May 2025

EVALUATION REPORT

Final Evaluation for the Project *"Provision of integrated EHNPW in Hajja, Aden, and Lahj governorates, Yemen"*

Funded by: European Union Civil Protection and Humanitarian Aid

Implemented by: INTERSOS HUMANITARIAN ORGANIZATION

Evaluated by: MEAL center — Monitoring & Evaluation مركز ميل للمتابعة والتقييم

EVALUATION SUMMARY

Evaluation Type	Final Evaluation
Conducted By	MEAL Center (MC)
Donor	European Civil Protection and Humanitarian Aid Operations (DG ECHO)
Country	Republic of Yemen
Project to be Evaluated	Provision of integrated emergency health and nutrition, protection and WASH for conflict and displacement affected people while consolidating a medium-term local preparedness referral response strategy in Hajja, Aden, and Lahj governorates, Yemen
Project Objective	To contribute to reducing morbidity and mortality of most vulnerable conflict and displacement affected populations in Hajjah, Aden, Lahj through the provision of life-saving emergency health and nutrition services, integrated with protection assistance and WASH
Evaluation Locations	• Aden (Al-Buraiqa and Dar Sa'ad) • Lahj (Al Ribat IDP site) • Hajjah (Abs and Ku'aydina)
Project Duration	May 1, 2023—May 31, 2025
Action Focus	Health, Nutrition, Protection and WASH
Evaluation Purpose and Objectives	• To assess whether the DG ECHO project contributed to reducing morbidity and mortality among the most vulnerable populations affected by conflict and displacement, specifically, host communities and internally displaced persons (IDPs), including women and children, in the targeted locations of Aden, Lahj, and Hajjah. The evaluation will also aim to determine whether the project achieved its intended outcomes and to understand how the project impacted the targeted communities. • To assess the Project's Relevance, Effectiveness, Efficiency, Coherence, Impact, and Sustainability, as well as the effectiveness of the Complaint Feedback and Response Mechanism (CFRM).
Evaluation Methodology	a) Desk review for project related documents. b) Conducting household beneficiary surveys. c) Conducting focus group discussions (FGDs). d) Conducting key informant interviews (KIIs). e) Conducting project staff interviews. f) Field observation visits.
Evaluation Duration	March 2025 - May 2025

Table 1: *Evaluation Summary*

DISCLAIMER

This report was produced by the MEAL Center (MC) and commissioned by INTERSOS for Final Evaluation of the DG ECHO-funded and INTERSOS-implemented project in Yemen. The views expressed in this report are those of the MC and do not necessarily reflect the opinions of INTERSOS.

ACKNOWLEDGEMENTS

MEAL Center (MC) would like to extend its sincere gratitude to everyone who contributed to the successful completion of this evaluation for the project "*Provision of integrated emergency health and nutrition, protection and WASH for conflict and displacement affected people while consolidating a medium-term local preparedness referral response*" in strategy in Hajja, Aden, and Lahj governorates, Yemen, implemented by INTERSOS.

We express our heartfelt appreciation to the management team of the INTERSOS for providing valuable input, feedback, and support despite their busy schedules, the technical coordinators and the field team members who are forthcoming and candid about the project achievements, challenges, learning and plans for the future.

Special recognition is extended to the dedicated members of the MC team: Mr. Abdulbasit Al-Shamiri, for whose adept leadership and advisory steered the evaluation process, and the invaluable efforts of Ms. Maimonah Abdullah, Mr. Motasim A. Rahman, Ms. Najla Binsheba and Mr. Hisham Al Hemyari. Their commitment and diligence were pivotal in the successful execution of this assignment. We also acknowledge the tireless support provided by teams in the field and office, who worked diligently behind the scenes to make this a success

We trust that the findings and recommendations outlined in the evaluation will significantly enhance informed and responsive planning for future endeavors.

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ABBREVIATIONS AND ACRONYMS

MC	MEAL Center
EHNPW	Emergency Health and Nutrition, Protection and WASH
CC	Community Committee
CFRMs	Complaint Feedback and Response Mechanisms
CHVs	Community Health Volunteers
COVID-19	Coronavirus Disease 2019
CU5	Children Under 5
CVs	Community Volunteers
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DHOs	Districts Health Offices
H&N	Health and Nutrition
HC	Health Centre
HW	Health Workers
IDPs	Internally Displaced Persons
IRG	Internationally Recognized Government
MAM	Moderate Acute Malnutrition
MC	MEAL Center
MCTs	Mobile Clinic Teams
MEAL	Monitoring, Evaluation, Accountability and Learning
PDM	Post Distribution Monitoring
PHC	Primary Healthcare
PLW	Pregnant and Lactating Woman
SAM	Severe Acute Malnutrition
SBA	Sana'a-based Authority
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
BLS	Basic Life Support
CVs	Community Volunteers
PHC	Primary Health Care
OTP	Outpatient therapeutic programs (OTP)
IYCF	Infant and Young Child Feeding
MOPHP	Ministry of Public Health and Population
ICM	Individual Case Management (ICM):

EXECUTIVE SUMMARY

The final evaluation of the "*Provision of integrated emergency health and nutrition, protection and WASH for conflict and displacement affected people while consolidating a medium-term local preparedness referral response strategy in Hajjah, Aden, and Lahj governorates, Yemen*" project under the funding of European Civil Protection and Humanitarian Aid Operations (ECHO), conducted by MEAL Center (MC), assessed the implementation of these activities by INTERSOS. . The main objective is to evaluate to assess the extent to which the project has achieved its intended objectives, and analyze the impact and sustainability of interventions by examining the effectiveness of the project's implementation of the project and assessing the effectiveness of the Complaint Feedback and Response Mechanism (CFRM) and provide recommendations for future improvement. The evaluation involved document reviews, beneficiary surveys, focus group discussions, key informant interviews, and field visits.

1. Findings and Analysis

The main findings are presented below in accordance with the evaluation questions that reflect OECD DAC criteria.

1.1. Relevance

The analysis of the findings demonstrate that the project was highly aligned with local priorities, providing critical services that significantly improved beneficiaries' health and nutrition situation. The project successfully addressed the most urgent needs of beneficiaries, with 94% of respondents (n=340) confirming its relevance. Key services included medical treatment for conditions such as malaria, diabetes, and malnutrition; maternal and child health support; mental health counseling; and emergency referrals. Mobile clinics were particularly impactful in reaching remote communities, offering free consultations and lifesaving care. Protection services, including psychosocial support and cash assistance for vulnerable individuals, were also highlighted as essential. The addition of WASH activities—such as hygiene kit distribution and cholera response—during the project's implementation phase further demonstrated adaptability to emerging crises like flooding.

Despite its successes, the project faced challenges in meeting all needs comprehensively. Around 6% of beneficiaries reported insufficient support, particularly for chronic diseases and mental health services, where inconsistent delivery left gaps in care. In WASH, while 68% of beneficiaries found hygiene kits useful, 32% noted mismatches between the supplies provided and their actual needs. Additionally, water access improvements were minimal, as most systems remained unchanged, with only temporary interventions like tank cleaning.

The evaluation revealed significant improvements in health and nutrition outcomes. Before the intervention, communities faced severe shortages of medical supplies, high malnutrition rates, and inadequate sanitation, leading to preventable deaths. Post-intervention, 59% of beneficiaries reported better health due to accessible treatment, malnutrition programs, and hygiene awareness campaigns. However, 36% experienced only partial improvements, citing drug shortages and reduced services in later phases as limiting factors.

The project's design benefited from consultations with local authorities and community leaders, ensuring alignment with priority needs. Beneficiary selection criteria focused on the most vulnerable, including displaced families, malnourished children, and survivors of gender-based violence. However,

limited engagement in Al Ribat led to perceptions of unfairness, particularly around cash assistance distribution. Culturally, the project was well-received, with adjustments made to respect local norms, such as deploying female health workers and sourcing hygiene kits locally.

1.2. Effectiveness

The findings indicate significant achievements in reducing morbidity and mortality among vulnerable populations, primarily due to the integrated delivery of essential health and nutrition services. In the health and nutrition interventions, the project effectively reduced preventable illnesses and improved health stability among displaced and impoverished communities. Key indicators, such as outpatient consultations and vaccination coverage, were met or exceeded. Beneficiaries reported that access to free medical services, including consultations, vaccinations, and maternal care, made a significant impact on their health. The removal of healthcare costs allowed families, particularly those with chronic illnesses, to seek necessary treatment without financial strain. Additionally, nutrition interventions for malnourished children and pregnant women led to observable health improvements, with beneficiaries noting increased awareness of nutrition and childcare practices that contributed to better household health behaviors.

WASH initiatives played a crucial role in enhancing community health. The integration of hygiene promotion, latrine construction, and water chlorination directly reduced disease prevalence, particularly diarrhea and malnutrition among children. Community engagement was evident, as beneficiaries reported improved hygiene practices and collective efforts to maintain cleanliness, driven by awareness sessions provided by community volunteers. These efforts contributed to the overall health stability of the communities served.

In the protection sector, the project established a protection center that successfully provided legal documentation and psychosocial support, empowering survivors of violence and stigma to access necessary services. Community awareness campaigns addressing gender-based violence and providing legal aid were instrumental in building trust and encouraging survivors to seek help. The effectiveness of these initiatives highlights the importance of integrated support for vulnerable populations. Despite these notable successes, some beneficiaries expressed frustration over the unavailability of essential medications for chronic conditions, highlighting gaps in service coverage. Reports of uneven service provision led to community tensions, with some beneficiaries feeling overlooked or unfairly treated.

Therefore, the project has achieved substantial improvements in health and nutrition outcomes while effectively addressing WASH and protection needs. The integration of services and community involvement were critical to these successes. However, attention must be given to enhancing WASH facility functionality, ensuring equitable service distribution, and maintaining support for chronic health needs.

1.3. Efficiency

The analysis of the findings showed that INTERSOS has utilized the resources of the project efficiently to achieve its objective. The interviewed KIs expressed strong confidence in the efficient use of project resources. They noted that inputs were well-distributed across key sectors—health, nutrition, protection, and WASH—effectively meeting the specific needs of beneficiaries.

Project staff reported no significant budget overruns or underspending. The budget was well-managed and adhered to its intended parameters, despite facing logistical challenges. Adjustments

for new activities, such as the WASH component, were made through internal reallocations rather than excess spending. While some components, like protection cash assistance, faced funding limitations, the overall financial management was deemed adaptive and responsive to contextual needs. When exploring cost-effective alternatives, most respondents did not identify feasible options, indicating that the project's resource use was generally appropriate. However, suggestions were made for future initiatives to engage local communities more closely to enhance targeting and prevention strategies.

Timeliness was a strong point for the project, with community committees confirming that activities were implemented as scheduled. Despite some procurement delays for medical supplies, these issues were attributed to external sources rather than project management. Staff reported effective coordination and planning that mitigated time constraints, allowing for the timely delivery of services.

In general, the project successfully managed competing health priorities, prioritizing urgent needs like cholera while sustaining nutrition services. Feedback from beneficiaries highlighted the project's effectiveness in addressing acute health vulnerabilities, particularly during disease outbreaks. The presence of mobile clinics and ambulance services significantly improved access to care, ultimately leading to positive health outcomes for vulnerable populations.

1.4. Coherence

As per the overall analysis of the findings, during the implementation of the project activities, INTERSOS has effectively coordinated with other organizations and actors to ensure a coherent and integrated response to community needs. Community Committee members emphasized the importance of pre-coordination among organizations to avoid duplicative efforts, ensuring that community needs are effectively addressed. In Dar Sad, INTERSOS was noted as the sole provider of medical services, highlighting the significance of comprehensive coordination to fill gaps left by past initiatives that were not sustained.

Health Facility Managers confirmed that effective coordination mechanisms were in place, minimizing overlap and enhancing the cumulative impact of interventions. Local authorities stressed the importance of clearly defining each partner's scope to avoid confusion. A thorough review of intervention maps facilitated collaboration through shared project plans, enabling informed decision-making and efficient resource allocation.

The project demonstrated strong complementarity with other actors, particularly in health and nutrition. For instance, INTERSOS coordinated vaccination and family planning services alongside nutrition support in collaboration with UNICEF. While there was a general consensus that duplication was minimal, one health worker noted the concurrent construction of latrines by INTERSOS and the Danish Refugee Council, a necessary response to the large-scale sanitation needs in displacement camps. Furthermore, the project synergized with existing initiatives funded by various donors, enhancing the reach of health, nutrition, protection, and WASH services. By adopting an integrated approach, the project ensured continuity of services, particularly in protection case identification and referrals. Mobile and static teams facilitated outreach to vulnerable groups, effectively linking them with community centers and specialized care.

INTERSOS established strong partnerships across all sectors, participating actively in cluster systems to avoid service duplication while filling critical gaps. Collaboration with organizations like MSF and WHO allowed for a clear division of labor, particularly in patient referrals, which enhanced overall service delivery. Despite these successes, geographical disparities in coordination effectiveness were

noted. Areas like Aden benefited from robust networks, while Hajjah faced challenges due to limited partner presence.

The project interventions were consistent with other initiatives by INTERSOS and aligned with broader humanitarian efforts. Key informants acknowledged the coordinated approach to address diverse needs, such as linking protection with nutrition and health services. Health facility managers reported improvements in health center conditions and staff capacity, promoting a holistic approach to health and nutrition.

1.5. Sustainability

When evaluating the sustainability of the EHNPW project, it crucial to highlight that the project is an emergency intervention to address the urgent needs of the targeted communities. Many beneficiaries expressed concern that project benefits would cease upon completion, particularly regarding key services like mobile clinics and ambulances, which rely on funding for operation. While some acknowledged that health awareness and physical improvements (like installed toilets) might persist, there is widespread doubt about the continuation of essential services without external support. Community health volunteers (CHVs) were viewed more positively, with 83% of community committee members believing they would continue serving their communities. Their ongoing involvement is contingent on local support and coordination with health authorities to ensure their roles are integrated into community health strategies.

Local authority representatives highlighted several steps necessary for sustaining project services, including increasing staff numbers and enhancing coordination with health offices. They emphasized the importance of providing incentives for program coordinators and fostering community participation in planning and evaluation. Health facility managers echoed these sentiments, noting the need for strengthened local capacity and access to sustainable resources to continue health and nutrition services. Despite efforts to engage local stakeholders and build community ownership, coordination between the project and other actors varied. In some regions, data sharing helped optimize resources and reduce service gaps, while in others, insufficient collaboration hindered sustainability efforts. The project successfully trained local health volunteers and involved community committees in decision-making, laying a foundation for continued services post-project.

Around 70% of interviewed beneficiaries reported community contributions to sustaining services, such as maintaining health facilities and organizing clean-up efforts. However, economic hardships limited some community members' ability to engage actively in service maintenance.

The findings of this evaluation showed that while INTERSOS has implemented strategies for building sustainable partnerships, significant challenges remain. Key among these are funding shortages and the limited capacity of local authorities to absorb services after NGO withdrawal. The protection sector demonstrated a promising model for sustainability through community protection networks, but overall, the project's long-term viability depends on addressing systemic funding gaps and enhancing government capacity.

In conclusion, the EHNPW project has established mechanisms for sustainability through community engagement and infrastructure development, but the long-term success of these initiatives will require ongoing financial support and strategic planning. Therefore, future projects need to focus on integrating sustainability into their design to ensure that the benefits continue beyond the project lifecycle.

1.6. Impact

Based on the analysis of the findings, the integrated approach to health, nutrition, WASH, and protection services has yielded significant benefits, although it has also presented implementation challenges. INTERSOS's integrated service delivery effectively addressed community needs, improving health outcomes and family stability. The combination of health and nutrition services under the Ministry of Health led to notable advancements, particularly in reducing stigma associated with seeking help. WASH and protection services produced observable improvements in community safety, with awareness campaigns fostering proactive behaviors. However, the integration of WASH into existing health programs created challenges in measuring specific impacts.

Beneficiaries reported heavy reliance on INTERSOS-supported health centers for free healthcare. Many expressed that without these services, they would struggle to manage chronic conditions and would likely see a decline in health, particularly for children and vulnerable populations. The loss of nutrition and protection services raised concerns about increased malnutrition and exposure to violence. Health facility managers echoed these sentiments, warning that the suspension of services would create significant gaps in healthcare provision.

The majority of beneficiaries (96%) expressed satisfaction with project assistance, while 4% noted gaps in service delivery, particularly in health and WASH components. Many of the respondents acknowledged improvements in child nutrition and health outcomes, attributing these changes to access to treatment, hygiene education, and mobile medical services. Success stories highlighted children recovering from malnutrition and the critical role of mobile clinics in reaching remote areas. Most beneficiaries reported no negative impacts from the project, although one community member noted potential exploitation of violence for financial assistance. Positive unintended impacts included improved hygiene practices and stronger community relationships. Many beneficiaries recognized the project's contributions to better health outcomes and increased community awareness.

Evidence suggests a significant reduction in disease prevalence, notably diarrhea, due to enhanced hygiene practices, access to treatment, and health education. About 81% of beneficiaries believed disease rates decreased, crediting the project for these improvements. The integration of community awareness sessions, particularly concerning handwashing and safe water practices, played a crucial role in this decline.

Therefore, the project has made a considerable impact on enhancing the health and nutrition situation for the vulnerable communities in the targeted areas, demonstrating the effectiveness of integrated service delivery. However, concerns about sustainability and the potential suspension of services highlight the need for ongoing support and strategic planning to ensure that gains are maintained.

1.7. Complaints Feedback and Responses Mechanisms (CFRMs)

The findings indicate that while awareness of the CFRMs is relatively high, there are notable gaps in understanding how to utilize them effectively. About 73% of interviewed households reported awareness of how to provide feedback or complaints, with about 27% said they are unaware how to file their complaints, the majority of them concentrated in the Dar Sad district, highlighting the need for enhanced outreach in this area.

Only 21 out of 340 interviewed households reported filing complaints, primarily concerning gaps in medical services, limited access to aid, and inadequate responses to urgent health needs. Common issues included delays in receiving treatment for chronic conditions and a lack of essential medicines.

While some complaints received timely responses, many respondents emphasized the need for better complaint handling and transparency in support systems.

Approximately 64% of households confirmed the availability of suggestion boxes as a feedback mechanism, along with telephone and SMS options. Community committee members unanimously agreed that INTERSOS's CFRM was effective, with focus group participants acknowledging the staff's cooperation. However, some users reported challenges, such as disconnected phone lines and a lack of awareness about using the system. This feedback suggests a need for improved communication and follow-up to ensure accessibility and trust in the CFRM.

Project staff confirmed the existence of multiple channels for submitting complaints, including email, phone numbers, and in-person options at mobile clinics. They noted that complaints are handled confidentially and responsively. However, field monitors found inconsistencies in the availability of the phone lines, with one number frequently unreachable.

INTRODUCTION

The final evaluation of the project "**Provision of Integrated Emergency Health and Nutrition, Protection and WASH for Conflict and Displacement Affected People,**" funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) and implemented by INTERSOS, examines the relevance, effectiveness, efficiency, coherence, impact, and sustainability of the multisectoral response provided in Hajja, Aden, and Lahj governorates. The project aimed to reduce morbidity and mortality among the most vulnerable populations, particularly internally displaced persons (IDPs), host communities, women, and children, through the delivery of integrated emergency health, nutrition, protection, and WASH services. Implemented over a two-year period, implemented over a two-year period, the project delivered integrated emergency services, including primary health and nutrition (H&N) care, water, sanitation, and hygiene (WASH), and protection, for individuals affected by conflict and displacement in Hajja (Abs and Ku'aydina districts), Aden (Al-Buraiqa and Dar Sa'ad), and Lahj (Tuban). H&N services were provided through five Mobile Clinic Teams (MCTs) and the Minimum Service Package (MSP) at one Health Centre (HC). Primary healthcare and referrals to emergency secondary care were supported by five Basic Life Support (BLS) ambulances. The project also supported one District Hospital (Ku'aydina, Hajja) and two referral hospitals (Al-Sadaqa in Aden and Al-Wahat in Lahj) with medications, medical and laboratory equipment and consumables, and incentives for operating theatre staff to ensure the provision of free services

This evaluation was conducted by the MEAL Center, commissioned by INTERSOS to assess the Project's Relevance, Effectiveness, Efficiency, Coherence, Impact, and Sustainability, as well as the effectiveness of the Complaint Feedback and Response Mechanism (CFRM). It provides evidence-based insights and recommendations, and key lessons learned to optimize future project design and delivery, ensuring more targeted and sustainable support for conflict-affected communities in Yemen.

1. Background of the Evaluated Project

The table below provides an overview of the EHNPW Project:

Project Summary				
Evaluation Type	Final Evaluation			
Conducted By	MEAL Center (MC)			
Donor	European Civil Protection and Humanitarian Aid Operations (DG ECHO)			
Country	Republic of Yemen			
Project to be Evaluated	Provision of integrated emergency health and nutrition, protection and WASH for conflict and displacement affected people while consolidating a medium-term local preparedness referral response strategy in Hajja, Aden, and Lahj governorates in Yemen			
Project Implementing Partners	INTRSOS			
Project Duration	Start Date	01/05/2023	Duration	24 months
Project Goals	To contribute to reducing morbidity and mortality of most vulnerable conflict and displacement affected populations in Hajja, Aden, Lahj through the provision of life-			

	saving emergency health and nutrition services, integrated with protection assistance and WASH	
Number of Estimated Beneficiaries	86,477	
Project Targets	**Aden**	Al-Buraiqa and Dar Sa'ad
	Lahj	Tuban— Al-Ribat IDP site
	Hajjah	Abs and Ku'aydina
Action Focus	• **Health:** Outpatient care, maternal and child health, vaccination, referrals through ambulances, and facility support. • **Nutrition:** Community-based screening and treatment of malnutrition in children under five and pregnant/lactating women. • **Protection:** Individual case management, legal assistance, psychosocial support, and awareness-raising for GBV, child protection, and persons with specific needs. • **WASH:** Hygiene kit distribution, water and sanitation infrastructure improvements, and health facility support to prevent waterborne diseases	

Table 2: *Project Summary*

1.1 Project Component and Activities

❖ Health Sector

The health component focuses on primary and secondary healthcare services, including outpatient consultations, maternal and child health, immunization, and emergency care. Services are delivered through 5 MCTs and 1 Health Center (HC) each in Hajja, Aden, and Lahj. Key activities include:

- **Primary Health Care (PHC):** Provision of free consultations, vaccinations, antenatal and postnatal care, and treatment for communicable and non-communicable diseases through 5 MCTs and 2 health facilities.
- **Secondary Health Care:** Referral services for emergency cases, including trauma, surgery, and obstetric emergencies, supported by 5 BLS ambulances.
- **Capacity Building:** Training for health workers on emergency PHC, disease management, and protection mainstreaming.

❖ Nutrition Sector

The nutrition component addresses acute malnutrition among children under 5 and pregnant/lactating women (PLW). Activities include:

- **Treatment of Malnutrition:** Outpatient therapeutic programs (OTP) for severe acute malnutrition (SAM) and supplementary feeding programs (SFP) for moderate acute malnutrition (MAM) targeting children under five and pregnant/lactating women.
- **Community Outreach:** Screening for malnutrition and awareness sessions on infant and young child feeding (IYCF) conducted by community volunteers.

❖ Protection Sector

The protection component provides life-saving assistance to vulnerable individuals, including survivors of gender-based violence (GBV), children at risk, and persons with specific needs (PwSN). Key activities include:

- **Individual Case Management (ICM):** Comprehensive support for GBV survivors, child protection cases, and persons with specific needs, including psychosocial, legal, and cash assistance.
- **Community-Based Protection:** Establishment of networks to prevent and mitigate protection risks through awareness-raising and advocacy.

❖ WASH Services

- **Hygiene Promotion:** Distribution of hygiene kits and awareness sessions to prevent cholera and other waterborne diseases.
- **Water Supply and Sanitation:** Rehabilitation of water points and latrines in IDP sites and health facilities.

1.2 Project Objectives

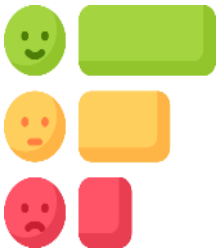
To contribute to reducing morbidity and mortality of most vulnerable conflict and displacement affected populations in Hajja, Aden, Lahj through the provision of life-saving emergency health and nutrition services, integrated with protection assistance and WASH

The project specific objective: Conflict and displacement affected communities in Hajja, Aden, Lahj have access to quality emergency health nutrition, protection and WASH services. The above objectives are to be achieved through the following key result areas.

1.3 Project Outcomes

- **Result 1:** Conflict and displacement affected communities in Hajja, Aden and Lahj have access to an integrated package of emergency health care services.
- **Result 2:** Conflict and displacement affected communities in Hajja, Aden, and Lahj have access to an integrated package of nutrition services
- **Result 3:** Most vulnerable conflict- and displacement-affected individuals are timely and effectively provided with life-saving protection assistance and services
- **Result 4:** Conflict-affected populations in cholera-risk areas have access to clean water and adopt adequate hygiene practices, leading to a mitigated spread of the infection.

2. Purpose of the Evaluation



The main purpose of this evaluation is to assess whether the DG ECHO project contributed to reducing morbidity and mortality among the most vulnerable populations affected by conflict and displacement, specifically, host communities and internally displaced persons (IDPs), including women and children, in the targeted locations of Aden, Lahj, and Hajjah. The evaluation will also aim to determine whether the project achieved its intended outcomes and to understand how the project impacted the targeted communities.

3. Scope of the Evaluation

The evaluation covers the entire duration of the project, from May 1, 2023, to May 31, 2025. It aims to assess all major components of the project and ensure that the evaluation sample is representative of the targeted communities. The evaluation includes an in-depth review of health and nutrition services, such as those delivered through mobile medical clinics, support to health centers, and referrals to emergency secondary healthcare. It also assesses the protection services, including legal assistance, psychosocial support, gender-based violence (GBV) response, and child protection efforts. Additionally, the evaluation reviews the WASH interventions, focusing on access to clean water, hygiene promotion, and measures to prevent and reduce cholera outbreaks. In terms of geographic coverage, the evaluation includes field data collection in Aden (Al-Buraiqa and Dar Sa'ad) and Lahj (Tuban – Al-Ribat IDP site). Due to access limitations in Hajja (Abs and Ku'aydina), the evaluation for this governorate was conducted remotely through desk reviews and interviews with project staff.

The MEAL Center (MC) was responsible for leading the evaluation process, with a primary focus on verifying and assessing the quality of the project's outputs, outcomes, activities, and interventions. To ensure sectoral accuracy, MC identified technical specialists for each component of the evaluation. In addition, MC led the development and deployment of data collection tools, facilitated training for the field teams, and managed the overall process of field data collection and data analysis.

The table below summarizes the evaluation approach for each location:

Governorate	***Districts***	***Intervention Focus***	***Data Collection Approach***
Aden	Al-Buraiqa and Dar Sa'ad districts	Health & Nutrition, Protection, WASH	**On-ground**
Lahj	Tuban district (Al-Ribat IDP Site)		**On-ground**
Hajjah	Abs and Ku'aydina districts	Mobile Health Services, Nutrition, Protection, WASH	*Remote (with project staff)*

Table 3 *The targeted districts and data collection approach in the Evaluation*

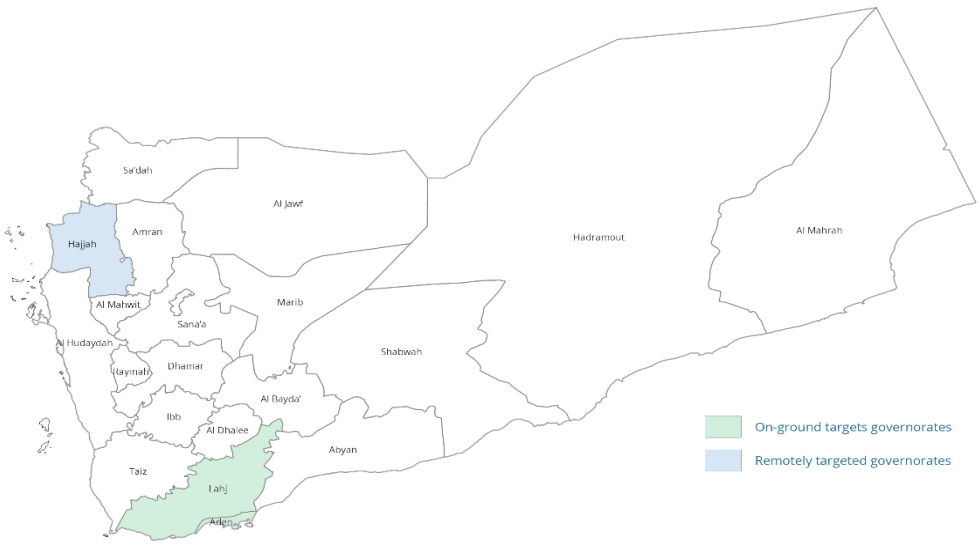


Figure 1 *Map of the targeted locations by the Evaluation*

4. Evaluation Objectives

- Assess the achievement of the project's planned results and outcomes in relation to its overall and specific objectives, with a focus on the quality and timeliness of service delivery across sectors.
- Evaluate the project's performance against the OECD-DAC criteria: relevance, effectiveness, efficiency, coherence, impact, and sustainability.
- Assess the effectiveness of the Complaint Feedback and Response Mechanism (CFRM) in promoting accountability to affected populations.
- Identify lessons learned, challenges, and good practices from the implementation process.
- Generate evidence-based recommendations to inform future design and delivery of multi-sectoral humanitarian assistance, especially in complex and protracted crises like Yemen.

