

REPORT:

INTER-AGENCY HUMANITARIAN EVALUATION OF THE YEMEN CRISIS





IAHE of the Yemen Crisis

Management, funding and implementation of the evaluation

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACF	Action Contre La Faim
ACTED	Agency for Technical Cooperation and Development
ADRA	Adventist Development and Relief Agency
AMRF	Access Monitoring & Reporting Framework
AoR	Area of Responsibility
AQAP	Al Qaeda in the Arabian Peninsula
AR	Attack Rate
BFD	Building Foundation for Development
BSFP	Blanket Supplementary Feed Programme
C4D	Communication for Development
CBCM	Community Based Complaints Mechanisms
CCCM	Camp Coordination and Camp Management
CCE	Communication and Community Engagement
CCEI	Communication and Community Engagement Initiative
CCY	Cash Consortium Yemen
CEA	Community Engagement and Accountability
CEPS	Community Engagement Perceptions Survey
CEWG	Community Engagement Working Group
CFR	Crude Fatality Rate
CfW	Cash-For-Work
CIMP	Civilian Impact Monitoring Project
CMAM	Community-based Management of Acute Malnutrition
CMR	Crude Mortality Rate
COVID-19	Coronavirus 2019
CPS	Community Perception Survey
CRS	Creditor Reporting System
CTC	Cholera Treatment Centre
CTFMR	Country Taskforce for Monitoring and Reporting
CwC	Communicating with Community
DFA	De-Facto Authority
DHC	Deputy Humanitarian Coordinator
DO	Designated Official
DRC	Danish Refugee Council
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
ECTP	Emergency Cash Transfer Programme
eDEWS	Electronic Disease Early Warning System

EFSNA	Emergency Food Security and Nutrition Assessment
EHOC	Evacuation and Humanitarian Operations Committee
EPI	Extended Programme on Immunization
EQ	Evaluation Question
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FCDO	Foreign, Commonwealth and Development Office
FCS	Food Consumption Score
FFT	Food Assistance for Training
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FRM	Famine Risk Monitoring
FSAC	Food Security and Agriculture Cluster
FSLA	Food Security and Livelihoods Assessment
FTS	Financial Tracking Service
GAM	Global Acute Malnutrition
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
GFA	General Food Assistance
GFD	General Food Distribution
GHA	Global Humanitarian Assistance
GPS	Global Positioning System
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDP	Humanitarian-Development-Peace
HeRAMS	Health Resources and Services Availability Monitoring System
HH	Household
HNO	Humanitarian Needs Overview
HNS	Humanitarian Notification System
HPC	Humanitarian Programme Cycle
HPG	Humanitarian Policy Group
HQ	Headquarters
HRP	Humanitarian Response Plan
HTR	Hard-To-Reach
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICCM	Inter-Cluster Coordination Mechanism
ICRC	International Committee of the Red Cross

ICU	Intensive Care Unit
IDP	Internally Displaced Person
IFI	International Financial Institution
IFRR	Integrated Famine Risk Reduction
IHL	International Humanitarian Law
IHRL	International Human Rights Law
ILO	International Labour Organization
IMF	International Monetary Fund
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IRG	Internationally-Recognised Government
IRL	International Refugee Law
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
KSA	Kingdom of Saudi Arabia
L3	Level 3 emergency
MAM	Moderate Acute Malnutrition
MCLA	Multi-Cluster Location Assessment
MCNA	Multi-Cluster Needs Assessment
MFB	Minimum Food Basket
MoPHP	Ministry of Public Health and Population
MOPIC	Ministry of Planning and International Cooperation
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
MT	Metric Tonne
MUAC	Middle Upper Arm Circumference
mVAM	Mobile Vulnerability Analysis and Mapping
NAMCHA	National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery
NFI	Non-Food Item
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
NPA	Norwegian People's Aid
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Co-operation and Development Development Assistance Committee
OPAG	Operations, Policy and Advocacy Group
OPR	Operational Peer Review

ORC	Oral Rehydration Corner
OTP	Outpatient Therapeutic Programme
PDM	Post-Distribution Monitoring
PDRY	People's Democratic Republic of Yemen
PIN	People in Need
PLW	Pregnant and Lactating Women
PLWG	Pregnant and Lactating Women and Girls
PMR	Periodic Monitoring Review
PPE	Personal Protective Equipment
PSEA	Protection against Sexual Exploitation and Abuse
PSP	Psychosocial Support Programmes
PWP	Public Works Project
R & R	Rest and Recuperation
RC	Resident Coordinator
RCI	Reduced Coping Index
RCO	Resident Coordinator's Office
RMMS	Refugee and Migrant Multi-Sector
RoY	Republic of Yemen
RRM	Rapid Response Mechanism
RRT	Rapid Response Team
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCMCHA	Supreme Council for the Management and Coordination of Humanitarian Affairs
SDR	Special Drawing Right
SDRPY	Saudi Development and Reconstruction Programme for Yemen
SFD	Social Fund for Development
SLC	Saudi-Led Coalition
SMART	Standardized Monitoring and Assessment for Relief and Transition
SMS	Short Message Service
SOM	Senior Official's Meeting
SRM	Security Risk Management
STC	Southern Transitional Council
SWF	Social Welfare Fund
TFC	Therapeutic Feeding Centre
TMG	Technical Monitoring Group
ToC	Theory of Change
ToR	Terms of Reference
TPM	Third-Party Monitoring

TSF	Targeted Supplementary Feeding
TSFP	Targeted Supplementary Feeding Programme
U5	Under 5
UAE	United Arab Emirates
UK	United Kingdom
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNVIM	UN Verification and Inspection Mechanism for Yemen
USAID	United States Agency for International Development
USD	United States Dollars
UXO	Unexploded Ordinance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WHZ	Weight for Height
YAR	Yemen Arab Republic
YEHCP	Yemen Emergency Human Capital Project
YEMAC	Yemen Executive Mine Action Centre
YER	Yemeni Rial
YHF	Yemen Humanitarian Fund

1. Executive Summary

1. The inter-agency humanitarian evaluation (IAHE) of Yemen response is an independent assessment of the results of the collective humanitarian response by member organizations of the Inter-Agency Standing Committee (IASC). Inter-agency humanitarian evaluations assess the extent to which planned collective results have been achieved.
2. The purpose of this IAHE is three-fold. First, it provides an independent assessment of the extent to which planned collective objectives to respond to the needs and concerns of affected people in Yemen – as set out in the humanitarian response plans (HRPs) and other core planning documents and strategies since 2015 – have been met. Second, the evaluation assesses the extent to which IASC response tools and coordination mechanisms, including the humanitarian programme cycle (HPC), have successfully supported the response. Third, it provides recommendations to improve the response in Yemen and in future emergencies.

Methodology

3. The evaluation was theory-based. This means that the evaluation team developed a set of theories about how the various inputs might have achieved the stated outputs and outcomes, and then sought to understand the degree to which this actually happened. As a starting point, the evaluation developed a reconstructed theory of change (ToC), which drew primarily from the HRPs since 2015. Strategic objectives identified in the HRPs were then mapped onto the reconstructed ToC. Those identified at the outcome level, such as food security, health and protection, became a focus of enquiry for the evaluation. The reconstructed ToC, combined with the Terms of Reference (ToR) for the evaluation, then informed a detailed evaluation matrix. This was used to gather evidence and to structure the main findings.
4. A mix of primary and secondary data was used as evidence for the evaluation. Primary data-gathering included project visits, 144 key informant interviews (KIIs), 64 focus group discussions (FGDs) with 305 men and 241 women, an aid worker survey sent out to approximately 1,000 people (of which 297 completed the survey), and a short message service (SMS) survey to 15,000 Yemenis in six governorates (of which 271 completed the survey). Secondary data analysis included an extensive review of available documentation as well as statistical treatment of several datasets.
5. The evaluation encountered a number of methodological and operational challenges, such as: poor response rates, in particular to the SMS survey; the reluctance of agencies to share data, in particular non-publicly available datasets; the inability of the international evaluation team to travel to Marib due to the deteriorating security situation; and difficulty securing permissions to travel and obtain visas, which made it difficult to organize field visits. The evaluation adopted appropriate mitigation measures to ensure a credible evaluation.
6. Findings were triangulated via a set of analysis workshops, and then through detailed work to formulate the report. The report went through a number of review processes, including by the major aid implementers. A recommendations co-creation workshop with the humanitarian country team (HCT) took place in Amman in early 2022.

Background

7. Since the onset of war in 2015, an estimated 233,000 people have lost their lives, with tens of thousands more injured. Over 4 million people are internally displaced. Despite a recent and welcome ceasefire, Yemen remains at war, with the prospects of a comprehensive political settlement still far away.
8. The near-collapse of the economy has further impoverished the Yemeni population – already the poorest in the Middle East before the conflict started. Public services have also come close to collapse, with virtually no state funding, and public servants, including teachers and doctors, have received very little pay in the last three years. Import restrictions against Houthi-controlled areas, including tight curbs on the main port of Hodeida and a blanket flight ban, exacerbate an already dire economic situation. The central bank of Yemen has temporarily relocated to Aden, leading to separate currency regimes in the two territories. Inflation has increased import prices, making the cost of essential staples in the market prohibitive for many.
9. Yemen has seen one of the largest and most significant humanitarian responses by the IASC system in its history. For several years, the annual humanitarian appeal has exceeded \$4 billion United States dollars (USD), and over the period of time under examination, an estimated \$16 billion has been donated and spent. The humanitarian needs overview and appeals have identified over 20 million people in need in Yemen in every year since 2015 (save 2017, which estimated 18.8 million people were in need). This constitutes over two-thirds of the population.
10. Yemen has also been one of the most complex and challenging environments in which to deliver humanitarian aid. The capital city and areas containing 70 per cent of the population are controlled by the Houthi movement, also known as Ansar Allah, who are not recognized as the legitimate government by the international community. The internationally-recognized Government (IRG) has its headquarters in the southern city of Aden, but for security reasons many of its key members reside outside of the country. Areas controlled by the IRG are fragmented by infighting, and Houthi areas are tightly controlled, with movement and humanitarian access constrained by multiple bureaucratic barriers. Crossing between the two territories is complex logistically and bureaucratically.

Findings

11. Against this backdrop, the humanitarian response has scaled up impressively during the years 2017–2021. Food assistance and other forms of transfer have increased seven-fold to cover more than a third of the population, and at its peak, almost half of all Yemenis. Hospitals have been supplied with essential fuel, medicines and equipment. A major programme of nutrition has been rolled out across health centres and through non-governmental organization (NGO) partners. Water and sewage systems have been patched up, and protection services provided in extremely difficult circumstances.
12. The impact of the humanitarian operation can be seen in the stabilization, and even small improvements, in the food security situation over the period of time under examination. In 2015, 47 per cent of the population was assessed to be in either crisis (integrated food security phase classification [IPC] 3 or 4). By 2021, this had diminished by a very small amount (to 45 per cent), but crucially, the number of people in the emergency category had halved, from 26 per cent to 12 per cent. These gains may now have been eroded as a result of cuts in funding to food assistance in 2020 and 2021, with the latest food security analysis suggesting things are getting worse once more (37 per cent in IPC 3 and 18 per cent in IPC 4).
13. Despite the impressive scaling up, and some evidence of impact, the evaluation also found that the quality of humanitarian aid in many areas was unacceptably low. The evaluation saw examples of construction work that was sub-standard and witnessed equipment and supplies that were faulty or inappropriate.

Were strategies and response plans appropriate, based on needs in consultation with the local population, and did the response appropriately target the most vulnerable?

14. The evaluation found that strategies developed were broadly aligned with the needs as set out in various assessments, and that the humanitarian response is responding broadly to the needs expressed by the

population. Food is consistently the number one need expressed by people, and this has also formed the largest part of the operation. There are several caveats to this finding. Some other areas such as livelihoods have been less well-resourced despite also being a top priority for affected populations. Data-gathering has not been conducted as frequently as the severity of the situation demands, mostly as a result of the inflexibility of Ansar Allah and their reservations around information collection. Humanitarian agencies have not consulted the population systematically about their needs, and many of the data-collection exercises that have taken place have been only partially available publicly. Numbers deriving from these assessments can be confusing and contradictory, leading to a loss of confidence about the reliability of some of the collective messaging.

15. Targeting in the Yemen operation has proven challenging. The evaluation heard time and again from affected populations that they did not know how to access aid, or how to get on the 'lists' that led to assistance. Many of the lists are not updated as frequently as the situation demands, despite the fluid and constantly evolving nature of need. There is also a lack of overall harmonization of these lists, meaning that across the collective operation there are likely to be significant inclusion and exclusion errors. Despite this, the evaluation cannot be sure that the most vulnerable are adequately included. A greater focus on vulnerability, including a better understanding of the geography of poverty and the socio-economic causes, will greatly enhance the micro-level impact of the operation.

To what extent was the collective response able to meet the needs of the affected population at the scale and coverage needed?

