose of visit.
“I am (*state your name*), and I work within a team that conducts a survey for Search for Common Ground Organization. This survey aims to obtain information about some issues related to health care for children and mothers. I’d like to talk to you about these issues. The interview will take about 25 minutes. Any information you provide will be treated discreetly and shall not be divulged to anyone.”
4. Request permission to start asking questions.
“Would you please allow me to begin my questions now?”
5. If permission is granted, start the interview. If the head of family declines, move on to the house next door.

Respondent's Bio-Data:

1. **Name:** *(Optional; and will be used only if needed to check certain data included in this form):*
.....
2. **Age**
 - a - less than 15 years old.
 - b - from 15 to 24 years old.
 - c - from 25 to 40 years old.
 - d - older than 40 years old
3. **Gender:** a - Male b - Female
4. **Contact Means/Number** *(for future reference): (Explain to the respondent that this item will be used only if needed to check certain data included in this form and will not be given to any other person or entity).*
 - a. Phone:
 - b. E-Mail:.....
 - c. Other (specify):
5. **Educational level:**
 - a. uneducated
 - b. can read and write
 - c. Primary School Level
 - d. Basic School Level
 - e. Secondary School Level (and/or equivalent)
 - f. University
 - g. Diploma after university
 - h. Post-graduate
6. **Do you have sons/daughters living with you now?** *(If the answer is "No", end the interview and go to the next family. If the answer is "Yes", continue to the next question.)*
 - a - Yes b - No
7. **How many are they, according to the following age groups?**
 - a. Up to 5 years old:
 - b. 6 - 14 years old:
 - c. 15 - 18 years old:
 - d. Older than 18 years old:
8. **Respondent's Social Status:** *(Surveyor/Researcher must determine the social status of the respondent by him-/herself through indirect questions: For example, if the respondent is a sheik, dignitary, imam, local council member, school principal or influential person in the target community, circle (a). If the respondent does not play any leadership role in the community, circle (b)).*
 - a. Community leaders.
 - b. Ordinary society member.

I. HEALTH AND NUTRITION

a. Prenatal Care and Maternal Health:

- 1. How old is your wife / are you when your first child was born?⁸**
 1. years old.
 2. I do not know
- 2. Did your wife / you consult any person for the purpose of getting prenatal health care during last pregnancy? (If the answer is “No” or “I don’t know”, go to question I.5. If “Yes”, move to the next question.)**
 1. Yes
 2. No
 3. I do not know
- 3. Who is the person you consulted?**
 - 1) Specialist doctor
 - 2) Specialist nurse / midwife
 - 3) Assistant midwife
 - 4) Traditional midwife
 - 5) Health workers in the community
 - 6) Someone else (Specify)
- 4. How many times did your wife / you visit a health facility to get prenatal health care during last pregnancy? (If the answer ranges between two digits, record the minimum number.)**
 - 1 -..... times.
 2. I do not know.
- 5. During pregnancy, how many visits a woman is supposed to make to a health center in order to get proper prenatal health care?**
 - 1) 1 visit
 - 2) 2 visits
 - 3) 3 visits
 - 4) 4 visits
 - 5) More
- 6. (If the answer is 4 visits in I.5 and less than that in I.4) why didn’t your wife/you make all required visits to the health center?**
 - Long distance to the health center or lack of medical services there.
 - Lack or high cost of means of transport to the health center.
 - Not feeling the need to make a visit to the health center.
 - Other (Specify)
- 7. During your wife’s / your last pregnancy, did she/you take any injection in the arm or shoulder to ensure prevention of neonatal tetanus, i.e. the cramps after giving birth? (If the answer is “No” or “I don’t know”, go to question I.9. If “Yes”, move to the next question.)**
 1. Yes
 2. No
 3. I do not know
- 8. How many times did your wife / you take tetanus vaccination during last pregnancy?**

⁸ Notice that the questions are designed for husband and wife, and in the questions below the first option refers to the husband and the second to the wife, separated by a slash ‘/’?

1. times. 2. I do not know.
9. **Did your wife / you take any tetanus injection at any time before last pregnancy, whether to protect the mother or the baby?** (If the answer is “No” or “I don’t know”, go to question I.11. If “Yes”, move to the next question.)
 1. Yes 2. No 3. I do not know
10. **How many tetanus vaccination injections a mother is supposed to take during pregnancy?**
- One injection
 - Two injections
 - 3 injections
 - More (specify)
11. **How many tetanus vaccination injections a mother is supposed to take before pregnancy?**
- One injection
 - Two injections
 - 3 injections
 - More (specify)
12. **What are the symptoms / diseases that you regard as a threat to the woman and fetus and require medical help if observed during pregnancy?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to mention the symptoms that s/he believes pose a threat to woman and fetus and require medical help. Then, put a circle on the option that corresponds with what the respondent has suggested.)
1. Vaginal bleeding during pregnancy
 2. Pain in the pelvis or abdomen
 3. Continuous pain in the back
 4. Liquid leakage out of vagina
 5. Swollen hands / face
 6. Severe headaches, and blurry vision
 7. Cramps during the early days of the third month of pregnancy
 8. Lack of fetus movement after the sixth month
 9. I do not know.
 10. Other (Specify)
13. **What is the appropriate age for women to give birth and in which you think that pregnancy will not pose any danger to her life or the life of the fetus?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
1. 12-15 years old
 2. 16-18 years old
 3. 19-40 years old
 4. After the age of 40 years.

II. ROUTINE IMMUNIZATION OF CHILD:

1. **Did your last child get the vaccines needed to protect him/her from common and serious diseases?** (If the answer is “No” or “I don’t know”, go to question II.4.)
 1. Yes 2. No 3-I do not know

2. **In your opinion, what is the appropriate age to vaccinate children?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
1. Within 12 hours of birth up to two years.
 2. From 3 years to 5 years.
 3. Over five years.
3. **How many vaccines a baby is supposed to get during the first year of life?**

▪ Once	6) Six times
▪ Twice	7) Seven times
▪ Three time	
▪ Four times	
▪ Five times	

4. **How many vaccines did your last child get?**

▪ Once	4) four Times
▪ Twice	5) Five times
▪ Three times	6) Six Times

5. **In your opinion, what is the appropriate time for the first vaccine after delivery?**

▪ Within the first day	4) Within a month
▪ Within 2-3 day	5) After one month.
▪ Within a week	

6. **If your child suffers from one of the following symptoms, do you have the child vaccinated during national immunization campaigns?**

1. Slight illness.	1. Yes	2. No
2. Malnutrition.	1. Yes	2. No
3. Fever.	1. Yes	2. No
4. Cough	1. Yes	2. No
5. Cold.	1. Yes	2. No
6. Diarrhoea	1. Yes	2. No
7. Physical disability	1. Yes	2. No

- 5- Wong (more quantity of sugar).
- 6- Wong (little quantity of salt).
- 7- Wong (more quantity of salt).
- 8- Wong (little quantity of water).
- 9- Wong (More quantity of water).

