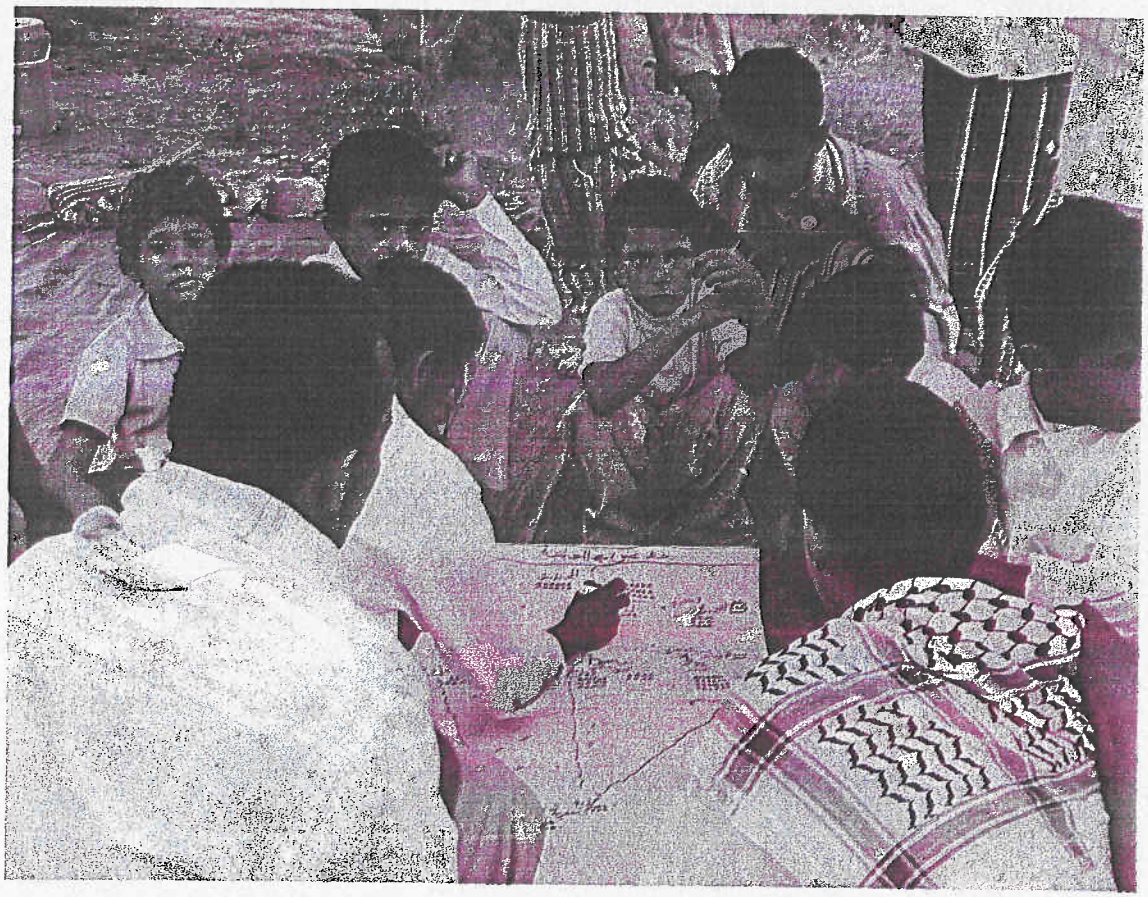
Mid-Term Review of the Yemen Red Crescent Society's Operational Alliance Community Based Health Development Programme



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List of Abbreviations

ATF	Advisory Task Force
CBHD	Community Based Health Development
DAI	Partnership Programme for Progress and Reform
DKK	Danish Kroner
DRC	Danish Red Cross
HoR	Head of Region
HQ	Head Quarter
ICB	Intensified Capacity Building
ICRC	The International Committee of the Red Cross
IFRC	The International Federation of Red Cross and Red Crescent Societies
IHL/EHL	International Humanitarian Law/Exploring Humanitarian Law
MENA	Middle East and North Africa
MoFA	Danish Ministry of Foreign Affairs
MoU	Memorandum of Understanding
MTR	Mid-Term Review
NorCross	Norwegian Red Cross
NS	National Society
OA	Operational Alliance
OD	Organisational Development
OD/CB	Organisational development/Capacity Building
PoA	Plan of Action
PRC	Palestine Red Crescent
RC/RC	Red Cross and Red Crescent
RO	Regional Office
S2020	Strategy 2020
SC	Steering Committee
SRC	Swedish Red Cross
ToT	Training of Trainers
UNDP	United Nation Development Programme
YRCS	Yemen Red Crescent Society

Executive Summary

This report contains the findings and recommendations of the Mid-Term Review of the Yemen Red Crescent Society's Operational Alliance Community Based Health Development Programme, which is conducted with support from the Danish Red Cross (DRC), Norwegian Red Cross (NorCross), Swedish Red Cross (SRC), and the International Federation of Red Cross and Red Crescent Societies (IFRC).

The Mid-Term Review (MTR) was conducted during March 2010 as part of a combined review with the DRC's Capacity Building and Organisational Development Programme. The review considered programme performance against a set of criteria that included inter alia *relevance, effectiveness, efficiency, management and partnership, and sustainability*. The review took place between 27 February and 9 March 2010, and involved meetings with beneficiaries, volunteers, local council representatives, branch and sub-branch staff from Hodeidah (Beit al-Faqih District) and Hajjah (Abbs District) Governates.

By way of a background to the review, in early 2007 the YRCS with the support of the NorCross, SRC, DRC and IFRC agreed to initiate the preparation of a CBHD programme under the auspices of an Operational Alliance, with the dual aims of: 1. Improving the health status of the population, especially women and children; and, 2. Enhancing the capacity of the YRCS staff at headquarters and branches, volunteers and communities to implement the CBHD programme. In this respect, the programme focuses on preventive health in its widest concept and includes support to address the underlying causes for ill health, such as improved water supply systems, latrine construction, combating illiteracy among women and men, and selected livelihood initiatives. The target population for the programme is currently 12,500 beneficiaries: 2,500 beneficiaries living in Abbs district (in 26 villages) and 10,000 beneficiaries living in Beit al-Faqih district (in 33 villages). The programme began work in Hajjah branch (Abbs sub-branch) in January 2008, with technical support from a CBHD delegate (employed by the DRC). However, activity implementation was considerably hampered in 2008 due to security reasons. The programme only began work in Hodeidah (Beit al-Faqih sub-branch) in August 2009.

There are a number of positive aspects about the CBHD Programme that are worth highlighting in this summary. The review found that the programme is both highly relevant to the country of Yemen as well as to the target population, with the overall direction of the programme being in alignment with OA partner development and health strategies. Significantly, the programme has genuinely empowered women and raised awareness of gender issues in highly difficult circumstances, and should be commended for these efforts. The literacy classes have been one of the most successful (and welcomed) activities of the programme, and have certainly contributed toward the empowerment and betterment of women. The review found that other successful programme activities related to improving mother and child health, mostly resulting in increased uptake of vaccinations for women and children. Positive results were also reported in relation to improving safe births, with family planning initiatives being especially welcomed by the target group. The programme has also contributed to improved understanding among women on the importance of immunization, personal hygiene, clean environment, and prevention of malaria.

Having said this, the implementation of the programme is considerably behind schedule and has thus not achieved its objectives in accordance with expected plans (much of which may be attributed to security reasons, along with an unacceptable six-month YRCS interruption of activities during 2009). Furthermore, progress in relation to

providing communities with clean, reliable water supplies, effective sanitation solutions, and improved food security has been very disappointing. This failure to deliver on these notable project activities has resulted in a feeling by beneficiaries of having been 'let down' by the programme and has caused difficult tensions between programme staff and the beneficiary community. In addition, the programme's inability to monitor progress against expected results, key indicators, and targets is a serious impediment to overall performance and eventual understanding of programme impact. The review also established that resources (financial and human) have not been efficiently converted into results or outputs, and overall programme management has not been to the standards expected from a strong partner Operational Alliance set-up.

The review team further found an evident lack of YRCS ownership and accountability for the programme in multiple ways (specifically at the branch and sub-branch levels), but this was not surprising when a range of key factors were taken into account (e.g. non-translation of programme documents, confused reporting lines etc.). While the OA itself has been 'good' for both YRCS and partners, cooperation and efficiency could have been improved if there had been a more coherent approach towards YRCS and the International Federation from the DRC/NorCross/SRC consortium, especially with regard to the DRC performing more strongly in its lead role.

In terms of the future, the review team found there was a need to 'redirect' the current programme to reflect the reality of the work being undertaken alongside the real needs of the community, and in the context of what the programme is realistically able to deliver. In this respect, the programme should shift its focus towards: '*Improving health and livelihoods – empowering vulnerable communities*' (given that it should retain the successful literacy component). Within this redesign process there is a need to ensure that volunteers at the heart of the intervention and through this secure synergy with the DRC's OD/CB Programme and other YRCS volunteer initiatives. The programme should be redesigned using a fully participatory and consultative process (involving all stakeholders) led by YRCS with partner support, retaining the strong and valuable aspects of what is already there, adjusting to the new realities, and abandoning what is not working or has little chance of working. Through this process, there is an opportunity to make the programme ultimately SMARTer[1] by linking-up strategically with the volunteer elements of the DRC's OD/CB and the IFRC supported YRCS Intensified Capacity Building (ICB) plan.

In order to ensure that YRCS develop a strong sense of ownership for the refocused programme, the NS should lead the design and planning process with appropriate partner support. This needs to be undertaken in a fully participatory and consultative manner with wide stakeholder involvement. To support this process an effective programme-wide monitoring system (with baselines, indicators, targets and milestones) should be established as a priority. To ensure programmatic efficiencies and sustainability, the revised programme should place volunteers at the heart of the interventions as a mechanism for ensuring linkage between other YRCS programmes, notably those of OD/CB and ICB. This programme linkage should be undertaken in a phased way, simply because immediate integration within the programmes is unrealistic, but with the ultimate aim of developing a more sustainable programme (and consequential set-up) that is enshrined within volunteer management principles. In this respect, the recommendations made in this report should be implemented alongside relevant 'synergy' recommendations in the separate MTR OD/CB and synergy reports.

Within the programme redesign and enhancing ownership stages, clear roles and responsibilities for all aspects of programme management (at all levels – HQ to sub-

[1] Specific, measurable, achievable, realistic and time-bound.

branch) need to be established, agreed and implemented before the new initiative begins. Clear responsibility and accountability lines need to be agreed and adhered to by all partners that take into account the need for improved and regular communication and dialogue leading to better mutual understanding. Of particular importance is a need, in meetings, to determine responsibility for actions and ensure that the appropriate follow-up is taken (and to hold people responsible for their actions/non-actions). To support the programme redesign process it is essential that an effective implementation structure be agreed to make speedy, effective and efficient management decisions with minimum delays. The structure should have clear roles and responsibilities, be expected to hold regular meetings, and provide the appropriate management and monitoring levels. To support this structure, it is recommended that a new team of delegates are recruited (two persons) that will have mutual responsibility for supporting this programme and also the OD/CB Programme.

In terms of future outlook, the MTR Team considers this as a golden opportunity for a renewed partnership. If the partners are able to proceed within the framework described in Section 4 of this report, then there is a high chance of securing the necessary change that can be built on and expanded in the future. If partners cannot keep their commitments to each other then the future of the partnership seems to be highly insecure. The YRCS has openly acknowledged that it does not have sufficient capacity to move forward with the necessary changes without partner support (specifically to implement the recommendations which are detailed separately in this report), and here the partners must support the YRCS to implement these recommendations preferably through a professionally, external facilitated process. However, the nature of the change required by all partners to make the OA and DRC supported programmes a success should not be underestimated. The required change is complex, deeply structural and heavily dependent on good communication and inter-cultural understanding.

This is a golden opportunity to 'Walk the Talk' when it comes to making this positive change happen. And positively, the commitment is already there, as Dr. Abbas Secretary General of the YRCS stated to partners at the end of the MTR process in Yemen, "We promise to make this dream come true".

Contents

1. Introduction and background

The purpose of this introduction is to provide a brief insight into the background and history of the YRCS Operational Alliance (OA) Community Based Health Development (CBHD) Programme and the supporting partnership arrangements. It does not attempt to provide a contextual history of Yemen or its people but rather addresses relevant issues through the appropriate findings section (Section 3) below.[2]

During early 2007, the YRCS with the support of the NorCross, SRC, DRC and IFRC agreed to initiate the preparation of a three-year CBHD programme under the auspices of an Operational Alliance. The purpose of an OA is to most effectively utilize the collective resources of the members of the International Red Cross Movement (and where appropriate external partners) to enhance the capacity of the Operating National Society (ONS) as a means of achieving greater programmatic impact in delivery of services to vulnerable communities. The idea is that all members of the OA work together to jointly assess, plan, monitor and measure the performance of the programme along with a common management mechanism that incorporates the following *Seven Ones*:

1. One set of needs analysis
2. One set of objectives and strategies
3. One plan
4. One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement
5. One results-based funding framework in which multi and bilateral financing channels can co-exist
6. One performance tracking system
7. One accountability and reporting mechanism

Programme planning for the OA began in June 2007 with identification of project areas (Hajjah and Hodeidah), employment of staff, training of staff in participatory learning and action methodologies and establishment of an office at the YRCS sub-branch in Abbs, Hajjah.

The CBHD programme has the dual aims of:

1. Improving the health status of the population, especially women and children.

2. Enhancing the capacity of the YRCS staff at headquarters and branches, volunteers and communities to implement the CBHD programme.

Specifically, the programme focuses on preventive health in its widest concept. This includes the provision of support to address the underlying causes for ill health, such as improved water supply systems, latrine construction, combating illiteracy among women and men, and selected livelihood initiatives. The current target population for the programme is 12,500 beneficiaries:[3] 2,500 beneficiaries living in Abbs district (in 26 villages) and 10,000 beneficiaries living in Beit al-Faqih district (in 33 villages). Reports indicate that there are a total of 187 volunteers attached to the programme; 109 in Hodeidah and 78 in Abbs.
At the end of 2007 a programme document was prepared and agreed upon. Within the

[2] Readers interested in detailed information about the programme and specific Yemen data (e.g. health context and demographics) are referred to the OA CBHD Programme Document.
[3] The original target was set at 10,000 beneficiaries in each district.

partner contract the following funds were committed to support the OA. SRC: 1.200.000 DKK in 2008, 2009, and 2010. NorCross: 800.000 DKK in 2008, 2009, and 2010. And DRK (using frame fund: 1.500.000 DKK in 2008, and 3.300.000 DKK in each 2009 and 2010.[4]

The CBHD Programme began implementation in Hajjah branch (Abbs sub-branch) in January 2008, with technical support from a CBHD delegate (employed by the DRC). However, implementation was considerably hampered in 2008 due to security reasons and resulted in the withdrawal of the delegate to Amman, Jordan. The programme only began work in Hodeidah (Beit al-Faqih sub-branch) in August 2009. A DRC Annual Review of the programme was conducted in July 2009 but due to security restrictions the reviewer was unable to meet with beneficiaries or travel outside of Sana'a.

In addition to receiving support for CBHD programme work, Hajjah and Hodeidah branches have received OD support from the DRC and from the IFRC in support of local branch development through the Intensified Capacity Building (ICB) Plan.

2. Method

The method for this MTR comprised 7 key stages. These stages were:

Stage 1 – Desk-based literature review.
Stage 2 – Key informant interviews.
Stage 3 – Field interviews with beneficiaries and volunteers.
Stage 4 – Follow-up interviews and focus groups with programme beneficiaries, volunteers, steering committee members, branch, and sub-branch staff.
Stage 5 – Interviews with key National Society staff, Steering Committee Members and other Red Cross/Red Crescent stakeholders.
Stage 6 – Distillation of key findings into relevant categories and themes.
Stage 7 – Presentation of key findings for stakeholder validation.

These stages are described below.

***Stage 1**: A desk-based review of relevant literature.*
A literature review was conducted by selected team members from SRC, IFRC, NorCross, PRC and DRC prior to arrival in Yemen (see Terms of Reference, Annex I for team composition). The literature review was undertaken as a means of identifying: (a) key interest themes based on the ToR's focus, and (b) key informant/stakeholder interview questions (described further in Stage 2 below).

***Stage 2**: Key informant/stakeholder interviews.*
Key informant (i.e. significant OA stakeholders not residing in Yemen) semi-structured interviews were conducted by selected team members prior to arrival in Sana'a. The relevant data obtained was used to guide the focus for the in-country interviews and fieldwork described in Stage 3 below.