16. The Yemen response has gone to scale in almost unprecedented fashion. Despite this, coverage varies between sectors/clusters and geography. Food assistance, cash and voucher coverage is best, and has also been the best funded. Protection services have been the worst funded and as a result have the lowest coverage in some critical areas. Livelihoods coverage is low despite being the second highest priority for the affected population and authorities. Coverage of IDP sites is poor, with less than half of the sites being assisted, and within those, less than half the population receiving assistance. There has been relatively good coverage of fuel to hospitals, a critical lifeline. In other areas such as education, where funding is very low, supplies have also been low. Overall – across the collective operation – coverage is patchy and hard to assess with confidence.
17. Geographical coverage is not collectively analysed, apart from at the national level in terms of broad 'people in need' numbers. These indicate how many people have received services or supplies, but little beyond these basic facts. To understand district- or governorate-level detail, it is necessary to use the cluster dashboards. These can often give selective and confusing numbers – e.g., coverage at several hundred per cent – and relate to targets set and exceeded, rather than needs met. Being identified as having the most acute need – for instance districts with pockets of IPC 5 (catastrophe) - does not seem to drive a response at a different scale or pace. The system was slow to respond to the major IDP movement into Marib as fighting intensified there. It has also been slow to respond to communicable disease outbreaks. In focus groups for the evaluation, communities complained about a lack of coverage of most humanitarian sectors.

Were collective outcomes achieved?

18. As already set out above, there is clear evidence of outcomes in food security. The evaluation has analysed monthly telephone polling data collected by the World Food Programme (WFP) against GFA distributed, and this shows that there is a correlation. Food consumption scores improve in areas with more food assistance. Although there have not been nutrition surveys for a couple of years (new ones were taking place as the evaluation was concluding), the very high levels of acute malnutrition had been on a downward trajectory as well, in line with a scaled-up response (although this may be affected by funding cuts).
19. Yemen has been characterized as on the edge of famine for several years. The evaluation finds that the story is more nuanced than some of the headlines suggest. There is deep and profound poverty in

Yemen, and this has certainly increased as a result of the war and accompanying economic collapse. This has resulted in acute food insecurity and food is the number-one priority for people in all surveys conducted. However, this is not technically famine, and the other indicators of malnutrition and mortality suggest that mercifully Yemen is not yet at the point where mass death from starvation is likely to occur. Preventing such a situation from becoming more likely remains a humanitarian imperative.

20. The situation with health is more difficult to analyse with confidence. Health statistics are not available for the whole country, a casualty of the war and the split between Houthi and IRG areas. However, communicable disease such as cholera has come down dramatically since its peak in 2017, when over a million cases were recorded and Yemen was dubbed the “world’s worst cholera outbreak”. A subsequent analysis of the data suggests this may have been a significant over-estimate, with (thankfully) a low fatality rate compared to the case numbers. Despite this, cholera was a major danger, and the large response played a part in reducing this. The same analysis concluded that the response had “undoubtedly saved lives and protected people”.
21. Protection has not been made central to the humanitarian response in Yemen and remains one of the most underfunded sectors under the HRP. Mainstreaming of protection across all operations has not been supported strategically through the HCT. Direct protection services, as well as the mainstreaming of protection in other sectoral interventions, has not received the necessary attention or funding across the spectrum of humanitarian assistance. The number of people in need of protection services remains high and is linked with the protracted conflict and humanitarian crisis. Assessing protection results is challenging. The protection cluster reports provide fragmented, incomplete results from direct protection services, and no data is shared around the mainstreaming of protection across operations of non-protection focused humanitarian agencies. More effort needs to be made in effectively promoting protection mainstreaming. The humanitarian community also needs to take stock of the ‘localization’ agenda and the role of local NGOs in addressing protection concerns. Many local NGO that may have the advantage of knowing the communities well and enjoying more access have serious gaps in capacity in protection.

Quality, capacity and access

22. Whilst there is evidence for outcomes in several key areas, there was also evidence of poor quality aid provision. Hospital equipment did not work or could not be used because of lack of consumables. New schools were badly built, roads half finished, agricultural machinery not working, supplies out of date, sewage tanks over-flowing and IDP sites without toilets or basic amenities. Evidence including site visits, KIIs and surveys suggest the problem is not confined to a few isolated examples.
23. The evaluation has found that contributing factors to the poor quality of implementation are a lack of effective oversight, a lack of funding for some key areas and a lack of sustained access for humanitarian agencies. Funding gaps in areas such as protection, education and camp management have led to critical gaps in service.
24. Trying to achieve the scale required without the level of human resources, partners, or access to monitor systematically have also contributed to the gaps observed. Lack of presence is caused by access constraints imposed by Ansar Allah. It is also caused by the conservative security posture of the United Nations, and an over-reliance on outsourced monitoring and assessment. The evaluation has called this ‘bunkerization’, although it also refers to onerous internal travel permissions and the need to notify the emergency operations centre in Riyadh with precise Global Positioning System (GPS) coordinates 24–48 hours before moving. Risk assessment has not been sophisticated enough to enable the operation, preferring instead to treat much of the country as extremely high risk. The evaluation does not question the risk in some parts of Yemen, but this is not the case everywhere. This has also led to a preference for deterrence measures such as armed escorts, rather than a strategy of seeking acceptance. Recent events suggest such measures do not work, and in fact merely separate aid workers from those they are trying to help. The response leadership has advocated for more sophisticated analysis and better understanding of context to enable access, but changing the system is outside of their control.

25. The challenges of access, and the oversight and capacity issues that flow from this, were significantly exacerbated by the coronavirus 2019 (COVID-19) pandemic. Staffing levels in Yemen for all IASC agencies shrank – for the United Nations, to about a third of previous numbers. Moving around the country became even more difficult, and although mercifully the pandemic did not result in mass excess death, it did further complicate the delivery of all services.

Did the response appropriately integrate humanitarian principles and was it accountable to the affected population?

26. The evaluation also found that the collective response in Yemen has fallen short of its own standards when it comes to accountability to affected populations (AAP). Whilst hotlines and complaint boxes exist for all of the large agencies, there has been little evidence of follow-up once complaints are registered. In all of the IDP sites visited, residents have given up using the complaint boxes provided. For hotlines, the evaluation saw transcripts where ‘no action taken’ had been systematically recorded despite sometimes quite serious complaints. While there was an initial attempt at building a collective strategy for AAP, this appears to have lapsed in recent years.
27. Implementing humanitarian principles in bitter and contested contexts such as Yemen is always challenging. Broadly, the evaluation finds evidence that individual IASC agencies have tried to observe the principles and use them as a guide to action. However, this has been undermined by an inability to draw tough ‘red lines’ collectively. When agencies have taken a stand, they have found themselves exposed and alone, in some cases leading to violence against their staff. In this environment, the collective response has arguably given too much ground, leading to the current situation where access is severely constrained despite the operation providing huge amounts of assistance.

Did the response work effectively to maintain basic social infrastructure?

28. One of the defining aspects of the response in Yemen is the sheer scale of the need and the ambition of the operation. As a result of the fragmentation of the state of Yemen, Security Council resolutions and international restrictions on the Houthis, the United Nations and the IASC humanitarian response (including some quasi-developmental finance) has become a partial substitute for government.
29. At one point in 2018, the IASC response was paying incentives to teachers and health workers that were supplementing and to some degree substituting for salaries. Hospitals are arguably kept running by fuel and medical supplies. Already antiquated water systems in major cities such as Aden, as well as in many smaller cities, are patched up daily with support from the water, sanitation and hygiene (WASH) cluster. What social support systems do exist are almost exclusively funded via the humanitarian response. Nearly half – sometimes well over half – the population is receiving an economic benefit via GFA and other transfer schemes.
30. This evaluation heard over and over from key informants and well-placed policymakers that Yemen’s basic social infrastructure was ‘hanging by a thread’, in part kept going by humanitarian support. But the evaluation also heard that the United Nations and its partners were at times like a ‘shadow government’, with resources from donors channelled through the United Nations and international NGOs rather than the state. This includes redirected World Bank funding, previously aimed at poverty reduction.
31. Despite the collective response covering a much wider remit than acute, lifesaving, emergency-focused humanitarian action, there has been little in the way of a conscious strategy to respond to this over the period under examination (in 2021 some new policies were introduced as set out below). There have been several attempts at developing strategies to link humanitarian and development work, and the various appeals all mention development approaches. The evaluation has found that in practice, however, humanitarian approaches prevail, even in areas such as maintenance of basic services and livelihoods support.
32. The IASC humanitarian response has found itself in this situation as a result of the civil war and the international politics and policy surrounding it. The parties to the conflict have made the operation of

country-wide basic services near impossible. The inability of the Sana'a-based authorities (Ansar Allah, Houthis) to access international markets or development assistance is a conscious policy decision by the international community. This leaves the humanitarian system as the only possible implementation modality for international assistance.

33. Arguably, the international humanitarian system is not equipped to play this role. It is valued for its independent implementation – the reason why it is a trusted modality in such scenarios. But its short funding cycles and its focus on specific technical areas relevant to humanitarian crises, as well as a lack of inter-operability between systems, make it a blunt tool. The fundamental principles underpinning humanitarian action make working with authorities challenging, especially when they are parties to a conflict. Most of all, the international humanitarian system is not set up to make and implement national-level policy over the medium term. As Yemen demonstrates, the humanitarian collective can go to scale, work in difficult and dangerous places, and alleviate and prevent the most egregious suffering. When it comes to medium-term support for national systems however – health, education, safety nets, water and sewage – this becomes much more challenging, especially without the authority, the accountability or the resources.
34. In the last year, the United Nations has introduced a new economic framework, endorsed by the Security Council. Phase I focuses on addressing food insecurity through removing economic constraints, finding sustainable ways to pay public servants, improving the environment for agriculture and business as well as stabilizing liquidity and prices (in addition of course to emergency food assistance). Collective action to tackle the underlying factors contributing to acute poverty and food insecurity would be a major complement to ongoing humanitarian action.

Was the response leadership adequately supported and did the coordination mechanisms and tools enable better humanitarian action?

35. The evaluation found that coordination is perceived to have reduced gaps and duplication. The cluster system has been implemented in full in Yemen and has generally worked effectively over the period under examination. Although generally appreciated, some key informants have also found the system heavy and over-burdensome. It is likely that some streamlining would improve overall effectiveness.
36. Coordination has been less successful between the two territories controlled by Ansar Allah and the IRG. The leadership for the IASC operation is largely located in the capital Sana'a. Line ministries, despite their fragmentation, are still somewhat run from Sana'a. However, Aden is the official capital of the IRG, and it has attempted to establish a separate set of line ministries. International NGOs can work far more freely in IRG-controlled areas, as can the United Nations, although (internal) security restrictions can make movement difficult. Faced with this situation, the United Nations and the collective humanitarian operation have struggled to reconcile the competing needs to treat the country as a whole, and to deal with the reality of different policy regimes in each territory. The practical upshot has been that policy is set in Sana'a, and this is not always optimal for Aden. The appointment of a deputy humanitarian coordinator in 2021, based in Aden, and a separate ToR for the leadership group there, has begun to help with this dilemma.
37. Another area that has been especially difficult in Yemen has been the collection and analysis of data. Difficulties obtaining permission for regular data-gathering in Ansar Allah areas, combined with complexity, security challenges and scale, have made presenting a clear and current picture of need very difficult. The proliferation of information systems for each cluster (dashboards) may have added to this challenge.
38. In the context described in this evaluation, leadership has proven highly challenging. Balancing the need to fundraise for a huge operation, maintaining working relationships with all of the warring and governing parties, trying to make coherent policy across fragmented jurisdictions and preserving principled humanitarian action whilst also trying to keep basic state services from collapse is an extremely difficult task. Movement restrictions and the lack of capacity exacerbate these challenges. The United Nations

has deployed high calibre, senior and experienced leaders to the Yemen operation in recognition of the difficult task.

Conclusion

39. The Yemen operation has saved lives, prevented suffering, slowed the collapse of state services and gone to scale in an impressive fashion. It is one of the largest and most ambitious IASC humanitarian operations yet.
40. Yet despite these considerable achievements, the collective operation has also struggled with quality, oversight, robust data collection and analysis, balancing the long-term and short-term competing priorities and preserving humanitarian principles in a bitter war. This evaluation concludes that despite all the excellent work, urgent measures are needed to ensure people are helped most effectively. An urgent review of the restrictive security posture of the United Nations is required, with the objective of enabling better oversight and implementation of key interventions. In parallel, there is an urgent need to improve access in Ansar Allah-controlled areas. These measures are necessary to prioritize better quality aid. This should be the focus for implementation in the coming period, alongside a more transparent dialogue about information, data and analysis, and a greater emphasis on genuine accountability. These measures will improve how aid gets to people, and how it is perceived and received.
41. Protection should be central to the Yemen humanitarian response. In practice, however, it has received the least funding and has struggled to gain consistent attention at the HCT level. Some of the most vulnerable are not being helped consistently, and politically challenged protection services struggle for support. The situation with regard to protection is mirrored in other aspects of the collective response. Whilst some aspects of the collective response are well financed, others are much less so. Finding resources to provide services for IDP sites has also proven challenging, as a good example.
42. This evaluation is strongly critical of the quality of some parts of the collective operation in places. However, the United Nations humanitarian and development agencies, funds and programmes find themselves in an almost impossible position in Yemen. They are effectively being asked to keep the nation, its institutions, and its people on life support until such time as the war and the political impasse that has led to it is resolved. All this is being asked of the 'system', with uncertain resources and without much of the authority that goes with this responsibility.
43. If the international community has made the humanitarian system the only modality for the delivery of external aid, then it should provide adequate support. The uncertain nature of funding makes planning impossible and service delivery capricious. Moreover, it risks the squandering the resources invested to date, especially at a time when the first ceasefire in years gives cause for some small hope. When warring parties can give large amounts of money for aid and then withdraw these at will, it starts to look like the humanitarian system has become another weapon in the arsenal of protracted and attritional conflict.
44. For the IASC, there are also wider lessons to learn from the Yemen operation. When the humanitarian 'instrument' becomes the sole channel for international engagement, there are significant implications for how it should operate, or even whether the current arrangements suffice. A similar situation is now taking place in Afghanistan, with a major appeal for preventing acute food insecurity and another for maintaining basic services. If this is to become increasingly the norm, then arguably more needs to be done to make the overall system fit for this evolving purpose.