ALERT TO SURVEYOR/RESEARCHER: if the answer is wrong, give the respondent the correct answer but after you have already checked the wrong answer.

- 5. What do you do to reduce the risks of your children’s infection with diarrhoea?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
- 1. Exclusively breastfed the baby throughout the first six months.
 - 2. Continue breastfeeding after the first six months, in addition to other foods.
 - 3. Vaccinate the baby against rotavirus.
 - 4. Give vitamin A and zinc supplementation.
 - 5. Give ORS and zinc supplements daily for 10-14 days in case baby gets diarrhoea.
 - 6. I do not do anything.
 - 7. I do not know.
 - 8. Other (Specify)

IV. FEEDING INFANTS AND YOUNG CHILDREN:

- 1. Has your wife / Have you ever breastfed your last child?** (If the answer is “No” or “I don’t know”, go to question IV.3. If “Yes”, move to the next question.)
 - 1. Yes 2. No 3. I do not know
- 2. How many months did your wife / you breastfeed the baby?**
 - 1. months 2. I do not know
- 3. (If the answer in 1 is “No”, and in 2 less than 24 months) From your point of view, what are the reasons that prevent your wife / you from breastfeeding?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
 - 1. The belief that breastfeeding has a negative impact on the health of the mother.
 - 2. Insufficiency of mother’s milk.
 - 3. Bottle milk contains nutritional supplements and vitamins that help baby to grow.
 - 4. Because of medical advice.
 - 5. Baby refuses mother’s milk.
 - 6. Because of pregnancy.
 - 7. Mother’s illness.
 - 8. Child’s illness
 - 9. I do not know.
 - 10. Other (Specify)
- 4. What is the right age to stop breastfeeding a child?**

-
- Six months
 - A year
 - A year and half
 - Two years
 - Don't know

5. What is the right age to start giving the child dietary supplements?

-
- 1) The 1st hour 2) The 1st three hours 3) The 1st day 4) The 1st three days

6. During the first three days after the birth of the last child, did you (or any other person) give the baby anything to drink other than mother's milk?

1. Yes 2. No 3. I do not know

7. Do you think that, in the first three days after birth, a newborn needs anything other than mother's milk?

1. Yes 2. No 3. I do not know

8. If "yes", why?

1. Mother's milk may not ready yet.
2. Baby may not be able to breastfeed.
3. Mother may not be able to breastfeed.
4. Other (Specify)

9. Do you think that, in the first six months after birth, a baby needs anything other than breast milk?

1. Yes 2. No

10. If "yes", why?

1. Mother's milk is not enough.
2. Additional food provides baby with great benefits.
3. If supplementary food does not benefit the baby, it will not harm it.
4. To make the baby used to foods other than mother's milk only.
5. Other (Specify)

11. Does your child have any supplements beside mother's milk during the first six months? (If the answer is "No" or "I don't know", go to question IV.13. If "Yes", move to the next question.)

1. Yes 2. No 3. I do not know

12. What are the things that you give the baby as nutritional supplements? (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)

1. Pure drinking water
2. Fruit juice
3. Soup/broth
4. Milk (powder or canned or fresh)
5. Water sweetened with sugar or glucose
6. Tea / natural herb solution
7. Honey.
8. Other (Specify)

13. After your child completed/s the first six months, did/will you give it meals on a regular basis in addition to the breastfeeding? (If the answer is “No” or “I don’t know”, go to question IV.15. If “Yes”, move to the next question.)

1. Yes 2. No 3. I do not know

14. How many meals are given to the baby per day?

1. meals 2. I do not know

15. What kinds of food were / are given to the baby (even if mixed with other foods)?

(ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)

1. Bread, rice, pasta, porridge or any foods made from grain.
2. Vegetables, such as potatoes, carrots, okra, turnip, etc.
3. Green vegetables such as spinach, mallow.
4. Any type of fruit.
5. Any type of meat such as beef, lamb, goat.
6. Eggs.
7. Fish (fresh or dried or canned).
8. Any foods made from legumes such as lentils, chickpeas, peas, beans.
9. Cheese or any food made from milk derivatives, such as curd, yogurt.
10. Any other solid or semi-solid foods (Specify).....

16. What prevents your wife / you from breastfeeding?

1. Baby’s illness
2. Mother’s illness
3. Illness of both
4. Nothing

17. Do you know what child malnutrition is? (If the answer is “No” or “I don’t know”, go to question IV.19. If “Yes”, move to the next question.)

1. Yes 2. No 3. I do not know

18. From your point of view, what are the reasons that may lead to malnutrition? (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)

1. Child not getting enough food.
2. Child not getting enough vitamins and minerals.
3. Illness.
4. Child not getting proper health care early.
5. I do not know.
6. Other (Specify)

19. Do you know what the main signs and symptoms of child malnutrition are? (If the answer is “No” or “I don’t know”, go to question 1 in Section V. If “Yes”, move to the next question.)

1. Yes 2. No 3. I do not know

20. What are the signs and symptoms of malnutrition you can recognize? (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)

1. Wasting is an indicator of acute malnutrition.
2. Stunting.

3. Weight loss.
4. Nutritional deficiencies resulting from the body's lack of nutrients, such as vitamin A deficiency, iron deficiency or iodine deficiency, etc.
5. Other (Specify)

WATER AND SANITATION

V. CLEANING HANDS WITH SOAP AND WATER:

1. **From your point of view, when should family members (especially children) wash their hands with soap and water?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
 1. Before eating.
 2. After using the toilet / after defecation.
 3. After disposal of waste / garbage.
 4. After touching or fondling animals.
 5. After blowing nose or sneezing or coughing in hands.
 6. Before preparing food.
 7. I do not know.
 8. Other (Specify)

VI. TREATMENT AND STORAGE OF WATER AT HOME:

- **Do you do anything to treat water and make it safe to drink?** (If the answer is "No", go to question VI.5. If "Yes", move to the next question.)