***Stage 3**: Field interviews with beneficiaries and volunteers.*
Selected YRCS staff and Arabic speaking members of the team travelled to a sample number of villages from each district involved in the CBHD Programme. The aim was to conduct 'significant change' interviews (tape recorded wherever possible) with a selection of gender-balanced volunteers. The following were interviewed as part of Stage 3.

[4] The actual amounts differ somewhat due to under spending.

District	Beneficiary	Volunteer
Abbs	10 males and 10 females	7 males and 10 females
Beit al-Faqih	13 males and 10 females	10 males and 9 females
Abbs	Branch Secretary General and Sub-Branch President	
Beit al-Faqih	Health Clinic staff (female) and Sub-Branch Field Coordinator	

Stage 4 – *Follow-up interviews and focus groups with programme beneficiaries, volunteers, steering committee members, branch, and sub-branch staff.*
Non-YRCS members of the Review Team arrived in Sana'a on 26/27 February and remained in country until 9 March 2010. Between 28 February and 3 March 2010 the review team travelled to Hodeidah[5] and met with a sample of beneficiaries, volunteers, local council representatives, branch and sub-branch staff from Hodeidah (Beit al-Faqih District) and Hajjah (Abbs District) Governates. The purpose of the visit was to:

- Conduct group interviews with beneficiaries and volunteers from selected CBHD target villages as a means to validate/triangulate the results obtained through Stage 3, and also as a means of exploring key issues in-depth.
- Conduct group interviews with select branch and sub-branch staff, governance members as a means of validating/triangulating provisional desk/field findings and also as a means of exploring key issues in-depth.

In order to ensure representative stakeholder views were gathered, the following were interviewed (following a representative sampling approach):

- Beneficiaries from 10 villages from each district (= 20 villages). Two beneficiaries (1 F/1 M) from each village were invited with a total of 38 attending.
- Community-based volunteers. Two volunteers (1 F/1 M) from each village (= 40 CBVs) were invited with a total of 33 attending.
- One local council member (LCM) from each district (= 2 LCM).
- Sub-branch staff. President of sub-branch, sub-branch project officer and gender coordinator (F) (= 6 staff).
- Branch staff: Health Coordinator and Gender Coordinator (F) (= 4 staff).

Stage 5 – *Interviews with key National Society staff, Steering Committee Members and other Red Cross/Red Crescent stakeholders.*
The data obtained through Stage 4 was used to explore themes with other key OA stakeholders. These stakeholders included: YRCS Branch and Sub-Branch staff, the Secretary General and CBHD National Steering Committee Members; YRCS HQ Programme staff; and FRC, GRC, ICRC, IFRC. (See Annex II: list of people met).

Stage 6 – *Distillation of key findings into relevant categories and themes.*
The review findings obtained from the stages described above were coded (following a standard research technique) and then categorised under *relevant* theme headings. The final themes emerged as:

1. Positive impact of the programme
2. Programme ownership
3. Communication, relationship and trust issues
4. Accountability issues – performance, service delivery and finance

[5] Due to security concerns in Yemen at the time of the review it was not considered safe for team members to visit beneficiary villages in either Beit al-Faqih or Abbs Districts. Therefore, it was decided to invite selected beneficiaries to a convenient location (Hodeidah) where interviews could safely take place.

5. Partner coordination
6. Capacity
7. Structural issues – roles and responsibilities
8. Programme management and design
9. Strategy issues – planning and programme related
10. Quality
11. Sustainability
12. Human Resources

The findings from each of the above themes were then used to formulate Section 3 of this report that considers the relevance, effectiveness, efficiency, management and partnership, and sustainability of the CBHD Programme (as required by the ToR). These criteria are considered in detail below.

3. Review Findings

(For ease of reading theme sub-headings and summary findings are displayed in a different colour.)

3.1. Relevance

In the context of this review *relevance* refers to the extent to which the intervention is suited to the priorities and policies of the YRCS, Yemen (as a country), and strategies within the Red Cross/Red Crescent.

The extent to which the intervention is suited to the priorities and policies of the YRCS

The YRCS Strategy (2007-2011)[6] is the key benchmark document against which the relevance of the CBHD Programme should be judged when considering its compatibility with the priorities and policies of the YRCS. Specifically, there are two objectives in the YRCS Strategy (2007-2011) related to health and capacity-building that are especially relevant to the CBHD programme. These are objective 4.3: *Consolidated health and care in the community*, with the success criteria: *The YRCS has enhanced its contribution to the improvement of community-based health services and standards including prevention of communicable diseases.* And, the capacity building objective: *Sustainable organisational development*, with the following success criteria: *The YRCS has enhanced its organisational capacities and systems in a way that generates a positive impact on the quality and quantity of its services and advocacy efforts.*

Furthermore, the immediate objectives of the CBHD Programme are analogous with key YRCS strategic objectives. Specifically, the first immediate objective focuses on the improvement of the health situation of the population (especially women and children), while the second objective addresses the enhancement of the YRCS capacity at all levels including communities, community volunteers, sub-branches, branches and national headquarters to implement community based health programmes. Additionally, the CBHD Programme is being implemented in rural areas in line with the YRCS strategy of expanding service delivery beyond urban geographical areas as a means of reaching more vulnerable populations.

[6] YRCS Strategy (2007-2011) was developed in alignment with the International Federation Strategy 2010 and the Global Agenda Goals. The YRCS Strategy's 4 objectives are comparable to those in the International Federation Strategy 2010.

In summary, the review findings indicate that the Programme is highly complementary with key elements of the YRCS Strategy (2007-2011) and is thus relevant to the priorities and policies of the YRCS.

The extent to which the programme aligns with Country (Yemen) policies including Poverty Reduction Strategy Programme (PRSP) and Millennium Development Goals (MDGs)

Findings show that the CBHD programme is strategically aligned with the Millennium Development Goals (MDGs) through its immediate objectives and subsequent indicators, and thus - from a theoretical perspective at least - contributes toward the achievement of those goals. Specifically, the expected outputs for the programme's first immediate objective: *improved health status of the population especially women and children* is compatible with the MDGs. The first output, *decreased prevalence of waterborne diseases, especially diarrhoea and worm infestations*, contributes to Goals 4, 6 and 7. The second output, *improved environmental hygiene* contributes to Goals 4 and 7, with the third output, *addressing maternal and child health* contributing to Goals 2, 3, 4 and 5.[7] The fourth output, *small-scale food security activities especially for women* supports Goals 1 and 7. The second immediate objective of the CBHD programme focuses on enhancing the capacity of the YRCS including communities, volunteers, sub-branches, branches and headquarter to implement community based health development programmes indirectly contributes to the same Goals as the first immediate objective.

From a *beneficiary* relevance perspective, the wealth ranking carried out in Abbs during the 2007 Participatory Learning and Action (PLA) exercise showed that of the 500 households surveyed 176 were characterised as very poor (i.e. households own no land, have no animals, own no means of transportation, and have high unemployment); 226 households were characterised as poor (the household owns less than one hectare land, less than ten animals and no means of transportation). It should also be noted that government health care services in the target 59 villages are non-existent with one exception in Beit al-Faqih district (where a village health clinic exists). With 80% of the target population classified as very poor or poor with no access to health services, the fact that the programme design incorporates *inter alia* health and hygiene promotion, immunization, water supply, sanitation, family planning services and literacy improvement, there is no doubt that the programme is highly relevant to the target population.

In summary, the programme design is both highly relevant to the country of Yemen and its desire to attain MDGs as well as to the target population.

The extent to which the programme aligns with strategies, policies and goals of Danish Red Cross, Swedish Red Cross, Norwegian Red Cross and the International Federation of Red Cross and Red Crescent Societies

From a review of the literature it is clear that the immediate objectives of the CBHD Programme are highly relevant to the international strategies of the Norwegian, Swedish and Danish Red Cross Societies. Accepting the obvious 'health' alignments of the

[7] Maternal mortality is the leading cause of death among women in reproductive age in Yemen and 82% of these deaths take place in connection to delivery. Reference: A. Al Serouri, A. Al Rabee, M. Bin Afif, A. Al Rukeimi. Reducing maternal mortality in Yemen: Challenges and lessons learned from baseline assessment. *International Journal of Gynecology & Obstetrics*, Volume 105, Issue 1, pp 86-91.

aforementioned partners (which need not be detailed here), the Norwegian Red Cross (NorCross) strategy focuses on building resilient communities and supporting the host national society to develop the necessary expertise in health promotion, preventive health care and first aid (however, food security is not a NorCross priority nor is water and sanitation in long-term development settings). The Swedish Red Cross (SRC), adhering to the Global Health and Care strategy, emphasises the importance of the development of community volunteers, and interventions with the objective to improve the health status for women and children are priorities as well as the prevention of vaccine preventable diseases. The Danish Red Cross (DRC) strategic guidelines for community based health development (2006) stresses the importance of engaging the target community throughout the project cycle, to address the underlying causes of ill health and to building national society and community capacity. However, none of the above mentioned partners include literacy as a strategic approach to improving community health.

From an International Federation perspective, the CBDH Programme aligns with the strategic directions of the International Federation Global Health and Care Strategy 2006 - 2010, particularly capacity building and community empowerment. It also follows the International Federation health policy stating that community based health programmes should be prioritized so that the essential health needs of the most vulnerable populations are recognized and provided for. However, neither the Global Health and Care strategy nor the health policy includes literacy as a strategic direction for health.

In summary, the overall direction of the programme is in broad alignment with OA partner development and health strategies, however, the literacy component is an anomaly to all the partner health policies and strategies.[8]

The extent to which the programme has promoted 'good practice' and cross-cutting issues, for example, gender and advocacy

When considering the conservative nature of the target communities, the CBHD Programme has made a commendable effort to address gender issues. While the main focus of the programme is orientated to women and children, improvement of their health status and overall livelihood is entirely dependant on the cooperation of their husbands or the male relative heading the household to which they belong. Interviews with women conducted by the review team revealed that more women are visible in the communities and actively involved in activities now than before the programme began, and much of this success can be attributed to a sensible and sensitive programme design that specified involving *imams* and recognised that having male literacy classes was essential to establishing literacy classes for women (simply because an illiterate man would not allow his wife to become better educated). Males also need to approve project activities, such as vaccination of women and children, and promotion of family planning, and given that these activities have been relatively well accepted by communities, the programme should be duly acknowledged for advocating on behalf of women for these basic rights.

In summary, the review found that the programme has genuinely empowered women and raised awareness of gender issues in highly difficult circumstances, and should be commended for these efforts.

[8] While the literacy component is an anomaly to CBHD programming, in the Yemen context, it has brought considerable benefits (detailed elsewhere in this document).

3.1. Effectiveness

In the context of this review, *effectiveness* is concerned with assessing whether the outputs are delivered in an appropriate manner and quality, and are likely to contribute to the realisation of the agreed objectives.

The extent to which programme objectives have been realised thus far

From a broader achievement perspective, the review team investigated the programme expected results and established that the following activities were carried out:

1. Decreased prevalence of waterborne diseases, diarrhoea and worm infestations among children under five year of age

Volunteers in Abbs district were trained on safe water handling from source to consumption, and symptom, transmission, prevention and treatment relating to diarrhoea, malaria and worm infestations. However, it is uncertain to what extent the volunteers passed on this knowledge through health education sessions in their communities or during household visits. According to interviews conducted for the review (in Beit al-Faqih) health knowledge has been passed to participants via teachers through the literacy classes, and while this is a welcome outcome, it is really the role of the volunteers to impart this health knowledge to the community.

A clean, reliable water supply is a priority need of the target populations in all programme sites. In Al-Wasad, Abbs district, a water supply scheme funded by the World Bank was under construction by the district water authorities prior to the start of the CBHD Programme. The programme contributed to this initiative by installing a pipe network from the water pump to select villages, however, at the time of the review the pipes were reported as 'non-functioning'. This is reportedly due to an authority representative (or politician) allowing a village not covered by the programme to connect directly to the main pipe. Furthermore, the review team were informed that the water pump itself is now broken. Currently, none of the target villages are receiving water and there is no plan to connect nearby villages without water to the water supply scheme. There are outstanding issues relating to the registration of the water committee in Al-Wasad and community participation in the scheme is low due to a failure to fully involve the community in the process. Progress in relation to providing communities with water in Abbs has been very disappointing.

On behalf of the CBHD Programme, the French Red Cross (FRC) conducted water searches in Bani-Hassan in 2008 but unfortunately drilling located no water. A local water spring was later identified and plans made to construct a 15,000 cubic metre dam, with the aim of piping water to the target area. To support this, the FRC drew up construction tender documents and submitted those to the CBHD team in January 2010, however, clearance from the local authorities regarding ownership of land must be obtained prior to construction. Hajjah branch is responsible for obtaining the necessary clearance but it is felt that permission for use should have been secured before commissioning the surveys simply because if permission is refused, all effort and fees will have been wasted. There are a number of open wells in Bani-Hassan supplying heavily bacterial contaminated water to communities. To help with cleaner water solutions the programme procured locally made water filters for sale to communities at 20% of the normal retail price but these have not yet been distributed.[9] A water survey was carried out in November/December 2009 in Beit al-Faqih by the rural water authorities but the report has yet to be finalized.

[9] The delay has been caused by a lack of community trust in the programme (especially in Abbs District) over the pricing policy as well as delays in conducting the accompanying awareness and marketing campaign.

The Abbs baseline survey (2007) established that there were no latrines in the target villages. A consultant subsequently conducted a study for the construction of toilets in spring 2009 and due to water shortages in the area recommended dry pit latrines. At the same time, the Social Fund conducted a Community-Led Total Sanitation (CLTS) exercise in five villages in Abbs in July 2009 to raise community awareness about proper sanitation and the negative influence of poor sanitary conditions on health. Following this, 82 latrines were constructed in target villages, however, the 'targeting' has been ad-hoc[10] and the cost per latrine (reported at some USD$250) seems expensive and higher than many latrine construction norms.[11] Indeed, the mild-steel door arrangement seems rather peculiar given that there is no roof on the structure raising issues about cost-effective design. It was not possible to view an actual latrine but the team were presented with a photograph of one built in Abbs, which appeared to be far below the model standard adopted by the programme.

In summary, the review established that in Beit al-Faqih health knowledge has been promoted through the literacy classes (an unexpected but welcome outcome), but progress in relation to providing communities in Abbs district with water and sanitation solutions has been slow and disappointing.

2. *Improved environmental hygiene*

With the support of the Ministry of Health, trainers, teachers and volunteers were trained in personal and environmental hygiene, and Red Crescent Clubs were established in two schools in Abbs town. As previously stated, interviews revealed that knowledge about personal and environmental hygiene in Beit al-Faqih has been passed to the community via the literacy classes and to Abbs beneficiaries via some female volunteers. However, it was not possible to view any villages to determine overall environmental cleanliness.

3. *Improved maternal and child health*

One of the most successful programme activities related to this expected result has been the promotion of vaccinations to women and children. The YRCS, in collaboration with Abbs and Beit al-Faqih health authorities, has been running mobile vaccination clinics in the two project areas with vaccination teams undertaking monthly visits to 26 villages in Abbs District since 2008 and to targeted villages in Beit al-Faqih since December 2009, which resulted in a number of children and women being vaccinated following the national immunization programme. From interviews conducted with volunteers and beneficiaries it is evident that vaccination cards have been distributed and are well understood by mothers, and that these outreach vaccination services are much appreciated by both men and women. Improvements in health were reported by some of those interviewed as a result of this intervention.

In relation to supporting safer births, the programme is supporting one woman from Bani-Hassan to undertake a two-year midwifery training in Hodeidah, who upon completion will return to Abbs to work. It has not been possible to train more women as only 32 women older than 15 years were literate in the project area prior to programme commencement.[12] A training course in clean delivery was conducted in collaboration with

[10] Among the women beneficiaries interviewed only one reported receiving a latrine from the programme (she further expressed no understanding of the importance of using the latrine). Some male beneficiaries in Abbs reported receiving latrines but the President of the sub-branch reported that the cost seemed excessive for what was provided.

[11] When seeking comparison costs in Yemen, the FRC reportedly build latrines (complete with roofs and water tanks) for approx. USD$150.

[12] The programme team should conduct a survey to determine if this situation has changed.

the health authorities for ten midwifes in Abbs district. These midwives undertook a five-day training for 30 dayas (TBAs) in Abbs and 34 dayas from Beit al-Faqih. The training focused on clean deliveries and the dayas were equipped with delivery kits.[13] Pregnant women in Abbs received ante and post-natal care through the midwives at village level, and deliveries assisted by trained dayas. Complicated pregnancy cases were referred to next level of health care in the district hospitals. Family planning awareness was conducted by *dayas* and the female project officer and the provision of contraceptive devices were made available through midwives and social marketing volunteers.[14] The review team established from female beneficiaries that family planning services are highly appreciated. The result is that communities have been mobilized for health care interventions in line with the programme aims. As the programme implementation in Beit al-Faqih has only just begun, there are no major results to report from this district.