Recommendations

Meaningful and effective implementation of these recommendations requires in many instances commitment at multiple levels, via the ERC and HC, with respective organizations offering their full support in a concerted, committed and coordinated manner. The responsible entity is therefore indicated as the lead here. Thus, where the ERC and IASC Principals are indicated, it is felt that robust engagement at the corporate level is required to achieve the desired change, in concert with others, including the in-country response leadership.

There are also two recommendations explicitly targeted at the ERC and IASC principals for action that are system level recommendations arising from the Yemen operation, but with wider implications.

Finally, those recommendations targeted at the HC and HCT are believed to be best driven and achieved by in-country leadership.

Recommendations	Sub-recommendations	Responsible entity
Systemwide recommendations		
<ol style="list-style-type: none"> 1. The ERC and IASC Principals should advocate with Member States to consider a separate protracted crisis appeal system, to be introduced via a General Assembly resolution similar to 46/182. This would introduce longer time frames for financing, new planning instruments and a new programme cycle. It should consider a coordination architecture that includes key development partners such as the World Bank. 2. The ERC and IASC Principals need to overhaul the current system of collective data and analysis. There is a proliferation of dashboards, questionable results figures and assessment data that is not cross-compatible. The leadership needs to have a good, clear method to understand progress towards outcomes. This will increasingly become the case as responses become larger and more sophisticated. 		
Yemen-specific strategic recommendations		
Recommendation 3: Preserve food security and basic services (health, water, sanitation and nutrition), piv-oting to structural solu-tions where feasible	3.1 Plan for humanitarian capabilities (people, institutions and systems) at current or enhanced levels for next 3–5 years.	ERC and IASC Principals
	3.2 Examine all options for finance and policy measures to support national food security and basic services. Key actions for consideration include: <ol style="list-style-type: none"> a) Developing a common articulation of the vision for structural solutions, with stronger policy and strategy contributions from all stakeholders. b) Developing a transition strategy to deliver optimal modes of financing, capacity support and allocative efficiency. 	HC and HCT
	3.3 Develop a localization strategy at the HCT level, based on collective ownership, transparency and accountability. The strategy should articulate efforts to develop national capacities for service delivery and the means to foster donors to increase the volume and quality of funding to local partners.	HC and HCT

Recommendation 4: Continue to advocate for flexible and predictable funding at adequate levels for a five-year period	4.1 Continue to advocate for the current level of funding for the next five years to enable all major actors to develop sound strategies and capacity. The humanitarian operation in Yemen requires roughly \$4 billion per annum to ensure a minimum of services and prevent a collapse in food security.	HC and HCT
	4.2 Advocate with donors for more long-term investment in economic opportunities, employment and sustainable livelihoods (including income generating activities and human, natural and physical sustainable development capitals).	HC and HCT
	4.3 Explore the testing and expanding of finance through public systems, in tandem with technical assistance support to strengthen public financial management systems and the development a mutual accountability framework.	HC and HCT
Recommendation 5: Collectively advocate for a reduction in import restrictions and for public sector strengthening	5.1 Advocate with the parties to the conflict for the reduction of political and physical barriers to effective trade, and to people helping themselves. In particular, consider ways in which traders can secure foreign exchange for imports and how to ease basic necessities through current import restrictions.	ERC and IASC Principals Special Envoy
	5.2 Work with the World Bank, donors, IRG and SLC to find creative ways to fund key public sector staff (teachers, health workers, water board).	R/HC and UNCT
	5.3 In collaboration with the World Bank, IMF and Central Bank of Yemen, work on stabilizing currency.	R/HC and UNCT
Yemen-specific operational recommendations		
Recommendation 6: Continue to collectively advocate for a reduction in bureaucratic barriers to the delivery of aid	6.1 Enhance and amplify concerted advocacy (and pursue creative solutions) with all authorities to ensure unhindered, principled delivery of aid, building on existing benchmark processes. Ensure collective solidarity by humanitarian leadership on issues requiring common approaches.	HC and HCT
	6.2 Develop an access strategy with accountability to the HCT to move delivery of aid forward. Ensure HCT assumes the lead and responsibility for expanding access.	HC and HCT

Recommendation 7: Ensure there is humanitarian capability for shocks, epidemics and forced migration	7.1 Build humanitarian capacity to respond to shocks and sudden crises.	ERC and IASC Principals
	7.2 Ensure crisis response capabilities have fast decision-making and can act rapidly.	ERC and IASC Principals
Recommendation 8: Better focus on the most vulnerable, through better, more transparent, and more systematic analysis	8.1 Ensure collective efforts to target the most vulnerable by reviewing the targeting strategies across sectors and identifying ways that would facilitate convergence of support towards the most vulnerable. Use this to also enable better measurement of outcomes for this group.	HC and HCT
	8.2 Ensure a better and more nuanced analysis of who the most vulnerable are and why, in order to ensure nuanced response. Where possible, increase qualitative analysis and research to complement and contextualize quantitative analysis.	HC and HCT
	8.3 Review existing data-sharing protocols with a view to optimization. Restrictions on data collection and bureaucratic impediments that impact data collection/sharing should be transparently acknowledged, and a targeted strategy put in place to address these issues. Strengthen coordination and policies around inter-operability of data, data sharing, analysis and overall information management.	ERC and IASC Principals
Recommendation 9: Improve quality and direct oversight, including reviewing security arrangements for the UN with the aim of enabling operations	9.1 Increase staff field presence of operational agencies during the different stages of the operational response.	HC and HCT
	9.2 Immediately and urgently reinforce minimum standards. Work together to improve conditions for IDPs, including sustainable solutions (reduce risks of eviction, etc.) and examine the potential for voluntary return.	HC and HCT
	9.3 Conduct a thorough review of 1) security measures, 2) staffing, and 3) risk assessment and security analysis with the aim of reducing inappropriate security measures, enabling better operations, trust-building with various authorities, and providing genuine security where it is most needed. Reduce reliance on/use of armed convoys as an imperative. Reduce reliance on SLC EHOC and eliminate notification protocols where unnecessary.	UNDSS

Recommendation 10: Ensure protection is mainstreamed throughout the operation	10.1 Review and update the 2017 protection strategy, including better measures for protection mainstreaming and periodic HCT reporting/ action on critical issues.	HC and HCT
	10.2 Advocate with donors for greater funding for protection services and human resources for protection. Encourage protection agencies to invest in more staffing on the ground, including at senior level.	HC and HCT
	10.3 Continue to seek opportunities for a constructive dialogue with the authorities to be allowed to carry out protection work. The humanitarian leadership needs to be supportive and engaged.	HC and HCT
Recommendation 11: Improve accountability systems and practice	11.1 Re-operationalize the Yemen 2017 accountability framework, along with measurable milestones and targets, and mainstream its use throughout the response.	HC and HCT
	11.2 Publish accountability statistics (numbers of complaints, type and actions taken in response).	HC and HCT
Recommendation 12: Improve collective working	12.1 Streamline the current cluster coordination system, informed by a rapid internal review of existing arrangements with a view to reducing clusters and meetings where possible. Convene HCT to agree optimization measures.	HC and HCT
	12.2 Boost collaboration on key issues such as famine risk prevention. Analyse the IFRR experience and use this for better and deeper joint working.	HC and HCT
	12.3 Improve common tools in sectors where possible, e.g., cash.	Global IASC cluster coordinators
	12.4 Explore new ways of empowering ‘hubs’ and differentiating response strategies without fragmentation. If there is more scope for action in IRG areas, this should be pursued.	HC and HCT
	12.5 Develop a better, collective approach to mainstreaming humanitarian principles. Agencies must find ways to work in unison when confronted with political threats to operational independence.	HC and HCT

2. Introduction

2.1. Background

45. The Inter-Agency Humanitarian Evaluation (IAHE) of Yemen is an independent assessment of the results of the collective humanitarian response by member organizations of the Inter-Agency Standing Committee (IASC). IAHEs evaluate the extent to which planned collective results have been achieved.
46. Inter-agency humanitarian evaluations were introduced to strengthen learning and promote accountability towards affected people, national governments, donors and the public. They are guided by a vision of addressing the most urgent needs of people impacted by crises through coordinated and accountable humanitarian action. IAHEs contribute to both accountability and strategic learning across the humanitarian system and aim to improve aid effectiveness to ultimately better assist affected people. They follow the United Nations Evaluation Group (UNEG) norms and standards, which emphasize, inter alia: 1) the independence of the evaluation team, 2) the application of robust evaluation methodology and 3) the full disclosure of results.
47. An IAHE is not an in-depth evaluation of any one sector or of the performance of a specific organization, and as such cannot replace agency-specific humanitarian evaluations, joint or otherwise, which may be undertaken or required.

2.1.1. Purpose

48. The purpose of this IAHE is three-fold. First, it provides an independent assessment of the extent to which planned collective objectives of the humanitarian response in Yemen – as set out in the humanitarian response plans (HRPs) and other core planning documents and strategies since the crisis was designated a Level 3 (L3) system-wide emergency in 2015 – have been met. Second, the evaluation assesses the extent to which IASC response tools and coordination mechanisms, including the humanitarian planning cycle (HPC), have successfully supported the response. Third, the evaluation provides recommendations designed to improve the response in Yemen as well as in future emergencies.

2.1.2. Objectives

49. More specifically, the IAHE aims to:
 - Provide a brief analysis of the political, security and operational environment in which humanitarian action in Yemen is carried out, with particular attention to factors constraining and/or facilitating the response;
 - Assess how effectively IASC partners have identified and prioritized humanitarian needs in line with the evolving nature of the crisis and according to humanitarian principles, taking into account the operational environment;
 - Assess to what extent the humanitarian response was able to complement the efforts of development and peace actors to address the underlying drivers of conflict and the socio-economic crises in Yemen.
 - Assess the extent to which targeted results articulated in the HRPs were achieved, and determine the effects – positive and negative, intended and unintended – of the IASC humanitarian system's assistance for people affected by the crisis;

- Capture lessons learned and best practices to enable collective learning from the humanitarian response (ensuring that both first and second line of response are assessed);
- Provide actionable recommendations at operational and policy levels on how collective response and advocacy might be strengthened or need to be refigured, particularly in light of the trajectory of the crisis and taking into account the operational, political and security challenges in Yemen.

50. The findings and recommendations of the IAHE are expected to:

- Provide the Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) in Yemen with independent and credible evidence of collective progress towards objectives and results of the HRP;
- Provide the HC and HCT with actionable recommendations for improving the ongoing humanitarian response in Yemen. Additionally, the IAHE provides recommendations aimed at highlighting how humanitarian response can contribute to long-term recovery in Yemen and in similar contexts;
- Contribute to the evidence base for decision-making at the global level – improving future humanitarian action, policy development and reform by the IASC Principals, the Operations, Policy and Advocacy Group (OPAG), the Emergency Directors Group and other stakeholders.

51. In doing so, the findings and recommendations will also:

- Provide national and local counterparts with evaluative evidence and analysis to inform their crisis-management policies and protocols for crises involving international agencies and other actors;
- Provide information to affected people on the outcomes of the response;
- Provide the Member States of international organizations, donors and learning and evaluation networks with evaluative evidence of collective response efforts, for accountability and learning purposes.

2.1.3. Evaluation scope

52. The time period examined by the IAHE begins with the declaration of the L3 response in 2015 and extends until the end of June 2021.
53. The IAHE assesses the implementation of successive Yemen HRPs by IASC-participating organizations in relation to coordination, needs assessment, strategic planning, advocacy and monitoring of the response and its results. See the terms of reference (ToR) in Annex 1 for further information.
54. The IAHE covers all geographic areas of Yemen affected by humanitarian crisis in both Ansar Allah (the official name of the Huthi/Houthi movement) and Government-controlled areas.

2.2. Methodology

55. The evaluation was theory-based. As a starting point, the evaluation developed a reconstructed theory of change (ToC) which drew primarily from the HRPs of 2015–2021 (evaluation period) as the key strategic inter-agency documents – see Table 1 and Figure 1 below. The strategic objectives from the HRPs informed the reconstructed ToC, which, combined with the ToR, informed a detailed evaluation matrix. This was used to organize the evidence gathered and to structure the main findings.
56. The evaluation used a mix of primary and secondary data. Primary data-gathering included project visits, KIs, FGDs, an aid worker survey and a short message service (SMS) survey in eight governorates. Secondary data analysis included an extensive review of all available documentation as well as statistical treatment of several datasets (see Annex 5 for details of secondary statistical review).
57. Findings from the evaluation were triangulated via a series of analysis workshops and then through detailed work to formulate the report. All qualitative data was coded using MaxQDA software, drawing on the evaluation questions (EQs) (which are in turn aligned to the ToC) as the ‘coding tree’ (see Annex

4). The report went through a number of review processes, including by the major aid implementors. A recommendations co-creation workshop took place in Amman in early 2022.

2.2.1. Theory of change

58. The ToC has been developed using the HRPs as the principal strategic framework for the response, and therefore the principal framework against which the response was evaluated. Table 1 shows the strategic objectives for each of the HRPs since the L3 declaration in 2015 and maps them onto a ToC hierarchy. This is then reproduced as the reconstructed ToC for the entire response as shown in figure 1.