1. Yes	2. No
--------	-------
- **What do usually you do to treat drinking water and make it safe to drink?** (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)
 1. Boil.
 2. Add chlorine.
 3. Use cloth filtering.
 4. Use water filter (ceramic, sand, etc.)
 5. Leave water for some time until residues precipitate.
 6. Cleanse using sun's rays.
 7. Nothing
 8. Other (Specify).....
- **Where do you store drinking water in your home?**
 1. In a concrete tank in the ground.
 2. In a concrete tank on the roof.
 3. In a fiber glass tank.
 4. In a tin tank on the roof.
 5. In a tin tank inside / outside the house.
 6. In a plastic tank on the roof.
 7. In a plastic tank inside / outside the house.
 8. In plastic bottles inside the house.

- 9. In plastic / metal barrels inside the house.
- 10. Other (Specify)
- **What are the proper ways to store water?**
 - 1. In a concrete tank in the ground.
 - 2. In a concrete tank on the roof.
 - 3. In a fiber glass tank.
 - 4. In a tin tank on the roof.
 - 5. In a tin tank inside / outside the house.
 - 6. In a plastic tank on the roof.
 - 7. In a plastic tank inside / outside the house.
 - 8. In plastic bottles inside the house.
 - 9. In plastic / metal barrels inside the house.
 - 10. Other (Specify)
- **How is water taken out of the storage in your home? (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)**
 - 1. Spilling into a bowl.
 - 2. Dipping a ladle into the pot.
 - 3. Spilling and dipping.
 - 4. Through a faucet.
 - 5. I do not know.
 - 6. Other (Specify)
- **How is drinking water kept clean in your home? (ALERT TO SURVEYOR/RESEARCHER: Do not read out the options to the respondent; instead ask the respondent to give his/her opinion. Then, put a circle on the option that corresponds with what the respondent has suggested.)**
 - 1. Store drinking water in a clean bowl, and keep it covered.
 - 2. Clean hands regularly, including before using stored clean water.
 - 3. Take water from vessels using a clean scoop or cup.
 - 4. Install a faucet in the water pot.
 - 5. Prevent anyone from putting their fingers or hands in or drinking directly from the water pot.
 - 6. Keep all animals away from stored Water.
 - 7. I do not know.
 - 8. Other (Specify)

VII. SAFE DISPOSAL OF HUMAN WASTE:

- 1. When your child defecates, what does the mother / do you do to get rid of the stool?**
 - 1. Throw it in the bathroom / toilet.
 - 2. Throw it in a ditch or hole.
 - 3. Throw it along with garbage.
 - 4. Bury it.
 - 5. Leave it in the open.
 - 6. I do not know.
 - 7. Another method (specify).....
- 2. Where should children defecate?**

IX. EARLY MARRIAGE

1. What do you think is the right age of marriage for boys?

Less than 15 years old From 15 to 18 years old Older than 18 years

Boys

Girls

X. EDUCATION ENROLLMENT:

1. What do you think is the right age for boys' and girls' enrollment in school?

5 years 6 years. 7 years

Boys

Girls

2. Why must children be enrolled in school at this age?

- To ensure their right to education
- Because of the importance of education for children and their future
- Because children have nothing to do
- Other (Specify)

3. Do you have sons or daughters who have completed the sixth year of age and have not been enrolled so far? (If the answer is "No", end the interview. If "Yes", move to the next question.)

1 - Yes 2. No

4. Why have they not been enrolled at school?

1. They have been busy working outside the house to help their parents (either alone or accompanied by one or both of the parents).
2. School is too far.
3. No desire to pursue education because it is useless.
4. Lack of a girls' school.
5. Girls are busy with household chores.
6. Other (Specify)

XI. CHOLERA

1) Have you ever heard about cholera? [CORE]

- Yes
- No
- Don't know

2) What causes cholera? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a) Drinking polluted water	1. Yes	2. No
b) Eating polluted food	1. Yes	2. No
c) Unwashed fruits/vegetables	1. Yes	2. No
d) Flies/insects	1. Yes	2. No
e) Poor hygiene/not washing hands	1. Yes	2. No
f) Other specify:-----	1. Yes	2. No
g) Don't know	1. Yes	2. No

3) What symptoms are associated with cholera? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a) Fever	1. Yes	2. No
b) Vomiting	1. Yes	2. No
c) Watery diarrhoea	1. Yes	2. No
d) Stomach/abdominal pain	1. Yes	2. No
e) Bloody diarrhoea	1. Yes	2. No
f) Dehydration	1. Yes	2. No
g) Other specify:-----	1. Yes	2. No
H) Don't know	1. Yes	2. No

4) How can you prevent you or your family members from becoming ill with cholera? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a) Wash hands with soap and water	1.Yes	2.No
b) Cook food thoroughly	1.Yes	2.No
c) Wash vegetables/fruits	1.Yes	2.No
d) Dispose of human waste properly	1.Yes	2.No
e) Boil water before drinking	1.Yes	2.No

f) Clean cooking utensils/vessels	1.Yes	2.No
g) Treat water with chlorine products	1.Yes	2.No
h) Cover food to keep away from flies	1.Yes	2.No
i) Cholera vaccine	1.Yes	2.No
j) Cannot prevent	1.Yes	2.No
k) Other, specify: -----	1.Yes	2.No
l) Don't know	1.Yes	2.No

5) How would you treat cholera for yourself or family members? [CORE]

1. Go to cholera treatment center (see below)
2. Go to clinic/hospital (see below)
3. Use oral rehydration solution/sugar-salt solution
4. Go to a traditional healer
5. Home remedy: Specify _____
6. Do not treat
7. Other: Specify _____
8. Don't know

If GO TO CTC/ CLINIC/HOSPITAL: **5.A)** To which CTC/ clinic/hospital would you go?

Name of CTC/clinic/hospital: _____

5.A) How long does it take for you to get to the CTC/clinic/hospital?