Somewhat strangely, the literacy classes are included under the maternal and child health output and are thus reported on here. The 2007 Abbs baseline survey showed that only 32 (4.5%) women out of 715 above 15 years of age were literate. The CBHD Programme has in collaboration with the education authorities established literacy classes for men and women in both project areas and this has been one of the most successful programme achievements (although the activity does not specifically contribute toward the programme objectives). Adult literacy classes run for three years and examinations are conducted on a yearly basis. Results in June 2009 showed that the literacy level for the women increased from 4.5% to 27%. During the first year, 34 out of 162 women enrolled in Abbs dropped out of the classes with the remaining 128 passing the examination. It was reported that employment of literate females as teachers for the adult literacy classes has encouraged families to send girls to school, as they see an opportunity for educated females to work and earn a salary. Male literacy classes have been running since 2008. Initially, 94 males enrolled in Abbs. During year one, 36 dropped out,[15] with 51 of the remaining 58 males passing the examination.

The literacy classes have continued for a second year in both project areas. In addition, the programme has provided materials and also education for children in response to community wishes. This latter approach stems from the long travelling distance to the nearest public school, making school access difficult for children (especially girls). As child education is a government duty these initiatives should be reconsidered. Due to difficulties in finding qualified teachers in the project areas, the programme has paid teachers (from outside the project areas) to come and teach. To sustain teaching activities after programme support has ended, participants are required to pay teachers' transport costs. As a consequence, some participants have dropped-out as they cannot afford the fee.

In summary, the review found that of the most successful programme activities related to improving mother and child health resulted from the promotion of vaccinations to women and children. Positive results are reported in relation to improving safe births, with the family planning initiatives being especially welcomed. And while literacy classes do not

[13] The national training curriculum for dayas comprises 40 days. The CBHD programme planned to conduct this training divided into eight five day sessions so that the participants can be recognized as qualified dayas.

[14] According to programme reports, an agreement was made with the Ministry of Public Health to include two villages (Abbs district in May 2008) in a "Social promotion for reproductive health" project funded by GTZ. The social marketing volunteers (for family planning) were trained by GTZ (one male and one female) covering 13 villages resulting in a total of 26 social marketing volunteers in Abbs.

[15] Reasons for drop outs were not established but if the activity is to be continued it would be useful to establish why more than one-third of men fail to complete the course as well as what could be done to retain women's attendance in the scheme.

specifically contribute to the overall programme objectives they have been one of the most successful (and welcomed) activities, and have certainly contributed toward the empowerment and betterment of women. It should be noted that the literacy level of both men and women has increased in both districts as a result of the literacy classes. Literacy classes in Beit al-Faqih have resulted in increased knowledge on many health issues among beneficiaries. Interviews revealed that many women understand the importance of immunization, personal hygiene and clean environment, and know how to prevent malaria.

4. Small scale food security activities especially for women
Studies to identify suitable small income generation activities related to food security and livelihoods (e.g. waste water watered kitchen gardens, fruit cultivation, goat raising and chicken farming) were carried out by a consultant in Abbs during May/June 2009, and Beit al-Faqih during August/November 2009. A PLA approach was used to ensure that the recommendations would be acceptable and in line with community priorities. Detailed plans of action for food security and livelihoods for the two project areas were subsequently prepared but no activities have yet been carried out. This has resulted in a real sense of broken trust between the programme and beneficiary communities due to un-kept service delivery promises (primarily Abbs but now affecting Bet al-Faqih). The review tried to establish reasons for the delay but received no satisfactory answer.

In summary, progress in relation to improving food security has been very disappointing, not least because beneficiaries were promised improved livelihood through livestock initiatives and this has become a source of mistrust between the community and district programme staff i.e. beneficiaries have no faith in the programme to deliver agreed activities.

5. A network of skilled, committed and effective volunteers
While the programme trains community volunteers, the quality of both the end result and the actual training provided is uncertain. Volunteers appear to be insufficiently utilized in that they have limited involvement in health education activities, conduct almost no home visits, and have insufficient activities planned for them. The existing pre-CBHD Programme volunteer activities that were locally funded stopped when the programme was introduced[16], and it is uncertain whether volunteers at sub-branch level are supporting the new CBHD Programme.

6. Well functioning YRCS CBHD management at all levels and enhanced planning and management capacity of branch and sub-branch board and volunteers
To avoid duplication, the results against this expected result are considered in the *Programme Management* efficiency heading in Section 3.3.

In summary, the implementation of the CBHD Programme is considerably behind schedule and has thus not achieved its objectives in accordance with expected plans. There are a number of reasons for this under performance, much of which can be attributed to the withdrawal of the OA/DRC health delegate for most of 2008 for security reasons, along with unacceptable six-month YRCS interruption of activities in Abbs during 2009[17] (where programme staff were denied access to the field). It was reported

[16] This planning oversight had a detrimental effect on branch sustainability (considered more fully in section 3.5 below).
[17] The first stoppage between February-April, with the second from mid-July-November 2009.

that during these interruptions only water related activities,[18] vaccinations and literacy classes were carried out.

An assessment of the technical quality of programme activities, and quality of monitoring and application

The technical quality of programme activities was not directly assessed due to security restrictions (as well as due to the limited number of activities having taken place). However, in Abbs, pregnant women have received ante- and post-natal care, deliveries have been assisted by trained *dayas*, and complicated pregnancy cases have been referred to next level of health care i.e. district hospitals. According to those women interviewed, *dayas* have changed the procedure when cutting the umbilical cord from disinfecting with their own thumb (or piece of iron) dipped in ashes to using alcohol. Family planning services (including provision of contraceptive devices) have been made available and followed-up by the *dayas*, field officers and the midwives. Beneficiaries also confirmed that the vaccination and family planning services were highly appreciated. Compared with the pre-programme situation (when family planning was seen as non-acceptable), this should be considered a significant achievement (38 women have received either contraceptive pills or injections).

Additionally, mothers are aware that vaccinating children contributes to disease prevention; and understand the importance of personal hygiene and clean environment for health; and know how to prevent malaria through the use of bed nets. While beneficiaries from Abbs expressed that they had received their knowledge from the project officer and the *dayas*, they could not confirm that community volunteers are conducting health education sessions or home visits. This indicates that the volunteer system at village level is weak. In Beit al-Faqih, the literacy classes have led to increased health knowledge and it is apparent that the programme in the initial phase has used this opportunity to reach the beneficiaries while building the community volunteer structure.

In summary, while the above all point toward programme activities having been carried out, the actual technical quality of the implementation cannot be established. The 2007 programme document (p.34) describes a comprehensive and sound approach to monitoring outputs but regrettably this has failed to materialise in practice. Consequently, the programme's ability to monitor progress against expected results, key indicators, and targets is non-existent. The non-establishment of key indicators and targets has almost certainly contributed to this failing.

The effectiveness of methodologies and approaches used by the programme

The 2007 CBHD Programme Document details a number of 'development approach principles' that underpin the programme, the relevant ones which are reviewed here. It was found that appropriate participatory and inclusive methods were used when planning the project (indeed, the PLA approach described in the 2008 Programme Document and elaborated on during interview seems robust and thorough). Such effort contributes to ensuring community acceptance of the proposed actions in accordance with community self-identified priorities. However, at the YRCS level there has been a lack of understanding of the CBHFA participatory approach/methodology on which the programme is premised, coupled with inadequate implementation and a lack of follow up. YRCS staff have to some extent understood the basic principles of the participatory

[18] Detailed in the 2009 report, but it was understood these were also stopped.

approaches and the importance of applying appropriate teaching methodologies depending on the cognitive development of the trainees, but regrettably there has been no real understanding of how to use volunteers to secure best effect (see below for further elaboration). Consequently, there is a need for further training of volunteers and staff in applying participatory tools (CBHFA in action facilitator and volunteer trainings). And while it was laudable to highlight the need to 'stimulate a human rights approach' within the programme, in the Yemeni context this is highly problematic due to the country's poor performance record in this area.

From an *approach* perspective, community expectations were raised concerning what they believe the CBHD Programme has promised when in reality the programme could never promise such things e.g. large one-off cash payments to midwives for participating in the activity. In Abbs, this also led to community disappointment when the programme failed to deliver on its promised safe drinking water and livestock initiatives. This has caused much worry and concern for the district staff and has negatively affected their relationship with the beneficiary community. A key YRCS resource and one person from one branch were trained as CBHFA master facilitators, but showed no commitment to train programme staff or other relevant YRCS colleagues.[19]

In summary, while the initial PLAs were conducted according to good practice standards, actual programme implementation has been less than rigorous, specifically in relation to CBHFA standards. And as stated previously, while a successful intervention in itself, the literacy component does not sit comfortably with accepted CBHD methodologies or approaches.

The extent to which the CBHD and the DRC supported OD programmes obtained synergy with each other, and with the other OD initiatives, i.e. the ICB and the other YRCS OD activities

Simply put there is no synergy between the CBHD and OD programmes, and the ICB Plan. They seem to be run in parallel without integration and common use of existing resources within the YRCS. There are several reasons for this situation: an inadequately incorporated OD component in the CBHD programme document; different understanding among the partners as to what degree the DRC supported OD programme should support the CBHD programme; and the ICB Plan being developed with little account for the existing OD and CBHD programmes. (This issue of programme synergy is addressed in a separate report as part of the Mid-Term Review.)

3.3. Efficiency

In the context of this review, *efficiency* refers to how economically the resources and inputs (financial and human) have been converted into results and outputs.

The efficiency with which resources and inputs have been converted to results and outputs

From a basic programme perspective it is important to highlight that there is no credible baseline or corresponding indicators and targets against which to track performance and progress. This makes it difficult for the programme to illustrate the impact it is achieving. The review team understands that a baseline survey was made in Abbs by the YRCS Health Department in late 2007 and published in May 2008. However, the indicators

[19] This indicates that there are a lot of unused human resources in the YRCS.

formulated throughout are given only as X%. Furthermore, the delegate reports that in Spring 2009 a baseline survey questionnaire was formulated by the project team for Beit al-Faqih, however, information indicates that some questions were missing which will most likely harm the possibilities of establishing a fair and realistic data-set for the LFA matrix. (At the time of the review the data was still not systematized.)

A key inefficiency factor relates to programme activities not being implemented as planned in 2008 and 2009 due to the transfer of the CBHD Programme delegate to Amman, along with the YRCS imposed cessation of activities and field visits in 2009.[20] Consequently, in 2008 the programme was less efficient than expected due to the long distance supervision of programme staff from the delegate based in Amman. This resulted in the programme spending USD$150,000 less than budgeted. Furthermore, the transfer of funds from the DRC regional office in Amman to Sana'a was undertaken in an ad-hoc manner (based on requests for separate activities from programme staff), which resulted in further implementation delays. The funds successfully disbursed have mostly covered programme management costs, literacy classes, daya training, midwife training and (unsuccessful) drilling for water costs.

Although the security situation improved in late 2008 (with the CBHD delegate position returning to Sana'a in January 2009), this did not materially contribute toward increased implementation. This is because the implementation of CBHD programme through participatory and inclusive approaches is a slow process requiring time (as does the development of strategies and guidelines for programme implementation). This limitation needs to be taken into consideration as a reason for slow implementation, as does the fact that the approaches applied were new to both YRCS staff and volunteers. Expenditure in 2009 was broadly in line with the planned budget, however, a certain amount was disbursed late in the year on stockpiling material for latrine construction (168 units) and on water filters. Thus, the funds have not yet been converted into results or outputs.[21] But while having established this, it also appears that little consideration was afforded to the National Society's capacity to absorb increased levels of funding within short time frames and this has impacted on programme quality at all levels.

In terms of efficient expenditure elsewhere in the programme (accepting issues already raised e.g. latrine construction costs, efficacy of dam planning and material stockpiling etc.[22]), it was brought to the attention of the review team that a vehicle was purchased for 'programme' use at headquarters level that is solely used by one member of the YRCS. Given that there is no use for a programme vehicle at Sana'a level (indeed it was confirmed by programme staff that they have not once used the vehicle) coupled with the fact that the person has no management role in the CBHD Programme, the allocation of funds for this purpose is problematic from a funding efficiency perspective.

From a human resource efficiency perspective, the agreed Performance Framework has not been implemented. This has resulted in unclear respective partner and YRCS (HQ, branch, and sub-branch) roles and responsibilities, which has ultimately contributed to unnecessary delays in all matters of decision-making and programme related activities. The process of developing and approving action plans has been further complicated with alleged unclear personal agendas within the national Steering Committee, the Local Steering Committee, and the CBHD Programme Team. From a human relationship perspective, the review team established that the expected interpersonal and

[20] This severely tested the relationship between the CBHD partners and the YRCS.
[21] This is also highly problematic from an accountability perspective. It was reported that 3,000 bags of cement were purchased simply as a mechanism to expend funds but no stock control system exists.
[22] Indeed, there are a number of financial irregularities that require further investigation.

intercultural relationships and understandings essential for effective (and harmonious) cross-cultural working have not become truly established. And from a performance perspective, the YRCS have not managed their human resources in a way expected by partners and in accordance with the OA agreement. Given these facts, along with the CBHD parallel management structure, accompanied by an irregular and weak steering committee(s) structure, the review finds that programme work could have been more efficient and effective.

In summary, resources (financial and human) have not been efficiently converted into results or outputs.

The efficiency of programme management

While stakeholders broadly feel that the programme design and start-up phases were undertaken well, the implementation phase has been the least best performing. From a constructively critical perspective the review team found that the programme could have been better designed in at least six key aspects. First, the interventions and outputs (including corresponding indicators) described in the programme document to achieve the programme objectives are not particularly SMART (with specifity being the key concern). Second, the fact that both CBHD Programme Documents have no measurable targets (marked only as 'X%' in the LFAs) is a serious shortcoming and should have been addressed at an early stage. Third, the fact that the Beit al-Faqih Programme Document omits altogether Programme Objective 2 (the OD component) can only signal a serious under performance in regard to that specific objective. Fourth, there is a lack of a baseline for the programme and while efforts have been made to address this problem, to date a credible baseline does not exist. Fifth, a number of stakeholders interviewed feel that the programme was overstretched activity wise and should have been more restrained in its ambitions. Sixth, one must question the inclusion of a literacy component within a CBHD programme design regardless of its success (and unexpected and unintended consequences) as it does not contribute to the programme's overall objective. When these shortcomings are combined, it is nearly impossible to conclude that the programme has been managed efficiently.

Further, the review team established that there was no proper planning involving key stakeholders implying feeling of ad-hoc based implementation rather than adherence to overall programme strategy; and that the DRC approach to programme management and design has been rigid, with little flexibility in adjusting and adapting to changing circumstances and contexts. From a broader management perspective, the review team found that there has been a lack of support for the programme delegates (from a basic programme orientation through to guidance on programme priorities) from the regional level and this has impacted on their ability to perform and has also influenced the way in which they have had to work.

While the programme set-up is in accordance with that detailed in the CBHD Programme Document to a large extent it bypasses the formal YRCS management structure. Rightly, the leadership at branch and sub-branch level have the perception that the programme is implemented without proper YRCS involvement. This has caused serious mistrust and as such contributes toward delays in activity implementation. There are also a number of other key factors that contribute to a less-than-efficient approach to programme management. These include: lack of agreed division of roles and responsibilities between HQ, branches, sub-branches and programme staff; lack of understanding at all levels that with responsibility comes accountability; and weak YRCS ownership (the latter which can be partially attributed to the parallel programme management structure and unclear delegate roles).

An interesting viewpoint of the YRCS leadership relates to the role of the CBHD Programme Manager and a belief that his 'management' style conflicts with NS culture (in that the incumbent makes unilateral decisions without appropriately consulting other members of the programme team). Furthermore, the OD component of the programme has not been well communicated to others (meaning that few people within the YRCS and the CBHD programme team understand its purpose) and there has been poor YRCS follow-up on recommendations and decisions taken at meetings and provided in reports. Additionally, the minutes kept by the programme are not reflective of key discussions, and are not structured in relation to individual responsibility, deadlines and required follow up. Finally, there has been inadequate communication between the CBHD management and the branches both in terms of level and frequency.

A further programme management inefficiency relates to staffing levels in the project areas. The number of households in Beit al-Faqih is four times than that in Abbs (as is the geographical area). However, the number of staff employed is the same for both project areas. Implementing CBHD projects through bottom-up and inclusive approaches requires close contact and supervision by trained project staff, especially in the initial phases and inadequate staffing unavoidably affects the quality of project implementation. In the programme there is also a lack of accountability for non-performance in relation to agreed tasks and responsibilities which severely hampers the performance of the programme at all levels.