5. Evaluation Criteria

This evaluation applies the OECD-DAC evaluation criteria to assess the overall performance and impact of the EHNPW project. These criteria provide a structured framework for analyzing the quality, effectiveness, and long-term value of the intervention. The specific criteria used include:

a) **Relevance:** The extent to which the project's objectives and design responded to the needs, priorities, and context of the targeted conflict- and displacement-affected populations.

b) **Effectiveness:** The degree to which the project achieved its intended outputs and outcomes, including improvements in access to health, nutrition, protection, and WASH services.

c) **Efficiency:** The extent to which resources (funds, time, and personnel) were used in a cost-effective and timely manner to deliver planned results.

d) **Coherence:** The alignment and complementarity of the project with other humanitarian efforts and coordination structures in the same geographic and sectoral areas.

e) **Impact:** The broader, long-term effects of the project on individuals, households, and communities, particularly in terms of health, nutrition, protection, and hygiene outcomes.

f) **Sustainability:** The likelihood that the benefits of the intervention will continue after the project ends, including strengthened systems and capacities.

g) **CFRM:** The effectiveness of the Complaint Feedback and Response Mechanism (CFRM) in ensuring accountability, responsiveness to community concerns, and inclusion of affected populations in project improvement.

h) **Recommendations:** Provide recommendations for the future design and implementation of similar EHNPW interventions to improve outcomes, enhance sustainability, and inform strategic planning, while also documenting good practices and lessons learned during project implementation

EVALUATION METHODOLOGY

The evaluation team applied a **mixed-methods approach**, incorporating both quantitative and qualitative tools to assess the project's relevance, effectiveness, efficiency, coherence, sustainability, and the functionality of the Complaint Feedback and Response Mechanism (CFRM). The methodology included document review, household (HH) surveys, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) with project staff ,health personnel (Health facility worker/manager), and community actors, including community committee, and local Authorities, as well as observation reports by the field researchers across three targeted districts, includes **Al Ribat in Lahj, and Dar Saad** and **Al Buraiqa in Aden**. The combination of tools and respondent types enabled data triangulation and enhanced the credibility of findings.

1. Study Design

The evaluation used both quantitative and qualitative participatory methodologies, allowing a comprehensive analysis of the project's design and outcomes. All data collection tools (DCTs) were designed to allow disaggregation by gender and location. The sample included 340 household interviews, with gender distribution reported as 51% (n=172) female and 49% (n=168) male. A team of 10 field researchers carried out the data collection, comprising 70% female (n=7) and 30% male (n=3), selected from local communities based on prior research experience.

Quantitative data were mainly collected through household surveys with beneficiaries who received support in health, nutrition, protection, and WASH services. Additional quantitative insights also came from key informant interviews (KIIs) with stakeholders. Qualitative data were gathered mainly through KIIs with community committee members, local authorities, and health facility workers and managers. Focus Group Discussions (FGDs) and open-ended questions within the surveys were also used to capture community-level perspectives and deeper insights into the project's impact. Interviews with project staff were included to gather operational insights on activity implementation and challenges encountered. The evaluation team also carried out direct observations during data collection to capture real-time conditions and document additional feedback from the field.

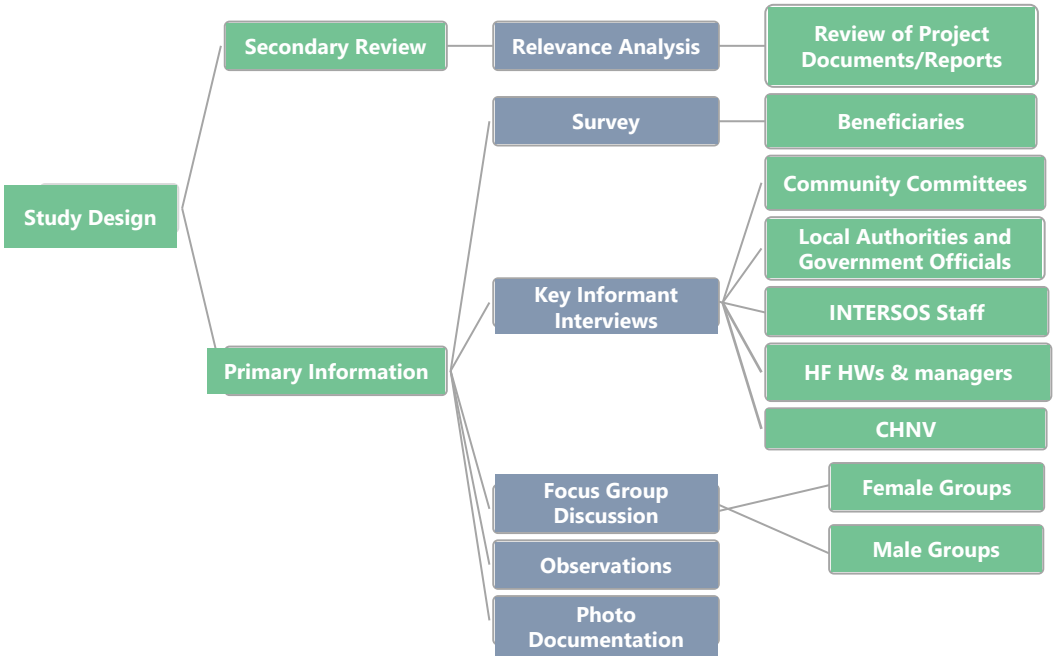


***Table 4** Evaluation Design*

2. Evaluation Sample

The sampling was designed to ensure triangulation from diverse sources, providing a comprehensive data collection process. The evaluation covered three districts include Al Ribat in Lahj governorate, and Dar Saad and Al Buraiqa in Aden. The sample size of this evaluation comprises 340 household interviews, 9 FGDs,18 key informant interviews, and 9 Project staff, offering both breadth and depth of insight.

Below in the table is a detailed overview of the sampling and data collection methods employed:

Locations		Type of Respondent						
Governorate	District	Beneficiaries	FGD	Key Informant Interviews (KIIs)				
				Community Committee	Local Authority	HFW	HFM	Project Staff
Aden	Dar Sad	160	4	2	1	2	1	9
	Al Buraiqa	24	2	2	1	2	1	
Lahj	Al Ribat	156	3	2	1	2	1	
Grand Total		**340**	**9**	**6**	**3**	**6**	**3**	**9**

Table 5 *Distribution of Qualitative and Quantitative Survey Samples*

3. Evaluation Activities

The key evaluation activities included the following steps:

- Desk review of project documents and activity reports.
- Design and development of data collection tools (HH survey, FGD and KII guide).
- Training of field researchers on the evaluation methodology, tool usage, Kobo software, and ethical considerations.
- Piloting of data collection tools using Kobo Toolbox and revision.
- Field-level data collection, including HH and Key Informants' interviews, FGDs, and KIIs.
- In-depth interviews with the INTERSOS's project staff.
- Daily monitoring of progress and technical supervision during data collection.
- Analysis of both qualitative and quantitative data to identify trends and outcomes.
- Preparation of evaluation report based on findings and triangulated insights.

Figure 2 *Evaluation Activities*

4. Evaluation Tools and Field Work

The evaluation tools were developed for the beneficiary's survey, FGD and KII tools. These tools were pre-tested and uploaded to Kobo Toolbox for data entry. A one-day training was conducted on May 4, 2025, from 12:00 p.m. to 6:30 p.m., covering tool orientation, data collection tools, Kobo software, ethical practices, and pilot testing. During the training, the field team and facilitator raised feedback on specific question wording, which the data collection officer addressed to improve clarity and flow. On May 5, Kobo forms were shared with the team for piloting, and further feedback was incorporated.

Coordination with local authorities and camp management committees was conducted before the start of fieldwork. In Aden (Dar Saad and Al Buraiaqa), data collection began on May 7, 2025, and continued until May 14. In Lahj (Al Ribat), data collection started later, on May 13, and was completed on May 29. The delay of data collection in Lahj was due to challenges in obtaining permits from the authorities.

The survey interviews with beneficiaries were conducted directly using Kobo, while the Key Informant Interviews were initially recorded on paper and later entered into Kobo by the same researchers to ensure and maintain accuracy and quality. This process ensured that the qualitative data was properly collected and applied. All data were entered into the Kobo Toolbox software using mobile phones and later exported to Microsoft Excel for further analysis. Data verification was conducted both in the field by team supervisors and subsequently by the MC team. The Data Management Officer (DMO) verified and validated data quality on a daily basis. The DMO also updated the evaluation team on the planned versus actual progress, including the number and type of interviews conducted, with gender disaggregation, to ensure adherence to the proposed sample and coverage of all required individual interviews, KIIs, and FGDs.

5. Evaluation Researchers

A team of 10 researchers were involved in field data collection, including seven female and three male researchers, (*see table below*). The team members were selected from the target areas based on their previous experience in field research. Field data collection teams received training before the fieldwork. The team was supported by a Data Management Officer (DMO), who was responsible for real-time monitoring, progress tracking, and data validation. The DMO was devoted to developing a database from collected data, based on which statistical analysis was conducted.

Field Researchers per Governorate			
City	***Female***	***Male***	**Total**
Aden	*4*	*2*	**6**
Aden	*2*	*2*	**4**

Table 6: *Field Researchers per Governorate*

6. Data Cleaning and Analysis

The analysis for reporting requires triangulation of qualitative data, quantitative data, and documentation. Managed by the MC data team, all uploaded data to the server were first validated to ensure accuracy. The collected data were cleaned initially through the kobo platform, which was developed to facilitate real-time tracking and monitoring of submitted raw data before conducting the analysis. Afterwards, normalization was conducted to ensure authentic and accurate data interpretation and remove any ambiguity, duplication, or inconsistencies. Then the data set was cleaned through manual and automated revisions.

The analysis of the evaluation combined both quantitative and qualitative methods to provide a well-rounded assessment of the EHNPW project. Quantitative data were collected through 340 household interviews across the three target districts. Responses were analyzed using descriptive statistics, with findings disaggregated by district and gender to capture variations in service access and outcomes. Notably, the WASH interventions were analyzed based on responses from 156 beneficiaries in Lahj (Al Ribat district), where WASH was implemented. This helped identify trends in service access, beneficiary satisfaction, and reported changes in health, nutrition, protection, and WASH conditions.

Qualitative data were gathered through open-ended questions with all beneficiaries survey, 9 FGDs, Project staff, and 18 KIIs with health facility workers, local authorities, community committees, and facility workers/managers. These interviews were thematically analyzed to explore perceptions of service quality, community engagement, coordination, and barriers to access. Beneficiary feedback was cross-checked with input from stakeholders to validate the findings and understand the factors that influenced project performance. This helped draw out key lessons and develop clear, evidence-based recommendations across all sectors.

7. Limitations to the Study

The evaluation did not encounter any major security challenges. However, in Aden, the team faced coordination and accessing challenges in targeted areas. Data collection was delayed due to the long time taken to obtain approvals from local authorities and facilitation from the community committee. The MC team closely coordinated with the field officers of INTERSOS, which helped facilitate the data collection process. On the other hand, the field team faced additional challenges in Lahj, where beneficiaries were scattered across remote and hard-to-reach locations. To overcome this, the MEAL Center team coordinated closely with community committees, facilitating and streamline the data collection process.

DATA ANALYSIS AND FINDINGS

1. Relevance

This section of the report will assess the extent to which the project aligns with local needs and priorities of the beneficiaries in the targeted areas.

All the interviewed beneficiaries (n=340) and the participants of FGDs reported that they have benefited from the services provided by the project. They noted that they received diverse health and nutrition services, including: medical treatment (for conditions like malaria, hypertension, diabetes, infections, dengue, and surgeries like C-sections/thyroid procedures), nutrition support (treatment for child malnutrition/MAM, therapeutic foods like Plumpy/soy, supplements for pregnant and lactating women (PLWs), maternal and reproductive health (antenatal/postnatal care, delivery support, family planning), mental health services (counseling, psychiatric treatment) and referrals and hospital care (facilitated hospital admissions/surgeries). The beneficiaries also mentioned that they received WASH/Hygiene (hygiene kits containing soap and sanitary pads). "***I received medicines from the mobile clinic, and my daughter also benefited from the protection services for violence cases after her divorce***", said a female beneficiary, Al-Rabat IDP camp.

According to the interviewed project staff, under health and nutrition, the project supported primary and secondary healthcare services, including mobile medical teams, incentivized staff at hospitals, and the procurement of medical supplies. Malnutrition programs, vaccination campaigns, maternal health services and antenatal and postnatal care were also key components of the project intervention. In Hajjah, the project staff noted that the project was designed to support rural hospitals and mobile clinics, ensuring access to essential medical supplies, staff incentives, and malnutrition treatment programs. They noted that the key activities included vaccination campaigns, maternal and child health services, and emergency care for displaced populations in camps. The interventions were carried out in close coordination with local health authorities, adhering to protocols established by the Ministry of Health.

For protection, activities included psychosocial support (PSS), psychological counseling, community-based protection networks, and cash assistance for vulnerable individuals.

They also mentioned that a WASH component was later added in July 2024 due to severe flooding, which was not part of the original project design. This included rehabilitation of water points, cholera response, hygiene promotion, and distributing hygiene kits.

1.1 Appropriateness of the Assistance in Addressing HHs Needs

The majority of the interviewed beneficiaries, about 94% (n=321 out of 340) confirmed that the project responded to their priorities and needs. The interviewed Community Committee (CC) and the Health Facility Managers also agreed that the project effectively responds to the priorities and needs of the beneficiaries. The interviewed beneficiaries noted that the provision of essential medical supplies, including medications and vaccines, was among the addressed need by the project. The beneficiaries also appreciated the quick access provided through mobile clinics, which reached to their remote areas. "***Medical supplies were provided (medications, vaccines, and medical equipment), with close access from home to the mobile clinic, and emergency referrals when needed***", said female beneficiary. The respondents also reported that they could have access essential medical supplies, timely access to healthcare, and support for vulnerable and poor families. The participants of one FGDs in Lahj said "***the project meets community needs—especially since most***

people struggle to afford medicines. With widespread poverty worsening malnutrition, they emphasized: '***Without this intervention, most children would suffer or likely die***.'

Committee members noted significant improvements in access to essential resources, such as nutrition and medications, particularly for vulnerable populations, including the elderly and children with chronic conditions. They emphasized the importance of the mobile pharmacy and ambulance services for emergency referrals, as well as the provision of nutritional support to combat malnutrition. The project was recognized for its holistic approach, including health, nutrition, and protection services, which included medical consultations, educational sessions on hygiene, and distribution of health kits. One of the health facility managers, said "***the project intervened in multiple areas such as health, nutrition, protection, water and sanitation. All of these areas helped improve the living and health conditions of the beneficiaries***."

The interviewed beneficiaries also mentioned that the project has also improved awareness and education around health issues, contributing to better health situation for the targeted. Female Beneficiary said: "***Everyone benefited because they brought us a doctor and provided medications; children were treated for malnutrition, and they also provided care for pregnant women and awareness programs***." They also think that the project was very relevant to the needs of targeted people as they are vulnerable and the project helped them to access to the required health and nutrition services. A male Beneficiary said: "***People benefited because INTERSOS covered the costs of surgeries for some individuals, and people with disabilities received cash assistance to support their families.".*** The beneficiaries also noted that the project's assistance in issuing identification cards for displaced individuals and its focus on community health, which were among their critical needs. Male Beneficiary added, ***"The project generally improved health for beneficiaries, especially children suffering from malnutrition and provided free medical consultations."***

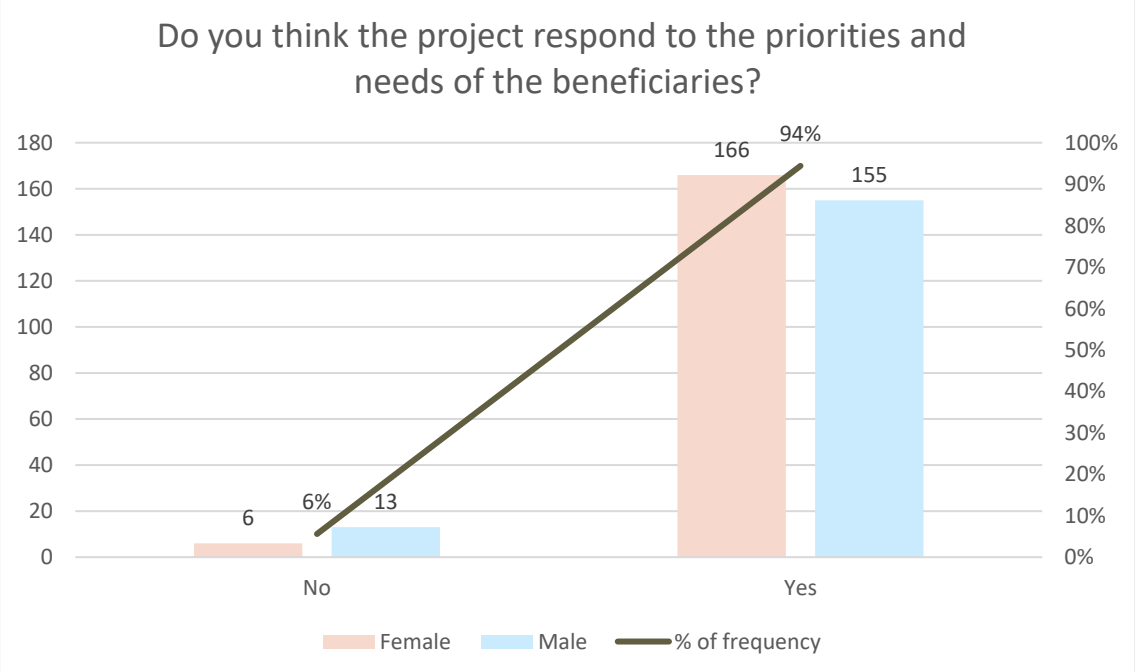


Figure 3 *Do you think the project responded to the livelihood's priority needs of your HH?*

About 6% (n=19) of the beneficiaries mentioned that the scale of the project intervention did not match the volume of their need or it did cover all of their needs. While some acknowledged that the

project had helped certain individuals, most of those who said the project did not response to their needs attributed that to the greater required assistance for their community. Some of the respondents pointed out the lack of essential medications, particularly for chronic conditions such as allergies and asthma, which are vital for many in the community. Moreover, beneficiaries reported inconsistencies in service delivery, mentioning examples where necessary psychological support was discontinued when staff changed. This inconsistency contributed to feelings of neglect and a lack of adequate care. They also reported that absence of medications for chronic diseases and the project only addressed a limited range of health issues, leaving many unaddressed.

1.2 Alignment of Hygiene Kits with Beneficiary Needs

The head staff noted that the project demonstrated a high level of adaptability in responding to urgent WASH needs that emerged during implementation, highlighting that the WASH component, including hygiene kits, was not originally part of the project design but was added mid-project through a top-up agreement in direct response to the extensive flooding. This adaptation addressed critical public health risks and gaps identified on the ground. It emphasized that coordination with local stakeholders, including ministries, played a key role in ensuring that the WASH response, particularly hygiene kit content and distribution, was appropriate and relevant. In the northern governorates

When asked the beneficiaries in Lahj whether the hygiene kits met their immediate needs for cleanliness and disease prevention, 68% (n=106 out of 156) of them noted positively, indicating that the kits were effective and relevant to their needs. This shows that most people found the hygiene kits helpful. However, 32% (n=50) of beneficiaries stated that the kits did not meet their needs, pointing to gaps in appropriateness of the items provided. This shows that while most beneficiaries found the kits helpful, a notable portion felt their needs were not fully met, indicating the need for more tailored hygiene support aligned with local preferences and household needs.

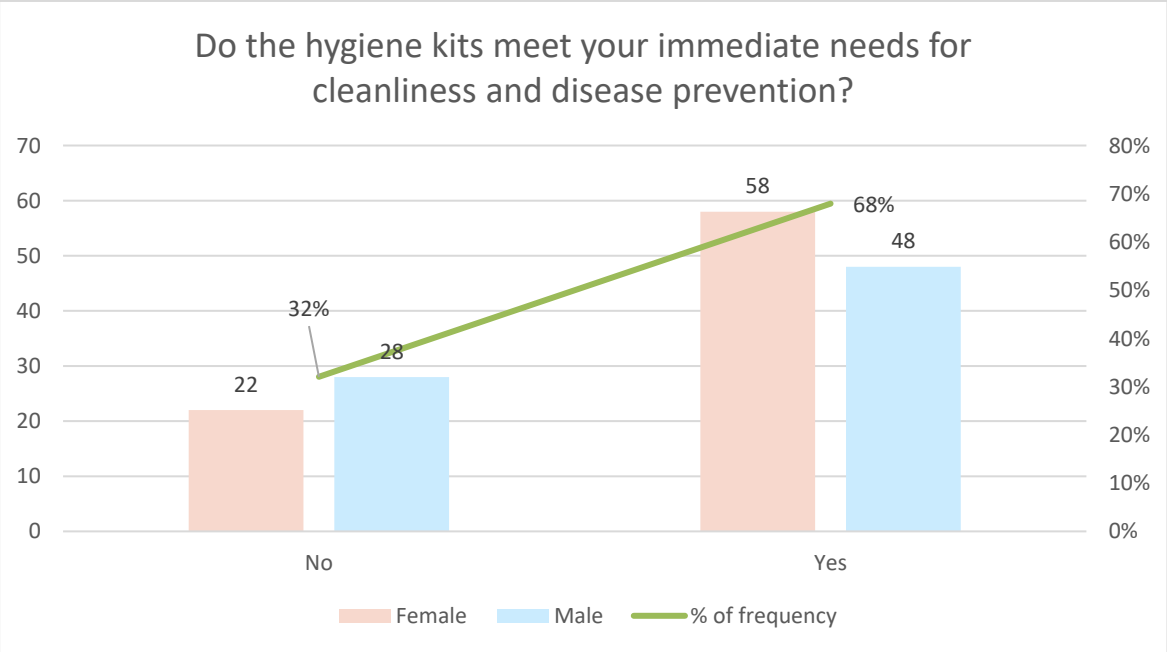


Figure 4 *Do the hygiene kits meet your immediate needs for cleanliness and disease prevention?*

The FGD participants and the CC from Lahj (Al Ribat) said the hygiene items were culturally appropriate and easy to use. They found items like soap, sanitary pads, and chlorine useful and

suitable. However, the kits were given only to specific groups like those with SAM or cholera, while many others did not receive any. When distributed, the items were helpful and came with guidance on how to use them.

1.3 Health and Nutrition Situation Before the Intervention

Based on the interviews with project staff, the health and nutrition situation before the EHNPW intervention was characterized by significant service gaps, especially for IDPs and vulnerable populations. Access to basic healthcare and nutrition services was limited, with severe shortages of medicines and essential supplies. Hospitals and clinics lacked capacity, and many communities had no nearby facilities offering maternal and child healthcare, nutrition services, or vaccinations. Mobile medical teams and incentive-based staffing models were later introduced by the project to address these challenges. In addition, many communities also lacked trained healthcare providers, and even where services existed, access was hindered by long distances, poor road conditions, and the inability to afford transportation. As a result, cases of malnutrition and preventable diseases were high, especially among children and pregnant women.

The project staff in the south confirmed that before the project, essential primary health care services, including maternal health, child immunization, nutrition, and consultations, were unavailable or under-resourced. He highlighted that while referral services were valuable, they were not as critical as ensuring the availability of basic services at the local level. Medicines provided by the Ministry of Health were insufficient, making project support vital for sustaining healthcare delivery.

Health Facility Managers reported that, before the project intervention, health and nutrition conditions in the target areas were poor and varied in severity. In Al Buraqia, there was high vulnerability, with common cases of moderate acute malnutrition (MAM), limited healthcare access, and sporadic cholera outbreaks. In Dar Saad, the situation was described as stable but fragile, malnutrition was present but not widespread, though health facilities lacked adequate staff and supplies. Al Ribat faced an extreme crisis, with widespread severe acute malnutrition (SAM), frequent preventable deaths from diseases like diarrhea and cholera, and no functioning health facilities. These assessments highlight the urgent needs that the project sought to address.

During focus group discussions, participants consistently described the health and nutrition situation before the project as poor or severely deteriorated. In Aden, participants noted that they had to travel long distances to access healthcare, high transportation and medicine costs, and there were no available treatments or nutrition supplies. They also reported that many serious cases could not be referred to hospitals before the project started. In Lahj, participants described a critical situation with widespread child malnutrition, preventable diseases, and lack of maternal care. One woman shared: "***It was hard to imagine being told that your child wouldn't survive without a surgical delivery, while you're already struggling to provide your children with basic food. Where would I get the money for such a surgery?***". Others noted that before the intervention, many families lacked health awareness and couldn't afford treatment outside the camp. However, several participants confirmed that the project significantly improved access to maternal care, especially for complicated deliveries, and helped reduce malnutrition and violence through awareness efforts.

1.4 Access to Water and Sanitation Before the Project

Before the project intervention, 47% (n=73) of respondents reported having access to water that was available but untreated, with poorly maintained latrines. They reported that water was available through tanks or wells, often provided by organizations like DRC or Medair International. However,

the water was untreated and mainly used for cleaning, with some families drinking it when they could not afford alternatives. Sanitation was inadequate, as latrines were communal, with every four households sharing two latrines, and described as unclean, full, or lacking privacy. Despite the availability of water, there were frequent issues such as leaking tanks, blocked sewage systems, and poor hygiene conditions, indicating that access was adequate but unsafe.

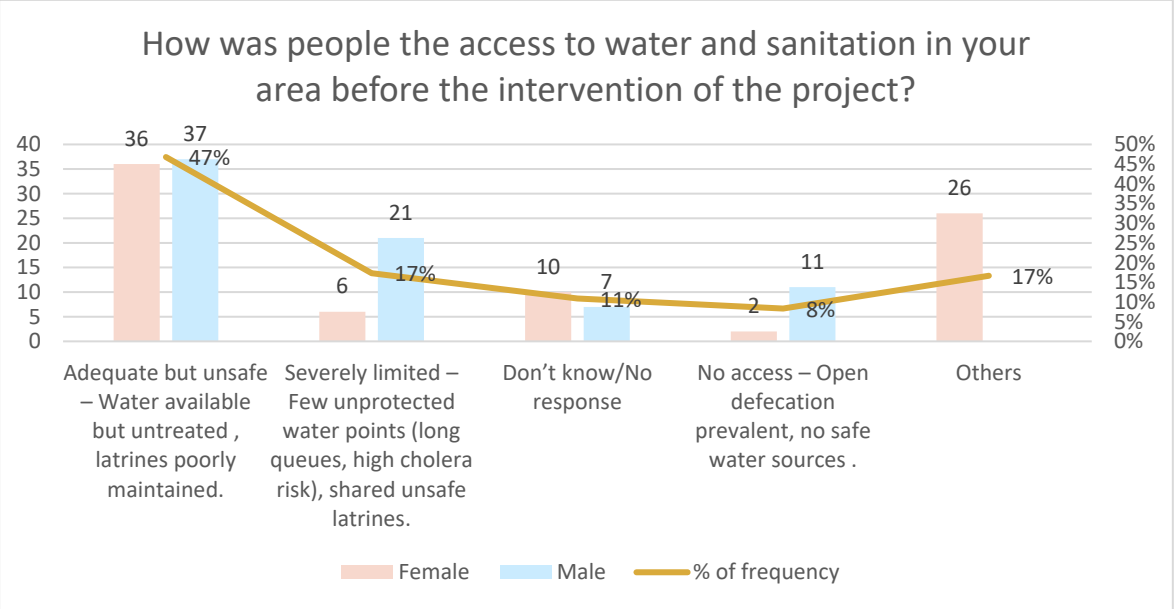


Figure 5 *How was people the access to water and sanitation in your area before the intervention of the project?*

In contrast,17% (n=27) of BNFs and the community committee described severely limited access, only a few unprotected water sources were available, often involving long queues and posing a high risk of disease, such as cholera. The available water was frequently unsafe, and latrines were shared by many HHs, poorly maintained, or insufficient, forcing some to resort to open defecation. Several respondents mentioned blocked sewage systems, lack of hygiene, and a high risk of disease. Around 8%(n=17) of beneficiaries and the community committee respondent reported having no access at all, with open defecation common and no safe water sources, and 11% (n=13) did not know or gave no response. About 17% (n=16) of Female responses stated other open responses with many said that water and sanitation services in their area came from earlier projects, often by other organizations. Some said there was no support at all.

1.5 Health and Nutrition Situation During and After the Project

Most beneficiaries reported improvements in their health and nutrition after the project's support. About 59% (n=201) said their condition improved, especially due to mobile clinics, free medicines, and hospital referrals. Many mentioned that their children recovered from malnutrition and they received treatment for different illnesses. Around 36% (n=123) said their condition improved to some extent. They received some medicines and services, but noted that not all drugs were available, and services were reduced in the later phase of the project, and limited follow-up. Some said that children who improved were removed from support too early and their condition worsened again. These issues led to limited or temporary improvements rather than full recovery. A small group with 5%(n=16) in Dar Sad and Al Ribat reported no change. They explained that many medicines were missing, services were limited, and hygiene kits alone did not improve their health. These responses show that while the project helped many people, the lack of continuous services and essential drugs affected long-term results.

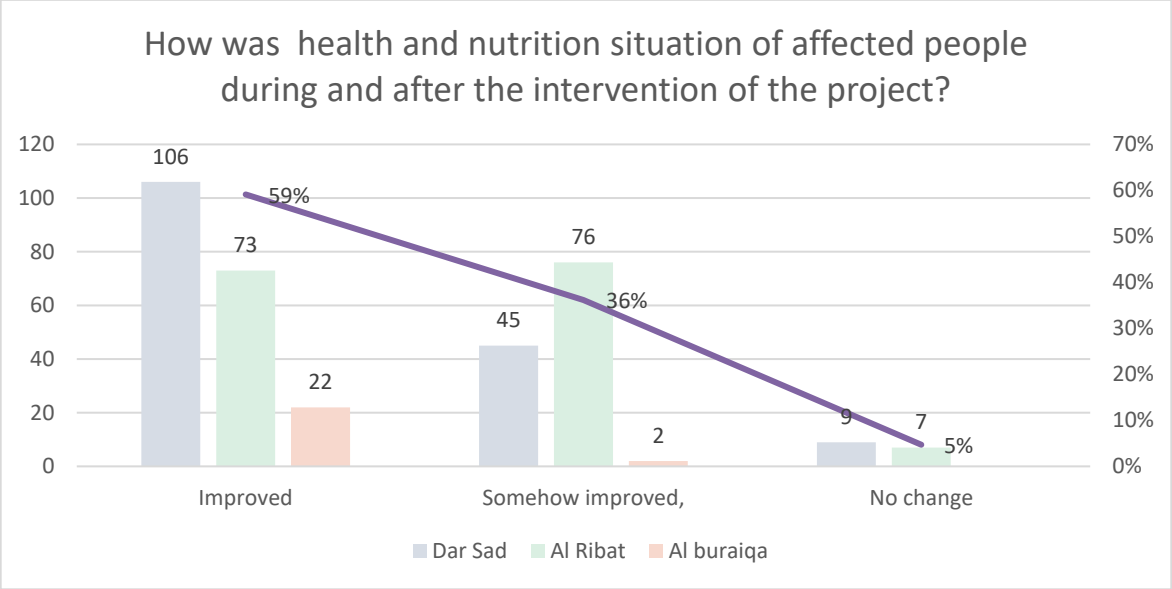


Figure 6 *How was health and nutrition situation of affected people during and after the intervention of the project?*

Many beneficiaries mentioned that their children recovered from severe acute malnutrition, diarrhea, and other common illnesses. They also saw improvements in chronic conditions like diabetes, hypertension, and infections due to the availability of essential medicines. The project provided timely medical support through mobile clinics, free consultations, and referrals for surgeries and hospital treatment. One beneficiary said "***Before the project, our health condition was miserable, but after the intervention, surgeries were done and some lives were saved by the ambulance service.***" Several beneficiaries noted that the project helped reduce disease outbreaks and improved hygiene awareness, especially for mothers and children. The provision of nutrition supplements, such as Plumpy Nut and soy flour, also contributed to better nutrition among children and pregnant or lactating women. Some also appreciated the psychosocial support, especially those who had previously suffered from severe mental distress.