1. <30 min
2. 30-59 min
3. 1-2 hours
4. 2-3 hours
5. More than 3 hour
6. Don't know

6) In the past 6 months, have you heard about preventing and treating cholera? [CORE]

1. Yes
2. No (Skip to question 19E)
3. Don't know (Skip to question)

If YES: **6A)** From whom or from what have you heard about preventing and treating cholera? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned)

a)	Family member	1. Yes	2. No
b)	Neighbor/friend	1. Yes	2. No
c)	Clinician/healthcare worker	1. Yes	2. No
d)	Radio	1. Yes	2. No
e)	TV.	1. Yes	2. No
f)	Community meeting	1. Yes	2. No
g)	Mobile Cinema Event(MCEs)	1. Yes	2. No
h)	Viewing Sessions (VSs)	1. Yes	2. No
i)	PBSC people	1. Yes	2. No
j)	Community health worker visiting home	1. Yes	2. No
k)	Religious leader/teacher/ school principal	1. Yes	2. No
l)	Other, specify: -----	1. Yes	2. No

6B) What did you hear were the ways to prevent cholera? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned)

a) Wash hands with soap and water	1.Yes	2.No
b) Cook food thoroughly	1.Yes	2.No
c) Wash vegetables/fruits	1.Yes	2.No
d) Dispose of human waste properly	1.Yes	2.No
e) Boil water before drinking	1.Yes	2.No
f) Clean cooking utensils/vessels	1.Yes	2.No
g) Treat water with chlorine products	1.Yes	2.No
h) Cover food to keep away from flies	1.Yes	2.No
i) Cholera vaccine	1.Yes	2.No
j) Cannot prevent	1.Yes	2.No
k) Other, specify: -----	1.Yes	2.No
l) Don't know	1.Yes	2.No

6C) Were you given any educational materials or any items to help you protect yourself/your family from cholera? [CORE]

- i. Yes
- ii. No (Skip to question ...)
- iii. Don't know/Don't remember (Skip to question ...)

If YES: 6D) What were you given? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned)

a) Chlorine solution	1.Yes	2.No
b) Soap	1.Yes	2.No
c) Oral rehydration solution	1.Yes	2.No
d) Tablets	1.Yes	2.No
f) Print material (brochures, pamphlets, posters)	1.Yes	2.No
g) Other, specify:-----	1.Yes	2.No
h) Don't know	1.Yes	2.No

XII. SCABIES

1. Have you ever heard about Scabies? [CORE]

- Yes
- No
- Don't know

2. What causes Scabies? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	Scabies lice (Scabies mites)	1. Yes	2. No
b)	Lice causing scabies lives in clothes, dust,	1. Yes	2. No
c)	Infection from affected person living with you and share the same bed, clothes, blankets or towels or personal items.	1. Yes	2. No
	Infection from other persons	1. Yes	2. No

3. What symptoms are associated with Scabies? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	Severe itching causing severe reddening	1. Yes	2. No
b)	Symptoms could continue from 4 days to 6 weeks before it appears on the affected person	1. Yes	2. No

4. How can you prevent you or your family members from becoming ill with Scabies? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	Personal care and cleanness	1. Yes	2. No
b)	Go to clinic/hospital / a doctor	1. Yes	2. No
c)	The affected person should wash once a day by hot water and soap	1. Yes	2. No
d)	Cleaning personal cloths and items e.g toothbrush, combs, bed	1. Yes	2. No
e)	If one family member affected by scabies, all family member should be treated	1. Yes	2. No
f)	Cleaning personal cloths and items e.g toothbrush, combs, bed	1. Yes	2. No
g)	Prevent sexual connect with affected person	1. Yes	2. No
h)	Don't check hand with affected person	1. Yes	2. No

j)	Other: Specify _____	1. Yes	2. No
k)	Don't know	1. Yes	2. No

5. How would you treat Scabies for yourself or family members? [CORE]

a)	Go to hospital/health center/ a doctor	1. Yes	2. No
b)	Go to a traditional healer	1. Yes	2. No
c)	Home remedy: Specify _____	1. Yes	2. No
d)	Do not treat	1. Yes	2. No
f)	Other: Specify _____	1. Yes	2. No
j)	Don't know	1. Yes	2. No

XIII. DENGUE FEVER

1. Have you ever heard about Dengue fever? [CORE]

- Yes
- No
- Don't know

2. What causes Dengue fever? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	Mosquitoes.	1. Yes	1. No
b)	Flies and insects	1. Yes	1. No
c)	I don't know	1. Yes	1. No
d)	Other, Specify	1. Yes	1. No
e)		1. Yes	1. No

3. What symptoms are associated with Dengue fever? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	High Fever specially in the front head areas	1. Yes	1. No
b)	Diarrhoea	1. Yes	1. No
c)	Nausea	1. Yes	1. No
d)	Vomiting	1. Yes	1. No
e)	Mild pain in eyes	1. Yes	1. No
f)	Rash appear after fever	1. Yes	1. No
j)	Severe pain in the muscles and joints	1. Yes	1. No
h)	The fever may be accompanied by bleeding either in the nose or gums	1. Yes	1. No

4. How can you prevent you or your family members from becoming ill with Dengue fever? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	By burial ponds and marshes stagnant water to prevent propagation of mosquitoes	1. Yes	1. No
b)	Always cover drinking water	1. Yes	1. No
c)	Use nets for mosquitoes	1. Yes	1. No
d)	Educate people about prevention methods	1. Yes	1. No
e)	By vaccine	1. Yes	1. No

5. How would you treat Dengue fever for yourself or family members? [CORE]

a)	Go to hospital/health center/ a doctor	1. Yes	2. No
b)	Go to a traditional healer	1. Yes	2. No
c)	Home remedy: Specify _____	1. Yes	2. No

d)	Do not treat	1. Yes	2. No
c)	Use cold compresses	1. Yes	2. No
d)	Drinking more water	1. Yes	2. No
e)	Rest in bed	1. Yes	2. No
f)	Taking medicines for relieving fever	1. Yes	2. No
g)	Don't use aspirin as it increase bleeding risk	1. Yes	2. No
h)	Other: Specify _____	1. Yes	2. No
i)	Don't know	1. Yes	2. No

XIV. HAND HYGIENE AND SANITATION

1) Do you regularly wash your hands? [CORE]

1. Yes
2. Occasionally
3. No (Skip to question 3)

2) When do you wash your hands? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned)

a)	After using the toilet	1. Yes	2. No
b)	Before eating	1. Yes	2. No
c)	After eating	1. Yes	2. No
d)	Before cooking	1. Yes	2. No
e)	After washing/cleaning tables	1. Yes	2. No
f)	After cleaning baby diapers/baby stools	1. Yes	2. No
j)	After cleaning the home	1. Yes	2. No
h)	Other, specify : -----	1. Yes	2. No

3) Do you have soap or detergent in the house? [CORE]

- Yes
- No (Skip to question 5)
- Don't know (Skip to question 5)

4) For which purposes do you use the soap/detergent? (Do not read. Circle yes for all that are mentioned and circle no for those that are not mentioned) [CORE]

a)	Washing hands	1. Yes	2. No
b)	Washing clothes	1. Yes	2. No
c)	Cleaning utensils/vessels	1. Yes	2. No
d)	Bathing	1. Yes	2. No
e)	For cleaning the home	1. Yes	2. No
f)	Other specify : -----	1. Yes	2. No

5) What kind of toilet facility do members of your household usually use? [CORE]

- i. Flush, connected to system
 - ii. Flush, connected to septic pits
 - iii. Flush, connected to latrines
 - iv. Flush connected to other system or do not know the system
 - v. Pit latrine, ventilated and ameliorated
 - vi. Pit latrine with cement slab
 - vii. Pit latrine, without cement slab
 - viii. Bucket toilet
 - ix. Hanging toilet/Hanging latrine
 - x. No toilets: Canal or open defecation/bush/field
 - xi. Other: Specify
-

Thank you for your cooperation with us

Interview Over

Annex 2
Search For Common Ground
Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”
Focus Group Discussion Guide and Questions
For Community leaders, Parents and children KAP survey in targeted areas

Date:/...../2017 Start time:..... Finish time:..... Total time

Location:

Governorate: District: Sub-district (Ozlah): Village:

Number of participants: Male:..... Female:.....