With regard to *financial management efficiency*, this function is undertaken by the programme finance administrator in YRCS HQ and DRC offices in Amman and in Copenhagen without involvement of the YRCS Finance Department.[23] As the signature of the delegate can only release funds for programme activities, any delegate absence (security evacuation, holiday etc.) delays implementation which creates frustration in the branch/sub-branch as well as among the programme staff. However, as a consequence of weak YRCS financial systems including finance control, it is not advisable to transfer more financial authority to YRCS at this stage.

It was not the specific task of the review team to look into accounting mechanisms, however, it was noted that (a) the programme assets register was incomplete in a number of ways (e.g. detailing only 2 of the 4 programme cars); (b) there is a lack of a receipt system between branch and HQ level; and (c) there appeared to be a tendency to engage in tender 'splitting' i.e. breaking-up a potential contract into component parts (i.e. seeking separate quotations for construction materials e.g. sand, cement, steel etc. rather than asking a materials supplier to quote for all latrine construction materials). This latter practice is problematic when attempting to secure best value for money for programme purchases. Furthermore, it was reported that in Abbs district 70% of the budget was spent in 2009, but almost no activities were conducted. Some explanation might be attributed to the purchase of latrine materials, but the team also understood that a considerable percentage of funds were reallocated from the health component to OD, an issue that requires further investigation. Overall, the review team found a number of financial issues that were not adequately explained by the programme management and leads to a key recommendation in Section 4.4.

[23] The YRCS, with the support of the International Federation, is testing new financial software (Yemen Soft) in Sana'a and four provincial branches. If this test turns out positively the software will be introduced in all YRCS offices.

3.4. Management and Partnership

This section considers issues related to the efficacy of management and partnerships particularly concerning the smooth running of the CBHD Programme.

The degree to which YRCS (at all relevant organizational levels) has obtained ownership of the programme

The review team found an evident lack of YRCS ownership for the programme in multiple ways (specifically at the branch and sub-branch level), but this was not surprising when the following are taken into account:

- Both programme documents including the logical framework have not been translated into Arabic (although near half of the people involved in implementing the programme do not speak English).
- Ownership of the volunteer component within the programme has not been strong resulting in inadequate supporting structures and approaches for volunteers.
- At the beginning of the programme, delegates assumed a more managerial role than advisory one (which subsequently changed) resulting in less than expected engagement by the YRCS.
- Many of those interviewed consider the programme an Operational Alliance one (understood as Danish, Norwegian, Swedish Red Cross and IFRC) rather than an YRCS programme.
- A performance framework was developed by the IFRC for the programme describing the roles and responsibilities of governance and implementing bodies, communities, sub-branches, branches and HQ, however, this framework has not been disseminated, endorsed or put into practice (indeed, many of the persons concerned have no knowledge of the framework).

Crucially, the two periods in 2009 when YRCS banned programme implementation can be seen as a combined result of lack of ownership, involving insufficient involvement from the CBHD team, non-implementation of the Performance Framework, and weak YRCS organisational structure (with decision-making being extremely centralised mainly at governance level). However, from the contributing partners' perspective the almost complete stop of programme implementation is appraised as unacceptable as it was not followed-up by YRCS with constructive contributions to overcome the problems.

In addition to the above, and taking into account the weak structure of the YRCS and the resource consuming process of implementing the Management Review (2008) recommendations, it is understandable that YRCS leadership face difficulties in fulfilling their management duties. On a more positive note, compared with other YRCS RCRC programme partners, it is clear that the OA significantly contributes more holistically to supporting YRCS within overall OD and CB initiatives. But it is also fair to ask if the YRCS has had a realistic chance to own the programme given that there have been a number of consultants engaged in various assessments and exercises (e.g. PLAs, LFA, trainings, annual reviews, management reviews etc.) that haven't necessarily been undertaken with the intention of capacity building the National Society.

The extent to which YRCS procedures and mechanisms are used (finance management, planning and reporting, and monitoring)

As YRCS systems are currently weak and not systemised, it is not really practical to expect the CBHD Programme to follow YRCS systems whether they relate to finance

management, planning, reporting or monitoring. Indeed, for the most part it would not be possible for the programme to follow such systems, as they simply do not exist. This limitation notwithstanding, the programme should support the future development and strengthening of relevant YRCS systems but by specifically lobbying the International Federation to develop a comprehensive OD strategy approach for the YRCS rather than engaging in its own parallel approaches.

The internal level of cooperation within the OA programme in relation to what was agreed in the OA 'contract'

From a local operational perspective, the OA Programme Document assumes a certain level of cooperation and collaboration with key stakeholders (specifically local government ones), and to some degree examples of positive partnering with those agencies (at branch and community level) do exist. Programme collaboration with local health authorities has been undertaken reasonably well, specifically with regard to mobile vaccination teams and midwives visits to the villages. The programme has collaborated with government to a certain degree (and to a lesser extent with non-governmental organizations), while implementing project activities. Other RC resources within the country have been accessed, such as the FRC for water surveys. Imams and local leaders have assisted in promoting sensitive issues such as vaccinations of children, and family planning for women (an approach that should be replicated in other traditional and conservative areas). However, the review team found insufficient linkage with water authorities in relation to water construction, quality assurance and maintenance.

The implementation of the OA contract

In terms of the OA 'contract' itself, this is being broadly implemented according to the roles and responsibilities detailed in the OA Agreement (May 2008). It is beyond the scope of this review to report against each of the 23 partner commitments detailed in that agreement (reflection on the various actor performances against these commitments might be best undertaken in a separate workshop if partners feel that necessary), but given that the OA is actually working in practice it may be reasonably concluded that - for the most part - agreed roles and responsibilities are being adhered to. There are of course exceptions to this and these are commented on elsewhere in this document (e.g. non-implementation of the Performance Framework[24]; confused partner roles; delegates being associated with employing PNS rather than all partners etc.). However, the key area in which the OA contract could be more successful relates to partners taking responsibility and being held *accountable* for non-action or non-performance where it exists. For example, the review team established that there is no YRCS accountability for when the programme fails to deliver against agreed targets (for reasons of stoppage or poor planning). To a large degree, the International Federation acknowledge that they need to 'adopt a stronger and more coordinated approach' to the OA partnership; with other partners equally admitting that they could do more to uphold their agreed commitments. This is a positive starting point but the key issue is to really get all stakeholders around the table and agree what will happen when partners (and specifically individuals) fail to perform. Only when this is understood, and accountability accepted, will there be real improvements in the performance of the OA.

[24] The performance framework establishes the coordination and oversight structures in terms of village committees and steering committees at district and national levels. It is fair to note that the structures were being used to facilitate the implementation of programme objectives although not as actively as desired.

Successes and key challenges of the OA

In terms of success, there are very different perceptions among partners of how 'successfully' the OA has performed as a means of encouraging and facilitating NS' to work together. Perhaps not surprisingly given its higher degree of *ownership* for the OA, the International Federation's success perception is the most positive of all. However, some of this 'positiveness' has orientated to a view that the programme's quality and overall success is actually more pronounced than reality indicates (indeed, the International Federation's perception of the OA's success outside of Yemen is remarkably optimistic in the light of the prevailing evidence). Other partners are perhaps more realistic in their perceptions of how successful the OA has been, which indicates that partners appear to be creating and reading different 'scripts' about what is really taking place in the OA (for example in the reports that each partner creates there is no consistent picture of reality).

While the Scandinavian partners mostly cite poor inter-partner communication as a key challenge for them (e.g. communication that is not sufficiently coordinated, as elaborated on below), the YRCS leadership cite a number of concrete issues that they have found particularly challenging in relation to ensuring a successful OA partnership. These include:

- A feeling that the interpersonal and intercultural relationships and understandings essential for effective and harmonious cross-cultural working have not been truly established with delegates (which meant the YRCS could not readily approach the delegates to discuss problems etc).
- (Allegedly) not being informed about the roles of delegates and their various responsibilities.
- Alleged financial 'secrecy' (i.e. branches not knowing the cost of projects) due to close control of financial information by the CBHD Programme management team.
- A lack of general and regular communication at HQ level between delegates and leadership (as a direct result of the first point above and the changing roles of delegates i.e. from management to advisory – elaborated on later in this report).
- A lack of regular OA partner meetings to discuss issues of mutual concern (whilst 3-4 partner meetings were organised during 2009 the YRCS clearly feel there is a need for more regular contact and exchanges).

In terms of challenges, a key challenge to the spirit of the OA has been the DRC's 'lead' role on programme matters for the partnership, with the key issue being that DRC has not fully lived up to the leadership role expected from it. This has resulted in the other Scandinavian partners having to become more 'involved' in programme matters, and this has led to communication confusion and inefficiency inside the OA and particularly in relation to communicating with YRCS. This failing has been exacerbated by the fact that all three Scandinavian partners support (overlapping) OD processes outside the OA, i.e. the CB programme supported by DRC, the Norcross support to the International Federation OD appeal and funding of OD consultant involved in key OD processes (and referring to Norcross). Other issues relating to PNS communication also exist, for example, a feeling amongst all OA partners that there are too many 'voices' giving opinions about how the OA should be managed and run, specifically from the Scandinavian countries.

Cooperation and efficiency could have been improved if more resources had been allocated from DRC to the delegate and to in-country follow-up, and if there had been a more coherent approach towards YRCS and the International Federation from the

DRC/NorCross/SRC consortium. Likewise more flexibility with regard to responding to critical issues and lessons learned could have enhanced cooperation and efficiency, as well as looking to the International Federation to provide a stronger level of leadership as a means for cutting through the "muddle of approaches", as well as helping address problems associated with ownership, communication, coordination and the concern of too rapid programme expansion for the YRCS.

3.5. Sustainability

In the context of this review *sustainability* is concerned with the extent to which programme/project activities can be continued once donor support is withdrawn.

The CBHD three-year programme is styled as 'pilot' phase (but assumptions are made in the programme document that the current phase will be followed by another five-year phase). Normally, good programme development practice would require that an exit strategy approach be formulated at the beginning of the programme (a viable exit strategy is not sufficiently elaborated in the programme document). Perhaps in defence of this omission, it is reasonable to accept that a three year programme is not sufficiently long to achieve lasting behavioural changes related to water handling, domestic and personal hygiene, and maternal and child health in traditional conservative communities with high levels of female and male illiteracy, as well as building up a sustainable volunteer system at sub-branch level. This finding does, however, indicate a need for the programme extension phase to articulate a clear and viable exit strategy as in its current form the programme is not sustainable. It should be noted that in one respect the CBHD Programme has actually negatively contributed to sustainability, specifically when it undermined volunteer activities in Abbs and branch income generation at the outset of the programme by not taking into account activities that already existed at the branch level. In future, any such negative interventions must be avoided.

The extent to which the YRCS HQ supports branches in implementing the programme

As the programme management structure operates in parallel to the YRCS branch structure, support from HQ (specifically the Health Unit) to the branches has been understandably limited, and much confusion reigns as a result. The programme has not succeeded in capacity building the unit management to take sufficient responsibility, and while Hajjah and Hodeidah branches involved in the programme have regular contact at branch level, the contact at sub-branch level appears more limited. This said, at a more local level, the review team established that the relationship between Hodeidah branch and Beit al-Faqih sub-branch was reportedly functioning well, while there was scope for improving relations between Hajjah branch and Abbs sub-branch. The reasons for the latter are complex, but tend to centre on control and command styles of management that are not necessarily conducive to effective programme working.

Opportunities for future cooperation within CBHD and OD/CB especially in CBHFA and general First Aid training, as well as the other YRCS OD initiatives

With regard to securing future cooperation with the DRC OD/CB Programme, the key lies in utilising the YRCS volunteer resource to best effect. A key recommendation made for the revised DRC OD/CB Programme is that the programme develops a training or skills development framework for YRCS volunteers, with different modules offered to different groups of volunteers. This is necessary for systematising volunteer management and ensuring that volunteers have the necessary skills, capacity and motivation to engage in

the tasks expected. It was also recommended in that review that a systematised approach to Training of Trainers including development of training material, plans for trainers, supervision, refresher training etc. should be developed as part of that approach. The training framework could include: further development of the introductory course for volunteers and ensuring regular trainings for newcomers as one of the key tasks for selected key volunteers/volunteer committees. To ensure synergy, the training could take the point of departure in the first module on RC/RC Movement and Principles and Values of the IFRC Community Based Health and First Aid Training (CBHFA) that YRCS has in Arabic, and which should be promoted through this CBHD programme.

The revised DRC OD/CB Programme is also likely to develop *'the local fund'* initiative as a driver for promoting sustainable volunteer led local activities. Focus will be on ensuring sustainability of activities and developing further the concept of core projects into activities that are supported more systematically (specifically those with potential to become core local activities, e.g. first aid, basic health education, road safety campaigns, street sport games etc.). If this proceeds according to plan, a clear opportunity is to promote the local fund (including training in project planning and management) as a volunteer activity/involvement mechanism in this CBHD Programme through the sub-branches. Another essential key to ensuring effective linkage to the OD/CB Programme lies in utilising the CBHD and OD programme delegates to better effect. A key finding of this review has been that the respective delegates have little incentive to ensure programme synergy (principally as the programmes are run in parallel with hardly any overlap or coordination). If future cooperation is to be secured, this approach must be revised with the delegates working as a team on both the CB/OD Programme and the CBHD Programme together. The delegates can readily achieve better CBHD/OD-CB programme synergy by utilising volunteers at the heart of both programmes (for further elaboration see both the CB/OD and synthesis reports).

With regard to linkage with other OD initiatives, cooperation with the International Federation supported YRCS Intensified Capacity Building (ICB) Plan is a distinct possibility. The ICB (approved June 2008) aims at supporting the establishment of sub-branches and strengthens branch capacity. Perhaps the best cooperation routing between the ICB and CBHD Programme is through the reformulated OD/CB Programme, an issue considered more fully in that particular report. Whilst slightly tangential to the focus of this review, it should be noted that the German Red Cross have indicated a desire to join the OA set-up and it could be worthwhile engaging in further discussions to determine how likely this is in reality.

In summary, the review established that the CBHD Programme can benefit from the many achievements of the DRC CB-OD Programme and in future should work with (and support) the structures and approaches already established through that programme (i.e. the volunteer committee, the volunteer leaders, the mechanism of the local fund, the training modules develop and in development etc.). If volunteer committees and key volunteers are given a role together with branch leadership in the CBHD Programme, it will develop their competences and the mechanisms used (e.g. the local fund). Similarly, there is a good potential for increasing synergy with the ICB Plan that aims at developing sub-branch structures if this is done as a deliberate strategy.

4. Recommendations

The following recommendations and accompanying framework are made in response to the above findings. The review team felt that it was important to frame recommendations within a strategic approach as a mechanism for helping guide the change that needs to take place, and specifically as a means of helping the partnership move forward in a

constructive way. The suggested strategic framework comprises five steps under which key recommendations are grouped. The five framework steps are:

1. New directions for the programme.
2. An approach that returns ownership of the programme to the YRCS.
3. Linking of volunteer initiatives with other programmes.
4. Clear roles and responsibilities with agreed and enforced accountability.
5. A structure fit for purpose.

The key recommendations that accompany each step are detailed as follows:

4.1. Step 1: A new direction for the programme

There is a need to 'redirect' the current programme to reflect the reality of the work being undertaken alongside the real needs of the community, and in the context of what the programme is realistically able to deliver now and in the future. In this respect, the programme should shift its focus towards: '*Improving health and livelihoods – empowering vulnerable communities*'[25] (given that it should retain the successful literacy component). Within this redesign process there is a need to ensure that volunteers are placed at the heart of the intervention (using the CBHFA manual as a guide and resource for programme redesign) and through this secure synergy with the DRC's OD/CB Programme and other YRCS volunteer initiatives.[26]

The programme should be redesigned using a fully participatory and consultative process (involving all stakeholders) led by YRCS with partner support, retaining the strong and valuable aspects of what is already there, adjusting to the new realities, and abandoning what is not working or has little chance of working. Through this process, there is an opportunity to make the programme ultimately SMARTer[27] and more programmatic by linking-up strategically with the volunteer elements of the OD/CB programme and ICB Plan.