All the interviewed health facility workers confirmed that the health and nutrition situation of the affected population improved after the project intervention. The key improvements included the provision of free medical care, essential medicines, and therapeutic nutrition for children and pregnant or lactating women. Additionally, the project supported health education and awareness campaigns, distributed hygiene kits, and provided ambulance services with a free medical team. Critical cases were referred to health facilities, and children who were previously unvaccinated received immunizations. These interventions significantly contributed to better health and living conditions in the targeted areas.

Based on the aforementioned findings, it shows that the project had a positive impact on health and nutrition, but the benefits were not consistent for all. While many recovered, the lack of continuous services, limited availability of medicines, and early exit of some beneficiaries from support reduced the long-term impact. The success of the project relied on consistent service delivery, ongoing follow-up of treatment, and providing continuous support to ensure every one

1.6 The Relevance of Health and Nutrition Activities to Community Actual Needs

The interviewed project staff reported that the health and nutrition activities were highly aligned with the needs of the targeted areas. The Head of Programs emphasized the important of primary and secondary healthcare services, including the deployment of mobile medical teams, provision of

maternal and child health services, such as antenatal and postnatal care, vaccination campaigns, and malnutrition treatment. The staff confirmed this by noting that services delivered followed the national minimum service package, including medical consultation services, nutrition, maternal and child health, and vaccination. Staff underlined that the availability of medicines and incentives for health workers were essential to ensure continuity. The Health and Nutrition staff stated that the team conducted field assessments and prioritized areas with high numbers of displaced people and limited access to healthcare. It was explained that the selection of targeted locations was done in close coordination with the Ministry of Health and local health offices, and that needs assessments were ongoing throughout the project period to ensure continuous relevance. Staff confirmed the relevance of these services, highlighting that communities were selected based on existing service gaps and needs.

Protection activities were consistently described by staff as urgent and well-aligned with needs, particularly in IDP-dense areas. The project staff emphasized the importance of psychosocial support, case management, legal assistance, and cash-for-protection activities. The staff noted that the team earned community trust and built strong relationships with local authorities. The Protection staff detailed the integration of protection with health services, ensuring a smooth referral pathway for vulnerable groups. The staff highlighted the inclusion of technical design and services such as child protection and psychological counseling, although some components (e.g., child-friendly spaces) were dropped due to budget constraints. It described how the center served a diverse population, including women heading households, individuals with disabilities, and unaccompanied children. The protection staff in the North, added that services were essential given the continuous influx of displaced populations and the withdrawal of other actors, especially in Abs and Ku'aidana. Staff also highlighted the effectiveness of GBV case management, legal documentation services, and the community's increasing acceptance of protection activities.

When asked about which community health activities were most relevant to their actual needs, the majority of beneficiaries with 94% (n=319) prioritized access to free consultation services, including outpatient care, vaccinations, antenatal and postnatal care, treatment of injuries, non-communicable and communicable diseases, and referral services. Additionally, 84% (n=286) highlighted the importance of referral services through BLS ambulance support. The procurement of essential drugs, medical supplies, and lab equipment was reported as a key need by 63% (n=214) of respondents. Meanwhile, only 34% (n=115) considered the recruitment or extension of health staff as a current priority.

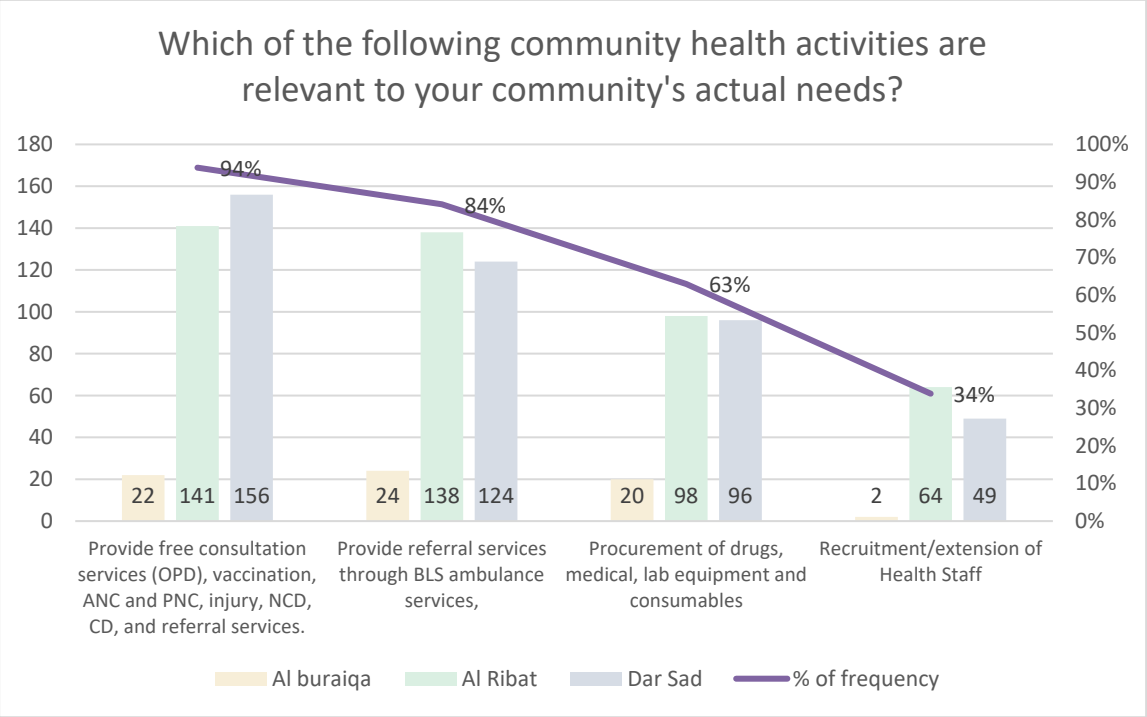


Figure 7 *Which of the following community health activities are relevant to your community's actual needs?*

These findings were confirmed by key informant interviews with community committees and health facility managers, who emphasized the same priorities. The most frequently mentioned needs among KIIs included access to free medicines and medical equipment, as well as ambulance-based referral services. Free consultation services and vaccinations were also noted. Although health staff recruitment received less mention, it was still recognized as important to improving the sustainability and reach of healthcare services.

These findings confirm that the health activities delivered by the project were largely relevant to the actual needs of the community. Both beneficiaries and key informants prioritized access to free consultations, essential medicines, and ambulance referral services as the most critical components. While the recruitment of health staff was seen as less urgent, it was still noted as important for sustaining service delivery. These highlights show that the project's health interventions were well-targeted and responsive to local priorities.

1.7 The Relevance of WASH Activities to Beneficiaries Actual Needs

The Head of Programs at INTERSOS explained that the WASH component was incorporated in July 2024 in response to severe flooding, as it was not originally included in the project design. This addition involved activities such as rehabilitating water sources, implementing cholera prevention measures, conducting hygiene promotion, and distributing hygiene kits. The WASH Coordinators based in Aden and Sana'a also emphasized the relevance of the intervention, describing it as a direct and timely response to a critical public health emergency. They highlighted that the project effectively reached cholera-affected households through a case-area targeted approach, allowing for swift delivery of assistance. The integration of WASH with health and nutrition services was considered appropriate, as it addressed the urgent needs of vulnerable and displaced populations. One said "That period was critical due to the flooding and the cholera peak, the project was timely and essential.

The Staff highlighted that project design was highly adaptive to on-the-ground realities. It was noted that the integration of the WASH component following severe flooding as a clear example of needs-based adaptation. It also mentioned that stakeholder engagement was instrumental in ensuring the project responded effectively to the evolving context, especially in northern, as documentation requirements and feedback from local authorities shaped intervention modalities.

The Hygiene Promotion Team Leader, explained that field teams conducted discreet needs assessments during hygiene awareness sessions to avoid raising community expectations. These assessments included direct observation of water sources, sanitation conditions, and hygiene practices, which allowed the team to tailor interventions appropriately. Chlorination needs, hygiene supply gaps, and areas without latrines were identified through field visits and informal consultations with community members. The WASH Coordinator, also confirmed that needs assessments guided the emergency WASH response, particularly during the cholera outbreak and post-flooding period. The interventions, such as hygiene kit distribution, latrine construction, and water source rehabilitation, were designed in response to the most urgent community health risks.

Beneficiaries in Lahj were asked to identify the most relevant WASH activities to their current needs. The majority 75% (n=117) prioritized hygiene kit distribution as the top need, followed by the provision of dignified excreta disposal facilities 54% (n=84). Rehabilitation of WASH infrastructure in targeted health facilities was reported as relevant by 43% (n=67). In contrast, only 9% (n=14) female considered water supply a current priority. All the interviewed health facility managers confirmed that the most important WASH need was proper excreta disposal, followed the need for hygiene kits, while only one mentioned water supply and WASH infrastructure in health facilities. This indicates that health staff saw sanitation and hygiene support as the most critical needs in their communities, aligning well with the WASH priorities identified by the beneficiaries themselves.

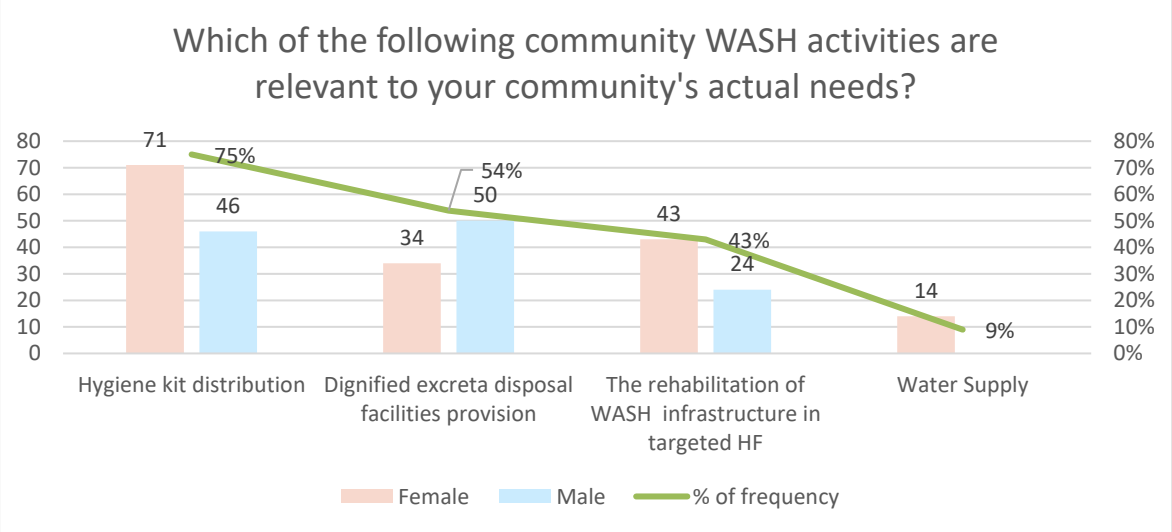


Figure 8 *Which of the following community WASH activities are relevant to your community's actual needs?*

1.8 Alignment of Training and Supplies with MoPHP and Needs

The Project staff confirmed that the training activities and supplies distributed under the EHNPW project, particularly in the Health and Nutrition sectors, were closely aligned with the Ministry of Public Health and Population (MoPHP) guidelines and addressed clear gaps in local capacity, especially in earlier phases of the project. The Health and Nutrition PM Supervisor, explained that

during earlier phases, formal training sessions were conducted in full compliance with MoPHP protocols. Health offices at the district level nominated eligible staff for participation, which ensured that training was targeted and met actual capacity development needs. These trainings were designed to address specific knowledge and operational gaps among local health workers.

The staff emphasized that the alignment went beyond content and included coordination on participant selection and training implementation, which ensured that the trainings were highly practical and immediately relevant to the contexts in which staff were operating. However, he also reported that in the most recent phase of the project, no training sessions were conducted due to the absence of a dedicated budget line. This lack of training funding was seen as a limitation, particularly because the needs for capacity development persisted.

In terms of supplies, Deputy Medical Coordinator in the South, highlighted that the procurement of medical supplies complemented what was already provided by the MoPHP, which typically delivered only small quantities. The project filled these gaps, especially with medicines essential for maternal and child health, nutrition support, and general consultations. It was emphasized that the continuity and success of health services relied heavily on the project's provision of drugs and on maintaining incentives for medical staff.

Most KIIs respondents confirmed that the training and supplies provided by the project were aligned with MoPHP guidelines and addressed existing gaps in local capacity, particularly in Aden, where coordination was reported to exist. However, one health facility manager in Lahj noted that no training was conducted to enhance staff capacity, highlighting a gap in implementation. This suggests that while project training and supply activities were largely appropriate and consistent with MoPHP standards, there was a need to strengthen training and capacity support in specific areas like Lahj.

Most key informants said that the training provided by the project, such as CMAM and EPHC, was relevant and matched the needs of the community. This was especially true in Aden and Lahj, where both health workers and local authorities agreed the training helped meet actual needs. However, in Aden, a few people said the training only partly matched the needs. They explained that although the training was useful, it was not enough because many health facilities still lacked essential medicines that couldn't be accessed by the patient HHs. In short, training alone is not enough. It must be supported by good services, like making sure medicines and supplies are available, so the community can fully benefit. For future projects, it’s important to check carefully what kind of training is needed and also improve services. This will help make sure both training and support are fully aligned with local needs and have a bigger impact.

1.9 Responsiveness of Referral Systems to Patient Needs

The referral systems, including ambulance services, were described by project staff as responsive and essential in meeting patients’ needs, particularly among internally displaced persons (IDPs) and economically vulnerable populations. The Health and Nutrition staff reported that ambulance services were among the most important interventions for individuals specially in IDP camps who could not afford transportation. It was explained that when patients required referral from mobile clinics to hospitals, ambulances were mobilized to ensure timely transfers. In cases beyond the capacity of rural hospitals, referrals were arranged to secondary and tertiary facilities such as Abs Hospital or Hajjah Republican Hospital supported by Medecins Sans Frontières (MSF) further ensured that referred patients were received without delay. INTERSOS was reported to have covered transportation costs, and the entire referral process was described as smooth and well-organized. This mechanism enabled

access to life-saving services for patients who otherwise lacked the means to reach appropriate healthcare facilities.

The evaluation found that 89% of beneficiaries (n=303) reported that the referral systems, including BLS ambulance services, were responsive to patients' needs. This confirms that the project succeeded in ensuring timely and accessible transport for emergency cases, especially in Al Ribat and Al Buraiqa. However, 11% (n=37) from Dar Sad felt the services were not fully responsive, suggesting a need for better coverage or availability in that area. These findings align with the project's original design, which included deploying BLS ambulances as part of emergency health interventions. Continued support and improvements to referral systems, particularly in Dar Sad district, would help ensure equitable access to lifesaving services across all locations.

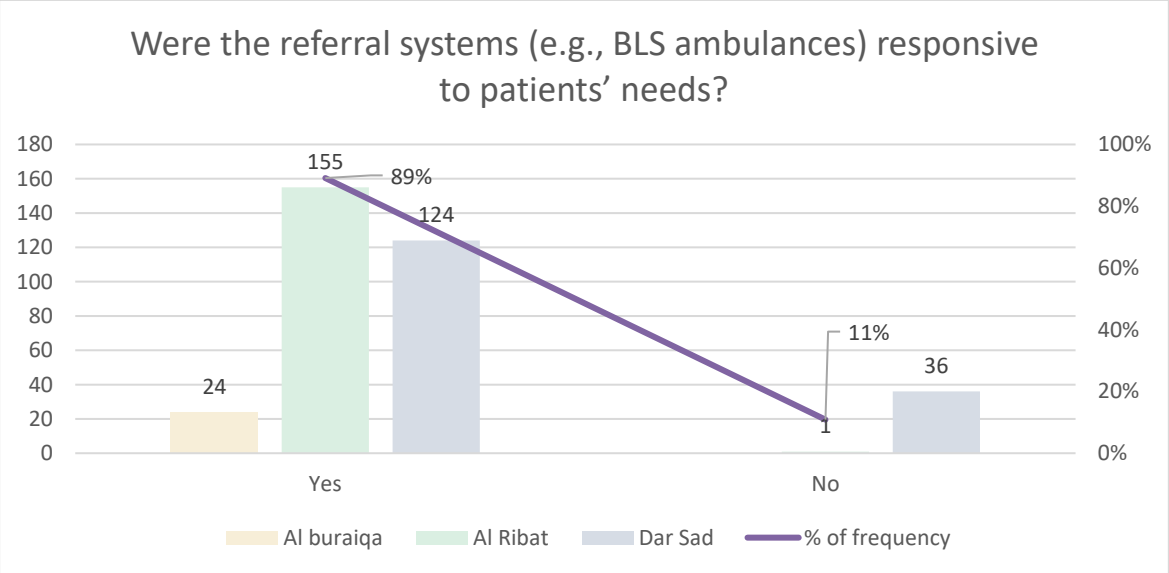


Figure 9 *Were the referral systems (e.g., BLS ambulances) responsive to patients' needs?*

Most participants in the focus group discussions (FGDs) confirmed that the BLS ambulance referral systems were responsive to patients' needs, especially during the early phases of the project. Respondents mentioned that ambulances were available 24/7 at the beginning and responded promptly, even at night. However, some participants noted a decline in availability over time. Some reported that ambulances now only operate during limited hours from 9 AM to 1 PM) or are only available on days when the organization is present. Despite this reduction in coverage, many still appreciated the support and said that the system helped save lives. A few noted that referrals were now limited to critical cases or emergencies requiring hospital-level care.

All three health facility managers confirmed that the BLS ambulance referral systems were responsive to patients' needs. They emphasized that the ambulances were well-equipped and used promptly when available. One of them highlighted that the presence of ambulances is a critical element for the success of any health project, particularly in fragile settings. These systems were said to play a key role in speeding up the transfer of critical patients to health centers and hospitals, contributing to better outcomes and service effectiveness.

The referral system, especially the BLS ambulances, was seen as relevant and effective by most beneficiaries and health staff. It helped ensure quick access to emergency care and saved lives. However, some gaps were noted in Dar Sad and during later project phases when ambulance availability became limited to the most crucial cases.

1.10 The Current Operation of Community water system

Most of the respondents in Lahj confirmed that the community water system remained the same during the project, with 96% (n=149) of beneficiaries said there was no difference in the timing of access to water. This was confirmed by the CC members as well. They stated that INTERSOS interventions were only temporary and emergency-focused, such as distributing small water containers for malnutrition cases, and not actual water infrastructure or tank systems. Only 6% (n=9) reported improved access, 4% (n=6) said water points were closer, and 1% (n=2) said the water was cleaner. Many beneficiaries explained that water services were already available before the project and that the improvements were done by other organizations like DRC. All participants in FGD mentioned that INTERSOS only cleaned tanks, which did not improve water access. These findings indicate that the project contribution to water services was limited, and not seen as relevant by most of the community.

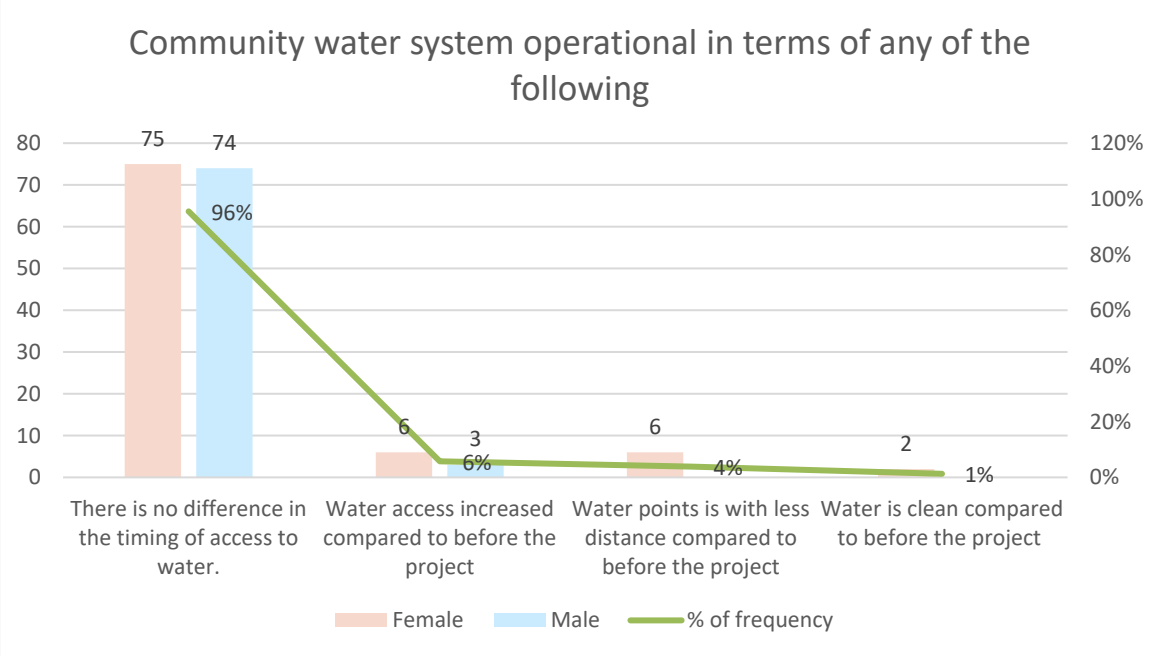


Figure 10 *Is the Community water system operational in terms of any of the following*

1.11 Stakeholder Consultation and Contribution to Project Planning

Key informants in Al Buraiqa and Dar Sad confirmed that they were consulted during the design or implementation of the project, while most respondents in Al Ribat reported they were not involved. Among those consulted, feedback was used to enhance various aspects of the project. In Al Buraiqa, suggestions helped select service locations, assign responsibilities, and link health and nutrition services to schools. In Dar Sad, informants confirmed their participation in needs assessments and coordination meetings, helping to identify the most vulnerable groups and improve integration between health, nutrition, and WASH. Stakeholders also raised needs related to chronic disease medication and service access for children and the elderly. One key informant from Al Ribat reported that their input was only partially considered.

The findings show that stakeholder consultation contributed to shaping project activities in Al Buraiqa and Dar Sad. However, the lack of consultation in Al Ribat highlights a gap in consistent engagement.

This suggests that future projects should ensure more inclusive consultation across all locations to strengthen local ownership and relevance

1.12 Alignment of Project Activities with Local Cultural Norms

The project staff in the north confirmed that hygiene kits were well aligned with the needs of the community. The kits included culturally appropriate items such as sanitary pads and diapers, which were well received, especially by women. All hygiene kits were locally sourced and made in Yemen, which increased community acceptance and trust. There were no complaints reported regarding the contents of the kits, indicating a high level of satisfaction. The distribution of the hygiene kits was considered the most impactful activity under WASH. It filled critical hygiene gaps and contributed to improving personal and household hygiene practices. Moreover, the kits supported protection objectives, especially for women and girls. The use of shared latrines and private hygiene materials reduced exposure to gender-based violence (GBV) risks.

Similarly, the Protection Coordinator in the north confirmed that no mismatches with local norms were encountered in the final phases of implementation. However, he noted that at the beginning of the project, challenges were faced in securing community and authority acceptance of protection interventions due to social and cultural restrictions. Continuous community engagement and awareness efforts eventually led to increased understanding and acceptance of the protection services.

Community Committee members from the three districts generally did not report any major mismatches between the project activities and local cultural norms. In Al Buraiqah, respondents confirmed that all activities were in line with local traditions and no issues were raised. In Dar Sad, respondents noted that the project respected local customs, especially by ensuring that female medical staff were available to examine women. In Al Ribat, one committee member reported no concerns, while another highlighted a past issue when INTERSOS assigned only a male doctor for consultations. This caused discomfort among some community members who were not comfortable with male doctors examining women. The concern was reported and quickly resolved by INTERSOS, assigning a female doctor. No other cultural concerns were mentioned. The project activities were mostly in line with local cultural norms in all the surveyed areas, and it showed respect for community traditions and was well accepted.

1.13 Criteria Used for Selecting Beneficiaries, Targeted Areas, and Health Facility

The project staff and Key Informant respondents confirmed that the project used needs-based criteria for selecting beneficiaries, intervention locations, and facilities. The selection process was aligned with vulnerability indicators and priorities, and operational feasibility.

- **Beneficiary Selection Criteria**

  The project staff reported that the selection of beneficiaries was based on clear vulnerability criteria, urgent unmet needs, and the presence of vulnerability groups. In the health and nutrition sector, it was explained that priority was given to displaced individuals, pregnant and lactating women, and children with acute malnutrition who lacked access to essential services and health facilities. These criteria were verified through field-level assessments and in collaboration with health authorities. In the WASH component, the WASH staff noted that beneficiary identification was based on direct observation and discreet assessments conducted during hygiene sessions, with a focus on PLWs, malnourished children, and households that had not previously received hygiene kits. To avoid raising false expectations, assessments were conducted informally and

supplemented by input from local committees. In the protection sector, the Protection staff in the north emphasized that standardized Protection Cluster tools were used by social workers and psychologists to identify eligible cases, including GBV survivors, children at risk, individuals facing domestic or sexual violence, and those denied legal rights such as education or inheritance. Feedback mechanisms, such as suggestion boxes and community volunteer referrals, further supported the identification and vetting process. The Protection PM in the south confirmed similar criteria, highlighting that both IDPs and host communities were served, with a focus on unaccompanied children, people with disabilities, and individuals experiencing psychosocial distress or other vulnerabilities.

The key informants respondents added that identified through a vulnerability-based approach, focusing on those with urgent needs and high risks. Selection was informed by:

- Children under five with Severe Acute Malnutrition (SAM), pregnant and lactating women (PLWs), and individuals with chronic or life-threatening health conditions.
- Survivors of violence, persons with disabilities, elderly-headed households, orphans, widows, and single mothers.
- Socioeconomic hardship like IDPs, refugees, and households with no income or access to basic services.
- No discrimination was applied, with all community members meeting the criteria, whether host community or IDPs were eligible.
- Individuals requiring emergency referrals for delivery, surgeries, or acute conditions were prioritized.

- **Targeted Area Selection Criteria**

Targeted areas were selected based on a combination of factors including high population density, the presence of displaced populations, absence of essential services, and field-observed humanitarian needs. The Health and Nutrition staff explained that areas with large numbers of IDPs and limited access to health services were prioritized, and selection was coordinated with the Ministry of Health and the health cluster to avoid duplication and ensure alignment with national strategies. Other stated that areas such as Ribat and Dar Saad were chosen due to their large populations, ongoing displacement, and exposure to recurrent shocks such as flooding and cholera outbreaks. As for WASH sector, the staff added that selection was driven by direct field observation of critical hygiene gaps in the targeted areas, such as lack of latrines, unsafe water sources, and poor sanitation infrastructure. Areas that lacked the necessary infrastructure conditions, such as water tanks for chlorination. The Protection staff in north emphasized that area selection followed the Humanitarian Response Plan and was coordinated with the Protection Cluster. Priority was given to high-risk districts like Abs and Ku'aydinah, particularly after the withdrawal of other organization partners from these locations, while Staff in the south confirmed that beneficiary selection at the protection centers in Al-Buraiqa and Dar Saad was based on observed demand and protection needs. The centers serve both host community members and IDPs who meet specific criteria, such as unaccompanied children, child laborers, breastfeeding women, female-headed households, families with disabled heads, and those at risk of violence. Services also promote the integration of host and displaced communities.

Below are the selection Criteria by the KIIs respondents

- Areas with high malnutrition, poor health outcomes, and disease outbreaks like cholera.
- Locations far from functioning health facilities or underserved by humanitarian actors.

- Crowded IDP camps and urban areas with large displaced populations.
- Selections were validated by coordination with local executive units and informed by field reports and needs assessments.

- **Health Facility Selection Criteria**

  Health facility selection was reported to be based on assessed service gaps, population coverage, and formal coordination with the Ministry of Public Health and Population (MoPHP). The Health and Nutrition staff noted that the Ministry and local health offices were involved in nominating facilities that had large catchment areas and lacked adequate staffing, equipment, or functionality. These facilities were selected to ensure they could meet high demand and fill service delivery gaps. Staff clarified that in addition to supporting MoPHP-nominated health facilities, INTERSOS established and operated mobile clinics in Rabat, Al Buraiqa, and Dar Saad.

  Below are the HF selection Criteria by the KIIs respondents

  - Support was directed to communities with no existing or accessible health facility.
  - Facilities or mobile services were chosen based on their ability to reach the largest number of people in need. Community access was a decisive factor, especially in camps and settlements.
  - In areas without functioning infrastructure, mobile clinics were deployed to ensure service continuity and reach. This included both fully equipped teams and mobile health caravans.
  - Facilities were prioritized in areas with a high prevalence of malnutrition and disease outbreaks. Urgent cases requiring immediate attention, such as childbirth or acute illness.

The selection criteria for beneficiaries, areas, and health facilities reflect a high level of relevance to community needs. The project effectively prioritized the most vulnerable groups, focused on underserved and high-need areas, and supported facilities where life-saving services were either unavailable or insufficient.

All the KIIs respondents across Al-Buraiqa, and Dar Sa'ad felt that the selection criteria were fair. They highlighted that the criteria were based on actual needs, prioritized the most vulnerable groups, and were applied equally in all targeted areas. Several informants also mentioned that all vulnerable HHs members, whether displaced or host community were considered, and that no one was excluded unfairly. Additionally, the presence of complaint and feedback mechanisms was noted as a positive factor.