Facilitator Name:

Name of note taker:

Target Group: (Please circle as appropriate)

(i) Community Members (ii) Parents (iii) Children

Discussion Guide

Please probe throughout for stories and examples

Part I. Objective of the discussion. (2 minutes)

The main objective of the focus group discussion is to assess the people knowledge, attitude and practice concerning the adoption of the 11 priority life-saving, care and protective behaviors for children in the targeted areas.

Accordingly, during the FGDs, the following questions will be discussed in relation to the 14 key practices:

1. To what degree do Yemeni parents and community members have knowledge of the 14 life-saving care and protection strategies for children?
2. To what degree do Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families?
3. To what degree do Yemeni parents and community members in the district adopt the 14 priority life-saving, care and protective behaviors for children?

MODERATOR—In Case of Children, make sure that Parental Consent and Informed Assent is obtained before starting the discussion. Make a pause to allow for children who do not want to stay to leave unnoticed.

Part II. Participants Introduction (5 minutes)

Begin with appropriate way.

To start with, we will go around the circle and introduce ourselves to the group. Please tell us:

- Your name
- Social /marriage status
- Age
- Children
- Village name

Note taker should assign each participant a unique identifying letter to facilitate documentation.

At the end of the group discussion:

- a) Record any comments you have about this session, including whether participants seemed open and actively engaged, whether the group seemed to be dominated by one person, whether there was anyone else present in the room, whether there were interruptions or some people arrived late and how were those handled, etc. Any incidents and decisions made in response to those should be clearly described.
- b) Collect all the cards, photos, flip-chart paper, etc. Make sure that each sheet, card, and photo is properly labeled and number them. Staple the sheets together, then fold them together and label the outside with the following information:
 - i. Target group
 - ii. Location:
 - iii. Date:
 - iv. Facilitator:
 - v. Note taker(s):
- c) Place all of these materials in an envelope and label the envelope with the same information.
- d) Take a few hours as soon as possible following the group discussion to fill out your notes and ensure that you have captured all the necessary information. You must have completed your notes on the same day that the group discussion took place. You will also be asked to type your notes into a Microsoft Word document as soon as you are back in town.

List of participants

	Name	Age	Gender	CODE	Remarks
1					
2					
3					
4					
5					
6					
7					
8					

Part III: Group Discussion

HEALTH AND NUTRITION

General health problems affecting the community: The respondents will be asked about the most common health problems affecting their communities, their causes and who is affected most by these problems. In this way, the survey seeks to understand the different health concerns people have.

I. maternal and newborn health. (antenatal care and maternal health

A- Knowledge, attitudes and practices regarding child care from pre-birth to delivery

1. During pregnancy, how many visits a woman is supposed to make to a health center in order to get proper prenatal health care?
2. How many tetanus vaccination injections a mother is supposed to take during pregnancy?

3. During your wife's / your last pregnancy, did she/you take any injection in the arm or shoulder to ensure prevention of neonatal tetanus, i.e. the cramps after giving birth?
4. How many times did your wife / you take tetanus vaccination during last pregnancy?
5. Did your wife / you take any tetanus injection at any time before last pregnancy, whether to protect the mother or the baby?
6. What is the appropriate age for women to give birth and in which you think that pregnancy will not pose any danger to her life or the life of the fetus?

B- Knowledge, attitudes and practices regarding child care after birth

Behaviors difference between practice and knowledge will be discussed in relation to:

1. Breastfeeding the baby within the first hour of delivery
2. Immunizing the baby against vaccine-preventable diseases
3. General health protection for both mother and child

II. ROUTINE IMMUNIZATION OF CHILD:

Knowledge, Attitude and Practices related to: The types, number and timing of immunization that a child should have and actually taken. Example of questions will include:

7. Did your last child get the vaccines needed to protect him/her from common and serious diseases?
8. In your opinion, what is the appropriate age to vaccinate children?
9. How many vaccines a baby is supposed to get during the first year of life?

III. MANAGEMENT OF CHILDHOOD DISEASES: DIARRHOEA, ORS:

The objective is to understand how they manage common illnesses that affect their children, all those that may prove to having incidences of illness in the home will be probed on what they do when the child feel sick.

- Action being taken by people to immediately respond to and treat illness in their children in case of:
 - a. Diarrhoea
 - b. Cholera
 - c. Scabies
 - d. Dengue fever

Example questions

- What do you do when your child or any family member has diarrhoea, cholera, scabies, dengue fever etc.?
- What do you do to reduce the risks of your children's infection with diarrhoea?
- During the last 6 months what kind of diseases did your children have?
- What do you do to reduce the risks of your children's infection with diarrhoea and other mentioned diseases?

IV. FEEDING INFANTS AND YOUNG CHILDREN:

Knowledge, attitudes and practices will be discussed regarding:

1. Knowledge of when infants should be introduced to solid foods and fluids
2. Breastfeeding exclusively for 6 months
3. Explore various attitudes and opinions towards early childhood feeding
4. Types of foods to be given to children of different ages on the previous day (e.g. the foods that were given to the respondents' children on the day prior to the assessment visit)

V. COMMUNITY MANAGEMENT OF UNDER NUTRITION

1. Do you know what child malnutrition is?
2. From your point of view, what are the reasons that may lead to malnutrition?
3. What are the main signs and symptoms of child malnutrition?
4. Proper feeding for the child: What are the things that you give the baby as nutritional supplements?

VI. WATER AND SANITATION

To gauge the participants' understanding of sanitation, they will be asked what they think should be done to maintain proper hygiene in the community:

What should people in the community do to maintain proper hygiene?