In regard to **programme redesign** it is recommended to:

a. Re-orientate and (rename) the programme toward '*Improving health and livelihoods – empowering vulnerable communities*'. In this respect the programme should be redesigned following the process described above and elaborated on in Section 4.2 below.[28]

b. Without waiting for recommendation 'a' to be acted upon, complete the programme baseline and milestone measures urgently and incorporate the relevant indicators (and targets) into the LFAs. Update this data following the revised programme design.

c. Pre-identify any activities undertaken by other actors shortly after the redesign process and before work proceeds as a means of avoiding duplication and

[25] An alternative suggested title is: *Community Health and Volunteers*. However, whatever the chosen label it is for the YRCS to decide on a programme title that best reflects the work being conducted.
[26] The OD objectives in the current programme document will need to be revised as part of the redesign process.
[27] Specific, measurable, achievable, realistic and time-bound.
[28] The review team considered a workable method for undertaking this redesign process and could detail this in a separate workshop if required.

overriding activities that currently exist or supported through other means/structures.

d. Maintain and develop the adult literacy component. If school structures are considered important for the literacy component then the programme should be revised to reflect their inclusion, and the necessary equipment/material to adequately resource the literacy component should be purchased.

e. Establish reasons for the male/female drop out rate i.e. establish why more than one-third of men fail to complete the course as well as determining what could be done to retain women's attendance in the scheme.

f. Specifically cease children's attendance in the literacy classes but undertake this in consultation with the community and Ministry of Education (at various levels) with the view to determine how children can best be supported to access schooling. Ensuring effective communication through stakeholder consultation is essential to this recommendation.

g. Ensure that appropriate IEC/BCC[29] material are urgently adopted from International Federation CBHFA material (and other relevant sources) following clarification of the new programme design, and incorporate this material into all relevant programme trainings.

h. Determine the value of home gardens to the target communities. If they are not viable (or needed) the initiative should be ceased and resources allocated elsewhere.

i. Establish volunteer structures in Beit al-Faqih to help support the larger community and geographical area: alternatively increase the number of field officers or decrease the target group to ensure the programme staff are not overstretched geographically or physically.

j. Develop a systematic training approach based on analysis of competence needs in relation to programmes and stakeholders. On this basis, develop a ToT set-up including plans for refresher trainings, teaching material, support and follow-up structures etc.

k. Continue daya training but ensure that the activity is better coordinated with the midwife initiatives.

l. Ensure capacity building in programme/project planning process (PPP Training) is made a priority and incorporated into the revised programme PoA.

m. As part of the redesign process, begin formulating an exit strategy for the programme.

4.2. Step 2: An approach that returns ownership of the programmes to the YRCS

In order to ensure that YRCS develop a strong sense of ownership for the revised programme, the NS should lead the design and planning process with appropriate partner support. This needs to be undertaken in a fully participatory and consultative

[29] Information, Education and Communication (IEC) and Behaviour Communication Change (BCC).

manner with wide stakeholder involvement. To support this process an effective programme-wide monitoring system (with baselines, indicators, targets and milestones) should be established as a priority.

In regard to **returning programme ownership to the YRCS** it is recommended to:

a. Establish a stakeholder representative working group with the specific aim of developing a programme re-design process. This should either be the National Steering Committee (NSC) or a working group closely linked to the NSC. YRCS leadership should decide on the most appropriate mechanism for this.

b. Discuss issues relating to roles, responsibilities and subsequent accountability during the 3 monthly National Council Meetings.[30] The OA would need to financially support this process as many members cannot otherwise afford to attend the meetings.

c. Explicitly engage the target community (and a representative selection of stakeholders) in the programme redesign process. This should not be misinterpreted as a recommendation to undertake another PRA/PLA.

d. Seek commitment from the National Steering Committees and the two Local Steering Committees to explain to communities the reason for the previous 'misunderstandings' and to clarify to them how the programme really works in practice.

e. Reorganise the programme set-up into the formal YRCS branch/sub-branch and HQ structure and produce a clear structure chart that illustrates the new arrangement and specifically the reporting lines.

f. Secure better understanding of why branches are selected to work with partners and adopt a recognised 'selection criteria' process for validation. Undertake an external stakeholder analysis to determine where potential linkages lie.

g. Engage technical experts in appropriate capacities to support the redesign/implementation aspects of the programme e.g. water and sanitation engineers.

h. Seek commitment from the IFRC to follow-up on the M&E commitments and lead the design of the CBHD M&E system including working with the YRCS on its implementation (a process better led by in-country delegates than by consultants).

i. Translate all relevant documents into Arabic and distribute them widely amongst stakeholder groups. Where literacy is a problem, ensure that ample effort is made to disseminate the key issues to the community through other means. Translation of key documents needs to be programmed into the redesign process.

4.3. Step 3: Putting volunteer initiatives at the heart of the programme (and linking-up with the other YRCS volunteer initiatives)

To ensure programmatic efficiencies and sustainability, the revised programme should place volunteers at the heart of the interventions as a mechanism for ensuring linkage

[30] A recommendation from the YRCS Secretary General.

between other YRCS programmes, notably those of OD/CB and ICB. This programme linkage should be undertaken in a phased way, simply because immediate integration within the programmes is unrealistic, but with the ultimate aim of developing a more sustainable programme (and consequential set-up) that is enshrined within volunteer management principles. In this respect, the recommendations made below should be implemented alongside relevant 'synergy' recommendations made in the separate MTR OD/CB report and separate synergy report.

In regard to **linking-up with the volunteer initiatives in the OD/CB programme** it is recommended to:

a. Develop a brief but sufficiently comprehensive strategy paper that describes how volunteers will be put at the heart of the revised programme, accompanied by a SMART activity plan. The separate MTR OD/CB report and separate synergy report may be used as the basis for this strategy but should not substitute the requirement for developing a separate strategy paper/action plan.

b. Volunteers should be resourced to the fullest extent to undertake their work and be visible within their communities. Specifically, this should include the provision of bags, caps, shirts, bibs, literature, health promotional products and other suitable 'identity/visibility' products.

c. All volunteers within the first year of the revised programme should be trained using CBHFA Module 1 as a basic introductory course (funded as part of Volunteer Programme). The CBHFA manual is a key resource and should be used to support the redesign of the programme at all levels.

d. Ensure that the Red Cross/Red Crescent Principles and Values are incorporated into the volunteer introduction process.

e. Continue strengthening structures of elected volunteer committees and volunteer leaders and make plans with regard to this explicit to all stakeholders.

f. Throughout the NS as a whole, raise awareness of the importance of volunteers and their roles through the office of the Executive Director, and set performance targets in relation to this initiative for accountability purposes.

g. Ensure volunteer are fully integrated into the programme structure and design by explicitly including them in the programme redesign process as described in Sections 4.1 and 4.2.

h. Build-up a systematic volunteer approach within communities and link with communities in a structured way that also accounts for the work being undertaken through the OD/CB programme and ICB plan.

i. Promote the use of the local fund (see OD/CB Report for details) within the revised programme as a mechanism for addressing community needs and ensuring the participation and ownership of volunteers in activities.

4.4. Step 4: Clear roles and responsibilities with agreed and enforced accountability - with ownership comes accountability

Within the programme redesign and enhancing ownership stages (Sections 4.1 and 4.2), clear roles and responsibilities for all aspects of programme management (at all levels –

HQ to sub-branch) need to be established, agreed and implemented before the new initiative begins. Clear responsibility and accountability lines need to be agreed and adhered to by all partners that take into account the need for improved and regular communication and dialogue leading to better mutual understanding. Of particular importance is a need, in meetings, to determine responsibility for actions and ensure that the appropriate follow-up is taken (and to hold people responsible for their actions/non-actions). In this respect, the following recommendations are made:

a. YRCS Leadership to clarify to all staff what their respective roles and responsibilities are with regard to the redesign of the programme and hold people accountable for when they don't perform according to expectations.

b. Reconfirm partner responsibilities and develop mechanisms for ensuring compliance with agreed responsibilities (e.g. through quarterly reports (all partners including IFRC) and defined within a plan of action – who, what, when).

c. Delegates should be given responsibility for compiling accurate reports and that these are validated by DRC MENA Head of Region. Within this approach ensure that future quarterly reports are output-based and linked to LFA indicators and data, whereas annual reports should focus on outcome, challenges, deficiencies, sustainability, assumptions, risks etc.

d. Ensure that clear staff job descriptions, contracts, PoAs etc. are developed and that all relevant stakeholders are aware of the responsibilities that people have and what their reporting/management lines are.

e. Ensure regular discussions within the OD/Health department team on progress, strategy and challenges are undertaken, and determine responsibility for following-up on required actions.

f. Once new delegates are recruited, determine if the Performance Framework is a valuable tool and if so adopt it, otherwise modify or abandon it according to need.

g. Clarify that the role of delegates is also to support and build YRCS capacities in a range of key areas that include planning, budgeting, reporting etc.

h. Clarify current financial approval procedures and determine if they are in keeping with good practice and serving the needs of the programme. As part of this process the Regional Office should begin an investigation into how CBHD programme funds have been utilised, seeking to determine whether expenditures have been undertaken in accord with securing best value for money and that expenditures have been appropriate,

i. Conduct a Partnership Review Talk (PRT) between OA partners following the DRC PRT Model to help all relevant stakeholders understand the strengths and limitations of the current partnership.

j. Ensure that incoming delegates have the appropriate personal and cultural skills for working in Yemen (a role specifically for the DRC Human Resource function).

k. Support the YRCS Secretary General's desire to strengthen PoA culture within YRCS through applying participatory planning and reporting procedures in relation to programmes.

l. Explore reasons for high turnover of programme accountant and be aware of linking up to overall finance development process including aim of ensuring more synergy and peer development between programme finance staff and YRCS finance staff.

m. Make a point of appreciating key staff contributions at the end of the MTR process and support overall process of developing job descriptions and salary scales etc. linked to the ATF process.

n. Adopt a more flexible implementation approach and argue strategically for the necessity of working in a more process-oriented style to allow for better NS ownership and involvement, and discuss systematically with key stakeholders (including OA partners and potentially back donors) future achievements and challenges in an honest and open way.

o. Ensure proper procedures are established for briefing incoming delegates at Copenhagen, Region and in-country level, and for ensuring appropriate management support when in field.

p. Limit communication within the OA partnership to one person within each PNS for consistency of messaging. That individual should be named and given clear responsibility for communicating on all OA issues to other partners.

4.5. Step 5: A structure that's fit for purpose

To support the programme redesign process it is essential that an effective implementation structure (based on the current work by the ATF) be developed to make speedy, effective and efficient management decisions with minimum delays. The structure should have clear roles and responsibilities, be expected to hold regular meetings, and provide the appropriate management and monitoring levels. To support this structure, it is recommended that a new team of delegates are recruited (two persons) that will have mutual responsibility for supporting this programme and also the OD/CB Programme. The recruitment should be undertaken in conjunction with developing the revised programme as described above. In this respect, the following recommendations are made:

a. The first year of the revised programme should be supported by two full time delegates based in Yemen, *working together as a team with the OD/Health departments on both programmes.*

b. The DRC MENA HoR should provide a clear briefing to delegates on the roles they are expected to adopt in the revised programme set-up. This should be communicated to YRCS leadership and programme staff and set out in writing. The HoR should support delegates in balancing the 'advisory-management' continuum.

c. Consideration should be given to the need for a health coordinator in the two branches. This should be assessed and linked to a need for potentially employing CB staff/ICB. All staff supported by the programmes should be part of the branch structure but working as part of team from OD/Health department. This idea needs to be elaborated (with appropriate consultation) to ensure branches are not bypassed when it comes to daily work issues.

d. Encourage the YRCS Executive Director to take responsibility for ensuring volunteer management throughout the NS and ensuring that effective decisions are made in this area, and seek a specific understanding and agreement with this requirement.

e. Revisit the structure of the National Steering Committee and design a more efficient decision-making body that focuses decision-making at the branch level (this should be part of the current statutes dialogue). There should also be an acknowledgement of the realities of how decisions are taken in Yemen and that partners need to work within those realities to ensure that decisions are taken in the most efficacious way.[31]

f. Ensure that the new 'Yemen Soft' financial software is installed and supported in both Hajja and Hodeidah branches.

5. Conclusion

In conclusion, there are a number of positive aspects about the CBHD Programme that are worth highlighting. The review found that the programme is both highly relevant to the country of Yemen as well as to the target population, with the overall direction of the programme being in alignment with OA partner development and health strategies. Significantly, the programme has genuinely empowered women and raised awareness of gender issues in highly difficult circumstances, and should be commended for these efforts. The literacy classes have been one of the most successful (and welcomed) activities of the programme, and have certainly contributed toward the empowerment and betterment of women. The review found that other successful programme activities related to improving mother and child health, mostly resulting in increased uptake of vaccinations for women and children. Positive results were also reported in relation to improving safe births, with family planning initiatives being especially welcomed. The programme has also contributed to improved understanding among women on the importance of immunization, personal hygiene, clean environment, and prevention of malaria.

Having said this, the implementation of the programme is considerably behind schedule and has thus not achieved its objectives in accordance with expected plans (much of which may be attributed to security reasons, along with an unacceptable six-month YRCS interruption of activities during 2009). Furthermore, progress in relation to providing communities with clean, reliable water supplies, effective sanitation solutions, and improved food security has been very disappointing. This failure to deliver on these notable project activities has resulted in a feeling by beneficiaries of having been 'let down' by the programme and has caused difficult tensions between programme staff and the beneficiary community. In addition, the programme's inability to monitor progress against expected results, key indicators, and targets is a serious impediment to overall performance and eventual understanding of programme impact. The review also established that resources (financial and human) have not been efficiently converted into results or outputs, and overall programme management has no been to the standards expected from a strong partner Operational Alliance set-up.

[31] This recommendation acknowledges that the statutes are approved, and that a National Steering Committee has to be in place as the system for other partner supported programmes, and that the NSC will handle overall issues and ensure coherent implementation by involving key persons at HQ and branch level as well as the OA delegate. However, the guiding terms of reference has to be discussed and most likely revised to achieve more efficient decision-making and implementation as well as greater YRCS ownership and credibility.

The review team further found an evident lack of YRCS ownership and accountability for the programme in multiple ways (specifically at the branch and sub-branch levels), but this was not surprising when a range of key factors were taken into account (e.g. non-translation of programme documents, confused reporting lines etc.). While the OA itself has been 'good' for both YRCS and partners, cooperation and efficiency could have been improved if there had been a more coherent approach towards YRCS and the International Federation from the DRC/NorCross/SRC consortium, especially with regard to the DRC performing more strongly in its lead role.

In light of these findings, the MTR Team considers this as a golden opportunity for a renewed partnership. If the partners are able to proceed within the framework described in Section 4, then there is a high chance of securing the necessary change that can be built on and expanded in the future. But partners should also be clear that this is likely to be the final opportunity for this to happen. If partners cannot keep their commitments to each other then the future of the partnership seems to be highly insecure. The YRCS has openly acknowledged that it does not have sufficient capacity to move forward with the necessary changes without partner support (specifically to implement the recommendations), and here the partners must support the YRCS to implement these recommendations preferably through a professionally, external facilitated process.

The nature of the change required by all partners to make the OA programme a success should not however be underestimated. The required change is complex, deeply structural and heavily dependent on good communication and inter-cultural understanding. In this respect, the MTR Team strongly recommends that the five step strategic framework is accompanied by a proven change strategy as a mechanism for ensuring greater success, as without this strategy, too much is left to chance. As stated earlier, the MTR Team has adopted a positive-future outlook stance for the partnership. In adopting this stance, the Team acknowledges the considerable partner investment that has been made so far. Having said this, the optimism is tempered with realism, in that the MTR Team have been explicit with the CBHD National Steering Committee and other partners that the National Society must deliver on the recommendations contained in this document. The MTR Team have additionally highlighted the partner expressed consequences of non-performance to the CBHD National Steering Committee including the need to hold people accountable should investigations conclude that financial mismanagement has occurred - the ultimate consequence being that funding partners will cease to support the programmes.

This is a golden opportunity to 'Walk the Talk' when it comes to making this positive change happen. And positively, the commitment is already there, as Dr. Abbas Secretary General of the YRCS stated to partners at the end of the MTR process "We promise to make this dream come true".

Annex I

TERMS OF REFERENCE
"Joint Mid-term Review of Yemen Red Crescent Society's Community Based Health Development Programme and Organizational Development and Twinning Programme"

Background:

The Norwegian Red Cross (NorCross and the Swedish Red Cross (SRC) have provided support to the Yemen Red Crescent Society (YRCS) through The International Federation of Red Cross and Red Crescent Societies (IFRC) since 2002 when a regular contact between the YRCS and the Federation was established. Since the establishment of the Federation Delegation in 2003; the SRC has been a major contributor to the establishment and the continuation of a Federation presence in Yemen.

The YRCS and the Danish Red Cross (DRC) established a partnership in 2004 to implement a project aiming at strengthening the capacity of YRCS in relation to volunteer management and branch development, and supporting the strengthening of governance structures. Furthermore, the programme aims at increasing knowledge sharing between DRC and YRCS volunteers and staff through a twinning and friendship component. The programme supports development and implementation of volunteer activities in 11 branches. In December 2006 an internal evaluation of the programme recommended that a health component, especially addressing health needs in rural areas, should be developed in order to ensure a more direct linkage between developing volunteer management capacities and skills, and concrete activities on the ground benefiting vulnerable people.