However, In Al Ribat, some respondent one respondent raised a concern that focusing cash assistance only on women survivors of violence created unintended social problems, including manipulation of eligibility, as some men agreed with their wives to pretend abuse and divorce in public in order to qualify for about $207 support, then returned to their normal lives as if nothing had happened. This means there is a need to put in place stronger measures to make sure the protection cash assistance reaches only those who truly need it. For example, the team should improve how they check the information provided by the HHs applying for support. Case workers should follow up regularly with beneficiaries to confirm their situations. These steps can help stop people from misusing the support or getting it unfairly. Another respondent in Al Ribat said they had no clear information about how the selection was done.

1.14 Barriers to Accessing Basic Services Before the Project

The project was highly relevant to the needs of the targeted communities. Before the EHNPW project began, most respondents across the three districts reported facing barriers to accessing health,

nutrition, and WASH services. About 80% of respondents reported barriers to accessing health services, 81% reported barriers to nutrition services, and 51% in only Lahj reported difficulty accessing WASH services.

Barriers to Accessing Basic Services Before the Project						
Districts	Health		Nutrition		WASH	
	Yes	No	Yes	No	Yes	No
Al Ribat	78%	22%	77%	23%	51%	49%
Al Buraiqa	96%	4%	96%	4%		
Dar Sad	81%	19%	82%	18%		
% Of frequency from All the Districts	80%	20%	81%	19%	51%	49%

Table 7 *Barriers for accessing any of the Health, Nutrition, and WASH service before the intervention*

❖ Barriers in the Health and Nutrition Services

Across all three districts, the most commonly reported barriers were:

- **Limited Access to Health Facilities:** respondents in all three districts highlighted the significant distance between their homes, especially IDP camps, and the nearest health facility. In many cases, traveling to access care required long, expensive journeys. This barrier was frequently noted in Dar Saad and Al Buraiqa.
- **Financial Barriers to Treatment:** many families could not afford medical consultations, medications, or transportation to hospitals. This left people without essential care, particularly for chronic conditions and emergencies.
- **Shortage of Free Medical Services:** Many respondents reported that no free health services were available before the project. They had to pay for even basic medicines and consultation. Health centers were either absent, under resourced, or only provided paid services.
- **Inadequate Nutrition Support:** There was widespread malnutrition, particularly among children and pregnant or lactating women. Families lacked access to therapeutic food or proper nutrition, and many mentioned that children died from complications related to untreated malnutrition.
- **Lack of Health Awareness:** respondents mentioned poor awareness about health and hygiene practices. This included limited understanding of disease prevention, maternal care, and the importance of seeking early treatment for malnourished children.
- **Emergency Response Gaps:** Several accounts pointed to delays in accessing emergency medical help, with ambulance services being unavailable. Families often couldn't afford private transportation in critical situations.
- **Absence of Humanitarian Support:** Many respondents emphasized that before to the EHNPW intervention, no other organizations were providing health or nutrition support. This gap left the population especially vulnerable during health crises.
- Even when health services existed, they were either too far, overcrowded, or lacked adequate medical supplies and qualified personnel. Respondents from Dar Saad and Al Ribat noted that some services were only available in specific health centers, which were difficult to reach.

- In Al Ribat, beneficiaries reported deaths among children due to untreated severe malnutrition.
- Lack of awareness about nutrition programs.

❖ Barriers to Access the WASH Services

Communities in Al Ribat faced severe and overlapping barriers before the project to accessing WASH services. These challenges significantly affected health, safety, and dignity, particularly among displaced families.

- Overcrowding and long queues at existing facilities made access difficult, especially for women and children.
- **Low Hygiene Awareness:** respondents in mentioned that community members were not aware of the health risks of poor hygiene practices. Some stated that hygiene behavior did not improve significantly until after awareness sessions were conducted during the project.
- **Open defecation due to insufficient toilets**, as many respondents reported that the area suffered from a lack of adequate toilets, leading to widespread open defecation. Open sewage and lack of drainage were mentioned as ongoing risks to public health, even two years ago.
- **Inadequate Waste Management and Hygiene Awareness:** There were a continued complaints about the accumulation of garbage and poor sanitation practices.
- **Limited Access to Safe Water:** Some respondents said that previous organizations had supported water and sanitation, but the support was small and did not cover all needs. While water sources were available, many people were worried about the safety and access to clean water. In areas with weak infrastructure, families had difficulty getting enough safe water, which increased the risk of disease.
- **Financial Barriers to Hygiene Supplies:** Several families indicated that even when water and sanitation points were physically accessible, they lacked the financial means to purchase basic hygiene items such as soap or cleaning materials.
- **Reliance on Temporary Latrines:** where toilets or water points existed, they were often constructed as temporary facilities and could not accommodate the growing population.

Based on the aforementioned findings, the findings show that the EHNPW project was well-planned and focused on the right areas. It targeted urgent gaps in health, nutrition, and WASH services in places that needed them most. Communities faced major problems like far health centers, high costs for treatment and transport, lack of nutrition care, and poor sanitation. In Al Ribat, many people practiced open defecation due to a lack of latrines. Some respondents said they lost family members to treatable conditions before help arrived. The most affected were displaced families, children, pregnant women, and very poor households.

2. Effectiveness

This part of the report highlights the extent to which the project interventions have achieved satisfactory results and objectives in addressing the needs of beneficiaries.

2.1 The Activities that Made a Significant Change to the Beneficiaries

Staff working in the health and nutrition sector agreed that the project successfully contributed to reducing morbidity and mortality. Both reported that planned indicators were met across outpatient consultations, vaccination coverage, maternal and child health, and nutrition services. The PM Supervisor emphasized that displaced and poor communities who had no other access to services were effectively reached, leading to visible reductions in preventable illness and improved health stability. As for the WASH component, the staff confirmed that the integration of hygiene promotion, latrine construction, and water chlorination played a direct role in reducing disease prevalence, especially diarrhea and malnutrition among children. He cited field-level observations and medical team feedback as evidence of behavior change, improved hygiene practices, and the protective impact of latrines for women and girls.

From the protection sector, The Protection in the South strongly affirmed that the objective was achieved, referencing the continuous operation of the Dar Saad protection center since 2019. It emphasized the effectiveness of community awareness campaigns and psychosocial support in overcoming social stigma and encouraging survivors to access services. Even with limited funding, stated that the protection team was able to provide relevant and impactful support, including referrals and legal documentation. Conversely, the Protection Coordinator in Hajjah acknowledged that while the project contributed positively, it noted that health centers in the area had closed due to lack of funding, placing a heavier burden on INTERSOS interventions.

The interviewed beneficiaries and health worker were asked to identify which project activities had the most significant impact on their lives. The majority of beneficiaries, with 87% (n=296) and all health workers highlighted free consultations and medical services, such as vaccinations and antenatal/postnatal care, as making the biggest difference, showing the importance of accessible healthcare in affected communities, where cost and lack of supplies often stop people from getting treatment. This was followed by 79% (n= 268) and all health workers who pointed to the referral services through Basic Life Support (BLS) ambulances and the availability of essential drugs and equipment, which helped improve health outcomes, especially where such services were previously lacking. Nutrition-related interventions, including malnutrition screening and treatment for children under five and pregnant and lactating women, were acknowledged by 55% (n=186) of the surveyed beneficiaries. This indicates moderate recognition of the nutrition component's impact, especially in locations like Al Ribat where outreach and coverage were stronger.

Health and nutrition education sessions delivered by community volunteers were mentioned by both 49% (n= 167) of interviewed beneficiaries and some of the health workers. These sessions played an important role in raising awareness around hygiene, maternal health, and nutrition, although their impact appears to have been less tangible than that of direct medical services. Only 30% of beneficiaries mentioned the training of nutrition staff and community volunteers, likely because they didn't see or take part in these activities. However, the trainings likely improved service quality and coverage by strengthening staff skills. The low percentage reflects limited beneficiary awareness about such activities, not poor effectiveness. This suggests that beneficiaries should be better informed so they can understand how these efforts contribute to the services they receive. Around 22% of beneficiaries from Al Ribat said the hygiene kit distribution made a positive difference, though

it was less recognized due to its limited scope. No beneficiaries mentioned water supply activities, suggesting they were either not fully implemented or not well known during the project period.

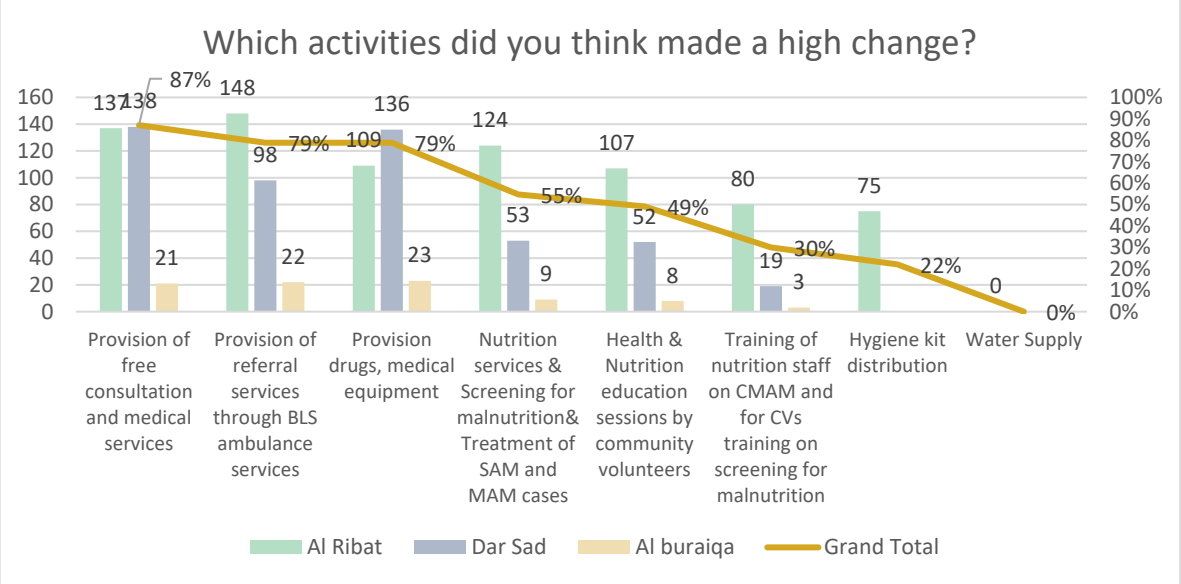


Figure 11 *Which activities did you think made a high change?*

Based on the aforementioned findings, it shows that direct services, such as medical consultations, referrals, and the provision of medicines, were more mentioned and appreciated by the beneficiaries because they had a clear and immediate impact on patients. In contrast, training activities like staff training and community education sessions were not as widely acknowledged, likely because their effects are more indirect and less visible by the communities. This suggests the need to raise awareness among beneficiaries and their communities about the importance of such the training activities, as they play a key role in ensuring the quality and sustainability.

2.2 Tangible Improvements Noticed by Respondents in Health, Nutrition, and WASH

The beneficiaries shared the most effective improvements and changes they experienced in their lives after receiving support from the EHNPW project. These changes are explained below by sector:

Health Improvements

- **Free medical services:** Across all districts, beneficiaries reported that consultations, treatments, and medicines were provided at no cost. This included services for chronic illnesses for old people like high blood pressure and diabetes, particularly in Dar Saad and Al Ribat. One Beneficiary said: "***We received free medicine, and chronic patients like the elderly now get their medication regularly***", Other beneficiary said "***We do not pay money when we go to the doctor or when we take medicine, and this improves our health and also our comfort because our condition is difficult***." Some beneficiaries in Al Ribat noted that they or their family members received surgeries or referrals they could not afford before. The interviewed community committee across reported that access to healthcare improved significantly due to the availability of free medical services. The removal of consultation and medication fees enabled families, especially those with limited income, to seek treatment they could not previously afford. This was particularly important

for individuals with chronic illnesses such as diabetes and hypertension, who were able to access their medications regularly without financial strain. FGD in Dar Saad emphasized that cost was no longer a barrier to receiving care, and community committees described the provision of free medicine as the most valuable aspect of the intervention. Health facility managers confirmed increased service uptake in both static and mobile health units following the elimination of user fees. One CC in Al Buraiqa said "***My son had a congenital lung condition and was in a critical state, but thanks to God's mercy and the INTERSOS that referred him to the health center in Al-Buraiqa, he fully recovered***."

- **Reduction in illness:** many beneficiaries noted a visible decline in common illnesses such as diarrheal diseases and infections; this was attributed to access to regular care and medicines. Participants from FGDs and community committees observed a clear decline in common illnesses, particularly diarrhea and infections. They attributed this to improved access to medical treatment and increased use of health services. Health facility managers reported a reduction in cases of acute illness and improvements in general public health indicators, including fewer illnesses specially for children. This decline was also linked by both FGDs and facility managers to better health and hygiene practices and strengthened vaccination coverage.
- **Mobile clinics and ambulances:** several beneficiaries reported that ambulance services and mobile clinics improved access to health care, especially in emergencies. The health facility managers noted an increase in patients attending both fixed facilities and mobile clinics. These mobile services were considered essential in expanding access to care in underserved areas.
- **Surgical support and referrals:** Some individuals in Al Ribat noted that they or their family members received surgeries or referrals they could not afford before.
- **Improved care for women and children:** Pregnant women and young children received regular check-ups, follow-up care, and early intervention, reducing health risks. One female beneficiary from said "***Nothing is more important to us than our children. Since interventions have helped our children recover from malnutrition and many other diseases, this is the most beneficial improvement***." Community members reported that the project strengthened services for pregnant women and young children. Antenatal care, vaccination, and treatment of childhood illnesses were made available through the intervention. Health facility managers observed improved maternal and child health outcomes, including reduced maternal deaths and fewer severe childhood illness cases. Pregnant and lactating women received both medical and nutritional support, which was seen as critical in preventing complications.
- **Health awareness:** Beneficiaries mentioned that they now recognize symptoms earlier and seek treatment without fear of cost. The FGD participants across districts reported widespread improvements in health awareness. In one group, all ten participants individually stated that awareness sessions had helped them recognize symptoms early and seek timely care. These sessions were delivered through community volunteers and were seen as instrumental in reducing cases of malnutrition and illness. One participant said "***Health awareness increased, and cases of malnutrition decreased***." Other participant noted "***The awareness aspect helped people start contributing 500 Y.R (Approximately 0.2 USD) collectively to gather and remove the garbage***." Health facility managers also linked increased awareness to improved health-seeking behavior and environmental hygiene.

Taken together, the evidence from community committees, FGD participants, and facility managers demonstrates that the EHNPW project effectively improved access to essential health and nutrition

services. The provision of free treatment, regular medicine supply, targeted referrals, and community health awareness campaigns were repeatedly cited as central to the improvements observed.

Despite broad praise, some gaps were noted. Some beneficiaries, particularly from Dar Saad, reported that while many medicines were provided, some essential drugs remained unavailable, especially for chronic conditions like asthma or psychological disorders. Others stated that services were stronger at the beginning of the project but had declined over time. In Al Ribat, beneficiaries indicated that the ambulance was active only during the day and that shortages in medication affected their ability to receive full treatment.

Nutrition Improvements

- **Recovery from SAM/MAM:** many beneficiaries across all districts particularly in Al Ribat and Dar Saad, consistently reported that children suffering from severe and moderate acute malnutrition had significantly improved. Many stated that most children recovered or that many children moved from SAM to MAM and then to recovery. Some referred to visible changes in weight and health, saying their children were healthier and stronger after receiving nutrition support. One beneficiary noted, "***The improvement most visible to us was seeing our children recover from malnutrition***."
- **Nutrition support for women and children:** beneficiaries repeatedly highlighted that pregnant and lactating women were included in nutrition interventions. They reported receiving special food items and follow-up visits. Several women mentioned receiving nutritional supplements like soya-based products and Plumpy Nut. Some also noted support during and after delivery. they emphasized that both women and their children benefited from targeted care, including micronutrient-rich foods and consistent monitoring.
- **Increased awareness of nutrition and infant care:** Awareness activities related to nutrition were described as one of the strongest components of the intervention. Mothers reported being taught how to breastfeed properly, what foods to give their children, and how to recognize signs of malnutrition. One male beneficiary from Al Ribat shared that "***My wife now always follows the health worker's advice for our child's diet and care***." Others mentioned that this new knowledge empowered families to care for their children even after services ended.
- **Household-level behavior change:** In several instances, beneficiaries observed improvements in household behavior around food preparation and child care as a direct result of the nutrition activities. Some noted that they were now able to cook healthier meals, such as incorporating vegetables into their diets. Others pointed out that beneficiaries had become more proactive in ensuring their children received nutritious food and supplements, especially in low-income families who previously could not afford them.

Protection Improvements

- **Legal documentation:** many beneficiaries reported that the project brought notable improvements in legal protection and psychosocial support. Several women stated they were assisted in obtaining personal identification documents and birth certificates for their children, which they previously lacked. Beneficiaries described this as a crucial change that enabled access to other services and official recognition. Several respondents from the KIIs and FGD, including women in FGDs, highlighted that the protection intervention supported families in obtaining official documentation, such as birth certificates and national identity cards. These services were described as essential, particularly for children who previously lacked legal identity and access to services.

- **Provision of Mental Health and Legal Services:** Beneficiaries from Al Ribat highlighted the presence of a psychologist, a male lawyer, and a female lawyer as part of the project's support. This reflects the provision of comprehensive psychological and legal assistance, particularly for vulnerable groups such as women and children. One beneficiary said "***There was a psychologist for people with mental illness, and a lawyer who helped people with legal issues. A female lawyer helped women and children specifically***"
- **Legal and psychosocial support:** Psychosocial support was frequently referenced by beneficiaries, who appreciated the assistance provided to individuals experiencing psychological distress, including survivors of gender-based violence and persons with disabilities. They highlighted that the project offered mental health consultations that helped many regain emotional stability. Several women reported feeling stronger and more confident in speaking up about abuse, knowing they had access to both psychological and legal services. One beneficiary specifically noted that the project helped women feel safer in their households. Focus group participants and community committee members confirmed that individuals with emotional or mental health conditions received consultations or referrals, and that these services were particularly important for women facing domestic violence or trauma related to displacement. Additionally, the health facility manager in Al Ribat confirmed a noticeable reduction in cases of violence and abuse against women and children, indicating a broader positive impact on community well-being.
- **Cash assistance:** Some beneficiaries pointed that cash assistance targeting vulnerable groups such as survivors of violence, families with disabled members, and those caring for chronically ill children was described as impactful. They shared that this support helped them meet urgent needs and improved their ability to care for their families. Both community committees and FGD participants indicated that households led by persons with disabilities received cash assistance, which enabled them to meet basic needs.

Hygiene Improvement

- **Hygiene awareness:** many beneficiaries reported improvements were more limited and mostly related to community-based hygiene behavior change. Beneficiaries in Al Ribat explained that, after receiving hygiene awareness sessions, they collectively began contributing money to hire garbage trucks for daily waste collection. This initiative, though not directly implemented by the project, was seen as an indirect outcome of project-supported hygiene promotion. Beneficiaries credited this effort with making the camp cleaner and reducing visible health hazards.
- **Hygiene behavior change:** Several beneficiaries noted improved hygiene practices at the household level, such as better handwashing and food safety behaviors, which were attributed to awareness-raising by community volunteers. However, multiple beneficiaries indicated that while hygiene kits were distributed, the coverage was low and inconsistent, with many families not receiving supplies assistance or receiving them only once. One female beneficiary said "***We were taught how to keep our homes clean, and we started doing it ourselves***"

However, concerns were raised about the limited distribution of hygiene kits. Multiple beneficiaries reported that while kits were provided, the coverage was inconsistent, many families received them only once or not at all. This was especially noted by beneficiaries in Dar Saad and Al Buraiqa, who also reported that water supply and sanitation infrastructure were not addressed in their areas. In these locations, hygiene-related gains were seen as secondary and less impactful compared to the more significant improvements in health and nutrition services.

2.3 Achievement of Project Objective to Reduce Morbidity and Mortality

The key informants from the project staff, community, and health facilities, confirmed that the project successfully achieved its main objective of reducing morbidity and mortality among conflict- and displacement-affected populations. According to these key informants, improvements were most evident in health and nutrition outcomes.

The project staff reported a noticeable decrease in both disease and death rates, particularly among the most vulnerable groups who previously lacked access to essential services. They emphasized that the integrated delivery of life-saving health and nutrition services, through both mobile clinics and health facilities, reached most poor and displaced populations with no alternative options, with some highlighting that if the project were to end, it would leave a substantial service gap. They noted that the project contributed to a visible reduction in malnutrition rates. Nutrition services were supported by a group of 16 female community volunteers (4 in Abs and 12 in Qiaden), who conducted malnutrition screening, referrals, and health and nutrition education. These volunteers have been continuously active since the start of the project, and their engagement was described as a vital factor in sustaining outreach and ensuring early detection and treatment.

The Staff confirmed that the project contributed directly to reductions in disease incidence, highlighting that hygiene promotion, water chlorination, and latrine construction were identified as the most effective activities. These interventions were reported to have reduced cases of diarrhea and malnutrition, as observed in health reports. Community behavior change was also noted, particularly in hygiene practices such as handwashing before breastfeeding, attributed to awareness sessions. Latrine construction was reported to have added protection value by reducing long-distance travel specially for women and girls, thereby lowering risks of exposure to harm. The integration of WASH infrastructure within health facilities was also highlighted by the staff as well, confirming that the facilities were functional and that WASH services contributed to improved hygiene conditions and the continuity of services. They cited the construction of new latrines and an additional hospital room at Qiaden Hospital as significant improvements. Furthermore, seven latrines were constructed in IDP sites beginning in early 2025 to a decrease in infection rates and improved health stability among the targeted IDP sites.

A positive unintended outcome was also reported, that Qiaden Rural Hospital, initially functioning as a basic facility, was transformed into a referral-level facility. As a result, patients from surrounding districts were accommodated, not just the targeted area due to enhanced infrastructure and service expansion. However, a negative unintended outcome was also noted. The budget allocated for cash for protection assistance was reported as insufficient to cover all eligible individuals. This funding shortfall resulted in some vulnerable persons being excluded from support, leading to dissatisfaction and tension within the community, although no open conflict was experienced.

The community committee respondents noted that treatment and follow-up care helped stabilize health conditions and reduce complications, particularly among malnourished children, pregnant women, and elderly individuals. Several respondents explained that the project played a major role in lowering disease severity and improving survival rates. Some stated that the intervention helped decrease both the number of critical health cases and the number of deaths. Others noted that surgical cases were covered, which previously would not have been treated.

Based on the aforementioned findings, it was agreed that the project objective was effectively achieved. Integrated service delivery, community-level engagement, and targeted health infrastructure improvements were cited as critical factors in reducing morbidity and mortality among the most vulnerable. While the project's design allowed for significant impact, unmet needs in the

protection component were identified due to budget constraints. Nonetheless, the project was described as life-saving and timely in addressing urgent health and protection needs.

2.4 Functionality of WASH Facilities inside the Health Facilities

The interviewed beneficiaries were asked whether the WASH facilities inside the health facilities were functional. Only 48% (n=164) confirmed that the facilities were functional. This was also affirmed by all key informant respondents from health facilities in Dar Saad and Al Ribat districts. In contrast, the majority 52% (n=176) of beneficiaries, as well as all key informants from health facilities in Al Buraiqa district reported that the WASH facilities were not functional. These results indicate significant concerns raised by more than half of the respondents regarding the operational status of WASH infrastructure in supported health facilities. Beneficiaries in Dar Saad and Al Ribat, were nearly evenly split their responses between reporting that WASH facilities were functional and non-functional, whereas in Al-Buraiqa, all beneficiaries and Key informants reported that the facilities were non-functional. These findings highlight a critical gap in WASH infrastructure within supported health facilities, particularly in Al Buraiqa, where non-functionality may negatively affect hygiene and infection prevention efforts.

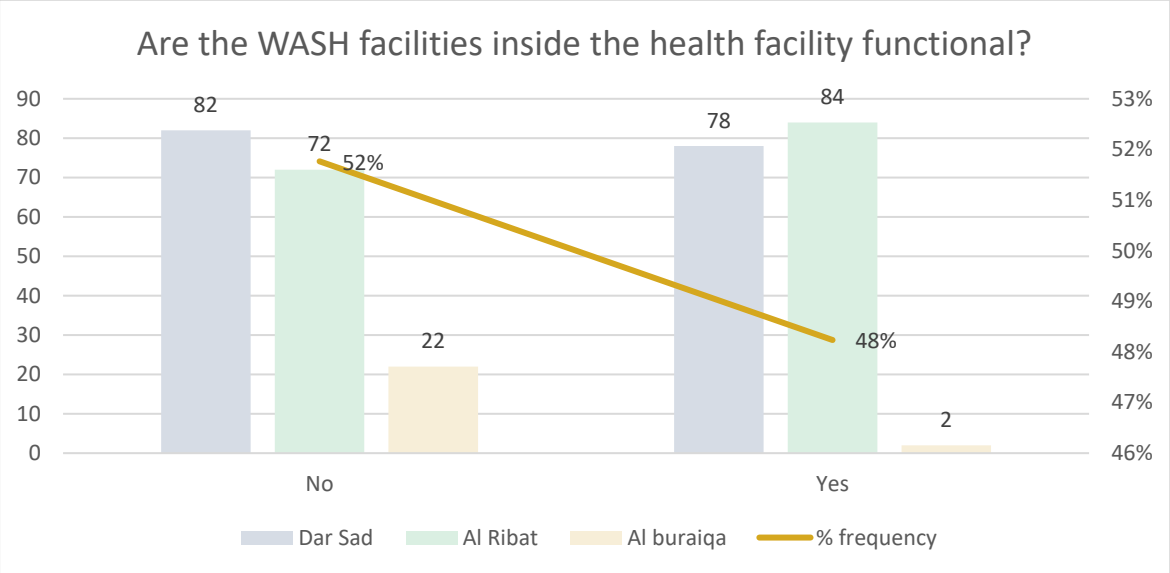


Figure 12 *Functionality of WASH Facilities inside the Health Facilities*

Beneficiaries who reported non-functional WASH facilities inside the supported health facilities highlighted several problems, pointing to widespread operational and accessibility gaps. The responses are summarized below:

- **Facilities constructed but never operated:** In Al Ribat, many beneficiaries stated that although latrines were constructed by the organization, they were never activated or connected to water source systems. Some reported that six latrines were built but remained unused. In Dar Saad, others noted similar cases where WASH infrastructure was in place but not functional.
- **Locked or staff-only WASH facility:** Several respondents from Al Ribat reported that the latrines were either locked or reserved for use by facility workers only, particularly female staff. In these cases, beneficiaries were not allowed access. A few participants noted that only one latrine was working and accessible.
- **Lack of water supply:** In Dar Saad, many beneficiaries mentioned that water availability was inconsistent, with supply only coming every other day. This limited the usability of existing latrines and wash stations. Others in Al Ribat noted that water pipes were not installed or not connected to handwashing units.
- **Missing or incomplete infrastructure components:** some beneficiaries from Al Ribat indicated that key elements such as faucets, pipes, or handwashing units were missing or not connected. Some noted that even where sinks were installed, there was no running water or drainage system.
- **Absence of any WASH intervention:** Many beneficiaries in Al Buraiqa and Dar Saad reported that no WASH interventions were implemented by INTERSOS in their area. In Al Buraiqa, all respondents and some beneficiaries in Dar Saad indicated that the health facility was either nonexistent. Additionally, several beneficiaries in Dar Saad noted that while health facilities existed, they were not served by any WASH support from the project, highlighting the absence or inconsistency of water sources and the lack of sanitation infrastructure. In some cases, toilet facilities were deemed unsuitable for use even when present.
- **Facilities available but not used:** Several beneficiaries in Al Ribat reported that latrines were present but not used, primarily due to restricted access, as the facilities were dedicated for health facility staff only.

These findings shows that issues with WASH functionality in health facilities are not limited to infrastructure gaps but also include maintenance, accessibility, and usability barriers. The most frequent and severe functionality problems were reported in Al Ribat and Dar Saad, while Al Buraiqa respondents consistently reported total absence of services.

2.5 Effects of WASH Support to the Community

Community committee members in Al Ribat provided differing views on the effects of WASH support. They stated that hygiene and sanitation conditions in the camp had visibly improved, noting that the Al Ribat camp had become cleaner and less polluted, which contributed to a reduction in the spread of disease-carrying insects. However, a committee member clarified that improvements were not the result of INTERSOS interventions, but were instead delivered by another organization like DRC. The respondent also noted that no water-related intervention had been implemented in his area. These responses suggest that all observed benefits may not be attributable to the EHNPW project, and that INTERSOS had limited intervention in WASH service delivery in Al-Ribat district.

2.6 Effects of Hygiene Sessions on Knowledge of Cholera Prevention and Handwashing

The majority of beneficiaries in Al Ribat, 92% (n=143 out of 156) reported a significant improvement in their knowledge of cholera prevention and handwashing as a result of the hygiene sessions, noting that the sessions helped improve their understanding of hygiene practices. This positive effect was observed across both genders, with a higher share of female participants reporting improved awareness. In contrast, a small portion of beneficiaries with 8% (n=13) stated not benefiting from the sessions, mostly due to not attending, being ill at the time, or due to work or family obligations. A few expressed that the information shared was already familiar or did not offer new insights. Ultimately, these findings reflect a positive outcome, with the hygiene sessions widely perceived as effective in increasing awareness and promoting behavior change related to cholera prevention.