The discussion then will look at what is actually practiced. (Which hygiene practices are practiced by people in this community?)

VII. CLEANING HANDS WITH SOAP AND WATER:

- From your point of view, when should family members (especially children) wash their hands with soap and water?
- Do you regularly wash your hands?
- When do you wash your hands?
- Do you have soap or detergent in the house?

VIII. TREATMENT AND STORAGE OF WATER AT HOME:

- Do you do anything to treat water and make it safe to drink?
- What do you usually do to treat drinking water and make it safe to drink?
- How is drinking water kept clean in your home?
- Where do you store drinking water in your home?
- What are the proper ways to store water?
- How is water taken out of the storage in your home?

IX. SAFE DISPOSAL OF HUMAN WASTE:

5. The availability of toilets.
6. The main ways people use for a child and infant waste disposal
7. When your child defecates, what does the mother / do you do to get rid of the stool?
8. Where should children defecate?
9. Where is garbage disposed of?
10. What do you think is the right way to get rid of garbage?

CHILDREN PROTECTION

X. BIRTH REGISTRATION

Knowledge, attitude and practice related to:

1. Importance and practices related to children's birth registration and rates?
2. Reasons for lack of registration of children in terms of knowledge of the process, places of registration, importance and need for registration, the obstacles in terms of traveling far to register, and the costs of registration.
3. The main reasons people believe for child's birth registration

Questions to probe:

Annex 3
Search For Common Ground

Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”

Interview Questionnaire for SFCG/Project Staff

Name		Date	
Designation		Time	
Email		Location	
Mobile			

1. What is your understanding of the Project? What are the key activities that you can mention? What was your role in the project? What was your key tasks/functions?
2. To what extent the project activities and messages were relevant to the peace building context in Yemen?
3. Is the project adding value that other actors in peace-building were not previously providing? How to strengthen the peace-building aspect for similar initiatives in the future?
4. To what degree did Yemeni parents and community leaders in seven targeted districts within two governorates (Taiz and Al-Hodeida) adopt 14 key life-saving care and protective behaviors for children?
5. To what degree did the project increase Yemeni parents and community leaders’ knowledge of life-saving care and protection strategies for their children?
6. To what degree did the project make Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families?
7. In your opinion did the projects meet the needs/expectations of the beneficiaries? Please substantiate your answer with examples/scenarios.
8. In your opinion did the Partnership for Behavior and Social Change project – Phase II achieve its objectives? Can you highlight some of its major achievements? What factors facilitated these major achievements? (Probe for achievement of expected results).
9. What are the broader changes, positive or negative, intended or unintended, of the intervention in the context? To what extent are these changes desirable?
10. Given the remote management, how did you ensure that the project was implemented effectively? What was the key measures taken to support this process?
11. What type of technical support did the project provide to the implementing partners?
12. What challenges/constraints did you face in implementing the project activities?
13. Are the project outcomes likely to be sustainable? If not, why not? Which remedial actions would have been good to take? If yes, would there be any additional support needed to ensure the sustainability?
14. In the changing current country contexts, what do you think should be the focus of the SFCG programmes?
15. What lessons can you report on? Are there any good practices/success stories that you can highlight?

Annex 4
Search For Common Ground
Terminal evaluation of “Partnership for Behaviour and Social Changes in Yemen Project”

Interview Questionnaire for Implementing Partners ()

Name		Date	
Designation		Time	
Organization		Location	
Email			
Mobile			

1. What type of support did the project provide to you/your organization?
2. What was you/your organization role in the project? Can you mention the activities that you/your organization were involved in? And, Where? (**check samples of activity reports**).
3. Were these activities relevant and meet the needs/expectations of the beneficiaries? Can you state some examples?
4. What went well during the implementation of the project, what did you appreciate about it and what were the challenges/constraints that you faced during the implementation of project activities? How did you address them?
5. What and how many staff did you involve in implementing the stated roles/activities? and what were their roles and approaches? How did they were selected? And, what kind of training have the volunteers received? (**Review the training program**)
6. In your opinion, what has been the project’s major contribution to the target beneficiaries either directly or indirectly? Can you state some examples? (**Probe for intended and unintended impacts**)
7. Are changes introduced by the project long term and sustainable. If not, why not? What could have been done differently so the project becomes more sustainable in the future?
8. What lessons can you report on? Are there any good practices/success stories that you can highlight?
9. What aspects of the project interventions could you recommend for replication? (**Probe if the KI was to implement the project all over again, what could they focus on?**)
10. Do you have any recommendations for improvement of future funding from UNICEF/SFCG?

Annex 5
Search For Common Ground
Terminal evaluation of “Partnership for Behaviour and Social Changes in Yemen Project”

Interview Questionnaire for the Volunteers (3)

Name		Date	
Organization		Time	
Email		Location	
Mobile			

1. What was your role in the project? Can you mention the activities that you were involved in?
2. How were you selected for this role? What was your situation in prior to the selection?
3. What kind of training have you received from IP?
4. How do you describe the quality of the training you received?
5. What were the main messages have you received in training for awareness activity?
6. How beneficial is the training to you?
7. Do you think the activities you were involved in were important and relevant to the needs of the community?
8. What went well during the implementation of the activities in the field , points of strengths you noticed, and what did not go well , how can we improve ?
9. What are the main observations you made in the field , what was the impact of the messages on the beneficiaries , can you share some of their reactions or any interesting stories from the field.
10. What did you learn from your experience at Search. How will you be able to use this learning in the future ?

Annex 6
Search For Common Ground

Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”
Interview Questionnaire for Beneficiaries

Name		Date	
Age		Time	
Education		Location	
Status		Governorate	
Mobile		Email	

1. What services/support/trainings have you received from the project and from whom (the NGO/Implementing Partner/ trainer/training provider)? **(Probe for activities provided as per the objectives of the project).**
2. To what extent the project interventions are relevant to your needs and requirements?
3. Who provided the C4D sessions? (Volunteers, Imams, Sheikh, teachers, etc.)
4. What are the awareness subjects that you received in this C4D sessions?
5. Were you able to understand clearly the messages and information that you obtained during the C4D sessions?
6. What went well during these sessions , and what did not go well ? How can we improve?
7. How useful / important was the information that you obtained from the C4D session?
8. Will you talk about information/ messages that you received to other people in your family and in the community?
9. What are the main three sources of information for you and your family?
10. What kind of information do you consider important for you and your household?
11. Is there any information you would like to know more about?
12. If yes, from whom you would prefer to get this information?
13. How was the services of the implementing partner - in terms of administration and management of the activities, as well as its technical capacities?
14. What challenges/constraints can you mention as the beneficiary of the interventions provided by the project?
15. Do you have any suggestions for improvement?