In November 2006 the YRCS hosted a partnership meeting in Sana'a to share its strategy 2007 to 2011 with its partners. A number of national societies including the Scandinavian Red Cross societies signed the general memorandum of understanding (MoU) confirming their willingness to support the YRCS to implement its strategy. Subsequently, the Danish, Norwegian and Swedish Red Cross societies together with the Federation agreed to form an Operational Alliance (OA) to explore the possibilities of supporting the YRCS in line with the priorities of its strategic plan 2007 to 2011. The support is based on the new OA model, which the Federation adopted as its framework for international cooperation at the general assembly in Seoul in 2005.

The purpose of the OA is to most effectively utilize the collective resources of the members of the International Red Cross Movement (IMRC) and - where appropriate external partners - to enhance the capacity of the Operating National Society (ONS) in order to achieve greater programmatic impact in delivery of services to the target vulnerable communities. All the members of the OA work together to jointly assess, plan, monitor and measure the performance of the programme along with common sets of management mechanism including the following "Seven Ones"

1. One set of needs analysis
2. One set of objectives and strategies
3. One plan
4. One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement
5. One results-based funding framework in which multi and bilateral financing channels can co-exist
6. One performance tracking system
7. One accountability and reporting mechanism

The OA partners agreed to support the YRCS in implementing a Community Based Health Development Program (CBHDP). Hajjah and Hodeida governorates were selected for implementation of two pilot projects. Initially, the idea was to have one program which combined the approaches and methods developed within the Organizational Development (OD) Program on volunteer management with the concrete activities to be developed in relation to community based health. However, for practical reasons relating to administration of different funds, it was decided to implement instead of two programs (one on OD and one on CBHD) which should be strongly interlinked. Therefore, the immediate objectives of the OD program has a direct reference to the CBHD program, and one of the immediate objectives of the CBHD program deals with increasing the capacity of YRCS at Head Quarter (HQ), branch and sub-branch level to implement CBHD activities.

The preparation of the CBHD project being implemented in Abbs district, Hajjah governorate, was started out during the second half of 2007. The preparation of the CBHD project in Beit Al-Fageeh district - Hodeida governorate, commenced in the spring of 2009. The implementation period for the CBHD programme is from January 2008 till end of December 2010. Project implementation in Abbs district did commence in January 2008, but due to a cartoon crisis and deteriorating security situation in Yemen, the community based health development delegate was pulled out of the country early March 2008. The result was that the programme staff was erratically supervised for ten months of 2008. Implementing community based interventions in rural areas through participatory and bottom-up approaches is new to the YRCS, hence the lack of an in country delegate seriously impeded the implementation of the CBHD project in Abbs district, and the planned preparation of the intervention in Beit Al Faqih district was postponed till the spring of 2009.

DRC initiated support to the second phase of the organizational development programme funded by the Danish Ministry of Foreign Affairs (DAI) under the Danish Arab Partnership Programme (DAPP). The programme is developed in support of the YRCS Strategic Plan 2007–2011 and in close cooperation with the Country Representative of IFRC in Yemen and was initially part of the IFRC Annual Appeal for 2008/2009. As of July 1st 2009 the programme is no longer implemented through the IFRC Pledge system, but as a bilateral programme with DRC. The programme began implementation as scheduled in January 2008 with the recruitment of an OD Delegate. However, the deteriorating security situation in Yemen (second Mohammed drawing crisis, Al Qaeda activity, political unrest due to rising food prices) prevented the delegate from establishing a permanent presence in-country and instead, the programme was managed from remote in Amman, Jordan. Despite this complication, the programme was able to move forward on most activities, with some delays. As of March 2009, a new OD delegate took up assignment and is now based in Sana'a, Yemen. It is crucial that the two programmes currently under review, i.e. the DRC supported OD programme and the OA supported CBHD programme, are seen in the context of the other OD initiatives being undertaken by YRCS and partners. These include:

The intensified Capacity Building Programme (ICB):
This programme was launched with support from IFRC at the end of 2008 with the aim of establishing and activating new sub-branches and train and mobilise volunteers. The ICB programme thus contains many of the same elements as the DRC supported OD programme, and yet the two programmes, as described in the 2009 mid-term review of the ICB programme, have so far not been linked or coordinated either at the formulation phase or during implementation. Furthermore, there is presently no linkage between the ICB programme and the CBHD programme despite the fact that both programmes aim at increasing the capacity of branches and sub-branches to implement, monitor and support

relevant and sustainable volunteer activities. OD component will enable the Yemen RC to develop increased outreach and capacity at the local level to scale up services. This will be based on ICB programme including the development of sub-branches in consultation with community leaders and local authorities, training of volunteers at the local level and technical/material support based on needs and capacities. Implementation of this component will increase participation of women and youth not only at the level of programming but also at the level of policy/decision making. This will be realized by increasing the number of youth and female participants in the training activities including training of staff and volunteers on planning and management and on how to work with communities

The YRCS Management Review Process and follow up including implementation of the amended statutes: IFRC conducted an YRCS Management Review in September 2008, which provided a series of vital recommendations to YRCS on how YRCS could re-define its core organization and management structure and functions with a view of enhancing the Society's capacity to scale up its services in line with its Strategy for 2007-2011.

OD component and YRCS's Change & Restructuring Process:
YRCS OD component focuses on implementation of the National Society's statutory amendments and the overall organization/management review leading to improved leadership and management, with clearly defined functions, structures and role/responsibilities. It also enabled the YRCS to reactivate/expand volunteering based membership on effective systems and procedures and undertake the mid-term review of its strategy 2007-2011, taking stock of what has been achieved and what remains to be done. With a view to increasing by up to 10 per cent of the resources from domestic sources, the implementation of OD component will enable the Yemen RC to develop and implement a national resource development strategy/plan with a focus on local resource mobilization. It will also focus on training of leaders, mangers, staff and volunteers on the specific skills and competencies required for effective resource development including membership fees, government subsidies, the private sector, etc. In addition, it will work on networking, promotion of good practices, learning from the experiences of other organizations and peer to peer support among Yemen RC branches.

The International Committee of Red Cross (ICRC) support to YRCS:
The ICRC provides support to YRCS HQ and braches in the following:

- Information and publication:
  - YRCS HQ magazine (Al-Eithar).
  - Newsletters of all branches
- Training of volunteers on:
  - Dissemination of International Humanitarian Low
  - Rights of prisoners
  - Tracing
  - Family links
  - Rehabilitation of disabled.
- Equipping branches' first aid centres.
- Annual distribution of first aid bags to schools at branch level.

Immediate objectives formulated for the CBHD & the DRC supported OD programmes:
CBHD programme:

1) To improve the health status of the population, especially women and children, in the programme area.

2) To enhance the capacity of the YRCS (communities, community based volunteers, sub-branches, branches, and headquarters) to implement CBHD programme.

OD programme:

1) To establish YRCS's democratic structures in accordance with the IFRC requirements.
2) To increase YRCS's capacity to effectively and efficiently implement volunteer based development programmes and CBHD programmes in particular
3) To increase direct contact, cultural exchange and knowledge sharing between DRC and YRCS volunteers, board and staff on OD/CB issues as well as broader cultural issues.

Previous CBHD programme evaluations and other important initiatives to consider for the review of the two programmes:

In July 2009, annual review was conducted with the purpose to assess if the CBHD programme and the underlying strategies are relevant, and if programme implementation is effective and efficient. Findings of that annual review stated that, there is no clear understanding of roles and responsibilities between governance and implementing bodies at all levels. In summary, the programme has established and adhered to inclusive and participatory approaches in identification, formulation and planning of CBHD programme, but priority should be given to institutionalize such approaches in the daily work of staff, village committees and volunteers in the programme areas.

In October (12-15) 2009 as a follow up of discussions at OA meeting in Oslo (28-29 September), a meeting with OA/CBHD programme stakeholders in YRCS HQ and representatives of Hajjah and Hodeidah branches was held to: Discuss the organizational challenges facing the CBHD programme implementation and explore solutions for those challenges including how to increase the governance supervisory and monitoring role in Hajjah and Hodeidah branches as well as how OA partners can contribute to the overall branch development. Findings of that meeting concluded that OA and CBHD programme so far have failed to sufficiently address the OD needs of Hajjah and Hodeidah branches and also to concretize their supervising and monitoring role in the CBHD programme; and that the two branches want to be more actively involved in CBHD programme, both from branch and governance and management. The OA YRCS CBHD meeting in November 2009 decided that the two branches should be more involved in the implementation and management of the programme through identification of YRCS health officer in each branch.

In October (23-28) 2009 OD assessment of YRCS Hodeidah and Hajjah branches was done with the intention of identifying the current OD capacities and needs in Hajjah and Hodeidah branches. The report at the time of writing these ToR was not yet available but should be considered as part of the context for the MTR.

Mid-Term Review Objectives:

The aim of this combined review is to obtain a more holistic assessment of the achievements and outcomes of the two programmes with a view to obtain recommendations for adjusting/ revising the programmes to maximise synergy between the CBHD programme, the DRC supported OD programme and the other OD/CB initiatives (i.e. the ICB and the other OD initiatives of YRCS) and minimize duplication and non-coordination.

In order to ensure looking at the synergy and coordination between the CBHD programme and the DRC supported OD programme, this comprehensive and combined mid-term review was suggested with the following objectives;

To review:

- Overall achievements and outcome of the two programmes (CBHD programme and OD programme)
- CBHDP and OD programme management and staff issues
- Progress and impact management with analysis of activities
- Possible gaps, synergies and linkage between the ICB, the CBHD, the DRC supported OD programme, and the other OD initiatives of YRCS including the follow up of the YRCS management review
- Sustainability of the programmes
- To provide concrete recommendations on the future direction of the two programmes. This includes revision of CBHD LFA and recommendations towards the possible continuation of the OD programme in a third phase, including potential direction of OD programme document or whether the two programmes should be merged.

Finally, an objective with this combined mid-term review is also for all involved parties to learn from the past experiences and increase the understanding of purpose and approach in the two programmes, as well as increase the ownership at branch and sub-branch level to the objectives and concrete activities of the programmes.

Output:

To ensure synergy and coordination between CBHD programme and OD programme, the output of this review will include:

1) A synthesis report summarizing the key conclusions from reviewing the CBHD and the DRC supported OD programme respectively, and highlighting how more synergy can be obtained between the initiatives and objectives of the two programmes, and those of the other OD programmes, i.e. the ICB and the other YRCS OD activities. This should include concrete recommendations on reformulation of the key elements in the LFA(s). This synthesis should not exceed 20 pages.
2) One review report for each of the two programmes respectively, i.e one on CBHD and one on OD. The review report will consist of three levels of information:
   - Firstly, the executive summary providing the bare essentials for decision-makers regarding the background, major conclusions in relation to review criteria, recommendations and lessons learned.
   - The second level is the main report of which a sustainable part will be the main conclusions and recommendations. These should be substantial with more detailed information only to the extent necessary. Detailed findings should be referred to the annexes. Conclusions and recommendations in the main report should have references to the relevant findings in the annexes.
   - The third level in the report should contain the annexes. Those should provide all information necessary to substantiate major conclusions and recommendations in the main report. The Terms of Reference, the team's itinerary, list of persons met, and list of documents used should also be annexed.

   A debriefing and reprogramming workshop with the key stakeholders (including relevant YRCS branch and sub-branch representatives together with YRCS headquarters CBHD and OD management team should be implemented in Sana'a to ensure dialogue and feedback on findings and recommendations.

Scope of Work:

The review shall comprise but not necessarily be limited to the following evaluation criteria:

Relevance:

- An assessment of if the objectives of the two programmes are in keeping with needs, priorities and policies of:

1) YRCS and its' country strategy and the targeted beneficiaries.
2) Danish Red Cross (DRC), Swedish Red Cross, Norwegian Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC).
3) Country (Yemen) policies including Poverty reduction strategy Programme (PRSP) and MDGs; should the direction be changed? Are objectives keeping with international trends, standards and guidelines? Should activities be continued or terminated?

- An assessment of the extent of application of cross cutting issues such as gender and advocacy

Effectiveness:

- An assessment of to what extent the CBHD programme and the OD programme objectives have been reached? Are activities sufficient to realize objectives? What is the quality of monitoring set up and use?
- An assessment of the technical quality of CBHD programme and OD programme activities and the effectiveness and appropriateness of methodologies and approaches applied.
- An assessment of to what extent the CBHD and the DRC supported OD programmes have obtained synergy with each other and with the other OD initiatives, i.e. the ICB and the other YRCS OD activities. This should amongst others include looking into:
    - Similarities and differences in approach to volunteer management and branch development including training of volunteers, monitoring, and branch involvement in decision making and implementation of activities
    - Has there been any sharing and cross fertilization of learning, methods, tools and resources between the DRC supported OD programme, the CBHD programme and the ICB programme? How could increased cross fertilization between programmes be obtained?
- Identify good practices or lack of some in both programmes in relation to CBHD and capacity development support as well as programme approaches

Efficiency:

- An assessment in both programmes of to what degree economically resources / inputs (funds, expertise, time etc.) are covered to results /inputs i.e. been delivered as planed? Could it have been done better, more cheaply and more quickly?
- An assessment in both programmes of the efficiency of the management of CBHD programme and OD programme, including financial management.
- An assessment in both programmes of the organizational structure, including decentralization of management to branches and the size and composition of programme team.

Management and Partnership:

- To assess to what degree YRCS at all relevant organizational levels has obtained ownership of both programmes.
- To assess if YRCS procedures and mechanisms are followed in the implementation of CBHD and OD programmes and what are the key challenges for doing this? Specifically, look into the areas of finance management, planning and reporting, and monitoring
- To assess the internal cooperation within the OA of the CBHD programme in relation to what was agreed in the OA agreement. Did the various actors live up to their commitments? What have been the successes and key challenges of the

alliance? How could cooperation and efficiency be improved? How has the cooperation worked within the OD programme?

Sustainability of CBHD and OD programmes:

- To assess the extent to which viable exit strategies have been and are sufficiently elaborated in the initial planning of CBHD and OD programmes, including an analysis of prerequisites for the achievement of sustainability and viable exit strategies for CBHD and OD programmes.
- To assess to what extent YRCS HQ supports the branches in implementing the CBHD and OD programmes, and how the relationship is formed between the branches.
- To assess the effect of dismantling of Coach System in the OD programme has affected the programmes; special attention should be given to the relationship between the regional coaches and the branches.
- To assess the extent to which the pilot fund in the OD programme are drivers for local district initiatives.
- To assess and recommend future areas of cooperation within CBHD and OD/CB for DRC, the PNS/IFRC OA partners and YRCS. Special attention should be given to CBHFA and general First Aid training, as well as the other YRCS OD initiatives (described in the background chapter).

Method of work:

The review should be carried out in a participatory manner making sure that all relevant stakeholders are involved.

The team will:

- Study all relevant documents before starting the review.
- Conduct meetings and interviews at YRCS HQ including board and staff members, volunteers and delegates, and at branch and sub-branch levels. Meetings will be arranged in groups and/or bilaterally.
- Visit a limited number of YRCS branches if the security situation permits. If field visits to branches are not possible a workshop for programmes' ,coaches/volunteers from the branches will be arranged during the consultancy
- Consultation with relevant stakeholders when necessary ICRC, IFRC, other NS supporting YRCS and representatives from Yemeni authorities.

Since it is a combined review and full credit will have to be given to reviewing both the CBHD programme and the DRC supported OD programme, the team will probably have to split up into two groups and visit different branches if security allows. It is the responsibility of the team leader to still ensure that the analysis, findings and recommendations are provided with an integrated perspective.

Time frame:

- The CBHD programme and OD programme combined mid-term review will take place from (22d February to 7th March / 2009), including 2 days for HQ meetings and 12 days for field work. There will be two days for preparation, which are not included in the 14 days of the MTR.
- The final draft report (including the synthesis and the two reports for CBHD and OD respectively) will be submitted to the team leader, not later than 14 days after the completion of field mission.
- The final corrected report will be delivered not later than one week after comments have been returned by all parties, i.e. YRCS, IFRC, DRC, SRC, and NorCross.