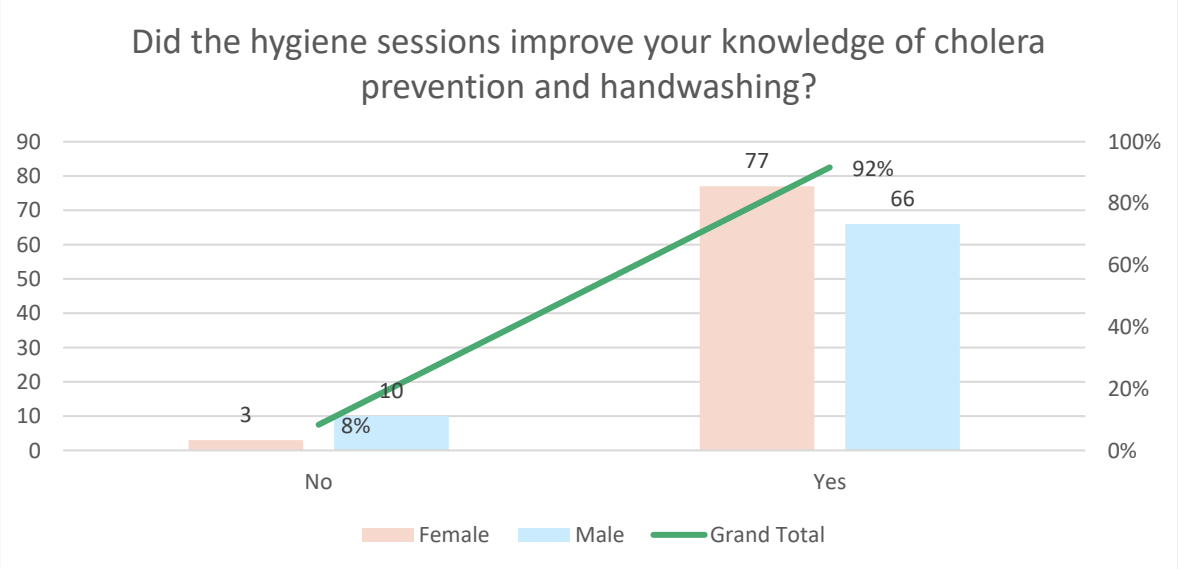


Figure 13 *Did the hygiene sessions improve your knowledge of cholera prevention and handwashing?*

Beneficiaries who reported benefiting from the sessions described the following results:

- **Improved awareness and behavioral change:** Many beneficiaries noted increased awareness of handwashing techniques, the importance of using soap and clean water, and preventative measures against cholera, such as covering food and boiling drinking water. One beneficiary said ***"I benefited a lot from the ways to prevent cholera and how to wash hands. I taught it to my children and relatives***." Another stated, " ***We know now that avoiding a cholera patient, or wearing a mask and gloves when dealing with them, protects us from the disease.***" Several beneficiaries stated that they shared what they learned with family members, especially children, and observed changes in household practices as a result. Many beneficiaries noted that volunteer teams played a key role by visiting homes and providing simple, practical hygiene guidance. These visits were especially effective in reaching women and encouraging entire families to engage with the hygiene messages.

  Despite improved awareness, some beneficiaries reported that the lack of hygiene supplies, such as soap and disinfectant hindered their ability to fully apply the practices they had learned. While behavior change was initiated, sustainability was seen as dependent on the continued availability of essential hygiene materials.

- **Community Awareness has Expanded:** Some beneficiaries mentioned that even individuals who did not directly attend the sessions became informed through discussions with others, indicating a spillover effect. Others noted that visible improvements in personal and communal hygiene had occurred, including cleaner tents and increased use of handwashing stations and latrines. One beneficiary said "***If it weren't for the awareness sessions, people wouldn't have decided to work together to remove the garbage***" Another added, "***Through the awareness sessions, the whole community, not just me, became able to understand how to prevent cholera, by boiling water before drinking and covering food from flies and dust***".

2.7 Challenges in Adopting Hygiene Practices

Beneficiaries were asked whether they faced challenges in applying hygiene practices taught by the project. While 67% reported no challenges, 33% of respondents stated that they experienced difficulties, where the gap in hygiene materials availability was the most frequently reported issue affecting the effective adoption of hygiene practices.

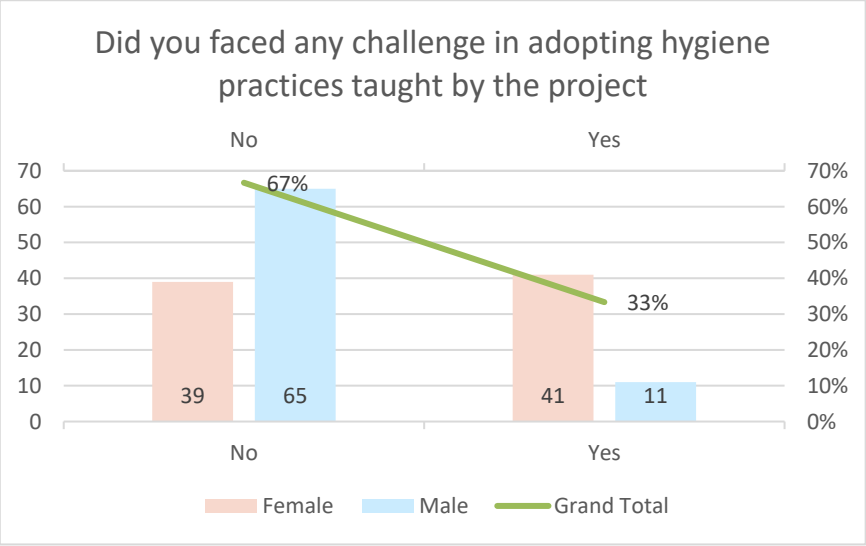


Figure 14 *Challenges in Adopting Hygiene Practices*

The key challenges reported by the beneficiaries who are outlined below:

- **Lack of hygiene materials:** Many beneficiaries cited the unavailability of hygiene supplies, particularly soap and disinfectants, as the primary barrier to applying hygiene practices. Several stated that cleaning products were distributed only once, which was not sufficient to sustain the practices. Others explained that they could not purchase hygiene items themselves because they had no money to buy soap, chlorine, or other supplies, and that their financial situation forced them to focus on basic needs like food.
- **Absence of sustained distribution:** beneficiaries mentioned that hygiene kits were not provided regularly or to all households. This was noted as a limiting factor in their ability to maintain proper hygiene routines.
- **Environmental and behavioral constraints:** some beneficiaries noted external conditions such as extreme heat reducing attendance at sessions, or young children not following hygiene instructions easily. Others stated that some community members lacked interest or motivation to participate.
- **Community-level barriers:** a few beneficiaries stated that some people did not even pay the small monthly waste collection fee due to lack of interest or financial constraints, which affected communal cleanliness efforts.

During the focus group discussion in Al Ribat, all participants agreed that most people in the community had become more interested in hygiene and were making efforts to apply the practices introduced by the project. However, some participants identified a major challenge, include the lack of financial resources to purchase essential hygiene materials, such as soap and cleaning supplies. They explained that while understanding the hygiene messages was not difficult, the real barrier lay in applying them consistently. Hygiene items had not been distributed for over two years, and the rising cost of these products, combined with large household sizes and difficult living conditions, made it nearly impossible for many families to afford them. This concern was raised by a few participants and fully supported by the rest of the group, who described it as a key constraint to sustaining hygiene practices.

While the project was effective in raising awareness and encouraging interest in hygiene practices, the ability to adopt these practices consistently was constrained by several reported barriers. The most commonly cited issue was the lack of hygiene materials, either due to financial hardship or irregular distribution. In addition, low community motivation, and difficulties in maintaining communal cleanliness were also noted. Together, these factors limited the practical effectiveness of hygiene promotion, especially for households facing economic hardship. To improve effectiveness, future interventions should establish a predictable and inclusive distribution for essential hygiene kits and provide targeted support to low-income households who are unable to maintain these practices without assistance.

2.8 The Most Effective Activities in the EHNPW Project

When asked which of the EHNPW project activities were most effective and met the expectations of their communities, a large number of beneficiaries expressed that all project activities were effective and responsive. They described the integrated approach as addressing their most urgent needs. Some beneficiaries stated that "***Every service the project offered helped us somehow, and the whole project was beneficial***." Beneficiaries highlighted a range of services across sectors, with the most frequently mentioned activities were those related to integrated health and nutrition services, mobile medical outreach, and referral systems. A smaller number referenced protection and WASH

components, particularly in Al-Ribat, while others emphasized the overall positive value of the project's multisectoral approach. These were the most effective activities, in order:

a) **Health and Nutrition Integration:** the majority of beneficiaries repeatedly highlighted the combined delivery of health and nutrition services, particularly care for pregnant women, children, and those with malnutrition. Mothers praised the availability of therapeutic food, antenatal care, and vaccinations. Nutrition activities were often mentioned together with consultations and medicine provision. One beneficiary stated, "***Our children received treatment for malnutrition, and we didn't have to worry about the cost***."

b) **Mobile Clinics and Medical Consultations:** many beneficiaries identified the mobile clinic teams (MCTs) as the most effective intervention, especially in Al-Ribat. These teams were credited with improving access to free consultations, vaccinations, and medications, particularly for displaced persons and those in remote camps. The presence of medical consultation was appreciated, especially when combined with the mobile clinic. The convenience, free medication, and presence of medical consultation were highly appreciated. As one beneficiary in Dar Sad noted, "***Health activities are very important to us because we live in a remote area with no nearby health center; the project's mobile clinic greatly benefits the people in the area***"

c) **Referral Services and Basic Life Support (BLS) ambulances:** several beneficiaries specially in Al-Ribat and Dar Sad emphasized the value of referral systems and ambulance services for emergency care and surgeries. These services were described as life-saving, especially for patients unable to afford transportation or hospital fees. Some reported receiving partial financial support for surgeries, which significantly eased their burden.

d) **Community-Based Awareness:** some beneficiaries specially in Al-Ribat, highlighted the value of outreach activities such as hygiene promotion sessions and awareness messaging on health and protection topics. A few respondents linked these services to improved cleanliness and increased use of healthcare services in the camps. A small number of beneficiaries in Dar Saad also noted similar benefits. No such feedback was reported from Al buraiqa.

e) **Protection Services (Psychosocial Support, legal aid**, **:** A few interviewed beneficiaries in Al-Ribat noted that protection activities, including psychosocial support and legal assistance, were valuable in supporting vulnerable individuals in their community. Some referred to counseling sessions for people experiencing psychological distress and legal follow-up in cases of violence or harassment. These services were seen as important, particularly for women and individuals with protection concerns. One male beneficiary said "***The project helped people claim their rights by supporting them in court and filing cases against harassers, which made people feel safer***."

f) **Hygiene Services:** A very smaller number of respondents acknowledged the role of hygiene interventions, highlighting that hygiene kit distribution and awareness sessions as helpful, although these were less commonly raised compared to health-related activities.

Based on the aforementioned findings, it confirmed that the EHNPW project was broadly effective and well-aligned with community needs, with health and nutrition interventions standing out as the most valued. Mobile medical outreach and referral systems significantly enhanced access to essential care, particularly for remote and displaced populations. Protection, hygiene, and community awareness, though less cited, demonstrated meaningful localized impact, particularly for vulnerable groups in Al-Ribat.

2.9 Effectiveness of Community Volunteers in Screening and Referrals

In assessing the role of community volunteers (CVs) in screening and referral processes, most beneficiaries and community committees viewed their contributions positively. A total of 77% (n=262) of beneficiaries and the majority of community committees (5 out of 6) stated that the CVs were effective in helping link individuals to needed services. In contrast, 7% (n=23) of beneficiary specially in Dar Sad district and one community committee in Al Buraiqa, felt the volunteers were not effective, and 16% (n=55) in Dar Saad and Al Ribat were unsure.

The committee member in Al Buraiqa believed that CVs were only responsible for helping organize project activities, and was not aware that their role also included identifying individuals in need, referring them for services, and coordinating with providers. This indicates a need to strengthen awareness of CVs' responsibilities, particularly in Al Buraiqa. Overall, the results suggest that community volunteers played an important and widely appreciated role in linking vulnerability people to services.

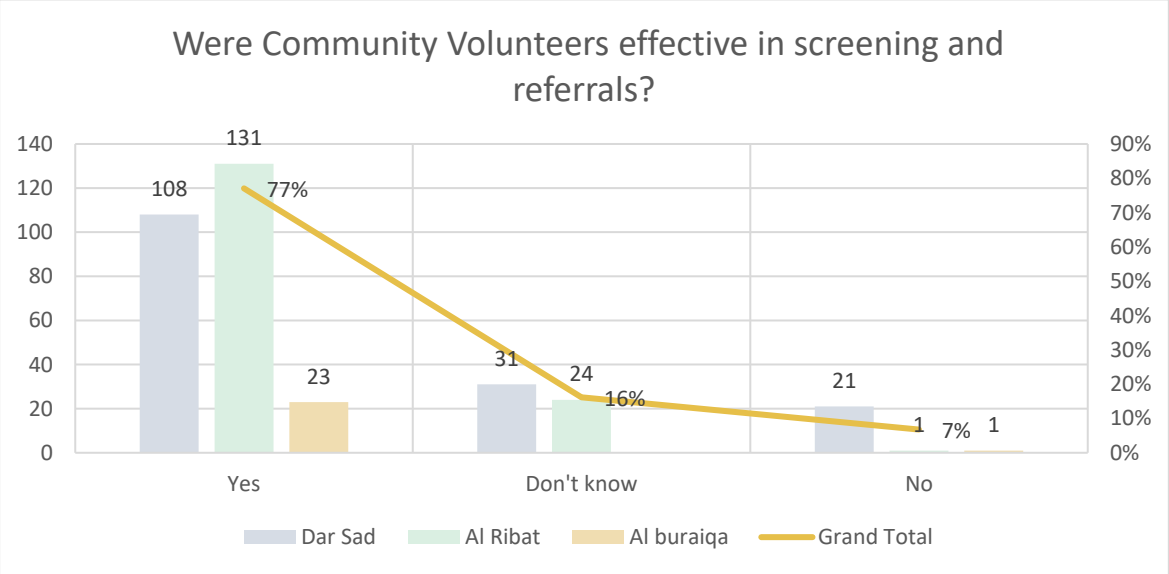


Figure 15 *Effectiveness of Community Volunteers in Screening and Referrals*

2.10 Addressing Gender-Specific Needs in the Project

Focus group participants were asked how gender-specific needs were addressed through the project, including maternal and child health, antenatal and postnatal care, and GBV-related support. A range of relevant interventions was described, with many participants indicating that the specific needs of beneficiaries specially women and children had been met positively. Some participants highlighted that medical consultations were made available for all members of the household, which was seen as an important aspect of inclusive service delivery, especially for families dealing with chronic conditions and other health concerns beyond reproductive care.

The project was credited with improving maternal and child healthcare in the targeted districts. Participants reported that awareness sessions were conducted for pregnant and lactating women, with a particular focus on nutrition, childcare, and safe pregnancy practices. Services such as antenatal checkups, vaccination, and postnatal follow-up were said to have been provided through mobile clinics and supported health centers. Some women described being referred for deliveries to hospital where free treatment was facilitated by the project, while others confirmed that they were regularly

followed up by a doctor during and after pregnancy. Additionally, safe transport for deliveries was provided through free ambulance services operated by INTERSOS. Some participants noted that these services were crucial, especially for poor and displaced households who could not otherwise afford access.

- ***"The project team referred me to Al-Waht Hospital for a cesarean section, and after delivery, they followed up and cared for me and my baby."*** *by one beneficiary Female Said in Al Ribat*
- ***"When I was pregnant, I always visited the mobile clinic female doctor. She cared for me even after I gave birth."*** *by one beneficiary Female Said in Al Ribat*
- ***"The volunteers discovered my child had malnutrition when they visited me. They referred me to the clinic, and thank God, he recovered."*** *by one beneficiary Female Said in Dar Sad*

Beyond clinical care, the project was perceived to have addressed broader gender-related concerns. In multiple locations, women described being sensitized on issues of domestic violence and GBV, with some especially in Al Ribat and Dar Sad stating that project teams helped resolve cases involving abuse by husbands or sons. One female said "***Many issues related to protection were addressed by the protection team, who showed great care and attention.***" A few participants in Al Ribat were mentioned that the project's role in helping reduce community-level violence against women, with participants observing a decline in cases of physical or sexual assault due to increased awareness and protection support. At the same time, gaps were reported in Alsalam Camp in Dar Sad, where all participants stated that their gender-specific needs were not adequately addressed, and that care for women and children was minimal. A Women said "***"In terms of violence, the rate of assaults against women, whether physical, rape, or any other form of abuse has decreased."***

Nutrition-specific support also played a central role in meeting gendered needs. Pregnant and lactating women received food supplements such as barley, and those suffering from malnutrition were referred to clinics for follow-up. Several participants in it were noted that the project provided nutrition support and facilitated access to medicines for women suffering from chronic conditions like diabetes and hypertension. One Female noted "***They kept checking on me even after I gave birth and helped treat my baby for malnutrition.***" Community-level volunteers and hygiene promoters were credited with delivering household awareness sessions, contributing to improved knowledge and health behaviors among mothers.

Despite these positive outcomes, some challenges were raised, including limited reach, restricted eligibility for assistance, and a perception in some locations that services did not fully meet the needs of all women. Nonetheless, across multiple focus groups, the project was acknowledged for its role in promoting gender-responsive healthcare, especially in contexts of displacement and poverty.

As indicated by the above responses, the EHNPW project was widely recognized for addressing gender-specific needs, where services were better known and accessed. It was viewed as a critical source of support for the most vulnerable HHs in targeted communities, especially for women and children. Continued emphasis on community sensitization and inclusive outreach could enhance the reach and impact of gender-focused support in areas with lower awareness.

2.11 Effectiveness of Protection Case Management and Referral Services

The Protection staff stated that the project was highly relevant and managed effectively in line with local context. He emphasized that the project team earned the trust of both the community and local authorities through the delivery of essential protection activities. The staff emphasized that the case management was implemented based on needs assessments and cluster standards, and referrals were handled efficiently through a structured process. He also confirmed that activities were adapted based on inputs from feedback mechanisms, focus group discussions, and suggestion boxes.

The protection staff added that the services provided under case management included psychosocial support, legal assistance, and logistical help, especially for gender-based and child protection cases. He noted that social workers and psychologists conducted formal assessments to determine eligibility and type of intervention, in line with Protection Cluster tools. The Protection staff in the North also stated that the number of cases exceeded the available capacity. They cited that due to ongoing displacement and the withdrawal of humanitarian partners, especially in districts like Abs and Ku'aydinah in Hajja, the demand for protection services remained high.

2.12 Effectiveness of Activities in Meeting Beneficiary Expectations

When asked whether the activities they participated in met their expectations, a large majority of beneficiaries 90% (n=305) responded positively, indicating that their expectations were generally met. However, 10% (n=35) of beneficiaries specially in Al Ribat and Dar Sad districts, reported that their expectations were not fully met. The reasons varied but generally reflected gaps in service coverage and access. They noted that essential medications were either insufficient or unavailable, especially for chronic illnesses Additional reasons mentioned included the absence of laboratory services, delayed or infrequent mobile clinic medication or visits, and the unavailability of certain basic health interventions. A few beneficiaries noted that although some activities were helpful, they did not match the scale of needs in the community. Expectations for having household latrines or expanded health consultations, were also unmet. Moreover, some highlighted reasons related to follow-up or incomplete of treatment plan, and a perceived lack of fairness in beneficiary selection were raised. Others in Al Ribat expressed dissatisfaction with sanitation services and the quality of hygiene kits, which were seen as inadequate and not distributed equitably across families.

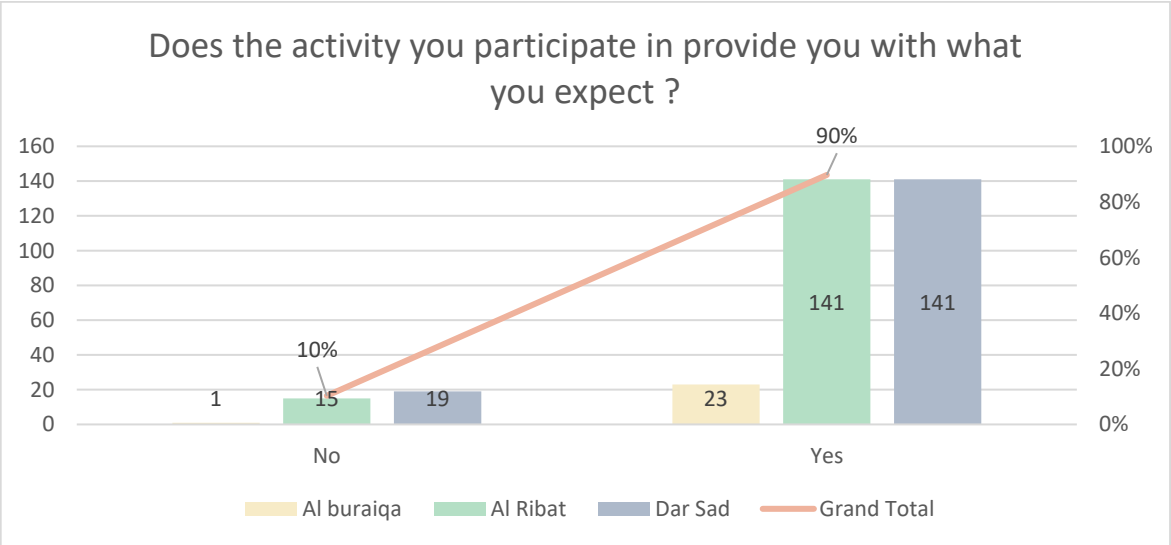


Figure 16 *Does the activity you participate in provide you with what you expect?*

Drawing from the above findings, is shows that the results show a high level of satisfaction among beneficiaries affirming that the activities they participated in met their expectations. This strong majority suggests that the project was successful in delivering services that were relevant, accessible, and responsive to community needs. The positive feedback of the Beneficiaries reflects their appreciation for the availability of several interventions, which contributed to improved well-being and addressed many of their priority concerns. The high rate of affirmative responses indicates that, overall, the project's design and implementation were well-aligned with local community expectations and had a tangible impact on the lives of those it served.

Nonetheless, the feedback from the small group of beneficiaries whose expectations were not fully met provides valuable insights for further improvement. Greater attention should be given to expanding the availability of essential and chronic disease medications, improving access to laboratory services in health facilities, ensuring more consistent mobile clinic outreach, and strengthening follow-up mechanisms, particularly for mental health cases. Enhancing sanitation infrastructure by increasing the number of latrines, especially in Al-Ribat, and ensuring the equitable distribution of hygiene kits were also noted as priority areas for improvement. Additionally, improving clarity and transparency in the beneficiary selection process, through community mobilization, conducting awareness sessions to explain the selection criteria, and actively engaging community committees, could help address perceptions of unfairness and foster greater trust in the intervention. Although these issues were raised by a minority of respondents, they highlight meaningful opportunities to strengthen the project's overall effectiveness and inclusiveness.

2.13 Unintended Positive and Negative Outcomes of the Project

The chart below shows that most beneficiaries with 84% (n=287), and many participants in FGDs in Aden were not reported any unintended effects whether positive or negative from the project, while a notable of 16% (n=55) of beneficiaries and the interviewed community committees reported that they had observed such effects, identifying both notable benefits and critical challenges specially in Al-Ribat district that offer valuable lessons for enhancing future programming.

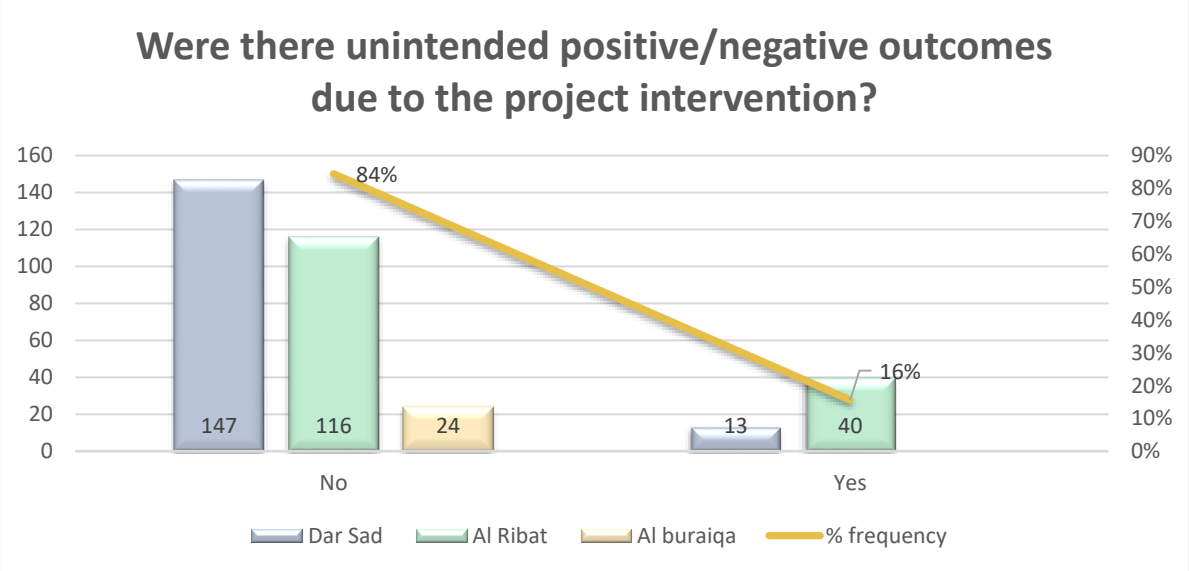


Figure 17 *Were there unintended positive/negative outcomes due to the project intervention?*

❖ **Unintended Positive Outcome:**

Among the positive outcomes, beneficiaries and community committees described significant improvements in their living conditions. They frequently mentioned better health and nutrition,

particularly for vulnerable groups of children, pregnant and lactating women, and the elderly. A beneficiary from Al-Ribat said ***"My relatives recovered from malnutrition, and I also benefited, I was referred to the hospital for delivery and received care for both myself and my baby after birth."*** Another from Dar Sad said "***There were positive results for the elderly and people with chronic illnesses, and I receive stomach medication from them whenever I need it.***" Many highlighted that the project contributed to reducing malnutrition, improving access to free medications for chronic diseases, strengthening referral systems, and restoring women's dignity by enabling them to seek help through protection services, which empowered them to speak out against violence. Female said "***The protection services helped restore women's dignity by enabling them to stand up against injustice***." Individuals with chronic conditions such as diabetes and hypertension were noted to have regular and free access to medications. Others appreciated the project's broad contribution to raising awareness on health, hygiene, and protection topics, which positively impacted many in the community. The psychological relief brought by consistent support and the responsiveness to those in severe need were also widely valued.

In Al Ribat, the majority of participants in FGD acknowledged positive unintended effects, including psychological improvement among women and children, especially in cases where individuals had previously experienced mental health issues. One Women in FGD said "***All results were positive. One woman said her daughter had a psychological condition that improved due to the project***." The support provided by the protection component was credited for these outcomes.

The community committees noted significant improvements in health and nutrition services, including the provision of vaccines, therapeutic feeding for pregnant and lactating women, and free medication for elderly people with chronic illnesses such as diabetes and hypertension. The emergency referral system was seen as a critical benefit, with ambulances reportedly dispatched promptly when needed for deliveries or urgent surgeries such as appendectomies. As for Al-Ribat, they observed that many households experienced improved living and thinking conditions due to the project, particularly through better access to health services and awareness.

❖ Unintended Negative Outcome:

Below are the unintended negative effects were reported by beneficiaries, especially from Al Ribat:

- **Inequitable Distribution of Assistance:** Several beneficiaries reported that cash support, medical aid, and hygiene kits were not distributed to all those in need. This led to feelings of resentment and social tension within communities. Some felt the selection process was unclear or unfair, and others highlighted that certain individuals received repeated assistance while others were left out.
- **Access Constraints and Overcrowding at Services:** Long wait times for consultations and insufficient medical staff were frequently mentioned. Beneficiaries described overcrowded clinics, lack of patient privacy, and the need to queue for hours for limited services. Several recommended deploying additional doctors or medical teams to ease the burden. These issues discouraged some community members from seeking care or completing treatment.
- **Unmet Health and Surgical Needs:** Multiple respondents described how they or others were unable to receive support for chronic illnesses or necessary surgeries. In some cases, patients were asked to fund surgeries themselves and later submit documentation, but support was not guaranteed. A few reported being turned away or told that their conditions were not eligible for

assistance. A Male said in Al Ribat "***My son needs a nasal operation and suffers from asthma and lung allergies, but the staff told us these cases are not covered. My wife also has a large tumor on her back, and I still haven't been able to treat her***". This left some families feeling unsupported in urgent situations.

- **Safety and Risks in Protection Referrals:** women expressed that seeking help through protection services, particularly for gender-based violence issues, sometimes led to more violence from their husbands. In certain cases, the act of visiting the center exposed them to further harm, especially when husbands found out about their complaints. One woman in Al Ribat said "***When I went to the protection center to report violence, my husband hit me again for going***." Other women said "***Many women are afraid to access protection services because they fear retaliation from their husbands.***" This indicates a serious barrier to the effectiveness and accessibility of GBV services. Despite the availability of protection support, the fear of retaliation, especially physical violence or punishment from husbands, prevents many women from safely seeking help. This highlights a need for stronger confidentiality measures, safer referral pathways, and community-based awareness efforts to reduce fear associated with reporting and accessing protection services. Other concern raised by the beneficiaries, community committee and some participants in the FGD in Al Ribat related to the exploitation of protection services, where some individuals were said to have falsely claimed experiences of violence in order to be qualified for cash assistance. This highlights the importance of strengthening verification mechanisms, safeguarding procedures, and community awareness to ensure integrity in service delivery while protecting survivor confidentiality and access.
- **Hygiene Kit Distribution:** Hygiene kits were not consistently provided to all households, and in some cases, only families with specific criteria received them despite the huge need of many HHs in their communities. This led to confusion and dissatisfaction. Some beneficiaries claimed others pretended to be sick or malnourished to receive kits. In areas where kits were distributed based on malnutrition cases, others in similar need felt neglected.
- **Inadequate or Interrupted Support:** A small number of respondents indicated that while the services began well, some activities stopped or became inconsistent over time, such as the distribution of hygiene supplies or availability of certain medications. This raised concerns about continuity and reliability of the interventions.

3. Effeciency

This part of the report highlights the evaluation of resource optimization and timeliness, assessing whether resources were used efficiently and if there were any significant overruns or underspending

3.1 The Efficiency of Using the Project Resources

Health Facility Managers were asked whether they believed project resources were used efficiently during implementation. All of them expressed positive responses specially in Al Ribat and Dar Sad, with managers from describing the use of resources as very efficient. In Al Ribat, it was noted that project inputs were well distributed across key sectors includes, health, nutrition, protection, and WASH, in alignment with the specific needs of beneficiaries in their area. Similarly, the manager in Dar Sad highlighted that the project demonstrated strong efficiency based on performance indicators and observable outcomes achieved on the ground. This indicates a strong perception of operational efficiency and effective resource allocation among health facility managers and their responses suggest that the EHNPW project was able to strategically distribute resources across multiple sectors in a way that met local needs and produced tangible results.