Annex 7
Search For Common Ground
Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”

Interview Questionnaire for Local Government Officers

Name		Date	
Designation		Time	
Organization		Location	
Email			
Mobile			

1. What is your understanding of the PBSC? What are the key activities that you can mention? What is your role in the project?
2. Please elucidate with examples the relevancy of this project. Was the project justified and appropriate in your opinion?
3. In your opinion did the project address the changing needs over its implementation period?
4. In your opinion has the project achieved its objectives? Can you highlight some of the major achievements? What factors facilitated these major achievements? **(Probe for achievement of expected results)**.
5. The project’s implementation strategy during the project’s period – Did it fit into and addressed the changing contexts/scenarios? What are the key factors ensured the success of the project implementation? What are the areas that needs further improvement?
6. What has been the project’s contribution to the lives of beneficiaries either directly or indirectly and the community in which they live? **(Probe for intended and unintended impacts)**
7. What changes/impacts in your role as local government officer can you attribute to the interventions of PBSC?
8. Did the project meet the needs/expectations? **(Explore answers given)**
9. What aspects of the project interventions could you recommend for replication? What are the sustainability possibilities of these interventions after the project?
10. What aspects of these project interventions do you think will be sustained after PBSC project interventions/UNICEF funding?
11. In your opinion, what challenges/constraints affected the project implementation that can you share with us?
12. Are there lessons you have learnt that you would like to share with us?
13. In your opinion what could have been done better under this project?
14. Any other comments

Annex 8:
Search For Common Ground
Terminal evaluation of “Partnership for Behavior and Social Changes in Yemen Project”
Terms of Reference (TOR)

1. Context

About Search for Common Ground

Organizational Background

Search for Common Ground works to prevent and end violent conflict before, during, and after a crisis. Search has a 33-year track record of equipping individuals and societies to find alternatives to violence. We strive to build sustainable peace for generations to come by working with all sides of a conflict, providing the tools needed to work together and find constructive solutions. We work in 35 countries in Africa, Asia, Europe, the Middle East, and North America, *to transform the way the world deals with conflict, away from adversarial approaches and toward cooperative solutions.*

Project Summary

With support from UNICEF, Search has executed an 18-month- second phase project in seven districts in the two governorates of Taiz and Al-Hodeida. The project aimed to provide Yemeni children and their families with the knowledge and safe health practices to reduce the impact of conflict in Yemen on children’s health, and to encourage greater dialogue around sensitive children’s health issues. By increasing awareness, the program intended to mitigate the exacerbation of health issues by conflict. Search’s proposed project employed a mix of interpersonal and mass media communication as means to achieve a behavior and social change of Yemeni parents and community leaders. This has been planned to be achieved through the use of a multi-layer outreach campaign that used house visits, dialogue sessions with community leaders and mass media outreach through radio broadcasting and mobile cinema. The outreach focused on improving awareness and encouraging communities’ adoption of 14 key lifesaving care and protective behaviors issues identified by UNICEF. By taking part in outreach and dialogues, Yemeni parents and leaders would understand and adopt alternative behavior and care practices.

Search is commissioning this evaluation to achieve the following accountability and learning objectives:

- Objective 1: Yemeni parents and community leaders have increased knowledge of life-saving care and protection strategies for their children (knowledge change)
- Objective 2: Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families (attitude change)

The Partnership for Behavior and Social Change in Yemen Project has three main activities:

Media production and (re)broadcasting

1. Re-broadcast of a 25-episode radio series, and call-in talk shows on health and child protection
2. Produce 15 radio flashes.
3. Produce two additional puppet shows, in addition to the six existing shows.

Outreach Activities

1. Door-to-door visits (DTDVs).
2. Viewing sessions and focus group discussions.
3. Mobile Cinema Events (MCE) and facilitated community dialogues.
4. Joint community activities.

Supportive Activities

1. Facilitators Consultation Forums.
2. Facilitator refresher training course and additional conflict sensitivity training.
3. Information desk bazaars.
4. Distribution of hygiene kits.
5. Distribution of awareness materials.

2. Objectives of the evaluation

Objectives of the evaluation

The objective of the project final evaluation is to define the extent to which the intended outcomes and indicators were achieved, and develop broader lessons learned for future programming for Search-Yemen programs, and Search projects in other countries working in this theme. The primary users of the evaluation will be Search-Yemen and other Search country offices. The secondary audiences include UNICEF, peer organizations and donors working in peace building. The evaluation aims to answer the following set of questions, based on the OECD-DAC peace building Evaluation Criteria:

Relevance

- To what extent the project activities and messages were relevant to the peace building context in Yemen?
- To what extent the project interventions are relevant to the target groups needs and requirements?
- Is the project adding value that other actors in peace-building were not previously providing? How to strengthen the peace-building aspect for similar initiatives in the future?

Effectiveness

- To what degree did Yemeni parents and community leaders in seven targeted districts within two governorates (Taiz and Al-Hodeidah) adopt 14 key life-saving care and protective behaviors for children?
- To what degree did the project increase Yemeni parents and community leaders' knowledge of life-saving care and protection strategies for their children?
- To what degree did the project make Yemeni parents believe that adopting the life-saving care and protection strategies is the right choice for their families?
- Do the stakeholders affected have a significant impact on the conflict? (Are the right/key people or many people being addressed?) Were gender and relevant horizontal inequalities (ethnic, religious, geographical, etc.) taken into consideration?

Impact

- What are the broader changes, positive or negative, intended or unintended, of the intervention in the context? To what extent are these changes desirable?
- Determine lessons learned – what could have been done differently to make the project be of higher quality, greater impact?
- Capture and/or incorporate success stories, when applicable –that have been the most significant changes as a result of the project interventions, specifically ones related to peacebuilding.

Sustainability

- Are changes introduced by the project long term and sustainable?
- What could have been done differently so the project becomes more sustainable in the future?
- Have new mechanisms been designed to continue any work initiated by this project? If yes, will the initiatives sustain post-project?