Team composition / representation:

1. Dr. Mark Shepherd (Team Leader - DRC)
2. Dr. Saleh Al-Habshi (YRCS Programmes' Coordinator)
3. Ms. Khalida T. Saifi (IFRC/Head of OD - Palestine RC)
4. Mrs. Anne Merete Bull (OD Advisor - NorCross)
5. Mr. Anis Ali Abdo (Arabic speaking member)
6. Mrs. Fairooz Abdul-Samad (Arabic speaking member)
7. Mrs. Marie-Louise Gotholdt (OD Advisor - DRC)
8. Ms. Cecilia Anshelm (Head of Regional Health IFRC SEA - Swedish RC)
9. Mrs. Hadhyia Al-zoom (YRCS Volunteering/CB Coordinator)
10. Dr. Shafeeq Mahbshi (YRCS Health & Care Coordinator)

Background Documentation:

YRCS:

- YRCS strategy 2007 - 2011
- YRCS revised statutes
- CBHD programme documents, including previous reviews and assessments (e.g. annual CBHD review, monitorings, baseline study, and documents relating to the management of the Operational Alliance i.e. the MoU between YRCS, IFRC, SRC, DRC, and the MoU between SRC, NorCross and DRC)
- OD programme documents, including previous reviews and assessments (e.g. internal review of 2006, and monitoring reports)
- ICB programme documents, including review from 2009
- YRCS Management Review and follow up plans
- Travel report from SRC's OD advisor as a follow up on OA Oslo meeting November 2009

Other documents from partners: (strategies, guidelines)

IFRC:

- Annual plan for YRCS
- Global health and care strategy and guidelines on CBHFA
- MENA regional health strategy
- IFRC gender policy, Strategy 2020 and IFRC indicators for strong National Societies (draft)

DRC:

- DRC International Strategy,
- DRC Strategic Guidelines on CBHD
- DRC Strategic Guidelines on OD and DRC cooperation Point of View
- Ministry of Foreign Affairs, Denmark: executive summary of DAI and review report on the Yemen programme within DAI

NorCross:

- Norwegian Red Cross International Strategy 2009-2014
- NorCross/NORAD Monitoring and Reporting Guidelines

Annex II

List of persons met

Hajjah governorate (Abbs district)

Beneficiaries:

1) Mr. Mohammed Mohammed Barakat from Al-Munbakeya village
2) Mr. Nasir Ali Hadi from Al-Munbakeya village
3) Mr. Sufi Al-Hammadi from Al-Munbakeya
4) Sheikh Ahmed Barakat (the Sheikh of the region of Al-Matkha village)
5) Mr. Ahmed Ali from Dhamar Rashid village
6) Mr. Musa Mohammed Ali from Al-Gra'ab
7) Mr. Esa Mohamed Shuee form Al-Maqsha village
8) Mr. Ali Shueq Omer Ali form Zanbil village
9) Mr. Ali Arad from Al-Arad village

Volunteers:

1) Mr. Abdul-latif Barakat of Bani Hasan seclusion
2) Mr. Yahya Hasan Moqbel from Dhamar Rashid village
3) Mr. Abu Al-qaith Hasan Hadi from Al-Ghohoor village
4) Mr. Salah Ali Mohamed form Al-Gra'ab village
5) Mr. Ibrahim Hussan Damar from Al-Maqsha village
6) Mr. Tareq Ali Shuee form Zanbil village
7) Mr. Mohamed Fara Aiad from Al-Arad village

Local council:
The Secretary General of Abbs Directorate. Mr. Hamdi Tawwab

Sub-branch governance:
President of YRCS sub-branch in the Directorate of Abbs Sheikh Muhaggab Othman Muhaggab

Project Officer: Mr. Nasser Al-Dubaie

Branch:
President of the branch: Dr. Abdul-Kareem Nassar
Gender coordinator: Mrs. Amatulah Hadrami
Health coordinator: Mr. Abdul-Fattah Al-Modhwahi

Hodeidah governorate (Beit Al-Faqih District):

Beneficiaries:

1) Mr. Sa'ed Ahmed Ali Qashwa from Al-Hanak Village
2) Mr. Ali Abdullah Husam from Al-Qanimia Village
3) Mr. Jabber Ali Yahya Al-Mashreqi form Bin Al-Mini Village
4) Mr. Mohamed Ahmed Salem Msheq from Al-Mashaikh Village
5) Mr. Fitani Omer Mghadi from Wade Al-Dia Village
6) Mr. Mahmoud Radwan Hassen from Al-Ashraf Village
7) Mr. Mohamed Omer Abdullah Magase from Al-Kharsa Village
8) Mr. Ali Abdullah Al-Mudini from Al-Kharsa Village
9) Mr. Mohamed Al-Ahdel from Al-Masharma Village
10) Mr. Ahmed Fiteni from Al-Masharma Village
11) Mr. Ibrahim Jamal from Al-Jaha (Bin Jamal) Village

Volunteers:

1) Mr. Abdullah Bin Ahmed Al-Radi from Al-Hanak Village
2) Mr. Basam Ahmed Qanem from Al-Qanimia Village
3) Mr. Mohamed Ahmed from Al-Qanimia Village
4) Mr. Hassen Msheq from Al-Mashaikh Village
5) Al-Aqil Ahmed Bin Ahmed Jamal from Wade Al-Dia Village
6) Mr. Fathy Salam Al-Sharif from Al-Ashraf Village
7) Al-Aqil Zid Mohamed Ahmed Jamal from Al-Jaha
8) Mr. Khaild Ali Omer from Al-shaweria Village
9) Mr. Ali Mastor Salam Timah from Al-Kharsa belong to Jah A'ala Village
10) Mr. Fiteni Ayash my Village is between Al-Asharima and Al-Russe

Local council: Mr. Hussain Salah Yahya Zen, the Secretary General of Bit Al-Faqi district

Sub-branch governance (there is no elected board):
Project officer:
Mr. Mohamed Abdullah Ali, Beit Al-Faqih

Branch:
President of the branch: Mr. Abdulla Ali Nagi
Gender coordinator: Noria Fara'a

List of Female Interviewees

Hajjah governorate (Abbs district)

Beneficiaries:

1) Hameela Taieb Mohammed Al-Manbaghiea village.
2) Alaweia gaber Fawzi Al Muqabel village
3) Mariam Taieb Ahmed Habeel Al Gabri village
4) Mariam Yahia Maqbool. Demon Rashed village.
5) Mariam Mohammed Sagheer Demon Rashed village.
6) Zainab Ali Ahmed village "Al Garaeeb Al Olia"
7) Haleema Mohammed Hadeed. Al Muqashaa village.
8) Aisha Ahmed Abdo. Zambeel village.
9) Garada Yahia Mohammed. Al Aaredh village.
10) Fatema Mohammed Shooee. Al Hanak village.

Volunteers:

1) Aisha Ahmed Mohammed Barakat Al-Manbaghiea village.
2) Nugood Mohammed Hammadi Al Muqabel village
3) Fatema Othman Taieb Habeel Al Gabri village
4) Mariam Mohammed Shooee. Demon Rashed village.
5) Aisha Mohammed Ragehi. Deer Gohr village.
6) Faiza Ismaeel Abdulla Al Garaeb Al Sufla.
7) Amreia Mohammed Mohammed Madhbi Al Muqashaa village.
8) Fatem ali Zambeel village.
9) Shooeea Mohammed Bana. Al Aaredh village.
10) Fatema Ali Hasan. Al Hanak village.

Member of the administrative corporation of the first aid centre Ms. Mariam Ahmed Mohammed Al Abdulla.

Hodeidah governorate (Beit Al-Faqih district)

Beneficiaries:

1) Salama Abdulla Ibraheem . Al-Husam village.
2) Aisha Hiba Hasan Al Muraeea village.
3) Salama Hasan Mohammed. Al Mashaeekh village.
4) Awash Salem Habal Ghanemiea village.
5) Fatema Hasan Yahia Deraeei Al Deraeea village.
6) Lamia Mohammed radhwan Al Gah Villages.
7) Nagat Ahmed Hiba. Beni Al Ashram village.
8) Amina Yahia Hiba. Al Shawereia village.
9) Salwa Omer Hadi Al Shawereia village.
10) Salma Yahia Ibraheem. Al Musharema village.

Volunteers:

1) Asmaa Awadh Mohammed Sharaan. Al-Husam village.
2) Fathiea Mohammed Yahia Yusef. Al Mashaeekh village.
3) Nadia Mohammed Yahia Mastoor. Al Ghanemiea village.
4) Suood Abdulla Futeini. Wadi Al Diya village.
5) RawdhaAbdul Gabbar Ali Gammal. Al Ashraf village.
6) Fatema hasan Ahmed medewar. Al Kharsa village.
7) Awash Kuleib Mastoor. Al Kharsa village.
8) Zahra Aiyash Hiba Temn. Beni Al Ashram village.
9) Safiya Nasser Mohammed. Al Musharema village.

The field coordinator of the community health project in Beit Al Faqih, Aalia Mohammed Ibraheem Shammaa.

Names of staff and delegates interviewed during the MTR

YRCS

Leadership
Dr. Mohammed Al-Kabab (President of YRCS)
Dr. Abbas Zabarah (Secretary General YRCS)

Department coordinators:

- Dr. Shafeeq Al- Mahbashi (Health and Care Department)
- Mr. Mohammed Sawlan (DM Department)
- Mrs. Hadhya Al-Zoom (Volunteering & C/B-OD department)

CBHD Team:

- Mr. Waleed Al-Tuhami (CBHD Manager).
- Mr. Mohammed Al-Fageeh (CBHD Programme Officer)

Delegates:
Mr. Håkan Josefsson (CBHD Delegate - DRC)
Ms. Kirsten Andersen (OD Delegate - DRC)
Mr. Charles Debras (French Red Cross delegate)
Ms. Stefanie Grutza (German Red Cross delegate)

IFRC:
Mr. Tenna Mengistu (Head of Delegation, Yemen)
Mr. Martin Faller (Head of Operations, MENA)
Åsa Erika Jansson (Country Representative, Syria)

DRC:
Susanne Thorsbøll (Desk Officer, MENA and SEA Region)
Bjarke Skaanning Petersen (Head of Region, Europe)
Mads Brinch (Head of Region, MENA)
Agnes Madaras (former DRC Health Advisor)

NorCross:
Mette Buchholz (Program Coordinator Middle East & North Africa)

Independent:
Susanne Skov (DRC Delegate to Yemen during 2007)
Darine El Sabah (independent consultant)

Annex III

Reference documents

Yemen Red Crescent Society (YRCS) Strategy 2007-2011.

Identification mission for a Yemen Red Crescent Society health project. June 2007.

PHC Project Proposal. Beit Al-Faqih Community Based Primary Health Care Project. 2007.

Programme document. Community Based Health Development Programme 2008 to 2010. December 2007.

Baseline Survey. Sub district: Bani Hassan & Al Wassad. October – November 2007.

Community Based Health Development Programme 2008 to 2010. Annual Review July 2009.

Programme document. Community Based Health Development Programme 2008 to 2010.

Project design for the Beit Al-Faqih sub-branch intervention. August 2009.

Independent Auditors report the management. Community Based Health Development Programme. 2008.

YRCS Management review by an Independent Consultant. Final Report. 5 – 25 September 2008. December 2008.

Community Based Health Development Programme. Yemen Red Crescent Society. Annual Activity Report January – December 2008.

Community Based Health Development Programme. Yemen Red Crescent Society. Accumulative Report for 2009 Activities.

Community Based Health Development - Plan of Action and budget 2009.

Yemen Red Crescent Society Community Based Health Development. Performance Framework. Spring 2009.

Livelihood and Food Security Plan of Action 2009/2010. For the Community Based Health

Development Programme. Al-Wassat and Bani Hassan sub-districts, Abbs District, Hajja Governorate, Republic of Yemen. June 2009.

Livelihood and Food Security survey. For the Community Based Health Development Programme. Al-Ghanimiah and Al-Jah sub-districts, Beit Al-Faqih district, Hodeida Governorate, Republic of Yemen. December 2009.

Mission Report Yemen 12 – 15 October 2009. Patrik Vinberg, OD Advisor Swedish Red Cross, 27 October 2009.

Danish Red Cross Strategic Guidelines on Community Based Health Development. December 2006.

Our Joint Responsibility. Danish Red Cross International Strategy 2006 – 2010.

Danish Red Cross Strategic Guidelines on Organisational Development. January 2007.

Danish Red Cross Cooperation Point of View.

Norwegian Red Cross International Strategy 2009 – 2014.

NorCross/NORAD Monitoring and Reporting Guidelines.

Swedish Red Cross International Orientation 2007 – 2011.

The International Federation of Red Cross and Red Crescent Societies Health and Gender policies.

The International Federation of Red Cross and Red Crescent Societies Global Health and Care Strategy 2006 – 2010.

The International Federation of Red Cross and Red Crescent Societies Strategy S2020.

Millennium Development Goals in Yemen. UNDP. Updated July 2009.

Development contract between the Yemen Red Crescent Society and the Danish, Norwegian and Swedish Red Cross represented by the Danish Red Cross concerning the implementation of a Community Based Health Development Programme in two selected governorates in Yemen 2008 – 2010. December 2007.

Operational Alliance Agreement between The Yemen Red Crescent and Participating National Societies and the Federation to scale up community based health services in Yemen with a component of organizational development of the Yemen RC. May 2008.

Cooperation Agreement between The Danish Red Cross, Norwegian Red Cross and Swedish Red Cross regarding the Implementation of the Community Based Health Development Programme in two selected governorates in Yemen 2008 – 2010.

Annex IV

Yemen MTR schedule February - March 2010

Date	Event	Location	Comments
27 Feb	Overseas team members arrive.	Sana'a	
28 Feb	Team meeting. Meeting with CBHD Team. Meeting with YRCS leadership and governance. Meeting with OD Team.	YRCS HQ or hotel YRCS HQ	Initial discussion meetings. Briefing on approach and method.
28 Feb	Fly to Hodeidah.	Hodeidah	
1 March to 3 March	Focus groups and meetings with beneficiaries, volunteers, local council representatives and branch and sub-branch staff from Hodeidah and Hajjah. Sample of 10 villages from each district (= 20 villages). Two beneficiaries (1 F/1 M) from each village (= 40 beneficiaries). Community-based volunteers. Two volunteers (1 F/1 M) from each village (= 40 CBVs). One local council member from each district (= 2 LCM). Sub-branch staff. President of sub-branch, sub-branch project officer & gender coordinator (F) (= 6 staff). Branch staff: Health coordinator & gender coordinator (F) (= 4 staff).	Hodeidah	Multiple workshops designed to identify the positive impact the programme has had on women's lives (e.g. improvements in literacy and health, and reductions in gender disparities); empowering individuals to become committed volunteers within their communities; and strengthening the capacity of the YRCS to deliver improved health services within a more structurally developed National Society.
3 March	Return to Sana'a.	Sana'a	
4 March	Meeting with Sana'a Branch Meeting with 3 Coaches	Sana'a	
4 – 5 March	Teamwork.	Sana'a	
6 March	Interview GRC. Interviews and discussions with leadership and governance.	Sana'a	
7 March	Interview FRC (Charles Debras).	Sana'a	
8 March	Findings and recommendations briefing for staff/governance. Team de-briefing.	YRCS HQ	
9 March	Overseas team members depart.	Sana'a	Evening flights.

Management Report following the Joint Mid-term Review of Yemen Red Crescent Society's Operational Alliance (OA) Community Based Health Development (CBHD) Programme and DRC Organizational Development (OD) Programme.

Prepared by the Mid-Term Review Team
16 March 2010

Preamble

The purpose of this Management Report is to help the YRCS and other Operational Alliance (OA) partners expedite some of the key recommendations made during the recent Mid-term Review (MTR). In this respect the report builds on the recent positive momentum achieved by the Advisory Task Force (ATF) and should be viewed as being consistent and complementary to the work already undertaken in that forum. The MTR Team believe that the sooner the partners are able to begin dialogue about how the MTR recommendations can be implemented in practice, the sooner the required change will be acted upon. This process of dialogue is particularly important for members of the CBHD National Steering Committee and the OD Steering Committee as they will need to commit to resolving some long-standing barriers to effective working (see below) that are beyond the supporting partners' (IFRC, NorCross, SRC, DRC) ability to resolve.

This Report is issued in addition to the reports required in the MTR Terms of Reference and is intended to complement those reports rather than replacing them. To this extent, the Report is deliberately brief on background detail and other ancillary information as these issues will be thoroughly covered in forthcoming MTR reports. Upon receipt, this Report should be immediately translated into Arabic and circulated to all key stakeholders.

1. Introduction and background

The strategic direction of this Management Report along with its concluding recommendations builds on the belief that there is a collective partner 'will' to make the OA and DRC supported programmes work, and thus adopts a positive-future outlook for the partnership. In taking this stance, the authors of the Report also acknowledge the considerable investment made by partners in the work undertaken so far, and that there is a platform on which change can be built (and which is considerably supported by recent ATF initiatives). Having said this, the optimism presented in this Report is tempered with realism, in that the MTR Team has been explicit with the CBHD National Steering Committee and other partners to recommend that the National Society must deliver on the recommendations contained in this document (and others that will follow in due course). The MTR Team have additionally highlighted to the YRCS Steering Committee the partner expressed consequences of non-performance (the ultimate consequence informed to the MTR team being that funding partners will cease to support the programmes) so that there is no ambiguity in what is expected in terms of the required change.