3.2 Were there any budget overruns or underspending? Please explain

Project staff unanimously indicated that there were no notable instances of budget overruns or underspending during the EHNPW project. The budget was described as well-managed and implemented within its intended parameters, even though some delays occurred due to logistical and procurement-related challenges. The Head of Programs clarified that the introduction of new activities, such as the WASH component, was accommodated through internal reallocation and donor-approved top-ups rather than through excess spending. These adjustments were carefully coordinated with finance teams and donors, ensuring continued compliance with financial plans and preventing mismanagement.

The Health and Nutrition staff reinforced that budget execution remained aligned with activity plans, even amid delays caused by international procurement and shipping constraints. Gaps in supplies were addressed temporarily through support from partners like WHO or other ongoing projects. However, he noted that tight budgets for specific components, particularly protection cash assistance, limited the ability to meet all needs. The WASH staff added that advance payment demands from suppliers caused procurement delays but did not result in underspending. While staff acknowledged that some areas, such as logistics and protection, would have benefited from increased funding, these constraints were attributed to limited budget ceilings rather than underutilization of funds. Overall, the project's financial management was seen as adaptive, efficient, and responsive to contextual needs.

3.3 Exploring Cost-Effective Alternatives to Achieve Project Results

Health facility managers and local authorities were asked whether there were alternative approaches that could have delivered the same results at a lower cost. Most respondents (n=5 out of 6) did not identify any feasible alternatives, reflecting a general perception that the project's resource use was appropriate and efficient. However, one local authority respondent suggested that future cost-efficiency could be improved by engaging local communities more closely to support better targeting, focusing on prevention before treatment, and partnering with local organizations to strengthen referral support for specific cases. These suggestions highlight potential cost-effective pathways that may achieve the same results more efficiently in the future.

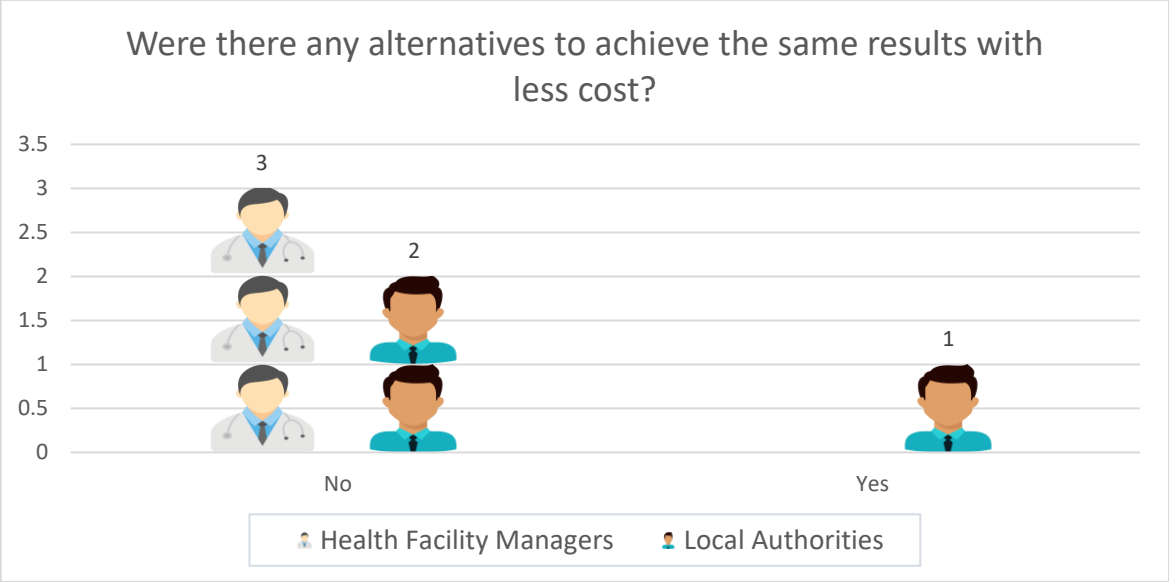


Figure 18 *Were there any alternatives to achieve the same results with less cost?*

3.4 Timeliness and Challenges Affecting Efficiency

Community committee members and health facility managers were asked whether the project experienced any delays or challenges that affected its efficiency. They all stated that there were no delays or challenges that affected the project's efficiency during implementation. The community committees from Al Buraiqa and Dar Sad noted that the activities were implemented according to plan and on time, with follow up field visits conducted consistently, up to four times per week across different sites. In Al Ribat, it was also confirmed that there were no delays, and activities were carried out as scheduled and as presented to communities in advance. One respondent in Dar Sad elaborated that health teams arrived twice monthly, at the beginning and middle of each month, providing regular medical check-ups, medications, and referrals. Although a delay in the arrival of some medicines was acknowledged, this was attributed to external supply sources rather than project management. This feedback suggests that the project was delivered on schedule and without operational disruptions, reinforcing perceptions of smooth coordination and timely execution across targeted locations.

3.5 Were procurement delays for drugs/medical supplies a bottleneck?

Project staff consistently confirmed that procurement delays, especially for drugs and essential medical supplies, were a major bottleneck affecting the project's efficiency and service delivery.

The Health and Nutrition PM Supervisor explicitly described procurement delays as frequent and disruptive, particularly due to international sourcing and approval protocols. It explained that essential medical items, such as medicines and equipment, faced prolonged delivery timelines because they had to be procured internationally, which required multiple layers of coordination, approvals, and logistical arrangements. These delays often meant that basic but critical medications like antibiotics or pain relievers were not available when needed in field sites and health facilities.

One of the direct consequences of these delays was an impact on health service continuity. According to the staff, there were moments when health teams lacked even basic treatment drugs, which not

only limited the services offered to patients but also undermined trust among community members relying on mobile clinics and rural health units.

A project manager also noted that disagreements within the team about whether to procure locally or internationally caused additional delays. The shipping lane embargo further exacerbated the problem, delaying international shipments by months. These geopolitical and operational factors made procurement one of the most challenging aspects of project implementation.

The WASH HP team leader mentioned a parallel procurement challenge for awareness materials: suppliers required full advance payment before initiating production, causing additional bottlenecks for WASH-related IEC tools needed in the field. Although these delays were not related to medical supplies directly, they reflect the broader inefficiencies in procurement systems that affected multiple sectors.

In response to these issues, the team attempted several mitigation strategies. They borrowed drugs and medical supplies from other ongoing projects, collaborated with the World Health Organization (WHO) to access pre-packaged essential drug kits, and, in some cases, switched to national procurement channels for faster delivery. Nonetheless, these adaptations were temporary fixes, and the staff emphasized the need for more robust, pre-approved procurement mechanisms in future programming.

3.6 Management of Competing Priorities of the Activities within the Project

The health facility mangers and the local authorities were asked how competing priorities, such as cholera and malnutrition, were managed within the project. Across the respondents, there was clear agreement that prioritization was guided by urgency and severity of risk to life.

Cholera was consistently prioritized due to its acute nature, rapid transmission, and potential to cause death within hours if untreated. Respondents indicated that immediate action was taken in cholera outbreaks while ensuring that basic nutrition services continued without full interruption. In Dar Sad, this was described as a balance where cholera received emergency-level response without neglecting ongoing support for malnutrition. In Al Ribat, it was noted that while the project reduced malnutrition rates over time, special attention was simultaneously given to cholera preparedness and response. This included ensuring availability of cholera treatment, mobilizing community awareness through female volunteers to reduce the spread of the cholera and other disease, and strengthening readiness within health facilities.

The local authority in Al Buraiqa elaborated on the logic for setting priorities, which included three main factors includes, direct threat to life, potential for widespread transmission, and capacity for effective and timely response. In this context, cholera was treated as an urgent and contagious emergency, while malnutrition remained a key concern, it was generally treated as a secondary priority, unless the case was classified as severe acute malnutrition, which would then require urgent attention. In addition, the local authority in Al Ribat, noted that priority setting and resource coordination was largely handled by the district health office, particularly for epidemic response and therapeutic nutrition services.

According to the findings, the management of competing health priorities was efficiently guided by the urgency and severity of disease. Cholera was prioritized across all districts due to its rapid transmission and life-threatening nature, with swift actions taken to contain outbreaks. At the same time, malnutrition services were sustained, demonstrating the project's capacity to balance emergency response with continued care.

3.7 EE10. How well did the project manage time constraints and deadlines?

Project staff generally reported that, despite multiple logistical and procurement challenges, the project managed time constraints and deadlines effectively due to strong coordination mechanisms, adaptive planning, and the dedication of field teams. The Health and Nutrition PM Supervisor explained that long distances to project sites, up to 3 hours each way, posed a significant challenge to implementation schedules. However, these were mitigated through early coordination, pre-planned weekly activity schedules, and constant communication via WhatsApp groups with field staff. Advance planning with health authorities was also used to streamline access and reduce delays.

Staff agreed that time management was handled well due to the use of weekly planning, real-time digital communication, and field autonomy. Flexibility was cited as key—where teams reallocated resources and shifted focus between sub-activities based on readiness and accessibility. Coordination with partners, especially MSF and local health authorities, enabled better scheduling of referrals and community interventions. Although some activities started later than planned, overall deadlines were met through adaptive management. Staff concluded that, considering the remote locations, delays, and funding limitations, the project performed well in terms of managing time constraints and ensuring that planned activities were delivered with minimal disruption.

3.8 Time and Effectiveness of Project Responses to Address the Needs

When asked how the project interventions addressed the needs of the communities in a timely and effective manner, beneficiaries, FGD participants, community committees' respondents across all districts emphasized that the project was implemented during periods of acute health vulnerability and was effective in providing swift, well-coordinated services that responded to urgent community needs. They frequently noted that the project arrived at a critical time, particularly during disease outbreaks. Community committee respondent said "***The project arrived at the right time and was implemented effectively, as it responded to the community's needs. For example, it provided health and nutrition services due to the spread of various illnesses, especially among children***." Beneficiary in Al-Ribat said "***The project intervention came at the right time, as diarrhea and other diseases were widespread, and children were dying due to malnutrition. This made the intervention highly important and led to a noticeable decline in illnesses.***"

Mobile clinics, ambulance services, and distribution of medicines and therapeutic foods were credited with reducing severe cases of malnutrition and managing diarrhea among children. Many appreciated the quick referrals to hospitals for complicated cases. The beneficiaries and KII respondents believed the project was effective in prioritizing the most vulnerable, including children, pregnant and lactating women, the elderly, and people with chronic conditions. Several cases were shared where community volunteers played a key role in identifying and referring those in urgent need.

The majority of respondents in Dar Saad highlighted that the proximity of services, including mobile clinics and health facilities, reduced the need for long-distance travel. This saved time, money, and physical effort, especially for vulnerable groups like women and the elderly. The presence of health staff within the community was described as easing access to routine and emergency care. In addition to treatment, the project offered health education, vaccination awareness, and psychosocial support. Several in Al Ribat also mentioned that the project addressed legal documentation issues for IDPs and provided tailored support to households with members suffering from psychological conditions or disabilities.

4. Coherence

This section aims to discuss to what extent the interventions consistent and synergistic with other interventions carried out by INTERSOS or other organizations in the same location.

4.1 Alignment of the project intervention with the other initiatives or programs

Regarding the alignment of the project intervention with the other initiatives or programs in the targeted area, the Community Committee emphasized the importance of pre-coordination among organizations to prevent duplicative efforts. Members actively inform new organizations about existing interventions, ensuring that community needs are effectively addressed. One of the CC members in Dar Sad district noted that INTERSOS is currently the sole provider of medical services in the area. Moreover, respondents recalled past interventions by organizations supported by the World Bank, noting that these were not sustained over time, which created significant gaps in service delivery. The CC members mentioned that the role of the community committee was very crucial to avoid any overlapping or duplication in the interventions during the consultation phase at the beginning of any intervention. Therefore, they informed the new coming organization about the currently operating organizations and the type of provided activities to prioritize other unaddressed needs to optimize service delivery and better serve the community.

Health Facility Managers provided a structured view of coordination among organizations. They reported that effective mechanisms are in place, with clearly defined roles and a geographical distribution of tasks that minimizes overlap and enhances the cumulative impact of interventions. One of the health facility mangers said, "***there is coordination among all field workers in various areas to provide integrated and excellent services to beneficiaries, who receive services from multiple sources, each in their own domain***."

Local Authorities noted the importance of clearly defining the scope of each partner's intervention to avoid confusion and inefficiencies. One key aspect of effective alignment identified by stakeholders is the thorough review of intervention maps within the district. This process involves sharing project plans with other organizations, allowing for feedback and collaboration. The respondent also mentioned that there is an exchange of valuable data, including the number of beneficiaries, project locations, and results of evaluations. Such data sharing not only enhances transparency but also facilitates informed decision-making among organizations. This collaborative approach enables stakeholders to identify gaps in service delivery and ensures that interventions complement one another rather than overlap.

4.2 Complementarity and Synergies with other Activities

The interviewed local authorities (LAs) and most the health workers confirmed that there was synergy and complementarity between INTERSOS implemented project and other actors and organizations. One of the local authority representatives mentioned an example about this complementarity where the local authority coordinates with other organization to provide the vaccination and the family planning methods and the services are delivered by INTERSOS team. In the nutrition support one of the LA mentioned that there was synergetic effort between INTERSOS and UNICEF in the treatment of malnutrition cases.

Regarding the duplication all the project staff and almost all the KIIs agreed that there was no duplication or overlapping between INTERSOS and other organizations. However, only one of the health workers in Al-Ribat Camp said that INTERSOS constructed latrines besides the ones built by Danish Refugee Council (DRC). However, this is normal due to the large scale of sanitation services

for the IDPs in the displacement camps to maintain their dignity and enhance reduce the morbidity among the IDPs accumulated in mass numbers there through providing better sanitation services.

The project demonstrated strong synergies and complementarity with interventions funded by other donors, enhancing the reach and impact of Health & Nutrition (H&N), Protection, and WASH services. It built upon existing initiatives, such as immunization and communicable disease prevention (Gates Foundation, Italian foundation), migrant assistance (YHF, DG ECHO/IOM), and multi-sectoral support. By adopting an integrated approach, the project ensured continuity of services, particularly in protection case identification and referrals. Mobile and static teams—previously supported by UNHCR and later by YHF—facilitated outreach to vulnerable groups, linking them with Community Centers and specialized care. In Hajja, Cash for Health Assistance complemented medical referrals, bridging gaps in treatment access, while in Lahj and Aden, protection teams coordinated with existing structures like the Dar Sa'ad Community Centers for in-depth assessments.

Furthermore, the project strengthened cross-sectoral linkages, particularly between protection and livelihoods. Dutch-funded livelihood programs for GBV survivors, at-risk women and girls, and persons with disabilities provided critical pathways for protection cases to achieve self-reliance, reducing dependency on humanitarian aid. These interventions also mitigated negative coping mechanisms, such as child labor and early marriage. The Migrant Response Teams in Abyan and Aden further extended this integrated approach by combining lifesaving assistance such as food/non-food items with protection-oriented legal and cultural guidance. Through strategic donor collaboration and multi-sectoral coordination, the project amplified the effectiveness of humanitarian response, ensuring a more comprehensive and sustainable impact for vulnerable populations.

4.3 coordination Efforts to improve service delivery

The evaluation findings showed that INTERSOS successfully established strong synergies with other actors across all implemented sectors, ensuring a coordinated and complementary humanitarian response. Through active participation in cluster systems and structured partnerships, the organization effectively avoided duplication of services while filling critical gaps in service provision. In the health and nutrition sector, close collaboration with major actors like MSF and WHO created a clear division of labor - INTERSOS's mobile clinics provided essential primary care services while partners handled specialized medical cases through a well-functioning referral system. This coordination was particularly evident in-patient referrals, where INTERSOS and MSF maintained 100% complementarity by covering each other's service gaps. Similarly, in protection, INTERSOS demonstrated remarkable synergy with organizations like Still I Rise, providing crucial legal support for education programs while receiving psychosocial materials in return, creating a model of reciprocal partnership that benefited all stakeholders.

The project's integrated approach, combining health, nutrition, WASH and protection services, significantly amplified its impact on target communities. By addressing multiple needs simultaneously, the intervention created multiplier effects that single-sector programs could not achieve. Mobile health clinics not only reduced mortality rates but also decreased the burden on government health facilities. WASH activities, particularly latrine construction in IDP sites, directly contributed to reducing disease transmission, while protection services enhanced overall community resilience. This holistic methodology proved especially effective in creating family stability and social cohesion among displaced populations. The coordination extended beyond direct service provision, as evidenced by INTERSOS's leadership in co-chairing protection sub-clusters and active participation

in various coordination platforms, which ensured alignment with broader humanitarian efforts and efficient resource allocation.

However, the analysis of the project staff interviews indicates geographical disparities in coordination effectiveness. While areas like Aden benefited from robust partner networks and efficient cluster systems, Hajjah governorate in the north faced challenges due to limited presence of other organizations, leaving INTERSOS as the sole provider for critical services like WASH interventions under YHF funding. This contrast highlights both the success of the coordination model in well-served areas and the need for expanded partner engagement in isolated locations. The project's achievements in coordination and complementarity provide valuable lessons for future humanitarian programming, particularly in demonstrating how strategic partnerships can maximize limited resources while avoiding service duplication. The challenge moving forward will be to replicate the successful coordination models from areas like Aden to currently underserved regions while maintaining the high standards of integrated, multi-sectoral programming that characterized this intervention.

4.4 Consistency of Project with other initiatives

All the interviewed KIIs reported that the project interventions were consistent with other initiatives by INTERSOS or other organizations. The interviewed key informants said the project interventions were consistent with other actions by INTERSOS and, where applicable, with efforts by other organizations. They cited examples where different sectors worked together. When survivors of violence had medical needs, INTERSOS coordinated referrals and treatment with doctors. The team proposed joint work with DRC to address water needs in the area. They also supported a malnourished child with financial aid, linking protection and nutrition. Case management teams referred gender-based violence survivors for further care. They KIs also noted that no other organizations were active in the targeted area, making INTERSOS the main actor.

4.5 Promotion of Holistic Approach

When asked the health facility managers about the ways the project's interventions promoted a holistic approach to health and nutrition, the health facility managers in Aden reported that the project promoted a broader approach to health and nutrition by improving the physical conditions of health centers and addressing staff shortages. These actions helped restore essential services and made healthcare more accessible. In Dar Sad, the HFs managers mentioned that health and nutrition services were integrated. Primary healthcare was delivered alongside nutrition screening and support.

This helped identify and manage cases more effectively. The project also supported maternal and child health through breastfeeding promotion, vaccination, and regular follow-ups. These efforts strengthened prevention and early intervention. In Al Ribat, the project included environmental health, sanitation, protection, and psychosocial support. This combination addressed both physical and mental health needs. Respondents reported that these efforts improved overall health among beneficiaries.

The LAs respondents said the project interventions supported a comprehensive approach to health and nutrition by addressing several factors affecting individual and community health, not only by providing medical or food-related services. They noted that the project contributed to a reduction in malnutrition cases through early detection and timely treatment, which prevented the worsening of conditions. Services also included immunization and access to family planning methods.

Some essential medicines and nutritional support were made available for children, pregnant women, and breastfeeding mothers suffering from severe acute malnutrition, both before and after childbirth. These interventions helped improve health outcomes across different stages of life. One of the project staff reported that gaps in protection cash assistance, which left some community needs unmet and occasionally led to frustration among beneficiaries. He emphasized the importance of stronger inter-sectoral collaboration, particularly between health, nutrition, and protection programs, to deliver more holistic support.

5. Sustainability

This part of the report highlights the extent to which the project interventions are sustainable and will continue after the completion of the project period.

5.1 Measure continuity of benefits post-project

Most of the interviewed beneficiaries and all the participants of FGDs think that the project benefits will end after the completion of the project. One of the beneficiaries in Al-Ribat camp said "***Not all interventions will continue because they were for emergency, and I believe that only health awareness interventions will continue because people are able to do so [continue benefit from these awareness]***". The interviewed Community Committee members expressed doubt about the continuation of project benefits after its closure. Most believed that key services would not continue without a replacement actor. They noted that mobile clinics, ambulances, medical teams, and protection staff could not operate without funding, as they are salaried workers, not volunteers. One of the FGDs participants said, ***"Upon completion of the project, the health status of the neighborhood will no longer be maintained, as aid will cease and the health status will deteriorate due to the financial situation of the citizen, who is unable to provide treatment and access hospitals at his own expense***."

Some respondents highlighted that what may last is the knowledge and awareness raised among people, such as hygiene practices and health education. Physical improvements like installed toilets and lighting were also seen as lasting contributions. Others mentioned limited community involvement, such as contributions from camp residents, but stressed that these efforts alone could not sustain services in the absence of aid. The community may try to seek other support, but future response is uncertain.

The health facility managers and the local authorities reported mixed levels of preparedness to sustain the project's benefits after its completion. Some confirmed that no plans existed due to weak coordination with the Ministry of Health and the absence of alternative support structures. They noted that without the project's medical teams, it would be difficult to continue delivering services.

Others pointed to specific efforts to promote sustainability. These included training local health workers, forming community health committees, and coordinating with health authorities to gradually shift responsibilities to public institutions. However, the majority agreed that without formal plans, funding, and committed leadership, most services would not continue. Only physical improvements and knowledge gained through awareness sessions were expected to have lasting effects.

5.2 Sustainability of Community Health Volunteers

About 83% (5 out of 6) of the community committee members think that the community health volunteers (CHVs) will continue serving their community after the end of the project. Being part of the community is a merit to ensure their availability within the targeted communities. However, their continuity is deemed to be based on their own stimulus and the community support and response to their efforts is very crucial. One of CC members said that there is a need that the local health authorities to absorb them and to coordinate with other partners after the conclusion of the project to continue working with the pre-trained CHVs in the targeted communities.

5.3 Suggestions to enhance the sustainability of the project

When asked about the required efforts to maintain the sustainability of the project services, the local authority representatives said that sustaining project services would require several practical steps. They recommended increasing the number of staff, noting that the current team is not sufficient. They stressed the need for stronger coordination with the district health office, including monthly joint supervision at the district level and quarterly oversight at the governorate level.

They also called for providing incentives for program coordinators at the district level and sharing supply lists of medicines and equipment with the health office. This would improve transparency and allow local authorities to follow up effectively.

Other suggestions included training local volunteers and community councils to manage activities such as awareness sessions, and encouraging community participation in planning, monitoring, and evaluation. One LA emphasized the importance of continuing support through regular field visits and consistent engagement to keep services running.

Health facility managers identified key actions needed to sustain project services, including strengthening local capacity, improving coordination with partners, and ensuring access to sustainable resources. They also highlighted the need for clear monitoring and evaluation mechanisms and continuous community awareness.

One HF manager noted that sustainability is more likely in protection, sanitation, and water services, where fewer technical resources are required. Another stressed the importance of proper planning, reviewing past challenges, and ensuring that the project itself continues. All agreed that without long-term support and resources, maintaining health and nutrition services would be difficult.

5.4 Sustaining Benefits & Local Ownership Post-Project

Local authorities reported varying levels of coordination between the project and other actors in the same areas. In some cases, they confirmed that data on beneficiaries and intervention sites had been shared to avoid duplication, ensure broader coverage, support joint awareness campaigns, and help allocate resources more effectively. These efforts contributed to reducing service gaps and improving the chances of sustaining services through multiple actors.

However, other authorities stated that no coordination had occurred. Some noted that the level of coordination was insufficient to ensure continuity. The lack of consistent collaboration limited the ability to build on shared resources and plan for long-term service delivery across organizations.

The LAs reported that the project engaged local stakeholders in several ways to promote ownership and sustainability. It collected input from communities on their priorities and needs, ensuring that activities matched local realities. The project also formed community committees and involved them in decision-making, monitoring implementation, and evaluating performance. They also mentioned that the project trained local health volunteers and workers to transfer knowledge and technical skills. Therefore, these actions aimed to build local capacity and increase the likelihood that services and practices would continue beyond the project period.

Health facility managers reported that the project engaged local stakeholders to strengthen ownership through the conducted joint planning and dialogue with local actors, active community participation, and capacity building efforts. These included empowering local authorities and considering their views and needs when selecting target areas and types of activities.

In the WASH sector, one HF manager noted the formation of voluntary committees supported by minimal financial contributions from households to maintain cleanliness. Others pointed to community involvement in discussions, training sessions, and workshops as key methods of engagement. These steps helped build trust, encourage responsibility, and lay the groundwork for continued local action after project completion.

Regarding the development of local ownership, about 43% of the HH beneficiaries think that the project has moderately enhanced the local ownership for the project outcomes. Moreover, 20% said it has highly developed the local ownership. However, 38% said the project somehow addressed strengthening the local ownership for the outcomes of the project.

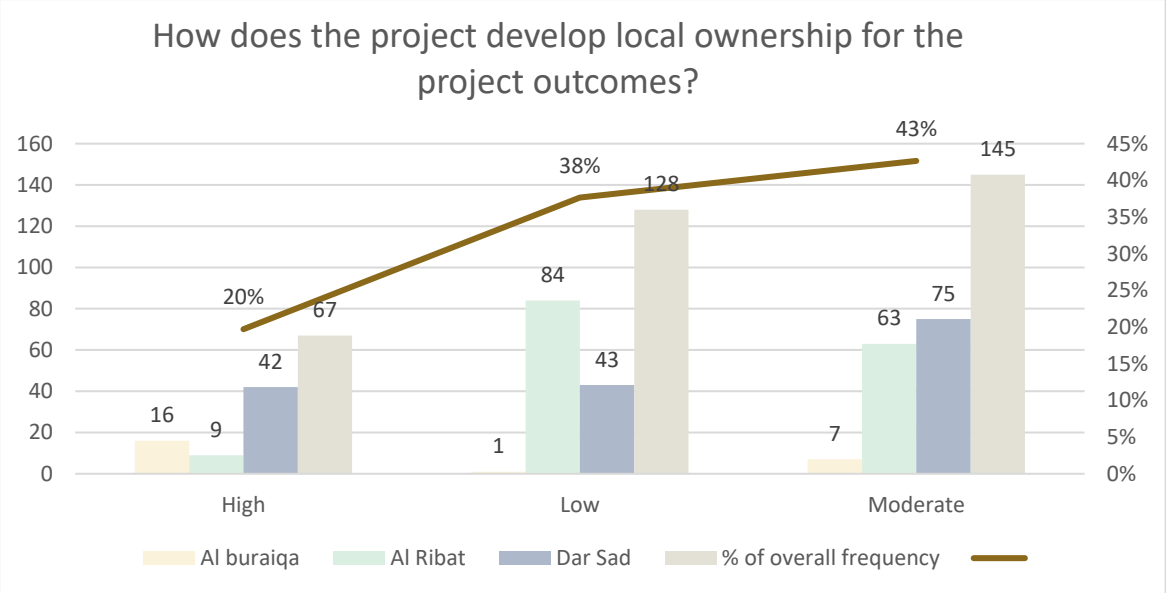


Figure 19 *How does the project develop local ownership for the project outcomes?*

About 70% of the interviewed HH beneficiaries mentioned that the community members contributed to sustaining and maintaining the provided services by the project, while 30% think the opposite. Those who said yes noted that the Community members had strong contributions to the sustainability of services. Many of them described practical actions they take to protect and maintain health, nutrition, WASH, and protection services. These include moving chairs into clinics after hours, cleaning examination spaces, and helping volunteers organize service delivery. Several respondents mentioned youth supporting female volunteers, especially with lifting or organizing materials. Others said they help maintain mobile clinics and keep service areas clean to ensure smooth operations.

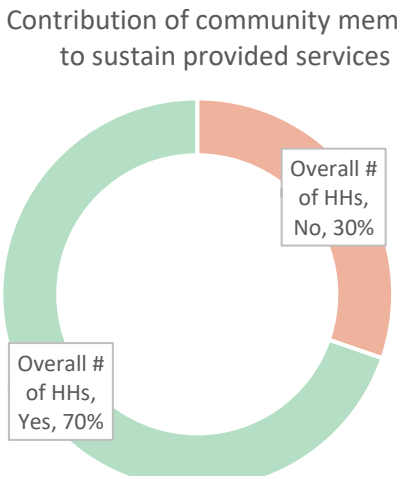


Figure 20 *Contribution of community members to sustain provided services*

Respondents consistently highlighted the importance of respecting service providers. Many noted that obeying their instructions, avoiding interference, and treating them with respect were central to sustaining services. Avoiding damage to property and protecting service assets such as water tanks, faucets, and latrines were frequently mentioned. They also mentioned the need to protect health workers from verbal or physical harm and ensure services can be provided in a safe environment.

The respondents reported widespread efforts to raise awareness about healthy practices. Households often teach each other about handwashing, disease prevention, and maternal health care. Women were noted as key agents in this process, with some organizing awareness sessions inside homes. Volunteers and community committees also play a role in continuing health education and supporting behavior change. Several respondents said awareness has become part of daily life.

Financial contributions to sustain services were also reported by some of the interviewed beneficiaries in Al-Ribat Camp. They described informal monthly contributions of 500 Yemeni riyals per household to support garbage collection and community cleanliness. Some noted this initiative started after community awareness sessions. Others said the money supports the work of health volunteers or helps maintain shared facilities. These contributions reflect a shared understanding of the link between cleanliness and health. Moreover, this initiative is inspiring to ensure lasting service delivery and reduce the spread of diseases and epidemics among IDPs. This could be applied to other sectors such as health, where the community members pay a minimal contribution for the service they receive.

According to them Community committees continue to play an active role in sustaining services. Many respondents described how committees follow up with organizations to request continued support, especially for mobile health clinics. Committees also support communication about service schedules and help manage crowd control during distributions. In some locations, they organize initiatives to repair water systems or protect project assets.

Maintenance and cleanliness were seen as key to sustaining services. Respondents said they clean latrines, keep water points functional, and help maintain caravans, faucets, and waste bins. Some noted that awareness sessions helped change behaviors around shared resource use. There were also examples of community-led initiatives to repair blocked drains or maintain ambulance access.