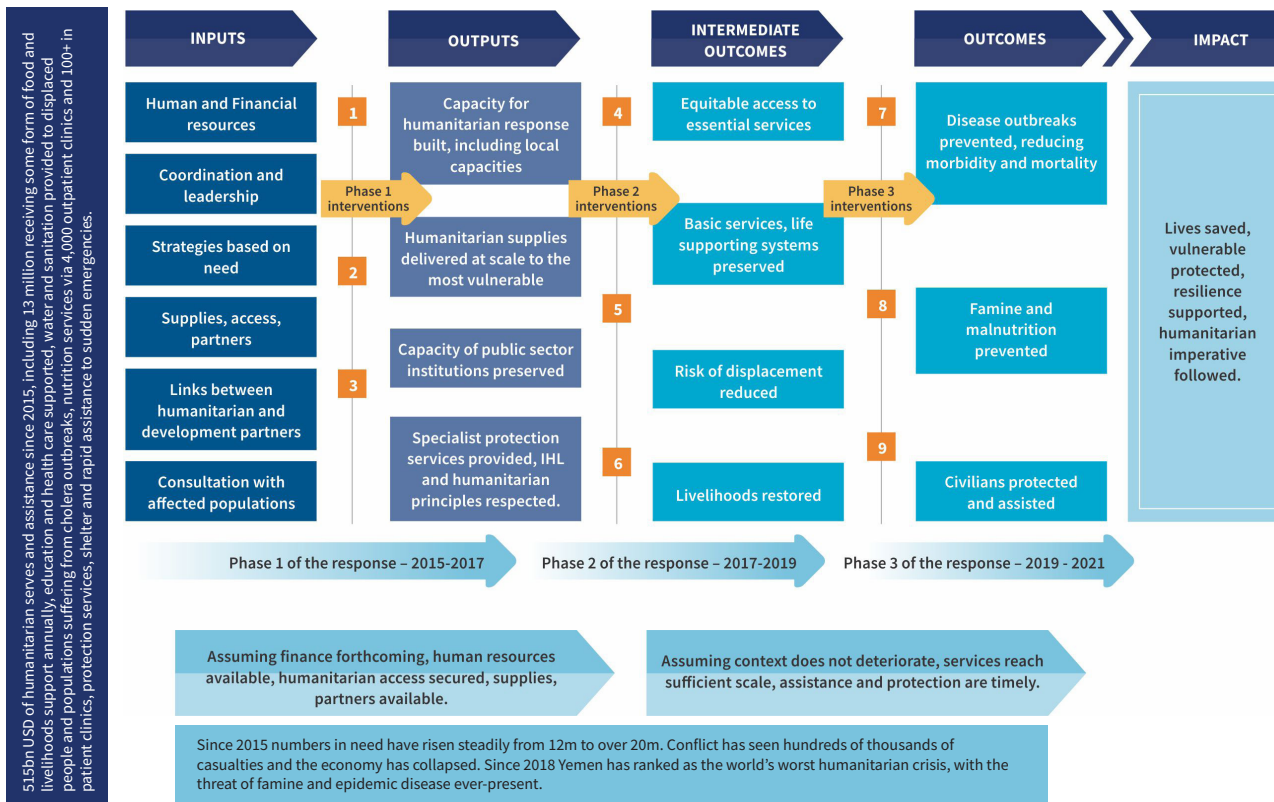
Table 1: Strategic objectives against ToC level

Strategic objective	TOC level	2015	2016	2017	2018	2019	2020	2021
Save lives (provide lifesaving assistance)	Impact	X	X	x	X			
Protect civilians	Outcome	X	X	x	X			X
Build capacity for humanitarian response	Output	X						
Reduce vulnerability (address underlying causes, build resilience)	Impact	X	X					
Ensure equitable access to services	Intermediate outcome	X	X					
Strengthen coordination, accountability and advocacy	Output			x	X			
Support maintenance of basic services	Intermediate outcome			x	X	X	X	
Help millions of Yemenis overcome hunger	Outcome					X	X	X
Reduce outbreaks of cholera and infectious disease	Outcome					X	X	X
Promote the dignity of IDPs	Outcome					X	X	
Reduce the risk of displacement	Intermediate outcome					X	X	
Preserving the capacity of public sector institutions	Output						X	
Restoring livelihoods/income/ economic stability	Intermediate outcome							X

Source: Authors' own.

59. The table above shows how the response has taken place in phases, with sets of strategic objectives clustered in groups of roughly three years each (also slightly overlapping). This is also reproduced in the ToC as three distinct phases, which can be thought of as: 1) start-up and mobilization; 2) consolidation and strengthening; and 3) focus on achieving outcomes.

Figure 1: Reconstructed ToC for response, 2015–2021



Source: Authors' own. A more detailed ToC outlining assumptions is reproduced in annex 2.

2.2.2. Evaluation matrix

60. The ToR set out several key criteria against which the response should be evaluated. These are derived from the criteria of the Development Assistance Committee of the Organisation for Economic Co-operation (OECD-DAC), and from the UNEG and IAHE evaluation guidelines. The evaluation matrix synthesizes the criteria, the key questions in the ToR and the strategic objectives, reformulated as a ToC for the response. Table 2 below shows the evaluation questions and sub-questions. Annex 3 has the full evaluation matrix with indicators, methods of verification and data sources.

Table 2: IAHE questions and sub-questions

Evaluation question	Evaluation sub-question
Appropriateness	
EQ 1: Were strategies and response plans appropriate, based on needs in consultation with the local population and adaptive to changing context?	EQ 1.1: Were strategies and plans based on needs and priorities as identified by affected populations through inclusive consultation processes?
	EQ 1.2 Which changes in the context were the most important and what adaptations to the collective response were undertaken?
	EQ 1.3: Did strategies try to ensure aid does not prolong conflict or fuel war economies, as best as they were able?
	EQ 1.4: Did response strategies and approaches consider value for money?

EQ 2: Did the response appropriately target the most vulnerable and hard-to-reach and were women, girls, men and boys considered equally?	EQ 2.1: Did the response consider equally the rights and needs of women, girls, men and boys and other vulnerable groups including children, persons with disabilities, the elderly and minority groups affected by the conflict?
	EQ 2.2: Did the collective assessments adequately prioritize the needs of the most conflict-affected and hard-to-reach reach geographical areas?
	EQ 2.3: Did the collective response adequately prioritize the needs of the most conflict-affected and hard-to-reach reach geographical areas?
EQ3: Did the response appropriately integrate humanitarian principles and protection?	EQ 3.1: To what extent were humanitarian principles and protection integrated into the collective response?
	EQ 3.2: To what extent did the collective response follow the principle of impartiality, targeting those most in need (on the basis of need alone)?
Effectiveness	
EQ 4: Were collective outcomes achieved?	EQ 4.1: To what extent was famine prevented and food security enhanced?
	EQ 4.2: To what extent were disease outbreaks prevented, reducing morbidity and mortality?
	EQ 4.3: To what extent was malnutrition contained?
	EQ 4.4: Were civilians protected and assisted?
	EQ 4.5: To what extent was the response – through mainstreaming of protection, protection services and advocacy – able to prevent and mitigate protection risks?
EQ 5: To what extent was the collective response able to meet the needs of the affected population at the scale and coverage needed?	EQ 5.1: Were basic services – access to education, health, food, water and sanitation – provided at scale and at a meaningful level of coverage?
	EQ 5.2: Were protection services – child protection, SGBV, psychosocial support programmes, IDP, migrant and refugee protection – provided at scale and at an adequate level of coverage?
	EQ 5.3: What were the enabling and confounding factors and how did the system collectively deal with them?
	EQ 5.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?
	EQ 5.5: Did the humanitarian operation go to scale in time, and was it able to operate at the level needed?
	EQ 5.6: Was the collective response adequately monitored and evidence and data provided to decision-makers in a timely fashion?
Connectedness	
EQ 6: Did the response work effectively with development and peace partners?	EQ 6.1: Were there effective links to development and peace partners?
	EQ 6.2: Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?

EQ 7: Did the response sufficiently enhance local capacities and work effectively with local humanitarians?	EQ 7.1: Did the international response enhance and amplify local humanitarian capacities?
	EQ 7.2: Did the humanitarian response work effectively with local and national authorities where appropriate?
Coordination and partnerships	
EQ 8: Was the response leadership adequately supported and did the coordination mechanisms and tools enable better humanitarian action?	EQ 8.1: Did partnerships enable delivery and access?
	EQ 8.2: Did coordination of humanitarian assistance between agencies reduce gaps, avoid duplication and increase complementarity?
	EQ 8.3: Were coordination mechanisms inclusive?
	EQ 8.4: Was leadership timely and adequate?

Source: Authors' own.

61. Table 3 below shows how the evaluation questions relate to the hierarchy of the ToC.

Table 3: Evaluation questions and ToC hierarchy

Hierarchy in the TOC	Sub-evaluation questions
Impact	EQ 1.3, 3.1, 3.2
Outcomes	EQ 4.1, 4.2, 4.3, 4.5
Intermediate outcomes	EQ 4.4, 5.1, 5.2
Outputs	EQ 5.2, 5.5, 3, 7.1, 7.2, 8.1
Inputs	EQ 1.1, 1.2, 8.1, 8.2, 8.3, 8.4

Source: Authors' own.

62. The final report addresses the evaluation questions and sub-questions, drawing on the matrix but in some cases re-ordering to facilitate narrative flow. New sections on quality and accountability were added given their prominence in shaping the response and their importance to the collective effort. The sub-question EQ 1.4 on value for money was answered in the Section 3.5. on Quality, Capacity, Access and Effectiveness, as this seemed a more appropriate placing. However, ultimately the sub question relating to whether collective strategies endeavour to ensure that aid does not prolong conflict or fuel war economies could not be answered by the evaluation. This was due to a lack of resources to collect sufficient evidence to answer the question with the required confidence.
63. The evaluation attempted to remain faithful to the questions in the matrix and to the collective and strategic nature of the exercise. This means that not every cluster, agency or technical area was analysed in detail, with those that feature most prominently in the HRP strategic objectives subject to the greatest focus.

2.2.3. Data collection, process and method

64. The evaluation used a mixed-methods approach of both qualitative and quantitative data. Quantitative data allowed the identification of broad trends and patterns nationally, at the governorate and (where available) at the district level. Qualitative data allowed deeper exploration into how and why these patterns were emerging. The methodological approach adopted gender- and age-responsive methodologies in

data collection, analysis and reporting. Where possible, female members of the evaluation team carried out interviews and FGDs with female participants, and where required, gender-segregated focus groups were carried out.

Desk review of literature and documents

65. The evaluation conducted an extensive literature and document review of 273 available documents, using this to inform both the analysis of the humanitarian operations and the wider context in which these took place. Documents consulted included publicly available secondary literature such as agency-specific documents relating to the response, evaluation reports, grey literature and peer-reviewed journal articles. All documents were stored in a document library and regularly updated throughout the evaluation.

Secondary data review and analysis

66. The Yemen response and the main United Nations agencies have generated a significant amount of data, some of which is publicly available and easy to access, while other elements required agency permissions to analyse. Where possible and data was forthcoming, the evaluation team combined/layered datasets to get a better understanding of the response and the changing needs over time (see Annex 5 for a more detailed explanation of datasets used). The evaluation team was particularly interested in examining district-level data to explore changes over time. However, such data was not always available for the whole evaluation period; governorate data were more readily available.
67. The limitations in accessing this data were a major constraint for the evaluation. Whilst in the end a good deal of data was accessed, the evaluation team cannot be sure it has seen all of these datasets, nor the entirety of the data within specific datasets.

Surveys

68. The evaluation carried out two types of surveys to inform analysis. The first was a survey of past and present aid workers and people within humanitarian agencies, with the aim of understanding issues relating to humanitarian needs, leadership, coordination, partnerships, local capacity, monitoring and efficiency. The second survey was a more speculative SMS survey aimed at asking affected communities how they perceived aid.

1) Aid worker online survey

69. The evaluation team launched a simple online survey using Kobo Toolbox on 17 November 2021, which remained open until 30 November 2021 (see Annex 6 for interview questions). The bulk email invite and survey were translated into English and Arabic. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) provided an initial list of aid workers to invite to complete the survey, which was then complemented by additional stakeholders identified by the evaluation team through its stakeholder mapping, desk review and KIIs.
70. In addition, to reach the highest number of participants within the limited timeframe, the evaluation team adopted a ‘snowballing’ technique, whereby once invites were sent out to the initial list of stakeholders: 1) the evaluation team manually forwarded invites to out-of-office contacts and 2) requested in the personalized bulk email circulated to initial contacts that they actively share the survey with interested colleagues.
71. Initially, 846 invites were sent out, but with the use of the snowballing technique, it is estimated that approximately 1,000 participants were invited to complete the survey. Of these, the evaluation team received 297 responses. This suggests an estimated response rate of 30 per cent.
72. The evaluation team was interested in receiving responses from those who had been/are based in Yemen and those who had been/are operating remotely. To get a range of responses across the evaluation period (2015–2021), the survey asked respondents to indicate the years that they worked in/on Yemen and then to answer the remainder of the survey on the basis of their most recent year of working in/on

Yemen. Accepting the limitations of surveys in providing detailed qualitative responses, the aid worker survey also contained a limited number of open-ended questions to allow more qualitative data to be collected. Some 123 respondents took advantage of the open-ended questions to provide more detail. The team translated responses in Arabic into English before coding all responses using MaxQDA software.