The MTR took place in Yemen between 27 February and 9 March 2010. The areas of focus for the Review team were:

- Overall achievements and outcome of the CBHD and OD programmes.
- CBHD and OD programme management and staff issues.
- How relevant, effective and efficient the programmes have been.
- Sustainability of the CBHD and OD programmes.
- Possible gaps, synergies and linkage between the ICB, the CBHD, the DRC supported OD programme, and the other OD initiatives of YRCS.

In considering the above, the Review Team consulted the following groups/individuals:

- YRCS Branch and Sub-Branch staff, the Secretary General and the CBHD National Steering Committee Members
- YRCS HQ Programme staff
- 33 programme volunteers (male and female)
- 38 programme beneficiaries (male and female)
- DRC, NRC, SRC, IFRC OA partners (local, regional and national levels)
- FRC, GRC, ICRC
- Past consultants, delegates and key stakeholders

Review findings were categorised under relevant theme headings. These themes were:

1. Positive impact of the programmes
2. Programme ownership
3. Communication, relationship and trust issues
4. Accountability issues – performance, service delivery and finance
5. Partner coordination
6. Capacity
7. Structural issues – roles and responsibilities
8. Programme management and design
9. Strategy issues – planning and programme related
10. Quality
11. Sustainability
12. Human Resources

Section 2 below considers the main findings from each of the above themes.

2. Key Review Findings

This section details the main MTR findings corresponding to the categories in Section 1 above. Additional findings will follow in the upcoming MTR Reports.

2.1. Positive impact of the CBHD programme

- The programme has genuinely empowered women and raised awareness of gender issues. Women now discuss family planning with Dayas without consulting husbands, and female volunteers are allowed to attend sub-branch meetings.
- Increased women's knowledge of how to improve health and prevent common diseases e.g. children and mothers sleeping under nets, children accessing vaccinations, improving diets.
- Family planning benefits are well known (among men and women), and the importance of birth spacing is understood.
- The training of Dayas in clean delivery has resulted in concrete change of procedures.
- The literacy component is highly appreciated and the fact that classes are conducted locally allow women to participate (as well as children, and in particular girls), from villages that are distant from public schools.

2.1.2. Positive impact of the OD programme – YRCS volunteer structure

- Establishment of democratically elected volunteer committees in 13 branches supported by groups of branch 'lead volunteers'.

- Increased involvement of volunteers in local activities through 'pilot project fund' leading to increased motivation and visibility.
- Pool of skilled, motivated and committed volunteers throughout the country through training in project management, principles and values, first aid, and peer exchanges within Yemen and with DRC.
- Development of volunteer policy (by volunteers) explaining rights and obligations of volunteers.
- Nationwide registration of volunteers and issuance of volunteer identification cards.
- Contribution to YRCS democratisation process by supporting the ongoing process of democratisation through the issuance of membership cards.
- Supporting the process of dissemination in relation to statutes through workshops with volunteers and branch members.

2.2. Programme ownership

- CBHD programme has not been positively owned by the YRCS (at all levels) principally due to unclear roles and responsibilities, and a lack of consultation and engagement in programme design, planning and management functions. Key programme documents have not been adequately translated into Arabic.
- Ownership of the OD Programme is good at branch level, and at HQ level within the OD Department.
- Ownership of the volunteer component within the CBHD programme has not been strong resulting in inadequate supporting structures and approaches for volunteers.

2.3. Communication, relationships and trust

- The 'OD' components of both programmes have not been well communicated or understood.
- There has been poor follow up on recommendations and decisions taken at meetings and provided in reports. Meeting minutes are not reflective of key discussions, and are not structured in relation to individual responsibility, deadlines and required follow ups.
- There has been inadequate communication between the CBHD management and the branches both in terms of level and frequency.

2.3.1. Communication, relationships and trust

- The relationship between the CBHD partners and the YRCS was severely tested when the programme was stopped for 6 months.
- The interpersonal and intercultural relationships and understandings essential for effective and harmonious cross-cultural working have not been truly established.
- The 'relationship' between the CBHD programme and the DRC OD programme and other OD initiatives (e.g. ICB) has never been properly established and communicated.

2.3.2. Communication, relationships and trust

- Trust between the CBHD programme and beneficiary communities has been broken due to un-kept service delivery promises of water and sanitation solutions, and livestock projects (primarily Abbs but now affecting Bet al-Faqih).

- Community expectations have been raised concerning what they believe the CBHD programme has promised when in reality the programme could never promise such things e.g. one-off payments to midwives.

2.4. Accountability – performance

- There is a lack of monitoring within the programmes (and the reliance on consultants to develop the monitoring systems will only further decrease ownership and accountability).
- In the CBHD programme there is a lack of accountability for non-performance in relation to agreed tasks and responsibilities which severely hampers the performance of the programme at all levels.
- There is a lack of credible baselines and corresponding indicators and targets, which makes it difficult for both programmes to illustrate the impact they are having in their work.

2.4.1. Accountability – service delivery

- The OA agreement is not really being implemented according to agreed roles and responsibilities. And there is no accountability amongst partners (YRCS, IFRC, NorCross, SRC, DRC) for fulfilling their OA agreements.
- There is no accountability for when the CBHD programme fails to deliver against agreed targets (for reasons of stoppage or poor planning), meaning the expectations of the beneficiaries are not realised.
- The Performance Framework is not being implemented as agreed.

2.4.2. Accountability – finance

- There are a number of financial discrepancies that will require further investigation.
- There has been little consideration of the National Society's capacity to absorb increased levels of funding within short time frames and this has impacted on programme quality at all levels.

2.5. Partner coordination

- There are examples of positive partnering with other agencies at branch and community level in both programmes. However, in CBHD there has been insufficient linkage with water authorities in relation to water constructions, quality assurance and maintenance.
- Poor coordination has caused confusion regarding roles, responsibilities and follow-up with unclear messages to YRCS as result. The parallel structure is the reason behind the programme (and staff) being considered as OA.

2.6. Capacity

- The Programmes (and the Programme Documents) are not realistic and could have been better designed. They have not taken account of the capacity of the partners' or National Society's ability to deliver.
- There is a need to strengthen programme management (staff) capacity at all levels.
- There has been a lack of support for the programme delegates from the regional level and this has impacted on their ability to perform (and has also influenced the way in which they have had to work).

2.7. Structural issues – roles and responsibilities

- No clarity regarding roles and responsibilities for staff at all levels. No clear guidelines for staff on how to manage the programmes.
- The CBHD delegate role has changed and this has caused confusion regarding their advisory or management status.
- There is a lack of an agreed system for approving project activities, and the Steering Committee mechanisms for decision-making do not always function to best effect in either programmes.
- The implementation of the two programmes has suffered from the lack of an YRCS approved management structure clarifying roles and responsibilities at all HQ levels (incl. job descriptions and salary scale).

2.8. Programme management and design

- No proper planning involving key stakeholders (in both programmes) implying feeling of ad hoc based implementation rather than adherence to overall programme strategy.
- The approach to CBHD programme management and design is rigid with little scope for flexibility to adjust and adapt to changing circumstances and contexts; whereas the OD programme has been more flexible.
- The literacy component is an anomaly to CBHD in general and doesn't contribute to the programme objective. The programme involves children in literacy classes, which it should not do.
- The regional coach system has not been allowed to be properly tested and the abandonment of the local coach system has slowed down branch activities.

2.9. Strategy issues – planning and programme related

- No proper OD coordination at all levels (YRCS, delegates, partners). Lack of OD vision for the YRCS and lack of understanding for how OD supports everything that the National Society does.
- The CBHD and OD programmes have little strategic linkage, but equally the ICB Programme has not demonstrated any strategic thinking or linkages with existing OD initiatives (in either the CBHD or DRC OD programmes).

2.10. Quality

- The 'breakneck' growth of partner supported programmes in Yemen has compromised programme quality and placed unfair expectations on delegates and the incoming Head of Region to produce unrealistic results.
- The programmes have insufficient monitoring systems in place and the mechanisms to support effective service delivery and planning (e.g. LFAs and robust reporting) are absent.

2.11. Sustainability

- Pilot projects for OD programme volunteers are one-off activities. There is no use of the pilot fund as enabling volunteer mechanism in the two CBHD branches.
- There is lack of an agreed strategy for progressive transfer of genuine ownership to the National Society for the programmes, which needs to be developed to ensure eventual sustainability of the interventions undertaken.

- There is insufficient understanding of the role of the volunteers in CBHD and how essential they are for ensuring programme sustainability.
- The CBHD programme undermined volunteer activities in Abbs and branch income generation.

2.12. Human Resources

- Irregular delegate presence and severe restrictions on delegates ability to go to the field for monitoring and support has hampered the programme in all respects.
- YRCS have not managed their HR in a way expected by partners and in accordance with the OA agreement.
- Many consultants used for the programme without significant tangible results.

3. The Way Forward

In acknowledging the above findings, it was agreed that a new strategic framework was required in addition to a set of recommendations if the partnership was to move forward. This strategic framework comprises of five steps, under which key recommendations are later structured. The five framework steps include:

1. New directions for the programmes.
2. An approach that returns ownership of the programmes to the YRCS.
3. Linking of volunteer initiatives between both programmes.
4. Clear roles and responsibilities with agreed and enforced accountability.
5. A structure that's fit for purpose.

Key recommendations for each step:

3.1. Step 1: New directions for the programmes

- There is a need to redirect both programmes to reflect the reality of the work being undertaken alongside the real needs of the community, and in the context of what the programmes are able to deliver now and in the future – placing community (urban and rural) volunteers at the heart of the intervention.

- The revised programmes should be designed using a fully participatory and consultative process led by YRCS with partner support, retaining the strong and valuable aspects of what is already there, adjusting to the new realities, and abandoning what is not working or has no chance of working.

- The Volunteer Management (VM) programme should build on what already has been achieved. Both programmes should be redirected in order to maximise synergy whilst still having their separate identities, with the CBHD programme operating in 2 branches and the VM programme in most others.

- Provisional focuses to reflect programme realities and guide partners on their work for the CBHD Programme include: shifting focus towards: 'Improving health and livelihoods – empowering vulnerable communities'. For the OD Programme retaining focus on: 'Volunteer Programme – volunteers at the

heart of YRCS'. These focus directions may also usefully be considered as new programme titles.

3.2. Step 2: An approach that returns ownership of the programmes to the YRCS

- YRCS should lead the design and planning of the new programmes with appropriate partner support.
- This should be undertaken in a fully participatory and consultative manner with wide stakeholder involvement (acknowledging that a redesign of the volunteer programme is imminent).
- YRCS should endorse the new programmes to the partners. All partners should commit to supporting the newly designed YRCS programmes.

3.3. Step 3: Linking of volunteer initiatives between both programmes

- To ensure programmatic efficiencies and sustainability, the new programmes should place volunteers at the heart of the interventions as a mechanism for ensuring linkage between both programmes.
- The current volunteer pilot scheme should retain its project approach that seeks to strengthen volunteer development in the branches and also account for the need to support community health and livelihood interventions.
- This programme linkage should be undertaken in a phased way, as immediate integration within the programmes is unrealistic.

3.4. Step 4: Clear roles and responsibilities with agreed and enforced accountability - with ownership comes accountability

- Within the design stage of the revised programmes, clear roles and responsibilities for all aspects of programme management (at all levels – HQ to sub-branch) should be established, agreed and implemented before the new initiatives begin.
- Approaches to enforcing accountability (performance – programme and staff, finance, and service delivery) should be established (by all partners) with clear understandings of what will happen if roles and responsibilities are not adhered to. For the credibility of the partnership people should be held accountable when disbursements have not been made in accordance with accepted and approved standards.

3.5. Step 5: A structure that's fit for purpose

- A programme implementation structure (based on the current work by the ATF) designed to make speedy, effective and efficient management decisions with minimum delays.

- The structure should have clear roles and responsibilities, and will be expect to meet at regular intervals and provide the appropriate management and monitoring report.

- An effective programme-wide monitoring system (with baselines, indicators, targets and milestones) should be established as a priority.

- To support this new way forward it is recommended to recruit a new team of delegates (2) that will have mutual responsibility for supporting both programmes, and this should be undertaken in conjunction with developing the revised programmes.

4. Building on what is already there

The above recommendations build on the recent positive momentum achieved by the Advisory Task Force (ATF). These achievements include:

- The 2009 Management Review.
- Willingness of YRCS to take the lead and work with all partners through the ATF, and produce plans of action.
- Strengthening the management structure.
- The adoption of statutes and the Board working with these alongside dissemination of statutes through the branches.
- Democratising the YRCS through strengthening volunteerism and issuing membership cards.

As such, the recommendations contained in this report should be viewed as being consistent and complementary to the work already undertaken in the ATF forum. The recommendations produced through this Mid-Term Review shall take account of those recommendations already made in the YRCS Management Review. Partners will also need to support the YRCS in developing a plan of action to implement both sets of recommendations detailing responsibilities for those recommendations (who, when and how) in the new accountability framework.

5. Roles of Delegates

The changing nature of delegate 'roles' (for example, from a managerial role to more of an advisory role) particularly in relation to the CBHD programme has been confusing for the YRCS and this has hampered programme implementation for two primary reasons. Firstly, the 'managerial' empowerment of the CBHD Programme Manager has caused some resentment among senior YRCS staff resulting in a negative reaction to a 'newcomer' taking key programme decisions. Secondly, as CBHD Programme staff have relatively limited managerial experience it has been difficult for them to conduct their duties in a way required for efficient programme running (e.g. taking important and timely decisions whilst at the same time avoiding conflict). While advisory delegate roles are often the preferred approach for working with host national societies, in this programme context it should be acknowledged that the YRCS (both institution and CBHD staff) are not quite ready for this style of working. Incoming delegates should therefore adopt a more managerial role - particularly concerning financial management and proactive decision-making aimed at effective activity implementation - until all concerned parties are ready to accept the CBHD Programme Manager's authority. However, the delegates' role must

ultimately shift towards enforcing the YRCS staff ownership of the programme by consulting and involving them in decision-making through coaching and transferring of the needed managerial skills to YRCS staff.

6. Risks and implications of non-performance

As stated earlier in this report, the MTR Team has adopted a positive-future outlook stance for the partnership. In adopting this stance, the Team acknowledges the considerable partner investment that has been made so far. Having said this, the optimism is tempered with realism, in that the MTR Team have been explicit with the CBHD National Steering Committee and other partners that the National Society must deliver on the recommendations contained in this document (and others that will follow in due course). The MTR Team have additionally highlighted the partner expressed consequences of non-performance to the CBHD National Steering Committee including the need to hold people accountable should investigations conclude that financial mismanagement has occurred (the ultimate consequence being that funding partners will cease to support the programmes) so that there is no ambiguity in the messages being delivered.

7. Options

The course of action recommended in this report is not the only option under consideration by the Review Team (but it is the *preferred* option at this point in time). Additional options that take a *less* positive-future outlook are under consideration and will be presented in due course, however, when presented, they will not fundamentally alter the recommendations made in this management report.

8. A Change Strategy

The nature of the change required by all partners to make the OA and DRC supported programmes a success should not be underestimated. The required change is complex, deeply structural and heavily dependent on good communication and inter-cultural understanding. In this respect, the MTR Team strongly recommends that the five step strategic framework is accompanied by a proven change strategy as a mechanism for ensuring greater success, as without this strategy, too much is left to chance.

9. Conclusion – A Window of Opportunity

The MTR Team strongly recommends that partners (YRCS, IFRC, NorCross, SRC, DRC) consider this window as a golden opportunity for a renewed partnership. If the partners are able to proceed within the framework described above then there is a high chance of securing the necessary change that can be built on and expanded in the future. But partners should also be clear that this is likely to be the final opportunity for this to happen. If partners cannot keep their commitments to each other then the future of the partnership seems to be highly insecure. The YRCS has openly acknowledged that it does not have sufficient capacity to move forward with the necessary changes without partner support (specifically to implement the recommendations), and here the partners must support the YRCS to implement these recommendations preferably through a professionally, external facilitated process. This is a golden opportunity to 'Walk the Talk' when it comes to making this

positive change happen. And positively, the commitment is already there, as Dr. Abbas Secretary General of the YRCS stated to partners at the end of the MTR process "We promise to make this dream come true".

10. Thanks

The Review Team would like to extend its sincere appreciation and thanks to the YRCS and partners for the courtesy, kindness and time extended in the facilitation of the Mid-Term Review.