Some respondents said only a few people actively engage in service protection or awareness efforts. Others pointed out that economic hardship limits contributions.

Those who said no think that the community members are not contributing to the sustainability or maintenance of the project services have repeatedly cited poverty and harsh living conditions as key barriers. They said people are focused on meeting basic needs and cannot prioritize service upkeep. Some noted that the services—such as medical supplies, food distribution, and referral systems—are outside the community's control and require institutional support. Others mentioned a lack of awareness, interest, or trust, both among individuals and community committees.

Several highlighted social behaviors, like neglect or damage to resources, and the absence of local ownership. Even where awareness exists, financial limitations prevent action. A few respondents expressed hope that the community might engage in the future, but no concrete initiatives were reported.

5.5 Development of sustainable partnerships after Project completion

The evaluation reveals that INTERSOS has adopted a multi-pronged approach to developing sustainable partnerships, though significant challenges remain in ensuring continuity of services after

project completion. The organization's strategy primarily revolves around capacity building of local actors. According to one of the project staff sustainability efforts focused on capacity building rather than direct service provision. Community volunteers were trained to recognize malnutrition, maintain water sources, and use referral pathways, ensuring knowledge remained after the project ended. However, the project staff highlighted a major structural challenge: without continued funding, health facilities would struggle to maintain drug supplies, as local authorities lacked resources.

In the health and nutrition sector, sustainable partnerships are being fostered through extensive training of community volunteers - with 16 female volunteers currently active in Abs and Qaiden - and collaboration with local health authorities in addition the ones in Dar Sad and Al-Buraiqa. However, the project staff emphasize that true sustainability requires direct project extensions and continued financial support, particularly for staff retention. The case of non-local specialists leaving when incentives end underscores the fragility of these partnerships without sustained funding. Coordination with entities like MSF and the Ministry of Public Health during implementation has laid groundwork for future collaboration, but the MoPHP's limited capacity to maintain services poses a significant barrier to lasting partnerships.

The WASH component demonstrates both potential and limitations in building sustainable partnerships. While constructed latrines represent durable infrastructure, the lack of formal maintenance agreements threatens their long-term utility. The training of local volunteers in water supply maintenance shows promise for community-led sustainability, but distribution of hygiene kits remains an unsustainable emergency measure. WASH staff acknowledge that the emergency nature of the project has limited opportunities to establish robust post-project partnerships, highlighting the need for transition planning even in crisis response interventions.

Protection activities showcase the most developed approach to sustainable partnerships through the establishment of community protection networks and capacity building of local CSOs. These networks, capable of identifying protection risks and making referrals, demonstrate successful transfer of skills to community members. The protection team's focus on empowering local organizations to eventually take over services reflects a thoughtful exit strategy. However, coordinators note that funding shortages and political instability severely constrain these efforts. The protection team's innovative collaboration with organizations like Still I Rise - where complementary services were exchanged - provides a model for mutually beneficial partnerships that could be replicated post-project.

Across all sectors, the project staff consistently identify financial constraints as the primary obstacle to sustainable partnerships. The government's limited capacity to absorb services and reliance on NGO support creates systemic challenges. While INTERSOS has made progress in engaging local stakeholders through participation in planning and coordination meetings, the evaluation suggests the need for more formalized partnership agreements and handover protocols to ensure continuity after project closure. The organization's evolving focus on exit strategies in current proposals indicates recognition of these challenges and movement toward more sustainable programming approaches.

The aforementioned findings demonstrate that while INTERSOS has established mechanisms for sustainable partnerships through community engagement and infrastructure development, the long-term viability of these partnerships depends on addressing systemic funding gaps and strengthening government capacity. The protection sector's network model offers valuable lessons for other sectors, while the WASH and health experiences highlight the need for maintenance planning and staff

retention strategies. Future projects would benefit from earlier and more systematic partnership development integrated into project design, rather than as an exit strategy afterthought.

5.6 Sustainability in Protection Programming

The evaluation findings reveal distinct yet complementary approaches to sustainability across INTERSOS's protection programs in different regions. In the south, sustainability efforts have focused on institutional capacity building through the empowerment of local civil society organizations (CSOs) and the transfer of technical expertise in protection services. This strategy has yielded tangible results, particularly through the establishment of community protection networks that demonstrate growing autonomy in identifying protection risks and managing referrals. The Protection Coordinator highlighted that these networks represent a sustainable structure that will endure beyond project timelines, though their long-term effectiveness remains constrained by systemic challenges including funding shortages, economic instability, and political volatility that exacerbate population vulnerabilities.

In the northern regions, the sustainability approach has prioritized case resolution and referral mechanisms. The Protection Coordinator emphasized the importance of closing all active cases before project conclusion or ensuring their seamless transfer to available partners. This operational focus aims to prevent service disruptions for vulnerable beneficiaries, though staff acknowledge the recurring challenge of case duplication when new projects must reopen unresolved cases from previous phases. Like their southern counterparts, northern teams identify chronic underfunding as the primary constraint, noting the particular paradox of decreasing resources amidst growing humanitarian needs.

The Protection Program Manager in the south provided concrete examples of sustainable impacts, including the reintegration of children into formal education systems and life-saving legal assistance that enabled beneficiaries to obtain critical documentation. These interventions have created lasting protective effects that continue to benefit individuals and families after direct service provision ends. The Program Manager advocated for greater integration of livelihood support into protection programming, noting that economic empowerment interventions demonstrate more durable positive outcomes than standalone protection services.

Conversely, the northern Protection Program Manager underscored the absence of formalized exit strategies as a fundamental gap in current sustainability planning. The lack of government capacity to assume responsibility for protection services following NGO withdrawal emerged as a critical systemic barrier. To mitigate this, the team has invested in intensive capacity building for community protection networks and local volunteers, equipping them with skills in human rights principles, awareness-raising techniques, and protection best practices. This human capital development, combined with efforts to strengthen local organizations' operational capabilities, represents the program's primary pathway to sustainable protection services after project closure.

Across both regions, the findings demonstrate that while INTERSOS has established effective community-based protection mechanisms, the transition to truly sustainable models remains hindered by structural constraints. The organization's dual focus on immediate case resolution and longer-term institutional strengthening reflects a comprehensive understanding of protection sustainability, though the consistent identification of funding limitations and government capacity gaps points to the need for enhanced advocacy and partnership strategies at systemic levels. The evaluation suggests that the integration of livelihood components and more formalized exit planning

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6. Impact

This part of the report highlights the extent to which there are plans in place to ensure the project's benefits continue after its completion; how the project has engaged local stakeholders to promote ownership and sustainability and that challenges to sustainability have been identified, and how might they be overcome.

6.1 Impact of the Integration of Project Activities

The evaluation findings demonstrate that INTERSOS's integrated approach to health, nutrition, WASH, and protection services yielded significant benefits while also revealing implementation challenges. According to project staff, the combined health and nutrition services operating under Ministry of Health oversight proved effective in addressing community needs. The integrated delivery of these services not only improved health outcomes but also contributed to greater family stability. Staff observed that even limited cash-for-protection support helped reduce stigma and encouraged help-seeking behaviors within communities.

The intersection of WASH and protection services produced particularly noteworthy results. Project staff reported observable improvements in community safety and interpersonal relationships, attributing this change to the combined awareness campaigns and service provision. They noted a decrease in violent incidents as community members became more proactive in protecting vulnerable groups. The health benefits of integrating WASH components were also evident, with cleaner water access and hygiene promotion contributing to better overall community health. However, staff acknowledged that the retroactive integration of WASH into existing health programs created measurement difficulties and implementation gaps that affected the ability to fully assess impact.

Protection services emerged as a particularly transformative component of the intervention. In southern regions, staff documented increased utilization of GBV services as community awareness grew and trust in the confidential support systems strengthened. The strategic placement of protection staff within health centers enhanced the program's ability to identify and assist vulnerable cases. Northern regions showed similar progress, with staff reporting measurable improvements in beneficiaries' health, legal status, and psychological wellbeing. A particularly significant achievement was the gradual shift in community attitudes, with initial resistance to protection services giving way to growing acceptance and support.

Despite these successes, project staff identified several persistent challenges. Funding limitations consistently constrained the scope and depth of services, particularly affecting the cash-for-protection components. The complexity of integrated programming created difficulties in monitoring and evaluating specific sectoral contributions to overall outcomes. Staff also expressed concerns about the long-term sustainability of services, particularly regarding the capacity of local systems to maintain and build upon project achievements after the intervention period concludes. These challenges point to the need for more robust planning, coordination, and resource allocation in future initiatives to maximize and sustain the benefits of integrated service delivery.

6.2 Impact of the Suspension of Project Activities

The interviewed HH beneficiaries along with the participants of the FGDs reported heavy reliance on the INTERSOS-supported health center as their only source of free, accessible healthcare. Many said they could not afford private clinics or transport to other facilities. Several households described the center as essential for managing chronic conditions such as hypertension and diabetes. Without it,

they said, they would be forced to discontinue treatment. Male and female respondents alike stressed that the center was their first and often only point of contact with any medical professional.

Women caregivers reported that nutrition services at the center were a major support to their families. They said the center provided ready-to-use therapeutic food like Plumpy Nut for children, and helped them detect malnutrition early. Several mothers said the nutrition counseling they received helped them change how they fed their children, which improved their children's health. Without these services, they feared their children would relapse into malnutrition or go untreated altogether.

Protection services were another area where women, in particular, expressed concern. Some beneficiaries said they received help for cases of domestic violence or stress through the psychosocial support available at the center. One woman described it as the only place where she felt safe enough to speak about her problems. Others said the center's legal and social workers followed up on their cases and linked them to additional services, including safe spaces and counseling. They emphasized that such support does not exist elsewhere in the area.

Households also reported a high level of trust in the health center staff. They said staff explained medical issues clearly, treated patients respectfully, and tried to help even when resources were low. Many stated that the personal attention and continuity of care made them feel seen and supported. Several respondents said they came to the center even when no medicine was available, just to get advice or have their condition monitored.

Respondents stated that alternatives to the center were either not functional or not financially accessible before the project intervention. Many said that Basateen Hospital lacked key services and had long wait times. Others reported that private clinics charged consultation fees and did not offer free medication. Most households said that if the INTERSOS services were suspended, they would delay or avoid seeking care altogether.

When asked about short-term effects of the suspension, households said they expected immediate disruption in access to medicine, consultations, and nutrition services. Mothers feared worsening health conditions among children and pregnant women. Households also said they would face new financial burdens, as they would have to pay for care or transport. In the longer term, beneficiaries expected a rise in child malnutrition, untreated illnesses, and psychological stress, especially among women and elderly persons. Women warned that without access to protection services, some would face increased exposure to violence without any support.

In their own words, households described the center as a lifeline. Many said the loss of services would leave them without options, returning them to a cycle of neglect. Their responses highlight the need for urgent planning to avoid service disruption and for serious engagement with communities to prepare for any changes. Beneficiaries reported that sudden closure, without consultation or alternatives, would cause harm to already vulnerable populations.

The health facility managers reported that the suspension of services would lead to serious negative consequences in both the short and long term. They said that most households lack the financial capacity to seek care at private health facilities. According to them, any disruption would leave large numbers of people without access to basic medical treatment, especially for urgent or chronic conditions. One of the health facility managers emphasized that the shutdown of services would create a wide gap in healthcare provision. He warned that this gap would be most visible in vulnerable communities, where there are no alternatives and existing services are already stretched. The manager described the support provided by the INTERSOS-supported health center as critical for maintaining a basic level of public health in the area.

They further reported that the absence of these services would not only affect current patients but would also lead to broader deterioration in health and nutrition indicators. To reduce the risk of harm, the manager recommended the development of a phased or gradual handover plan. One of the HF managers said this plan should include local capacity building to ensure that at least a minimum level of service could continue. According to him, local staff need training, equipment, and support to take on key roles if international support is withdrawn.

6.3 Satisfaction of Beneficiaries on the Assistance

When asked about the satisfaction of the beneficiaries on the project assistance, the majority of the interviewed HHs (96%) along with the participants of FGDs, the Health Workers and the community committee members expressed their satisfaction on the implemented intervention, while 4% said they are dissatisfied about the project activities. Those who said they are dissatisfied attributed that to key service gaps and unmet needs in both health and WASH components. Many respondents emphasized the shortage and limited variety of medicines. Some explicitly mentioned the lack of essential drugs, family planning supplies, and first aid services. A number of beneficiaries also highlighted the suspension of referrals to hospitals as a major setback.

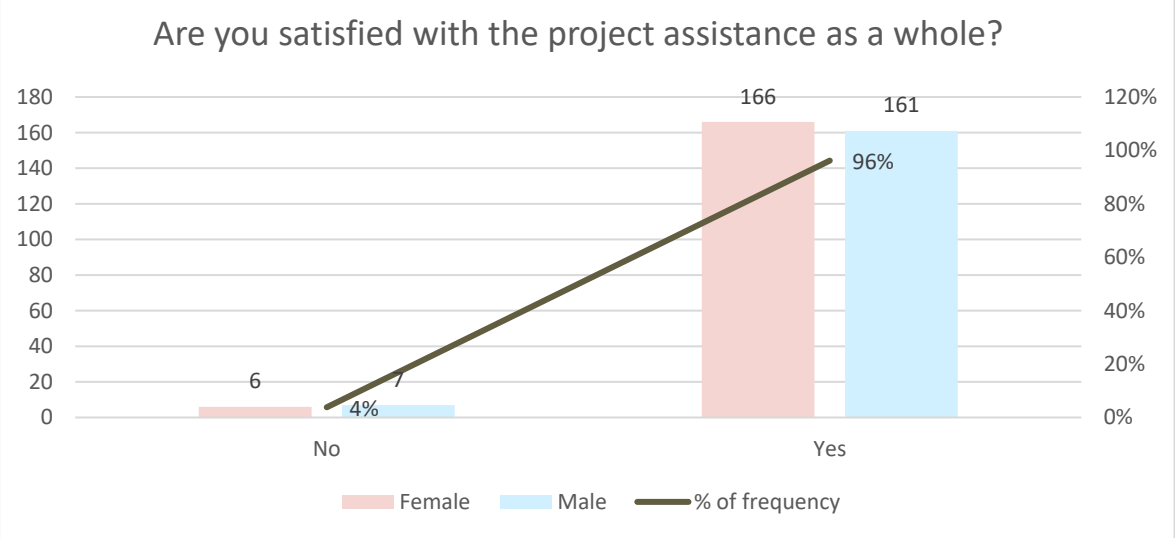

Figure 21 *Are you satisfied with the project assistance as a whole?*

As for the impact of the nutrition support, 82.6% of the interviewed HHs confirmed that the nutritional status of their children improved since enrolling in CMAM program, while 16.8% said it did not improve.

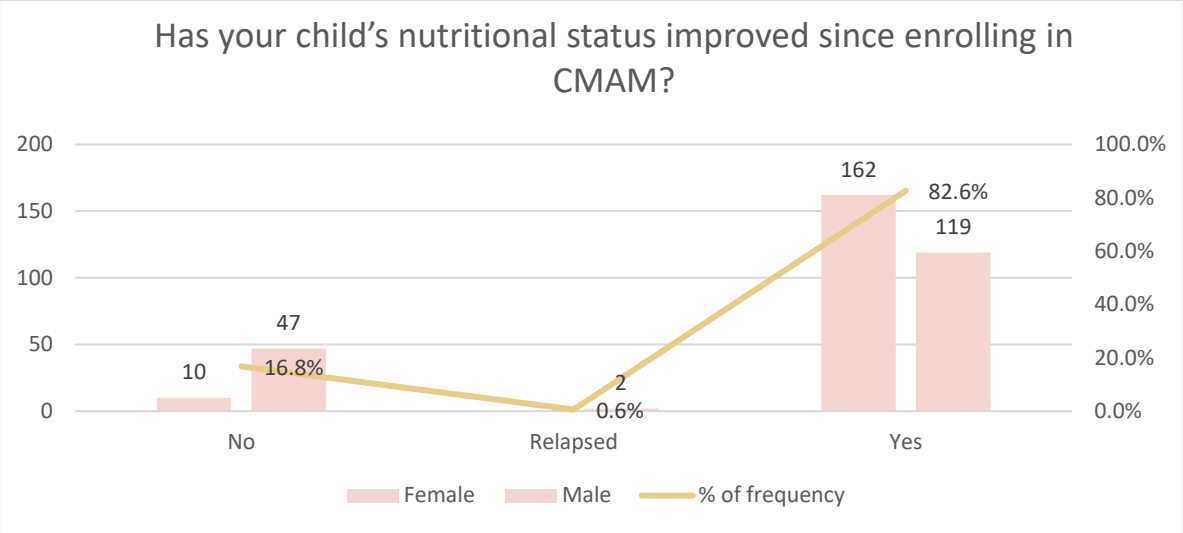

Figure 22 *Has your child's nutritional status improved since enrolling in CMAM?*

Regarding the improvement of household's health, 78% of the respondents said the impact of the health intervention led to fewer sick days and 69% said it reduced malnutrition. About 9% mentioned other kind of improvements. Several male respondents described receiving surgical interventions. These included procedures for hemorrhoids and sebaceous cysts. One man noted that his daughter underwent a caesarean section and received both pre- and postnatal care. Another mentioned that his child had been saved twice by the ambulance service. These examples indicate that the emergency and surgical response under the project reached people in urgent need.

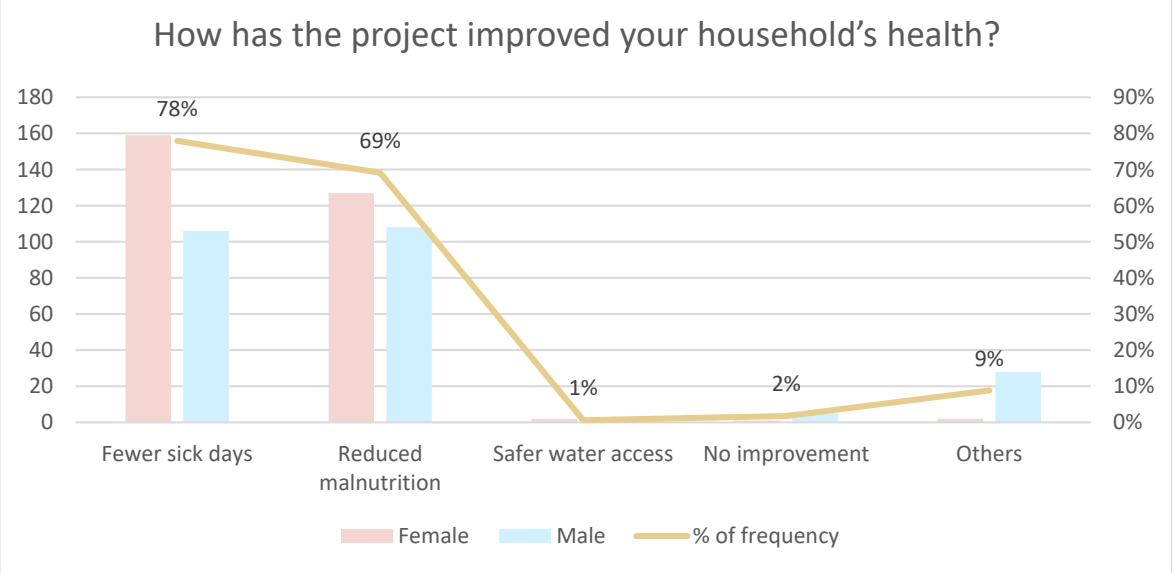

Figure 23 *How has the project improved your household's health?*

Some male respondents highlighted general medical support. They referred to free medicines, treatment for wounds, and health services through the mobile clinic. A few also mentioned improved personal hygiene and family cleanliness after receiving hygiene kits. Mental health support was noted by two respondents. One reported that his psychological condition improved after protection sessions. Another observed a positive change in his son's mental health status. Female responses were limited. One woman said she had surgery for vein removal under the protection component.

One respondent clarified that while their child improved from malnutrition, her overall health continued to worsen due to other illnesses. This indicates a partial benefit from the intervention.

Participants of FGDs said the project led to several improvements in household health, especially for children, women, and individuals with chronic or mental health conditions. They agreed that the project played an important role in reducing illness and improving their families' health. The availability of treatment, counseling, and referrals was repeatedly mentioned as a benefit. The participant reported that the project contributed to:

- Improved access to treatment for malnutrition, particularly among children. One participant noted, "Many children recovered from malnutrition."
- Free surgeries, including childbirth, caesarean sections, and removal of cysts or growths. For example, a participant stated the project supported his wife's delivery.
- Increased awareness and personal hygiene. Respondents shared that the project helped them prioritize cleanliness.
- Availability of essential medicines. Multiple participants said anyone experiencing pain could receive medicine.
- Referrals to hospitals for complicated cases. All ten female participants in one group agreed that this helped improve family health.
- Support for mental health. One woman said many women with depression and psychological conditions recovered with the support of the protection team.
- Distribution of hygiene kits and nutrition supplements. Many considered this a key factor in better health outcomes.
- Management of chronic illnesses. One group said the project helped by providing medications for diabetes and hypertension, as well as antibiotics.
- Community awareness campaigns during disease outbreaks, like cholera. One participant highlighted that volunteers helped prevent infections through timely education efforts.

6.4 Success Stories about the Project Impact

The household interviews identified several successes of the project. Improvement in child health was widely reported. Caregivers noted that children who had previously shown signs of severe acute malnutrition had regained strength after receiving treatment and follow-up support. Respondents described changes such as children returning to play, regaining appetite, and resuming school attendance. The health workers noted a marked improvement in general health conditions, especially among children with severe acute malnutrition. One health worker explained that children who had complications began to recover steadily. Another highlighted the positive outcome when previously unvaccinated children received immunizations after proper counseling.

Access to free medical services and essential medicines was reported by many of the interviewed respondents. Many respondents said they could not have accessed care without the project. They highlighted services such as emergency surgeries, cesarean sections, and treatment for chronic illnesses. The availability of these services was often linked to direct health improvements.

Support to pregnant and lactating women was another key result. Women said they had benefited from antenatal and postnatal care, vaccinations, and nutrition services. Respondents appreciated regular follow-ups and referrals, especially when complications arose during pregnancy.

Mobile medical teams and caravans were frequently praised for reaching remote or conflict-affected areas. Communities explained that these services eliminated the need for long or dangerous travel. In some cases, respondents said the mobile teams were the only form of healthcare they had received in months. The health workers described the availability of ambulance services as a life-saving intervention. A health worker emphasized how ambulances helped critical cases reach health facilities quickly, often making the difference between life and death. In one camp, all eight participants in a one of FGDs agreed that the daily presence of mobile health and pharmacy services was the project's greatest achievement. They said this consistent presence gave them peace of mind and timely access to help.

Respondents linked a decline in child malnutrition cases to therapeutic feeding programs and regular monitoring. Caregivers explained how their children improved after receiving ready-to-use therapeutic foods and antibiotics. They also noted the importance of consistent follow-up, which helped track recovery and prevent relapse. Maternal health was another area where the health workers saw impact. They mentioned that pregnant women previously suffered from conditions like preeclampsia and could not reach distant health centers. With project support, these women received nutrition services and care closer to home.

Health workers pointed to increased community awareness. They said more people understood the importance of hygiene and were better informed about when and where to seek care. One staff member specifically mentioned that services related to health and nutrition received strong community response and led to a visible decline in GBV-related stress. Many of the households' respondents reported changing their daily behaviors, including handwashing, preparing safer food, and seeking care earlier. These shifts contributed to fewer illnesses and better health outcomes at the household level. The participants of FGDs saw the awareness as contributing to early care-seeking and fewer health complications. Some women described receiving safe delivery services at hospitals as a direct result of project intervention.

A few households mentioned receiving financial support for medical procedures. Though less common, these interventions had major effects on families that could not afford treatment. Respondents shared that these services helped them avoid debt or loss of life due to lack of funds.

Focus group participants confirmed many of these findings. They spoke of health and nutrition as the most successful parts of the project. A story often repeated was about, a child who recovered from severe malnutrition under the care of one of the health workers. Many groups mentioned the same example and named it the most important achievement. Several participants said the project reduced child illness and death. They noted that first aid services and treatment for chronic conditions became more accessible. Families no longer had to face barriers that had previously blocked them from care.

These findings show that project interventions addressed both immediate and long-term health needs. Respondents emphasized the importance of consistent services and trusted health workers. These perspectives show strong alignment between health workers and communities. The respondents saw treatment for malnutrition, access to maternal health services, and regular mobile health visits as the most valuable outcomes. The intervention helped remove previous barriers to care and led to measurable improvements in health.

6.5 Unintended Impact of the project

All the interviewed beneficiaries and 5 out of 6 of the community committee members confirmed that there no negative effect on the targeted community because of the project. Only one of the community members mentioned that people are exploiting the issue of violence against women to obtain cash assistance. This needs further exploration by INTERSOS to enhance the awareness of the targeted to avoid any further exploitation that might negatively affect the violented women in the targeted community.

As for the unintended positive impact, the health workers and community committee members reported several positive effects on both individuals and the wider community. They consistently highlighted the role of free medical and nutrition services as the most immediate and visible benefit. Health workers (HWs) noted that many children recovered from malnutrition and mothers experienced improved health after following medical guidance. Several emphasized how the community welcomed the project team, offering homes as temporary spaces for service delivery. This hospitality helped the team operate more effectively and reach more people.

The HWs also spoke about broader community impacts. They observed better hygiene, fewer disease outbreaks, and stronger relationships between health providers and community members. One worker described a personal gain—improved professional skills and a stronger sense of purpose through humanitarian work. They also mentioned how project employment helped their financial condition.

Community committee members gave similar feedback. They pointed to improved health outcomes in both children and adults, especially those with chronic illnesses such as diabetes and high blood pressure. They noted that malnutrition rates dropped and disease became less common among pregnant and lactating women. Some committee members highlighted life-saving interventions. One example was the survival of both a child and a pregnant woman because of timely care. Others mentioned how the presence of the project helped resolve broader issues like legal cases, possibly by creating space for dialogue and coordination.

6.6 Impact of Project Activities on Reduction of Diseases

The majority of the interviewed households (80%) in Al-Ribat IDP camps and 5 out of 6 health workers reported that there is some improvement or changes in the hygiene practices. Moreover, 17% said there is a major improvement and only 3% said there is no changes.

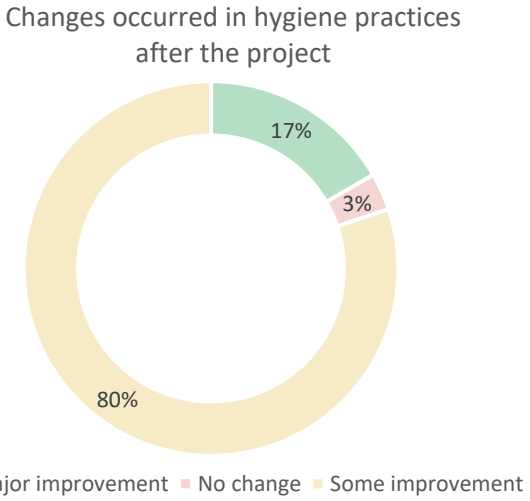

Figure 24 Changes occurred in hygiene practices after the project

About 81% of the interviewed households' beneficiaries think there is a reduction in the prevalence of diseases like diarrhea in their community due to the project, while 19% said either there is no reduction due to the carelessness of people about the hygiene practices, the widespread of the open cesspits or they do not know about the health situation.

Most respondents, including health workers and households, said disease prevalence—especially diarrhea—decreased after the project started. They credited this change to three key factors: health awareness, access to treatment, and improved hygiene. Health workers pointed to community volunteers who led awareness sessions in homes. These sessions focused on handwashing, clean water, and food hygiene. Workers observed fewer diarrhea cases in areas with regular visits. One health worker said that early in the project, 6–9 malnutrition cases were reported per visit of the mobile clinic. Now, only one or two are seen, mostly from outside the visited area.

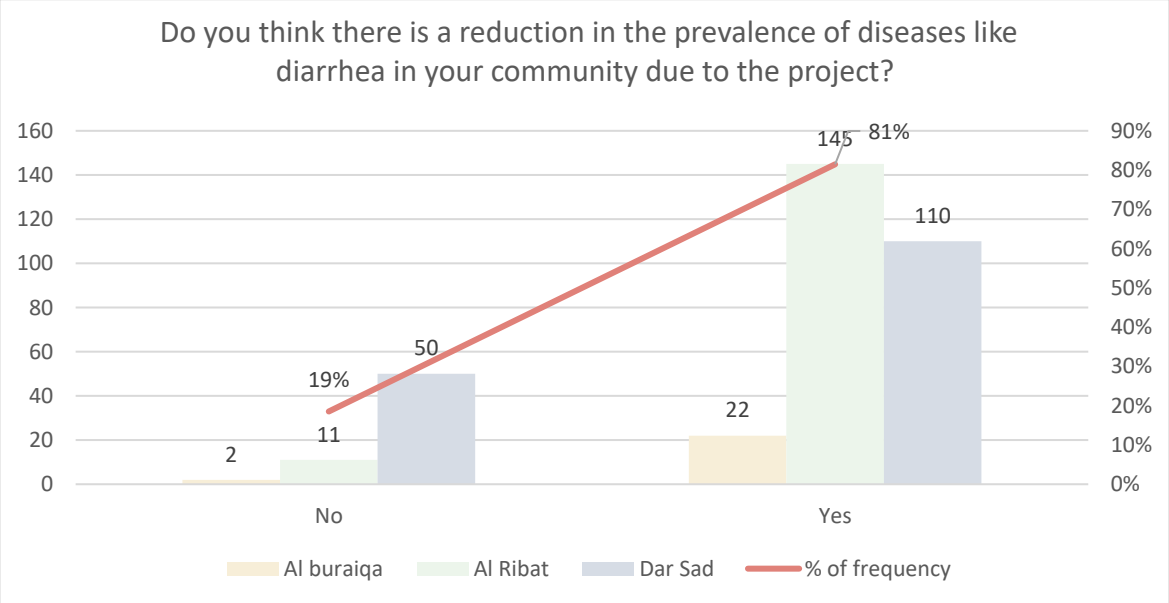

Figure 25 Do you think there is a reduction in the prevalence of diseases like diarrhea in your community due to the project?

Several respondents mentioned that when the project began, disease cases were high. After awareness and treatment activities, most reported that cases declined significantly. Some said all the

early cases were treated and new ones became rare. Others highlighted hygiene messages about water safety and personal cleanliness as key to reducing outbreaks.