In addition to the above lines of inquiry, the Evaluation is expected to provide information against the key indicators listed below:

Result statement	Performance Indicator
Community engagement for behavior and social change: mothers, fathers, caregivers, community leaders, and stakeholders have improved knowledge and positive attitudes to adopt 14 lifesaving, care and protective practices.	#of people reached with integrated C4D efforts and have information and accurate knowledge to adopt 14 life-saving , care and protective behaviors

<p><u>Program Output 1</u> # of facilitators trained in community engagement to facilitate social and behavior change processes around 14 key practices</p>	<p>#of facilitators (volunteers) trained on key messages of the project, interpersonal communication skills, key messages use of IEC materials, and reporting by gender trained and engaged</p>
<p><u>Program Output 2:</u> Supportive Information Education and Communication materials produced in multi-media formats in support of behaviour change communication</p>	<p># of IEC materials produced (#-part radio series, puppet show, printed posters, brochures etc.)</p>
<p><u>Program Output 3</u> Mothers, fathers, caregivers, community leaders and right holders have improved knowledge and positive attitudes to adopt 14 lifesaving, care and protection behaviour practices</p>	<p># of people reached with integrated C4D activities including IDPs and have accurate information to adopt key behaviors around the 14 practices</p>
<p><u>Outreach Activities</u></p>	<p># Door to door Visits # Viewing sessions # Bazar (Information Desk) # Joint Community # Mobile Cinema # Distributed hygiene kits # Facilitators Consultation Forums</p>

Methodology

Data collection for this final evaluation will take place in Taiz and Al-Hodeida Governorates in at least 4 districts in both governorates. The methodology should employ mixed qualitative and quantitative data collection approaches. Both quantitative and qualitative data will be analyzed with a gender, age and district level lenses; the report narrative as well as any graphs should reflect this multi-level analysis. The qualitative and quantitative findings are expected to be synthesized together per indicator of theme, and not presented separately in the report. It is important for indicator findings to be compared to baseline findings and presented accordingly.

In terms of order of data collection, the quantitative data is expected to be collected and entered first with basic interpretation of it to allow for revision of qualitative tools in a way that allows for those tools to cover in depth the triggers driving the quantitative data findings.

Sample Frame for surveys

The sampling methodology for the surveys will be designed by the consultant/ firm, referring to the project's M&E framework and in coordination with Search Yemen Project Coordinator, DME Coordinator and reviewed by the Regional DME Specialist.

As part of the data collection and analysis process, the consultant/ firm/firm is required to respect the following Ethical Principles^[1]:

- **Comprehensive and systematic inquiry:** Consultant/ firm should make the most of the existing information and full range of stakeholders available at the time of the review. Consultant/ firm should conduct systematic, data-based inquiries. He or she should communicate his or her methods and approaches accurately and in sufficient detail to allow others to understand, interpret and critique his or her work. He or she should make clear the limitations of the review and its results.
- **Competence:** Consultant/ firm should possess the abilities and skills and experience appropriate to undertake the tasks proposed and should practice within the limits of his or her professional training and competence.

- Honesty and integrity: Consultant/ firm should be transparent with the contractor/constituent about: any conflict of interest, any change made in the negotiated project plan and the reasons why those changes were made, any risk that certain procedures or activities produce misleading review information.
- Respect for people: Consultant/ firm respect the security, dignity and self-worth of respondents, program participants. Consultant/ firm has the responsibility to be sensitive to and respect differences amongst participants in culture, religion, gender, disability, age and ethnicity.

In addition, the consultant/ firm will respect Search's evaluations standards, to be found in Search's evaluation guidelines: <https://www.sfcg.org/wp-content/uploads/2014/07/SFCG-External-Evaluation-Guidelines-FINAL.pdf>

All of the data produced by this study belongs exclusively to Search and all remaining copies of the data will be presented to Search at the conclusion of the study.

Deliverables

The final deliverables of the evaluation will include the following documents:

- An Inception Report, containing an Evaluation Plan Matrix, outlining the specific data collection strategy, responsibility, and timeline for each indicator/line of inquiry and final copies of all data collection tools.
- A draft evaluation report for review by Search and UNICEF staff within 2 weeks of the completion of the data collection.
- A final evaluation report to be no more than 25 pages in length (excluding appendices) and be based on the requirements in the Search External Evaluation Guidelines (shown in the link above and the format to be provided by the Search-Yemen office), including actionable, data-based recommendations for Search and UNICEF as well as suggestions for similar future programming.
- Final electronic copies of all data collected (this includes survey data entered through excel/SPSS format; the format needs to be approved by Search before use; also, notes of all FGDs and KIIs done).

The final evaluation report should strictly be written in English language and should not exceed 30 pages (excluding annexes). It should be submitted electronically in an MS-Word document. It may include:

- Cover page
- Executive Summary of key findings and recommendations;
- Introduction, including brief context description
- Methodology
- Evaluation findings, analysis and conclusions with associated evidence and data clearly illustrated. The findings section should be sub-divided as sub-chapters according to the evaluation criteria.
- Recommendations for the future, which should be practical and linked directly to conclusions; and Appendices, including methodology and evaluation tools, questionnaire, and brief biography of evaluator.

Search will exercise no editorial control over the final evaluation report. Both the final and the summary report will be credited to the consultancy team and will be placed in the public domain, including on the Search website and the DME for Peace website.

Logistical Support

Search will provide the following logistic support as part of Search role in this evaluation:

- Background materials (project proposal, baseline report, implementation plan, progress reports, monitoring reports, et cetera)
- Technical assistance with the review and approval of tools and reports
- Meeting arrangements with stakeholders and beneficiaries

Timeframe

The evaluation should be conducted in maximum of 6 weeks, starting mid of July 2017 (exact start dates negotiable. The hired consultant/ firm will negotiate final dates and deadlines with the Search DME Manager and Project Coordinator.

Requirements of Consultant/ firm

Search seeks an experienced company or evaluator with the following qualifications:

- A minimum of a bachelor's degree in social science or other related subjects (Master's degree preferred in international development, etc.)
- More than 5 years of experience in project evaluation, including collecting data through interviews, surveys and focus groups
- Proficiency in English and Yemeni Arabic
- Experience working with international organizations
- Understanding of and/or work experience in the Yemeni context
- Work experience in conflict context
- Capacity to hire and supervise local data collectors in Yemen
- Excellent communication and writing skills
- Strong facilitation skills
- Strong analytical and research skills
- Ability to be flexible with time and to work under pressure
- Commitment to deadlines
- Experience working on issues of communication and child/community health

How to Apply

Search-Yemen invites all interested and qualified candidates to submit a letter of interest, indicating clearly how their experience meets desired qualifications, resume along with technical (demonstrating implementation and analysis methodology) and financial (based on the inputs shown above) offers for implementation of the above activities, by June 19, 2017 to sfcgyemen@sfcg.org

Applications not meeting these requirements will not be considered.

Please mention the job title in the Subject Field