2) SMS survey

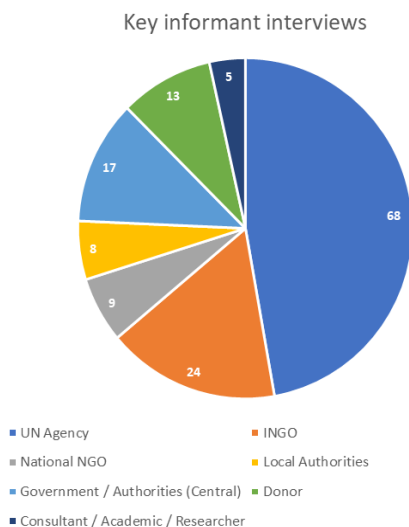
73. The evaluation team carried out a short SMS survey targeting affected populations to understand how they view aid in Yemen. The evaluation team secured permission from the Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA), and with its recommendation partnered with New Vision, which is licensed to operate in Yemen to provide value-added telephone services including SMS surveys. The survey covered six governorates (Al Hudaydah, Amran, Dhamar, Hajjah, Sa’ada and Taiz). These governorates correlate with those that the evaluation team visited – see Figure 4 below. (Resource constraints meant that the evaluation team could not cover the whole country.)
74. Respondents for the SMS survey were selected from among *Sabafon*¹ users in these governorates. The initial sample of 15,000 comprised mobile users from all six governorates, randomly sampled proportional to the 2019 population in those governorates. For more on the governorate-level distribution, see Annex 7. All non-governmental organization (NGO) and corporate users were excluded from the selection process. The SMS survey used a two-way response number with a short code (5995) so that both incoming and outgoing SMSs can be charged to this number. As a result, users were not charged to participate in the survey.
75. The survey was launched on 5 February 2022 and remained open until 20 February 2022. Of the sample, 404 participants responded to the initial invitation—a much lower response rate than was expected. Of these, only 374 consented to participate in the survey, and only 271 respondents fully completed the survey.

Qualitative data collection

Key informant interviews

76. The evaluation carried out a total of 144 KIIs (see Figure 2). A stakeholder analysis was carried out in the inception phase to determine the sample and a stakeholder mapping exercise regularly updated to identify key informants. Due to the turnover of humanitarian staff throughout the evaluation period, the evaluation team also adopted a snowballing approach to identify past and current key informants.

Figure 2: Total number of KIIs carried out



Source: Authors’ own.

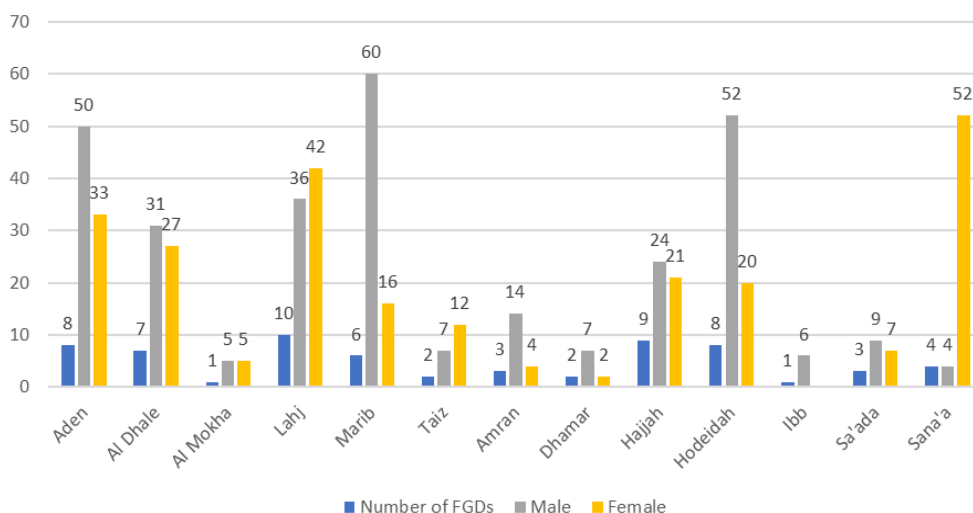
¹ Network operator in Yemen.

77. Interviews were carried out in-person and remotely.
- **Remote interviews:** During the inception phase, all KIIs were carried out remotely. This was partly due to the time needed to secure visas for travel, but also reflected a desire to reduce carbon emissions and coronavirus 2019 (COVID-19) transmission. During the main data-gathering phase, whilst most of the interviews – especially in Yemen – were conducted in-person, a significant number were also carried out remotely. In particular, people who were no longer working in Yemen but had key historical and institutional insight, and staff of the larger IASC agencies based at regional and headquarters (HQ) levels, were interviewed remotely. To facilitate these interviews, the evaluation team developed a remote interview protocol during the inception phase. As the evaluation team moved into the post-data collection/write-up phase, it carried out further clarification interviews with key informants.
 - **Face-to-face interviews:** As noted above, international evaluation team members travelled to Yemen and carried out as many face-to-face interviews as possible during field visits. In addition, while in-country during Mission 1, the team leader and qualitative lead trained Yemeni national team members on the interview methods. During both missions, the team leader and qualitative lead (Mission 1) and deputy team leader (Mission 2) were accompanied by the lead from the Yemeni national team. This provided much-needed consistency of approach and overall field coordination. Due to time constraints, international team members were unable to travel to Marib for Mission 3. Most KIIs were carried out remotely, but a small number were conducted by national team members.
78. Interview guides were developed to support interviews, and transcripts were written up and coded using MaxQDA software against an agreed-upon coding tree that reflected the evaluation matrix (see Annex 4). To ensure consistency and accuracy, interview write-ups were cross-checked by the team leader and qualitative lead. To preserve respondents’ privacy and confidentiality and in line with data ethics and protection policies (see Annexes 9 and 10), each respondent’s name was anonymized, and the interview transcript assigned a code number. Interviews were stored in a safe repository, with access granted only to evaluation team members.

Focus group discussions

79. The evaluation made a concerted effort to arrange FGDs with affected populations and beneficiaries of IASC humanitarian assistance, with the international evaluation team attending as many of these in-person as possible. However, due to the difficulties in arranging permission to visit sites, and a reliance on United Nations agencies, international NGOs and NGOs to set up FGDs, it was difficult to thoroughly plan these FGDs in advance.

Figure 3: Focus group discussions by governorate



Source: Authors' own.

80. FGDs in Ansar Allah areas were conducted by international evaluation team members with national colleagues in support. Officials from SCMCHA were present throughout the visit in these areas and typically observed or participated in the FGDs. This was a limitation in some contexts, although not all (for instance FGDs with authorities in governorates). Mitigation measures were taken in contexts where the team felt populations might be exposed, particularly in internally displaced persons (IDP) sites. In such situations, the team would split, and the team leader would conduct interviews with camp leaders, with SCMCHA obviously present. The national team member and qualitative lead would conduct transect-type walks through the camps, interacting with interlocutors as they moved and using observation to structure conversations on services (for instance visiting toilets and then talking to users). In this way, the influence of SCMCHA was mitigated but not eliminated. Recipients of aid were protected by careful choice of questions. The team was conscious at all times that responses would be altered by the presence of officials and drew on considerable experience in other settings to interpret answers. In other contexts – for instance hospital or school visits – the team once again deployed factual and technical questioning to ensure respondents were protected and bias was mitigated. This too was combined with observation and examination of facilities to ensure accuracy. The team also split up during these visits to ensure KIIs could be conducted safely away from the ‘main group’ containing SCMCHA.
81. FGDs were conducted in internationally-recognized government (IRG) areas, including Marib. In Aden, Lahj and Al Dhale, this consisted of international and national team members both working together and separately. In Marib, the FGDs were exclusively carried out by a national team member. The authorities did not accompany on these visits.
82. In total, 64 FGDs were carried out with 305 men and 241 women – see Figure 3. Where possible, FGDs were conducted separately with men and women, with host and IDP communities², and different types of groups were included (for instance youth, people with disabilities, community leaders, Muhamasheen). Clear ethical guidelines were followed throughout the FGDs with participants reminded that they could leave the discussion at any point and their anonymity was assured. The evaluation team followed the same process for anonymity, coding and safe storage of FGDs as carried out for KIIs.

Project visits and observations

83. In addition to the FGDs, the team purposely selected a number of projects and partners to visit in each field location. Again, as with the FGDs, access to these sites was determined by permissions granted by authorities (in Ansar Allah areas) and coordinated by United Nations agencies, international NGOs and local NGOs. In total, 40 site visits took place across 12 governorates. These included visits to community centres, the Yemen Mine Action Centre in Aden, women’s shelters, a psychosocial support clinic, warehouses, a food distribution site, schools, hospitals, therapeutic feeding centres, water projects, sanitation projects, agricultural projects, cash-for-work projects, a port, a cement factory and IDP camps.
84. Typically, the team was accompanied by the agency staff who were managing/implementing (or had previously managed/implemented) the projects, who were able to give valuable insight into key successes and challenges. In Ansar Allah areas, the team was accompanied by SCMCHA throughout and some sites were chosen by SCMCHA. During the site visits, the evaluation team made detailed observation notes, which were then coded using MaxQDA software against the agreed upon coding tree.

2.2.4. Sampling

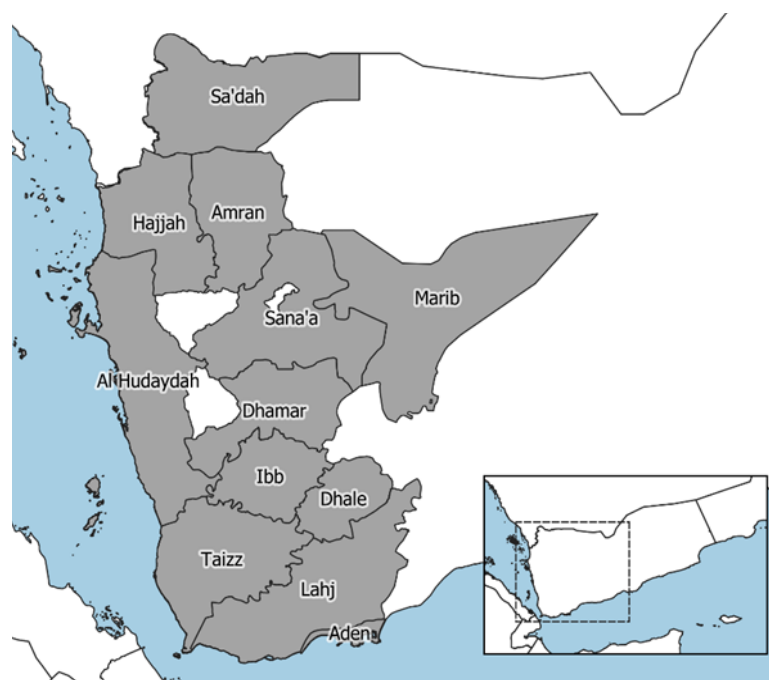
85. Sampling was purposive, with governorates (and districts) selected using a set of criteria in consultation with United Nations agencies and the management group. Locations were chosen on the basis that they were experiencing one or more of the following: extreme food insecurity, disease outbreaks, large numbers

² For additional clarity: 32 IDP sites were visited as part of the evaluation. Of these 8 were in Ansar Allah controlled areas and the remaining 24 in IRG areas (5 in Marib, the rest in Aden, Ad Dhale and Lahj). In the Ansar Allah areas two of the 8 camps were managed by UNHCR, 3 by DRC and one by NRC. Two were not managed by any international agency. Please see annex 10 for detail.

of IDPs, or recent flooding. They were also chosen to reflect a mix of rural and urban environments as well as a balance between Ansar Allah- and IRG-controlled areas. The final criterion ensured there was an adequate number of cluster interventions in the locations proposed.

86. The evaluation team visited 12 governorates over the course of the evaluation – see Figure 4 below – and the evaluation also collected data relating to governorates it was unable to visit (principally Marib). A national consultant carried out KIIs and six FGDs in Marib. In the end the choice of locations was pragmatic and somewhat expedient. The team took advantage of opportunities for visiting projects as they became available, with the intention of achieving as much coverage as possible. This included several sites chosen by SCMCHA in the Ansar Allah areas (such as the port area in Hodeida and the Amran cement factory). This pragmatic approach led to a very high degree of access.
87. Two substantive field missions took place:
 - 1) Mission 1: 21 August–17 September, IRG and Ansar Allah areas. Included the team leader, qualitative lead and lead national team member.
 - 2) Mission 2: 23 September–7 October, north of Yemen. Included the deputy team leader, evaluation manager, and lead national team member.
88. This differs from the provisional field mission prepared for the inception report, as the team had to adapt to changing circumstances in-country. Moreover, where security permissions allowed and if opportunity arose, the evaluation team remained flexible to attend additional project sites and to carry out KIIs.

Figure 4: Governorates visited during evaluation



Source: Authors' own.

89. The evaluation chose the clusters and sectors examined based on the reconstructed theory of change (ToC), which in turn was based on the HRP strategic objectives (as outlined above in section 2.2.1). This then led to a detailed evaluation matrix (see section 2.2.2). The primary focus was on food security (including nutrition and resilience), health (primarily communicable diseases, which therefore included a water, sanitation and hygiene aspect), and protection, which also included the IDP response. As a result of conversations during the inception phase, education was also included. These clusters and sectors therefore feature in the outcomes section of this report, as well as the coverage section. The evaluation was not able to cover every cluster or sector in depth due to its strategic nature and the need to prioritize resources.