Households gave similar responses. Many stated that as long as medicines were available, disease rates fell. When treatments were not available, diarrhea cases returned. This pattern shows that availability of basic supplies remains a concern. Families credited improvements to awareness sessions, especially those about handwashing, boiling water, and storing food. They also noted the role of volunteers and health teams in raising awareness and providing timely medicines. Several said their children now enjoy better health. Some acknowledged that diarrhea still affects children, but at lower levels. A few attributed lingering cases to parents' neglect of hygiene guidance.

Several households said that their and community has behavior changed after receiving health messages. They now clean their homes more often, wash hands, and use safe water. One example was people collecting money each month to rent a vehicle to remove garbage, which helped reduce disease risk. Another common view was that people became more knowledgeable and proactive about disease prevention.

In general, most linked the decline in diarrhea and other diseases to the project's combined focus on education, access to treatment, and behavior change. Some gaps remain in medicine supply, but overall, the feedback indicates improved health outcomes in the targeted communities.

Moreover, about 96% of the interviewed beneficiaries in Al-Ribat Camp in Tuban mentioned that they feel more confident to prevent diseases at their homes, particularly after they received hygiene education session from INTERSOS. The other 4% mentioned that they did not participate in the hygiene sessions to answer this question.

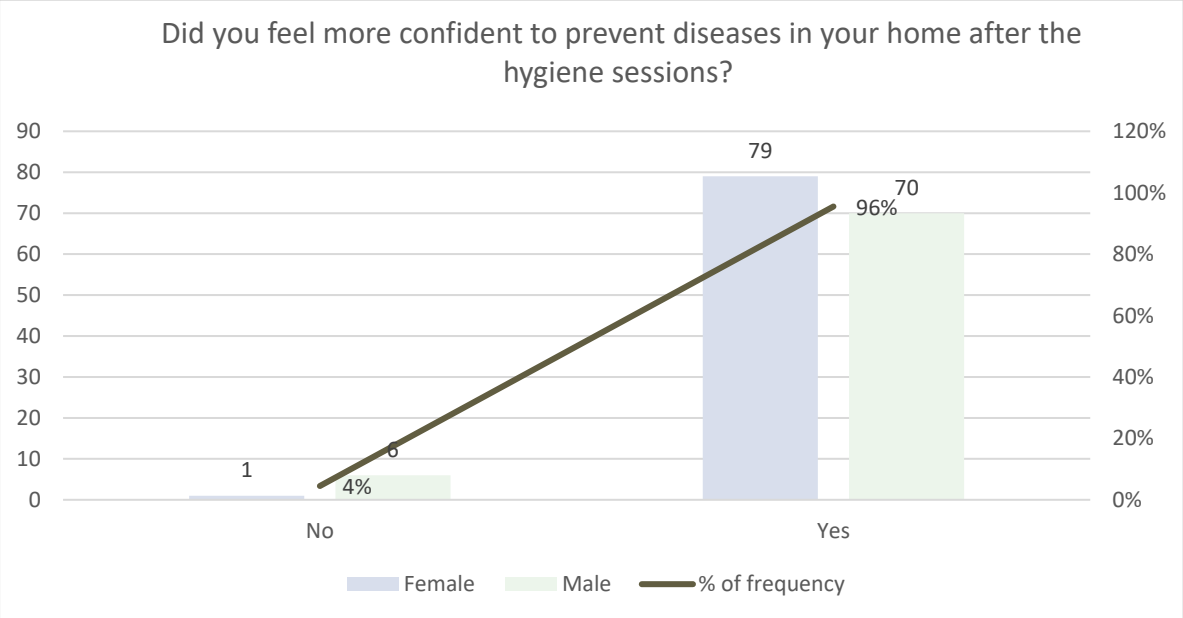

Figure 26 *Did you feel more confident to prevent diseases in your home after the hygiene sessions?*

7. Complaint, Feedback, and Response Mechanism (CFRM)

This part of the report discusses the efficacy of INTERSOS's Complaint, Feedback, and Response Mechanism (CFRM).

7.1 Awareness about CFRMs

The analysis of the findings showed that 73% of the interviewed reported their awareness and knowledge how to give their feedback and complaints to INTERSOS. However, a considerable percentage (27%) of the interviewed HHs said that they are not aware how to raise their complaints. The majority of those who mentioned their unawareness (83 out of 92) were from Dar Sad. Therefore, it is recommended to exert more efforts to enhance the awareness of the targeted HHs about the CFRMs in Dar Sad.

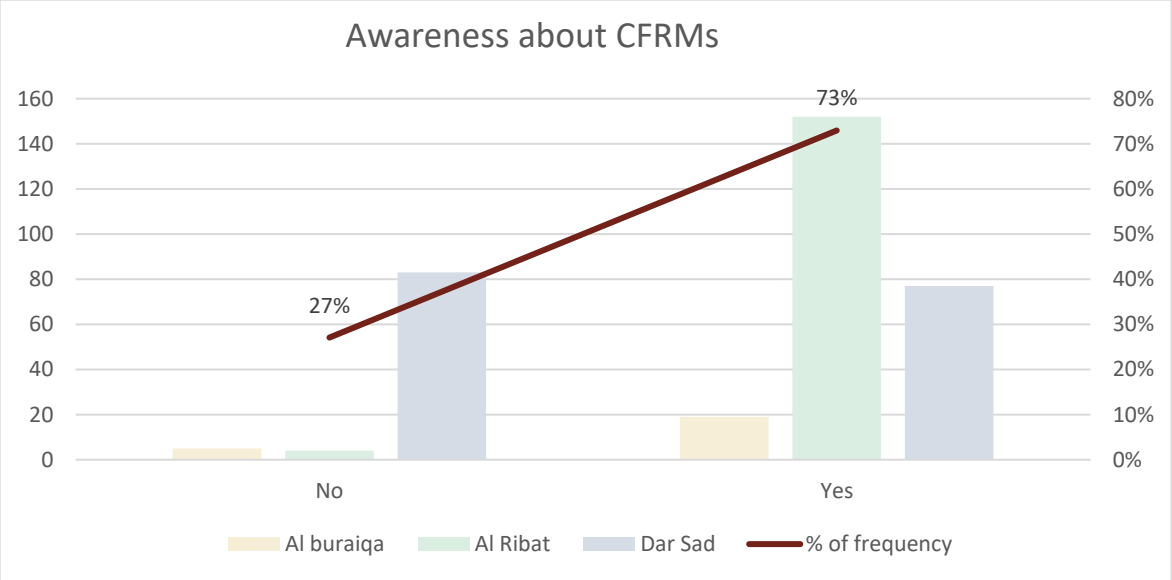

Figure 27 *Awareness about CFRMs*

Only 21 out of the 340 interviewed HHs reported that they have filed complaints/ feedback about the project. The respondents mentioned that they raised several complaints, mainly about gaps in medical services, limited access to aid, and poor response to urgent health needs. Some said they did not receive treatment for conditions like blood disorders, infections, or chronic illnesses. Others mentioned delays in receiving financial support for surgeries. A few who eventually received help had to follow up several times. Concerns also included a lack of essential medicines, inadequate health staff response, and poor treatment by clinic workers or volunteers. Several respondents requested a wider range of treatments and timely support, especially during emergencies.

Many also raised concerns about unequal aid distribution and poor living conditions in the camps. Some households received hygiene kits or cash assistance, while others said they were left out without explanation. Requests for clean water, street lighting, sewage systems, and more consistent medical supplies were common. A few complaints pointed to serious protection issues, including violence from local authorities and threats of eviction. While some complaints led to partial responses, others were ignored. Respondents highlighted the need for better complaint handling and more transparent support systems.

From the 21 respondents, 15 of them said they received a timely response to their complaints. Moreover, ten out of the 15 respondents expressed their satisfaction about the responses they

received to address your complaint. This gives indication that INTERSOS project staff have effectively responded to the raised complaints from the targeted community.

7.2 Availability and Effectiveness of CFRMs

As shown in the chart below, about 64% of the interviewed HHs confirmed that the available CFMs is suggestion boxes, 54% said Telephone/SMS, 40% said the available mechanisms include members of the community committees. Moreover, 22% said they raised their feedback through face-to-face meeting with the project staff. All the CC members agreed INTERSOS's CFRM were effective .

Focus group participants said the system of the CFRM worked well and staff were cooperative. A few of them mentioned that the mechanism included both complaints and suggestions, and pointed to the availability of complaint boxes near caravans, as well as phone numbers posted on walls. They recalled that volunteers had explained how to use the system. One group agreed the mechanism was "somewhat effective." Others said they found the response helpful when used, especially through direct communication with supervisors.

Some of the FGDs participants reported some issues about CFRMs. They said the complaint phone line often disconnected or no one answered. In some groups, all participants said they had never submitted a complaint or were unaware of how to use the system. Some preferred speaking directly with staff or using suggestion boxes, but many had not tested whether this led to real action. The feedback points to a need to improve awareness, follow-up, and communication to ensure the mechanism is accessible and trusted.

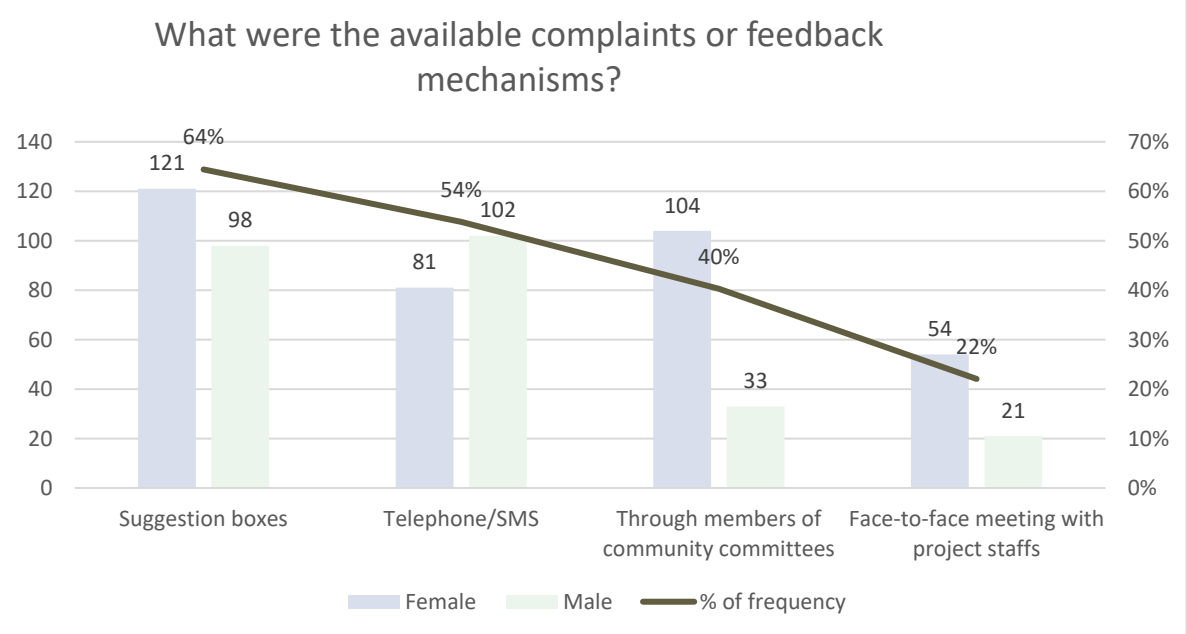

Figure 28 *What were the available complaints or feedback mechanisms?*

The interviewed project staff reported that the Complaint, Feedback, and Response Mechanism (CFRM)include an email, a phone number, and a complaint box in every mobile clinic to receive complaints and suggestions. The accountability officer collects the complaints, and in implementation sites, there are posters and banners displaying the complaint number and email so they are accessible to beneficiaries. They confirmed that CFRMs been effective in addressing community concerns. They noted that Complaints are handled in a confidential, prompt, and responsive manner, with proper feedback provided without exposing the complainant to any risk.

One of the project staff noted that complaints are usually submitted in person, especially for personal issues or cases of exposure to harm. However, if the complaint is related to misconduct by one of our staff, INTERSOS team inform the complainant that there are two available lines: a hotline and a dedicated complaints number, both of which can be used to report safely and confidentially. Another noted that CHVs also played a role in raising awareness and informing beneficiaries and the community about the complaint process.

Field monitors found that INTERSOS's current complaint mechanism relies mainly on two phone numbers: 8000031 and 779219309. Beneficiaries reported that in the past, they could submit complaints using a suggestion box or through community committees. There is no system for submitting complaints via WhatsApp. Monitors confirmed this after checking both numbers.

The team tested both phone lines. The toll-free number 8000031 was functional. It was tried three times on separate occasions, and all calls were answered. In contrast, the number 779219309, linked to the protection project, was unreachable. Monitors tried calling multiple times on different days, but the line was either switched off or outside coverage. They sent an SMS to this number but received no reply. Neither number supported WhatsApp communication. No call-back was received from the protection line despite repeated attempts.

CONCLUSIONS

- On-site healthcare delivery through mobile clinics effectively addressed access barriers, ensuring vulnerable displaced populations received timely medical attention. This direct service approach reduced preventable illnesses and deaths while demonstrating cost-efficient healthcare delivery in hard-to-reach areas.
- Integrated health education significantly enhanced intervention impact, with community awareness sessions leading to measurable improvements in hygiene practices and vaccination uptake. The combination of clinical services and prevention messaging created a multiplier effect on public health outcomes.
- The project successfully addressed critical gender-specific needs, particularly in sensitizing women on GBV and domestic violence, providing nutrition support for pregnant and lactating women, and facilitating access to healthcare. While participants in Al Ribat and Dar Sad reported reduced violence and improved health outcomes due to awareness campaigns and protection services, gaps remained in Alsalam Camp, where gender-specific interventions were perceived as insufficient. Despite some limitations in reach and eligibility, the project played a vital role in promoting gender-responsive healthcare for displaced and vulnerable communities.
- The evaluation findings demonstrate that the project successfully met beneficiary expectations, with a strong majority expressing satisfaction with the relevance, accessibility, and effectiveness of services provided. The positive feedback highlights the project's alignment with community needs and its tangible impact on well-being, particularly through multi-sectoral interventions. However, the minority of beneficiaries whose expectations were unmet reveal critical gaps in service delivery, particularly regarding medical supplies, sanitation infrastructure, and selection transparency, which represent opportunities for refinement.
- The evaluation findings showed that while GBV protection services achieved their core objective of providing vital support to survivors, significant safety risks emerged when women attempted to access these services. Beneficiaries confirmed the importance of available protection mechanisms, with many recognizing their value in addressing gender-based violence. However, reports of retaliatory violence against women who sought help - particularly in Al Ribat - expose critical vulnerabilities in service delivery that undermine protection efforts.
- The project successfully strengthened local ownership through active community participation, joint planning with authorities, and capacity-building initiatives, particularly in WASH services where voluntary committees demonstrated sustainability potential. While 63% of beneficiaries acknowledged improved local ownership , a significant 38% felt these efforts were only partially addressed, revealing uneven engagement across communities.
- The emergence of community-led financial contributions in Al-Ribat Camp demonstrates a growing sense of local ownership, with households voluntarily funding cleanliness initiatives and health volunteer support. These efforts, sparked by project awareness sessions, show promising potential for sustainable service delivery models that could be replicated in health and other sectors. The ongoing role of community committees in coordinating services, advocating for continued support, and maintaining infrastructure further reinforces the importance of structured local engagement for lasting impact.

- The emergency referral system was a critical lifesaving component. Pre-established protocols for patient transfers ensured timely care for severe cases, reducing mortality rates. Strong coordination between mobile teams and referral facilities minimized delays in life-threatening situations.
- The intervention successfully overcame initial community resistance through persistent engagement and awareness-raising, ultimately achieving greater acceptance of protection services. This shift was particularly notable in the increased reporting of cases as stigma decreased, demonstrating the importance of sustained community dialogue and trust-building in protection programming.
- While the protection services achieved important results, the project faced systemic challenges including funding limitations, coordination gaps between sectors, and sustainability concerns that constrained its full potential impact. These challenges underscore the complex operational environment for protection programming in humanitarian settings.
- The majority of the interviewed respondents (73%) confirmed their awareness about the complaints feedback mechanisms. However, about 27% of the interviewed HHs said that they are not aware how to raise their complaints, which needs more efforts to raise the awareness of these targeted beneficiaries, particularly in Dar Sad, from which most of the unaware respondent reported that.

LESSONS LEARNT

- Community sensitization and inclusive outreach are essential for effective gender-focused programming. The project's success in reducing GBV cases and improving maternal and child health in some areas demonstrates the value of awareness campaigns and protection support. However, inconsistent service coverage in some locations highlights the need for more equitable and context-specific interventions to ensure all women benefit from protection and health services.
- While comprehensive service delivery achieved high satisfaction rates, even small gaps in medicine availability, sanitation coverage, or communication transparency can disproportionately affect vulnerable groups and undermine perceived fairness. The project's success in core areas confirms the value of needs-based design, but the critical feedback proves that continuous adaptation to logistical constraints and community feedback mechanisms are essential for truly inclusive impact.
- The implementation experience demonstrates that protection services cannot be effective when survivors risk further harm by accessing them. While the project successfully established service infrastructure and awareness campaigns, the emergence of retaliation cases and occasional service exploitation reveals two key insights: 1) physical availability of services does not automatically translate to safe accessibility, and 2) protection programs must incorporate robust risk mitigation strategies from the outset. These lessons underscore that GBV interventions require integrated safety measures alongside core services to achieve meaningful impact.
- Effective local ownership requires both institutional partnerships (through formal joint planning with authorities) and grassroots participation (via committees/trainings), as evidenced by WASH committees' success. However, the mixed beneficiary feedback shows ownership-building must be more consistently implemented across all target areas to avoid perceived gaps in engagement.
- When communities recognize the direct benefits of services (like health improvements from cleanliness), they willingly contribute to sustaining them, even in resource-limited settings. The success of community committees in managing services and advocating for needs proves that localized governance structures are critical for maintaining project outcomes after implementation ends.
- Community engagement and awareness-raising are critical components for successful protection programming, as demonstrated by the increased service utilization and reduced stigma following targeted outreach efforts. This confirms that changing community attitudes requires time and consistent messaging.
- Co-location of protection services within health centers proved to be an effective strategy for identifying vulnerable cases and improving referral systems, suggesting that integrated service delivery models enhance program effectiveness and accessibility.
- The initial resistance followed by gradual acceptance of protection services highlights the importance of persistence in protection programming and the need to anticipate and plan for community sensitization periods in project timelines.
- Local procurement has proven to be significantly more efficient than international procurement. By shifting to local sourcing, processes can be expedited, reducing delays often caused by lengthy international procedures. Building local supply chains is essential to enhance the timeliness of medical supplies.
- Employing local staff enhances sustainability, as they are more likely to remain in their positions compared to non-local staff, who may leave when incentives end. Retaining skilled local workers is crucial for service continuity, and exploring flexible support alongside salaries can help maintain this workforce.

- Concentrating resources on areas with the highest needs ensures that support has a greater impact, addressing critical gaps in services and improving overall community health outcomes.
- Thorough logistics and procurement planning from the project's inception is necessary. Early engagement with local stakeholders fosters collaboration and ensures that activities are well-received within communities. Additionally, using assessment methods discreetly can help avoid creating false expectations or tensions among community members.
- While outreach to targeted populations, including host communities and internally displaced persons, has been significant, the limited number of activities has hindered the ability to meet all community needs. Expanding the range of activities could enhance overall performance and effectiveness.
- Providing livelihood services and cash-for-protection initiatives would significantly enhance project impact. Such services not only support immediate needs but also contribute to long-term stability and resilience within communities.
- Expediting permit approvals and signing sub-agreements for projects is essential for ensuring that activities proceed according to schedule. Timely approvals help maintain momentum and achieve intended outcomes in humanitarian efforts.

RECOMMENDATIONS

- It is recommended that decentralized healthcare services be scaled up in displacement settings, particularly through mobile clinics and outreach teams. This will increase access to care for hard-to-reach populations, improve early detection of health issues, and help in reducing preventable deaths.
- It is recommended that community-led health education programs be prioritized, with investment in training local volunteers and conducting regular awareness sessions, which will lead to better adoption of preventive measures, enhance community trust in health services, and help in reducing the spread of infectious diseases.
- It is recommended that emergency medical referral systems be strengthened, including clear protocols, reliable transportation, and partnerships with hospitals to faster response times for critical cases, improve survival rates for life-threatening conditions, and help to minimize long-term health complications.
- It is recommended that programs establish integrated service delivery systems by conducting joint needs assessments with health and WASH teams, developing shared work plans with clear sector roles, and creating standardized referral protocols. This will lead to more efficient case management across sectors, and will help maximize resource utilization while eliminating service gaps through monthly cross-sector coordination meetings and joint supervision visits.
- It is recommended that protection programs implement enhanced monitoring systems by developing context-specific indicators for behavioral changes and service utilization, training frontline staff on simplified data collection tools, and establishing community feedback mechanisms. This will lead to more accurate measurement of protection outcomes, and will help demonstrate program effectiveness to donors through quarterly impact reports and adaptive management processes.
- It is recommended that projects build sustainable community protection systems by training local volunteers as first responders, developing transition plans with municipal authorities, and establishing community-led protection committees with clear operating guidelines. This will lead to greater local ownership of protection mechanisms, and will help maintain service continuity after project closure through formal handover processes and ongoing mentoring of local partners for at least six months post-implementation.
- It is recommended that INTERSOS strengthen gender-responsive services by expanding community awareness campaigns, training local volunteers to identify and refer GBV cases, and conducting targeted outreach in underserved areas. This will lead to broader coverage of protection and health support for women, and will help reduce disparities in service access while reinforcing the project's impact on gender-based violence and maternal health.
- It is recommended that programs institutionalize a community-responsive improvement mechanism by establishing real-time medicine tracking systems and partnering with local pharmacies for reliable chronic disease drug supplies; implementing transparent beneficiary selection through public criteria displays and community committee vetting; and conducting quarterly sanitation audits to equitably allocate latrines and hygiene kits. This will lead to strengthened trust in services, and will help address the precise gaps identified while maintaining the project's demonstrated strengths in responsive programming.
- It is recommended that protection programs implement enhanced safety protocols through: 1) establishing confidential reporting channels and secure transportation options for survivors; 2) developing community-based protection networks involving trusted local leaders; and 3) creating

male engagement initiatives to address perpetrator behavior. This will lead to safer access to GBV services, and will help reduce retaliation risks while maintaining program integrity. These measures should be piloted in high-risk areas like Al Ribat, with regular safety audits conducted to monitor effectiveness and adapt approaches as needed.

- It is recommended that future programs standardize ownership-building by requiring: 1) documented co-creation of workplans with local actors in all areas, and 2) mandatory training for community committees with clear sustainability plans to enhance more uniform local ownership outcomes and will help address the current disparities in beneficiary perceptions.
- It is recommended that future projects formalize community contribution systems by establishing transparent, voluntary payment mechanisms for priority services like health clinics. This will lead to more sustainable funding streams, and will help expand the Al-Ribat model to other sectors while maintaining affordability. It is recommended that committees receive training on financial management and advocacy to strengthen their role as lasting service custodians.
- It is recommended that future protection programs systematically integrate livelihood components, such as vocational training or cash-for-work initiatives (when applicable), which will lead to more durable outcomes and will help break cycles of dependency.
- Having a considerable percentage (27%) of the HHs said that they are not aware how to raise their complaints make it crucial to raise the awareness of the targeted communities, especially in Dar Sad. Therefore, it is recommended to exert more efforts to enhance the awareness of the targeted HHs about the CFRMs in Dar Sad district.
- Having one of the complaints phone numbers not accessible all the times raises concerns regarding gap in accountability mechanisms, leaving beneficiaries without reliable access to report urgent protection concerns. Therefore, it is recommended to establish a more reliable and accessible communication line for the complaints feedback mechanism. This can be applied by providing multiple contact numbers, including a dedicated hotline that is operational and regularly monitored. It is also suggested to include alternative communication methods, such as WhatsApp or other messaging platforms, to facilitate easier interaction with beneficiaries.

Recommendations based on the interviews with the project staff:

- It is recommended to expedite sub-agreements by pre-negotiating terms with authorities to avoid delays in project implementation. This can be applied by engaging in early discussions with relevant stakeholders to establish clear expectations and timelines. The expected outcome is a more efficient project rollout, leading to timely delivery of services and improved community trust.
- It is recommended to strengthen sustainability by incorporating development-focused approaches, such as training local health staff in cost-efficient practices. This can be implemented through capacity-building workshops that empower local health workers with essential skills. The expected outcome is enhanced local capacity, contributing to the long-term sustainability of health services.
- It is recommended to design programs that prioritize accessibility for persons with disabilities and other marginalized groups. This can be achieved by conducting inclusive design workshops and consulting with affected communities during the planning phase. The expected outcome is improved access to services, fostering equity and ensuring that all community members benefit from interventions.
- It is recommended to maintain open communication with stakeholders to ensure alignment and avoid surprises during project implementation. This can be applied by scheduling regular coordination

meetings and updates with all parties involved. The expected outcome is enhanced collaboration and a shared understanding of project goals, leading to smoother operations.

- It is recommended to include a fixed budget line for enumerators in future budgets to facilitate smoother operations. This can be implemented by adjusting financial planning processes to ensure dedicated funding for data collection personnel. The expected outcome is improved efficiency in monitoring and evaluation activities, leading to better project outcomes.
- It is recommended to expedite the audit processes closer to project conclusions to enhance financial and administrative efficiency. This can be achieved by establishing clear timelines for audits and ensuring timely documentation and record-keeping. The expected outcome is streamlined financial operations, reducing procedural challenges and improving access to historical data.
- It is recommended to continue supporting basic healthcare services to prevent beneficiaries from requiring costly secondary healthcare. This can be applied by advocating for sustained funding and resources to primary healthcare providers. The expected outcome is improved health outcomes, reducing the need for more expensive interventions.
- It is recommended to provide additional support to hospitals that offer secondary care, particularly referral hospitals like Qiaden. This can be implemented by establishing partnerships and resource-sharing agreements with these facilities. The expected outcome is enhanced capacity for complex medical treatments, improving overall health service delivery.
- It is recommended to expand WASH activities, particularly in IDP areas, to improve sanitation and water access. This can be achieved by increasing infrastructure investments for latrines and clean water supply systems. The expected outcome is improved community health and hygiene, reducing the incidence of waterborne diseases.
- It is recommended to enhance coordination among health, WASH, and protection sectors to create integrated service delivery models. This can be applied by facilitating joint planning sessions and collaborative workshops with stakeholders from each sector. The expected outcome is more cohesive interventions that address multiple needs simultaneously, leading to better beneficiary outcomes.
- It is recommended to ensure that funding allocations consider the unique challenges of each geographic area. This can be achieved by conducting context-specific assessments to inform resource distribution. The expected outcome is tailored interventions that effectively address local needs and enhance community resilience.
- It is recommended to conduct field-based needs assessments early in project planning to ensure interventions align with community priorities. This can be implemented by engaging local stakeholders and beneficiaries in the assessment process. The expected outcome is relevant and impactful project designs that directly address the needs of the target population.
- It is recommended to ground project designs in direct field visits and consultations with the community to enhance relevance. This can be applied by involving community members in the planning and decision-making processes. The expected outcome is increased local ownership and commitment to project activities.
- It is recommended to engage beneficiaries early in the planning process to avoid misaligned interventions. This can be achieved by holding participatory workshops that solicit input from community members. The expected outcome is improved alignment of project activities with community needs, fostering trust and cooperation.
- It is recommended to allocate resources based on a realistic understanding of community needs, ensuring funding matches intervention scope. This can be implemented through regular reviews of resource allocation against community feedback. The expected outcome is optimized resource use, enhancing the effectiveness of interventions.

- It is recommended to increase protection support, especially for highly vulnerable populations, to improve their well-being and security. This can be achieved by integrating protection services with health and livelihood initiatives. The expected outcome is enhanced safety and support for vulnerable individuals, fostering overall community resilience.

ANNEXES

Annex I - Evaluation Inception Report

2nd Draft Inception Report - Final Evaluati

Annex II - ToR for Evaluation

ToR_DG ECHO Final Evaluation_Jan 29_25 I

Annex III - Matrix of Evaluation Questions

DAC+Qs_ECHO EHNPW Project Evalua

Annex IV - English Data Collection Tools (Word Format)

Survey Tools _ ECHO EHNPW Project Evalua

PS Tools _ ECHO EHNPW Project Evalua

LA Tools _ ECHO EHNPW Project Evalua

HFW Tools _ ECHO EHNPW Project Evalua

HFM Tools _ ECHO EHNPW Project Evalua

FGD Tools_ ECHO EHNPW Project Evalua

CC Tools _ ECHO EHNPW Project Evalua

Annex V - Data Used for Analysis

Final_Evaluation_of_the_INTERSOS-EHNPW_

Annex VI - Evaluation Team from MEAL Center

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Annex VII - Photos

Interview with Male beneficiary in Dar Sad District
May 18, 2025

Interview with Female beneficiary in Dar Sad District
May 18, 2025

Interview with community committee (Male) in Dar Sad
May 22, 2025

Interview with key informant (Male) in Al Buriqa
May 27, 2025

Interview with health worker in Dar Sad
May 23, 2025

FGD with Male in Al Buriqa District
May 25, 2025

INTERSOS MCT in Dar Sad
May 19, 2025

Ambulance Supporting Emergency Referrals in Dar Sad
May 19, 2025

Interview with local Authority in Dar Sad
May 25, 2025

Interview with health worker in Al-Buriqa
May 21, 2025

FGD with Female in Al- Ribat District
May 13, 2025

FGD with Male in Al- Ribat District
May 09, 2025

CFRM Bannar Infront Health Facility in Al-Ribat
May, 2025

INTERSOS Health Staff Inside BLA Ambulance in Al-Ribat
May, 2025

INTERSOS Health Worker Administering Vaccine to Infant at Mobile Clinic in Al-Ribat

May, 2025

Ambulance Mobile Clinic for Health Referral Service Delivery
May, 2025

Emergency Latrines for Females Installed in Al-Ribat IDP Camp as Part of WASH Response
May, 2025

Emergency Latrines for Male Installed in Al-Ribat IDP Camp as Part of WASH Response
May, 2025

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