2.2.5. Limitations/mitigation

90. The limitations to the methodology and its implementation, as well as measures taken to mitigate them, are detailed below in Table 4.
91. Despite these limitations, the evaluation has full confidence that the evidence is robust enough to ensure a credible evaluation.

Table 4 Limitations and mitigations

Description of limitation	Mitigation
Establishing outcomes: To do this, the evaluation team required secondary data routinely collected by the agencies (published and unpublished/not in public domain). This proved a major challenge, although in the end some agencies were somewhat forthcoming.	Where datasets were not provided but deemed necessary to the analysis, the evaluation noted this limitation in its analysis. The evaluation also sought to triangulate findings using other data sources and where necessary additional follow up interviews with KIIs.
Travel, visas and COVID-19: The evaluation was delayed by the length of time it took to secure travel visas and to organize field visits. Uncertainty related to COVID-19 added to delays.	In the end all planned travel was completed apart from a visit to Marib. A national team member was contracted to undertake FGDs and interviews were conducted remotely with key officials.
Sampling and response rates: The statistical accuracy of the surveys depended on access to some contextual data and on the response rates and sample sizes.	Care was taken to ensure all assumptions and uncertainties were made transparent.
Coverage bias in KIIs and FGDs: Due to the deteriorating security situation, the team was unable to complete Mission 3 to Marib. Equally, due to the limited timeframe for field visits, the team had to rely on national team members to carry out additional KIIs and FGDs in-country. This meant that it was difficult for the international evaluation team members to establish a rapport with the interviewees.	<p>Across the evaluation, a significant number of interviews had to be carried out remotely as staff were not based in Yemen, were on rest and recuperation when the team visited, or struggled to find time to carry out interviews when the team was in country. As such, the team developed a careful protocol to follow when carrying out remote interviews, to ensure consistency of approach.</p> <p>An experienced national team member carried out FGDs and KIIs in person and remained in close contact with the qualitative lead throughout. The qualitative lead provided remote training on the interview guides and troubleshooting to the national team member.</p>

92. There were two key limitations identified to the evaluation team at the outset that did indeed prove to be challenging throughout the evaluation. These were:
 - Securing permission to travel freely: To enter Yemen it is necessary to secure visas from both sets of authorities, the IRG and Ansar Allah. The former permission is needed for entry into IRG-controlled areas, and for inclusion on United Nations Humanitarian Air Service flight manifests. For the flights, it is also necessary to be cleared by the Evacuation and Humanitarian Operations Committee in Riyadh and for a ‘profile’ to be established. All of this took time and delayed initial travel plans (principally for the evaluability visit, but also in the end the field work timeline was over a month late). Once these permissions are obtained, it is necessary to secure a visa for Sana’a and the Ansar Allah-held areas. This was only secured at the last minute just before field work in Aden was completed.
 - To travel outside of Sana’a, it is further necessary to secure SCMCHA permissions. Despite being advised this would be difficult if not impossible, in the end the evaluation had excellent cooperation from SCMCHA. The team was accompanied throughout by officials, but this did not limit the ability of the team to carry out the work at any point (please also see para 84 above). The team was able to visit sites picked at random, often without prior notice. The team also agreed to visit sites selected

by SCMCHA. It was the judgement of both missions independently that the authorities in Ansar Allah areas tried hard to facilitate the work of the evaluation, and as best as they were able to give space to the evaluators to do their work. No names of participants in FGD were recorded, and a strict protocol of do no harm was followed throughout the data-gathering phase. Many meetings were arranged to show an Ansar Allah perspective – for instance the cement factory in Amran (where the evaluation team were shown videos of a senior UN humanitarian official on a similar visit). Other meetings were entirely spontaneous and could not have been manipulated under any circumstances. The totality of these many visits – the variety, the spontaneity, the sheer scale, meant there were enough triangulation points for findings to be extremely robust.

- Securing relevant data from aid agencies: Securing data proved to be a major challenge. Only a limited set of publicly-available data was provided to the team at the outset. Requests for additional information were slow to be answered, and the eventual responses were often limited in scope. It is clear that a wealth of additional information exists that was not made available to the evaluation team. Some data was provided to the team by external sources. In addition to gaps, there are inconsistencies and contradictions in the information. Where this is the case, the evaluation has endeavoured to point this out.
- Despite the challenges, the team was able to assemble enough secondary data to be confident of the findings in this evaluation, and as can be seen data is used and interrogated throughout the report. After several meetings and continuous requests, WFP provided some minimum data not in the public domain. For this the evaluation team is grateful.

2.2.6. Structure of this report

93. The report is arranged to reflect the order of the EQs as set out in the matrix and the inception report.
94. Following the **introduction and methodology**, an expanded **context** section provides an overview of the history and causes of the current crisis in Yemen.
95. The **findings** section generally follows the EQs.
96. Each section has a **summary** of findings at the beginning.
97. The last section contains **conclusions** followed by **recommendations**.

Note on terminology

98. At the time of writing, Yemen was deeply divided. Most of the northern highlands and Tihama coast were under the authority of the Houthi movement. Other parts of the country were, according to the United Nations, under the authority of the IRG. The frequently used north-south dichotomy to describe the two authorities is both technically incorrect (for example Marib, a major stronghold of the IRG, is located in the north of the country) and politically biased, as it tends to refer to the pre-1990 borders and therefore implicitly recognizes a possible return to the two earlier states, as called for by separatists.
99. In this report, except when quoting others, the terms ‘north’ and ‘south’ are avoided, unless they clearly refer to geography. In discussing the areas under Houthi control, we use the terms ‘Houthi’, ‘Ansar Allah’ (the official title of the Houthi political organization), or de facto authorities, which is commonly used in United Nations documents. When discussing other parts of the country, we use the term ‘internationally-recognized government’ or IRG. This covers a range of groupings, including the separatist Southern Transitional Council (STC), which controls Aden and its surrounding areas, and is formally part of the IRG since the formation of the current government in December 2020 in implementation of the 2019 Riyadh agreement. We use the term ‘STC’ exclusively when the groups or individuals concerned explicitly claim this allegiance.

2.3. Country context

2.3.1. Political background

100. In 1990, the Republic of Yemen was founded through the merger of the Yemen Arab Republic (YAR), established in 1962 after the overthrow of the Imamate theocracy in Sana'a, and the People's Democratic Republic of Yemen (PDRY), the only socialist state in the Arab world, established in 1967 following a four-year war of liberation fought against Britain. Formally, it succeeded the South Arabian Federation, a short-lived construct established by Britain in its Aden Colony and Protectorates. The new unified state was greeted with enthusiasm, imbued with nationalist fervour and hopeful that the best features of the socialist southern state would be combined with those of the free-market YAR to provide the population with a prosperous future.
101. Hopes for multi-party democracy, equitable economic development and more liberal social policies were soon disappointed. Instead, Ali Abdullah Saleh (who had ruled the YAR since 1978) consolidated his position and expanded his ruling system throughout the country. Its main features were personalized rule, patronage, nepotism and reliance on a multiplicity of family-controlled military-security institutions as proofing against a coup. In addition to close associates, local leaders who commanded some loyalty from their community members also benefitted from the regime's policies. Socially, Saleh used the newly-formed Islah party (a conglomerate of Sunni/Shafi'i Islamists and northern tribespeople) to impose conservative behavioural norms on what had been widely (and misleadingly) publicized as the 'atheist communists' of the former PDRY. While the population of the former YAR had years of experience of this form of governance, citizens from the former PDRY reacted with resentment to this new approach, particularly after the defeat of the secessionist attempt of 1994. This resentment eventually gave rise to the southern separatist movement which emerged in 2007.
102. The first decade of the century also witnessed the rise of the Houthi movement in the far north of the country. Motivated initially by resentment at the establishment of a Sunni-Salafi movement in the heartland of Zaydi Shi'ism, combined with perceived economic marginalization, the movement turned to military action in 2004, resulting in a series of violent conflicts. The last ceasefire in 2010 would probably not have endured had it not been for the 2011 national uprising against the Saleh regime, which the Houthis joined.
103. These uprisings were widespread throughout the country, leading to an internationally-supported transition regime following the signature in November 2011 of the Gulf Cooperation Council (GCC) agreement. This produced the unopposed election of Abdu Rabbo Mansour Hadi (henceforth Hadi) as president for a two-year transitional period in February 2012, under circumstances which were almost certainly bound to fail.¹ Saleh was given immunity by the Yemeni parliament and remained head of his political organization, the General People's Congress. Combined with continued control over the main military and security institutions through relatives appointed as commanders, this facilitated his determination to subvert the transition. During the following years, initially secretly, he worked in alliance with the Houthi movement to undermine the transitional government.
104. By 2014, the National Dialogue Conference ended without having achieved its task of preparing the foundations for a more democratic Yemen responding to popular needs and demands for reform. The announcement by President Hadi that the country would become a federation of six regions ensured that the Houthis and Saleh would cooperate to bring down the transitional government. Fighting during that year eventually led to the take-over by the Houthi movement of Sana'a on 21 September 2014, the exile of the IRG and the beginning of the international military intervention in March 2015.

2.3.2. The trajectory of the war

105. Over the past seven years, the frontlines of the conflict have not changed significantly. However, as of early 2022, Ansar Allah was in full control of more than 70 per cent of the country's population, including the most densely populated and poorest mountainous areas, and overall, about a third of the country's

geographical area. The north-east of the country remains the main military front, most notably Marib and its surrounding areas, where the Houthis have fought a series of offensives since early 2020. Control over Marib would mean control over its oil and gas fields.

106. The rest of the country is often (misleadingly) described as being under the control of the IRG, but the IRG is only one of many factions controlling different areas: it can be said to be in control of the Marib areas which has been the main active military front since early 2020. It is militarily also in control of most of Hadhramaut, Shabwa, Abyan and al Mahra governorates, though in all these areas its control is challenged by separatists. Its forces are led and managed by the main political organizations involved in its government, namely the part-Islamist Islah party, though in most areas there are also strong local forces calling for autonomy, such as the Hadhramaut Inclusive Conference and various Mahri groups. In the south-west, including about 60km along the Abyan coast, the Bab al Mandab and the southern part of the Red Sea Coast/Tihama region are under the control of a range of southern separatist forces supported by the United Arab Emirates (UAE). These include the Guards of the Republic forces led by ex-president Saleh's nephew, Tareq, the Amaliqa (Giants) brigades, and militias aligned to the STC, such as the Security Belts.
107. Politically, with respect to the formal United Nations-led peace process, the STC is the only one formally recognized as part of the IRG, following the November 2019 Riyadh Agreement and the formation of a new government a year later. This came about after STC forces expelled the IRG from its capital, Aden, in August 2019, resulting in serious efforts by the Kingdom of Saudi Arabia to reconcile the two and return the IRG to Aden. It took more than a year for the rivals to agree on a government that included both groups. However, tensions persist and have included a series of military confrontations. In recent months, the Prime Minister and a number of non-STC ministers have been in Aden, but it cannot be said that they control or govern the area. The security/military elements of the agreement are far from being implemented and the STC has far more control over Aden and its administration than does the IRG. The lack of service delivery continues to prompt regular popular demonstrations.ⁱⁱⁱ

2.3.3. Socio-economic roots to the current conflict

108. The current crisis has complex and interacting socio-economic roots. These include:
109. **Economic crisis and structural adjustment policies:** The new state began life with a major economic crisis stemming from a breakdown in relations between the United States/GCC and Yemen over the issue of the Iraqi invasion of Kuwait. This resulted in the return of 800,000 migrants from GCC states as well as the interruption of international aid programmes. By 1995, to restore access to international financial institutions, the regime accepted International Monetary Fund (IMF)-led structural adjustment policies.^{iv}
110. **Mismanagement of natural resources and ineffective/inequitable development strategies:** Inequitable exploitation of the country's limited natural resources, and the uneven distribution of wealth derived from such exploitation, is a long-term cause of vulnerability and grievance in Yemen. Yemen's oil production peaked at 400,000 barrels/day in 2001, dropping to 280,000 in 2010; without the war, it would be close to exhaustion. Gas exports are unlikely ever to reach the imagined levels of revenue, because of unfavourable marketing contracts and the high cost of infrastructure, among other factors. Throughout the Saleh period, hydrocarbon income was misused for immediate profits for a few, rather than invested in social and physical infrastructure essential to prepare for a post-oil future for a rapidly increasing population, and fuel subsidies profited a few senior Saleh associates. Economic policy choices and poorly designed development strategies have in some cases exacerbated these issues and contributed to the worsening of poverty and resentment. For example, improved irrigation projects funded by IFIs were intended to save water and increase irrigation efficiency. In practice, however, the participation required from beneficiaries and the overall conditions of implementation, such as choice of sites, ensured that only larger, wealthier landowners benefitted. Moreover, these projects increased, rather than reduced, the over-exploitation of scarce water, as it was used mainly to irrigate thirsty export crops such as mangoes and bananas, and in the highlands, qat. While qat is widely blamed for excessive use of water, it only uses about 40per cent of the water in the limited highland areas where it is cultivated. It is also the highest value crop whose

income is regular throughout the year and is the mainstay for thousands of smallholders, as well as the entire value chain of casual labourers, transport and marketing.^v

111. **Weakening of state structures and institutions:** A number of policies ostensibly intended as anti-corruption and decentralization measures in practice served to weaken the state. The leading element of this strategy was the creation of large-scale parastatal institutions that competed with line ministries. The most prominent examples are the Social Fund for Development and the Public Works Project, both established in the late 1990s and still major implementation instruments of IFI financing today. The rationale for their creation was to provide compensation mechanisms for the supposedly temporary poverty increase resulting from the implementation of structural adjustment policies.^{vi}
112. Official decentralisation policies did not actually have that outcome. The 2000 Local Government Law conferred increased responsibilities on the governorates without giving them the financial means to fulfil them, and in practice they had little autonomy. Taken together, these factors ensured a highly centralized regime under Saleh.
113. **Social features:** A number of social features have also contributed to the worsening of vulnerability over the decades, including rapid population growth and social fragmentation of the country. Yemen's population has more than doubled since its creation in 1990, from 11 million to 30 million. Natural resources remain limited, while social development policies – those related to education in particular – have failed to create a society able to benefit from the economic potential of the 21st century. With about 70 per cent of its population living in rural areas, Yemenis remain very dependent on crops and livestock. Reduced holdings, water shortage and the absence of appropriate agricultural development policies have increased dependence on casual urban unskilled labour for a majority of smallholders and landless people. International labour migration, which was for centuries a survival strategy for Yemenis, has become increasingly difficult and less rewarding. Low levels of skill have prevented people from taking up or initiating new enterprises, while insecurity has prevented the emergence of tourism as a major source of income.^{vii}

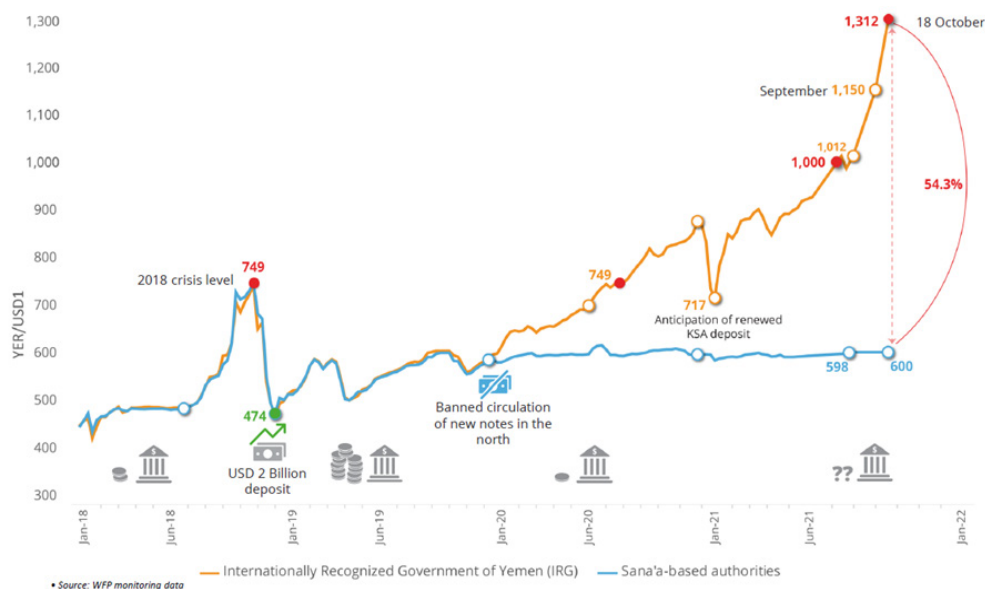
2.3.4. Economic transformation and poverty

114. Yemen is currently on the brink of economic collapse.^{viii} Even before the 2011 uprising, the country was suffering economic challenges: an oil-dependent economic structure with declining oil exports, rising food imports, poor employment opportunities, food insecurity, environmental problems such as rapidly decreasing natural resources,^{ix} notably water scarcity,^x and an extensive patronage system.^{xi}
115. **Economically, the war has devastated an already weak economy,** leading some commentators to argue that 'Yemen's Most Pressing Problem Isn't War. It's the Economy'.^{xii} As detailed below, some key developments from 2015 have steadily worsened the 'economic conflict' across both north and south of the country. Preliminary World Bank estimates propose that the economy shrunk by 8.5 per cent in 2020^{xiii} and that from the end of 2014 to 2019, **Yemen's gross domestic product (GDP) contracted** by 39 per cent.^{xiv}
116. For a country that is dependent on imports for 90 per cent of its staples, **restrictions** and the closure of the main sea and airports³ have disrupted imports, increased the price of commodities, and had repercussions on the supply chain. Hodeida remains the main port of entry for the majority of humanitarian and commercial shipping. However, since the beginning of the conflict in March 2015, the Saudi-led Coalition (SLC) has imposed naval and aid restrictions on Yemen.^{xv} The SLC characterizes this as implementation of the arms embargo imposed by United Nations Security Council Resolution 2216. By 2016, following complaints by humanitarian organizations about their inability to import basic necessities in Hodeida, the United Nations established the United Nations Verification and Inspection Mechanism for Yemen (UNVIM), which has been operating ever since.

³ The Saudi-led Coalition and the Government of Yemen closed the Sana'a International Airport in August 2016, limiting the ways in which to bring in humanitarian goods into the country. See OCHA (2018) *Humanitarian Response Plan – January-December 2018*, OCHA: 26.

117. However, in November 2017, following a failed missile strike towards Riyadh, the SLC closed Yemen’s sea, land and airports. While the full closure was lifted after 30 days to allow commercial imports of critical goods into the country, to this day it continues to restrict aid and commercial imports from reaching Houthi-controlled ports. In relation to food imports, figures suggest that the full import restrictions in November 2017 have had lasting impacts.
118. In addition, with the global increase in food prices, the closure of productive economies due to import restrictions and the resulting increase in unemployment, many Yemenis are simply unable to afford food or basic commodities.^{xvi} The failure to pay the salaries of public servants regularly throughout the country since late 2016^{xvii} has only been partially alleviated by KSA and UAE support to payments of ‘incentives’ to 171,000 teachers, via the United Nations Children’s Fund (UNICEF) which was stopped due to lack of funding. At the same time, the payroll of military and security institutions have grown,^{xviii} though they are not paid regularly. Overall, there has been a dramatic deterioration of basic services.⁴
119. The lack of a unified economic administration, with the relocation of the Central Bank of Yemen to Aden in 2016, and the de facto authorities (DFA) ban on the use of new banknotes issued by the Central Bank in Aden, has led to a currency war and inflation outside of the de facto-controlled areas – see Figure 5 below.

Figure 5: Average parallel exchange rate in northern and southern areas of Yemen (YER/USD) from January 2018 to October 2021



Source: WFP (2021) Yemen Food Security Update, October 2021. WFP: 3.

120. In IRG-controlled areas, an expansionary monetary policy to cover government expenditures (salaries in IRG-controlled areas, goods and services, and social transfers, in particular COVID-19 spending-related activities) has led to the depreciation of the Yemeni rial.^{xix} Without secure sources of foreign exchange and with a high dependence on imports, domestic prices have soared,^{xx} ‘pushing more people into extreme poverty’.^{xxi} Despite Saudi Arabia providing \$2.2 billion USD to cover letters of credit for staple food imports in March 2018^{xxii} and the IMF approving the allocation of special drawing rights to Yemen of \$665 million USD in August 2021,^{xxiii} Yemenis continue to resort to negative coping strategies.

⁴ OCHA and the World Food Programme note that the IRG began paying public sector salaries infrequently in the third quarter of 2016 – see OCHA. 2016. Yemen: 2017 Humanitarian Needs Overview. Report, United Nations Office for the Coordination of Humanitarian Affairs, Sana’a, Yemen; WFP, 2016. Yemen- Special Focus: What Does the Conflict-Induced Public Sector Crisis Mean for Food Security in Yemen? Report, World Food Programme, Sana’a, Yemen.

121. And whilst the value of the rial has remained stable in Ansar Allah-controlled areas, and inflation has been contained, the DFA budget relies heavily on customs revenue, collection of corporate profit and sales taxes – all of which have suffered due to COVID-19-related movement restrictions and a reduction in trade.^{xxiv} Costs of basic commodities, fuel in particular, are significantly increased as a result of the SLC preventing fuel ships from docking in Hodeida. By diverting to Aden, not only is the actual cost of transport increased, but the multiplicity of taxation points separating STC- and DFA-controlled areas are opportunities for increased income for some at the expense of living conditions for the majority of citizens.
122. Economic consequences of the COVID-19 pandemic have been mainly felt through a decline in remittances (see below), with governments worldwide adopting mitigation measures to contain the virus, leading to negative effects on the global labour market.^{xxv} The reduction of foreign aid as a result of COVID-19 threatens Yemen’s fragile economy. Supply chain issues caused by restrictions on travel and the movement of goods across borders has led to factory closures in countries that export to Yemen, with a knock-on effect on manufacturing, trade and retail sectors in Yemen.^{xxvi}
123. The absence of salaries and a substantial weakening of the (already limited) private sector has meant that the main sources of income left to local authorities and the majority of the population are:
- a) **The humanitarian sector** (both salaries for staff and cash/goods distributed). However, volatile exchange rates mean that as food imports continue and prices follow exchange rates, prices will differ (and increase) depending on geographic areas of control.^{xxvii} Visas, taxation and customs are additional costs incurred by agencies at the expense of responding to the needs of the population.
 - b) **Remittances:** At both the macro and household levels, remittances have always played an important role in providing economic stability in Yemen. The World Bank estimated the value of remittances to Yemen at \$3.771 billion USD in 2016.^{xxviii} This figure represents 12.04 per cent of GDP, an increase of just over 4 percentage points from 7.751 per cent in 2014.^{xxix} As ACAPS explains, with the conflict, remittances have adopted a much more significant role, contributing to import financing and Yemen’s balance of payments, and providing a supply of foreign currency to the country. In addition, remittances helped the Central Bank of Yemen underwrite fuel and food imports.^{xxx} The decrease in global fuel prices in 2020, which led to lower Saudi crude oil export revenues, resulted in a decrease in remittances to Yemen.^{xxxi} With the highest proportion of remittances coming from Saudi Arabia, restrictions on immigration and the country’s ‘Saudization’ policies have been felt in Yemen.^{xxxii}
 - c) **Military service:** With the war and the multiplicity of military groups, young men are attracted by the fact that military salaries are higher and are paid with greater regularity than many other sources of income.^{xxxiii} Moreover, there is significant status for young men who find themselves being the main income earners in thousands of desperate households. The irregular payment of military salaries, however, remains a problem, with Prime Minister Maeen Abdulmalek Saeed stating in October 2020 that the Government of Yemen would prioritize salaries to those on active military fronts.^{xxxiv}
 - d) **Agriculture:** While being a major occupation for about half the population, agriculture produced only 20 per cent of GDP prior to the war. It continues to provide some form of income for millions; wealthier farmers have expanded solar powered irrigation where water is available (thus contributing to the long-term worsening of the water crisis), while others rely on sharecropping and daily wages in agriculture. In addition to providing vegetables and fruits for those who can afford it, qat continues to be a mainstay of the rural and urban economies given its ubiquitous presence everywhere, involving cultivation, picking, packing, transporting and distribution.
 - e) **Casual labour** in both rural and urban areas where jobs in the informal economy are extremely volatile. These labourers remain largely underpaid, are exposed to forms of exploitation and abuse, and are exposed to shocks in the socio-economic system.

2.3.5. The impact of the war on society

124. The most visible impact of the war on Yemeni society has been the worsening of social fragmentation, which has taken a number of forms. One of them is regional, with the rise of southern separatism. This is most visible in the area of the former PDRY but is also relevant elsewhere. The populations of Hadhramaut and al Mahra have no allegiance to Aden, and already acute (as is manifested in the IRG/STC conflict) divisions within Shabwa, Abyan, Lahej and Dhali' have the potential to worsen following a long history of conflict. (For this reason, separation according to the 1990 borders would mostly likely merely be a stage in internecine southern conflicts.)
125. Throughout the country, sectarianism is increasingly emerging as a significant force. Salafism (ranging from the mildest Muslim Brotherhood version to the most extremist Daesh version) now pervades most of Yemen, with Islahi ideology dominating in most of the country. Countering this, and very actively sponsored and enforced, is the Houthi form of Zaydism, which is increasingly closer to Iranian Twelver Shi'ism and thus further distanced from both traditional Zaydism and traditional Shafi'ism, with which it lived in harmony for decades if not centuries. Also relevant is the rewriting of Yemeni history in areas under STC influence.
126. The most notable impact of sectarianism is visible in gender relations. All religious fundamentalist movements have similar positions with respect to women's role in society. In Yemen, the Houthis and Islah have similar practices to those of the many Salafi groups found throughout the country. Their ideology imposes patriarchal rules opposing the involvement of women in decision-making, public affairs and prominent social positions. In addition, they attempt to impose behavioural norms which isolate women in their homes and restrict their social involvement. In practical terms, the imposition of 'mahram rules' affects women working in the humanitarian sector.
127. Most importantly, these formal and outspoken ideological restrictions are in direct contradiction with the impact of the economic crisis, which demands women's increasing involvement in income-generating activities to deal with worsening poverty and reduced male incomes. Therefore, in practice, women are forced out of the homes, and their incomes are needed by male household members (regardless of their beliefs) and the norms cannot be implemented. This leaves society at large (and most of Yemeni society is socially conservative) torn between ideology and economic necessity. This contradiction has had negative consequences such as the worsening of gender-based violence, while also empowering women financially and economically as they obtain jobs and are involved in micro enterprises to increase household incomes.
128. Yemen has the fourth largest IDP population in the world as of 2021.^{xxxv} People exposed to the indiscriminate effects of conflict, violations of international humanitarian law (IHL) and international human rights law (IHRL), landmines, explosive remnants of war and the effects of disasters continue to be the most in need of protection. Violations of IHL/IHRL continue to be severe, causing civilian casualties and damaging civilian infrastructure including hospitals, schools, main supply routes and economic markets. IDPs are generally underserved, with only around 22 per cent of IDPs sites covered by assistance. There is a lack of reliable protection data, and the protection cluster faces multiple resource challenges.

2.3.6. The humanitarian situation

129. As discussed above, the underlying drivers of the crisis are complex and enduring. Despite six years of international humanitarian response, the 2021 *Humanitarian Response Plan Monitoring Report* notes that "some 20.7 million people in Yemen are in need of humanitarian assistance and protection and over 4 million people are internally displaced, making this the world's fourth largest internally displaced population".^{xxxvi} Of this figure, it is estimated that the crisis has affected approximately 10 million school-aged children – one-third of the population. Of these, it is estimated that 8.1 million are in need of education assistance,^{xxxvii} an increase from more than 3.4 million over the figure reported in the HRP 2016.^{xxxviii} Nutrition figures in the 2021 HRP state that there were about "about 7.6 million people in need of nutrition support in the country, all are children under five or pregnant and lactating women; 4.7 million

are in acute need including over 2.25 million cases of acutely malnourished children aged 0 to 59 months and 1.2 million cases of malnourish pregnant and lactating women”^{xxxix}

130. While almost all Yemenis are suffering from the conflict, specific groups are affected disproportionately. The Muhamasheen minority is subject to forced recruitment from all parties to the conflict and faces barriers with regards to health care, education, housing and documentation as well as access to aid and essential services. Migrants and refugees – mostly from Ethiopia and Somalia – are more likely to experience exploitation and violence. The conflict has had a varying impact on women, girls, men and boys. Women and children constitute 75 per cent of the total number of displaced persons, and there is an increased prevalence of female-headed households among displaced populations. The consequent disaggregation of communal structures, the breakdown of community networks, the loss of safety nets and the depletion of assets and resources has exacerbated pre-existing gender discrimination, resulting in increased risk of sexual violence and recourse to negative coping mechanisms, with child marriage remaining a concern. Reports of gender-based violence have risen significantly, increasing by 63 per cent during the conflict, partly triggered by tension within families due to lack of income and loss of livelihoods.
^{xl}Critical funding gaps prevent protection actors from adequately addressing women’s protection needs.

2.3.7. The humanitarian response

131. The activation of a Level 3 (L3) emergency in Yemen on 1 July 2015^{xli} called on the humanitarian community to “deliver a rapid, concerted mobilization of capacity and systems to enable accelerated and scaled-up assistance and protection over a short and focussed duration”.^{xlii} Table 5 below provides an overview of humanitarian response activities over the years. The list is not exhaustive but indicative of some of the main activities undertaken.

Table 5: Humanitarian response activities, 2015-2021

Sector / Cluster	People in need by year, as per HRPs	Activities
Education <i>Co-led by UNICEF and Save the Children</i>	2015: 2.9m 2016: 3.0m 2017: 2.3m 2018: 4.15m 2019: 4.7m 2020: 5.5m 2021: 8.1m	<ul style="list-style-type: none"> Emergency education services (emergency classroom repairs, temporary learning spaces, alternative education and psychosocial support). Capacity-building for education authorities and training of teachers, school managers, supervisors and members of parents’ councils, mainly in the south. Provision of incentives to teachers. Distribution of school meals, snacks and hygiene kits. Providing equipment and supplies (bags, essential learning materials, textbooks). Facilitation of grades 9 and 12 exams. Rehabilitation of school infrastructure.
Food Security and Agriculture <i>Co-led by WFP and FAO and co-chaired by the Norwegian Refugee Council.</i>	2015: 12.9m 2016: 14.4m 2017: 14.1m 2018: 17.83m 2019: 20.1m 2020: 20.1m 2021: 16.2m	<ul style="list-style-type: none"> Primarily food distribution, called general food distribution (GFD). Registered families receive a ration of wheat flour, oil, pulses, salt and sugar. Significant cash and voucher programme, with values pegged against a minimum food basket calculated using market prices. Livelihoods assistance is primarily cash or cash for work, but also includes more technical and project-based work, and emergency agricultural, livestock and fisheries kits.

<p>Health</p> <p><i>Led by WHO and co-chaired with Ministry of Public Health and Population (MoPHP)</i></p>	<p>2015: 15.2m</p> <p>2016: 14.1m</p> <p>2017: 14.8m</p> <p>2018: 16.37m</p> <p>2019: 19.7m</p> <p>2020: 17.9m</p> <p>2021: 20.07m</p>	<ul style="list-style-type: none"> • Significant operational support to the public health system focussing on system preservation and strengthening, predominantly through supplies, equipment, training and incentives for staff. Also includes rehabilitation or renovation of health facilities. • Some health actors also run hospitals, clinics, therapeutic feeding centres (TFCs) and provide specialist support. • Provides support for community-based service delivery through community case management of common childhood illnesses and home-based maternal and new-born care, strengthening referral from community to primary health care facilities and secondary care facilities for maternal, new-born and child health. • Support to expand immunization programmes. For cholera response, activated cholera treatment facilities (diarrhoea treatment centres and oral rehydration corners). • Supporting submission of disease surveillance reports from health facilities.
<p>Nutrition</p> <p><i>Led by UNICEF</i></p>	<p>2015: 1.6m</p> <p>2016: 3.0m</p> <p>2017: 4.5m</p> <p>2018: 7.02m</p> <p>2019: 7.4m</p> <p>2020: 7.4m</p> <p>2021: 7.56m</p>	<ul style="list-style-type: none"> • Screening for malnutrition, provision of vitamin and micronutrient supplements, access to infant and young child feeding (IYCF) counselling for appropriate feeding, and creation of IYCF corners. • Promotion of community-based management of acute malnutrition (CMAM) through outpatient therapeutic programmes (OTPs) and stabilization centres. Provision of nutrition supplies such as ready-to-use therapeutic food supplies at TFCs. • Supporting targeted supplementary feeding programmes and blanket supplementary feeding programme. • Provides support for training of health workers on CMAM/ IYCF and capacity development for Ministry of Public Health and Population.
<p>Protection</p> <p><i>Led by UNHCR⁵</i></p> <p>Other Areas of Responsibility (AoRs):</p> <p>Child protection (<i>led by UNICEF</i>)</p> <p>Gender-Based Violence (<i>led by UNFPA</i>)</p> <p>Mine Action (<i>led by UNDP</i>)</p>	<p>2015: 11.4m</p> <p>2016: 14.1m</p> <p>2017: 11.3m</p> <p>2018: 12.86m</p> <p>2019: 14.4m</p> <p>2020: 14.2m</p> <p>2021: 15.77m</p>	<ul style="list-style-type: none"> • Displacement tracking and assessments. • Communicating with communities to identify cases for targeted direct protection assistance, including mental health and psychosocial support, legal assistance, cash and material support and civilian impact monitoring • Distribution of family, transit and dignity kits. • Providing mine-risk awareness to include surveying and clearing mines. • Establishing community centres, women and girls' safe spaces and multi-sectorial services. • Through partners, training community volunteers and service providers.

⁵ Until spring 2019, the Protection Cluster was co-led by the Danish Refugee Council (DRC).

<p>Refugee and Migrant Multi-Sector (RMMS)</p> <p><i>Main agencies involved UNHCR and IOM</i></p>	<p>2015: 883,000⁶</p> <p>2016: 0.46m</p> <p>2017: 0.46m</p> <p>2018: 0.17m</p> <p>2019: 0.17m</p> <p>2020: 0.2m⁷</p> <p>2021: 0.28m</p>	<ul style="list-style-type: none"> • Immediate lifesaving services (food, WASH, health and shelter). • Direct protection assistance (including screening and registration of new arrivals, protection monitoring, cash or material assistance and support for assisted voluntary return, third-country resettlement and other forms of lawful admission e.g., humanitarian admissions and visa programmes, provision of medical consultations and creation of mobile clinics along migratory routes). • Support to education activities for refugee, migrants and host communities in camps.
<p>WASH</p> <p><i>Led by UNICEF</i></p>	<p>2015: 20.4m</p> <p>2016: 19.4m</p> <p>2017: 14.5m</p> <p>2018: 16m</p> <p>2019: 17.8m</p> <p>2020: 20.5m</p> <p>2021: 15.36m</p>	<ul style="list-style-type: none"> • Provision of water and sanitation through water trucking, emergency latrine construction, rehabilitation and desludging, and basic and consumable hygiene kits. • Support to wastewater treatment and solid waste management and water supply systems through provision of fuel, equipment, treatment chemicals, incentives, solar pumping systems, repairs and rehabilitation to networks and wells. • Hygiene awareness and capacity-building of community hygiene volunteers. • For cholera response, rapid response teams (RRTs) provided water disinfectants, hygiene awareness and quick impact infection control interventions.

Source: Authors' own compiled from Humanitarian Response Plans 2015-2021.

2.3.8. Challenges

132. The context in Yemen presents a number of challenges to implementing humanitarian action. Exact figures on fatalities due to the conflict are difficult to collate, but ACLED estimates that from 1 January 2015–21 March 2020, out of 46,295 political violence events, there were 112,011 reported political violence fatalities.^{8 xliii} Out of 5,491 events that targeted civilians, there were 12,690 reported civilian fatalities during the same period.^{9 xliiv} Related to this, security constraints have been most acute where there has been active conflict. The Yemen Data Project estimates that there have been 25,054 coalition air raids across 2,598 days of campaign.^{xliv} With such active conflict, access issues, constrained by a mixture of security and bureaucratic obstacles, have continued to present challenges for humanitarian actors.

⁶ Referred to as refugee and migrant response plan.

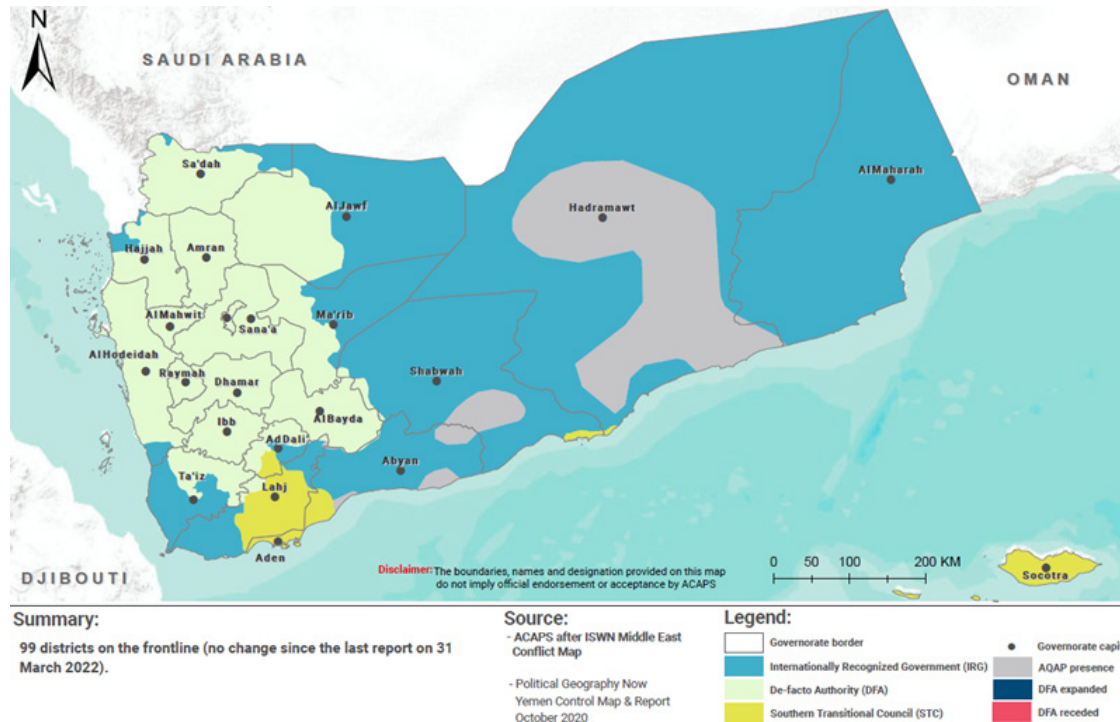
⁷ This figure varies between 0.2 and 0.3 in HRP 2020 Extension but the latter might be a typographical error. See OCHA (2020) *Humanitarian Response Plan Extension: June-December 2020*, June 2020: 7 and 33.

⁸ ACLED's categorization for political violence events include: armed clash; government regains territory; non-state actor overtakes territory; air/drone strike; chemical weapon; grenade; remote explosive/landmine/IED; shelling/artillery/missile attack; suicide bomb; mob violence; abduction/forced disappearance; attack; and sexual violence.

⁹ ACLED includes the following disclaimer: "Fatality numbers are often the most poorly reported component of conflict data. While ACLED codes the most conservative reports of fatality counts to minimize over-counting and takes steps to triangulate reports where possible, this does not account for biases that exist around fatality counts at large. As such, these figures should be considered estimates, rather than exact counts ... Additionally, the second figure includes only civilians killed as a result of direct civilian targeting. It does not include 'collateral' civilian fatalities. As such, the number is assumed to represent an underestimate of total conflict-related civilian fatalities in Yemen." See <https://acleddata.com/2019/10/31/press-release-over-100000-reported-killed-in-yemen-war/>

133. Security constraints are most acute around frontlines where there is active conflict. As of 19 February 2022, ACAPS records that there were 100 districts on the frontline.^{xlvi} These were primarily around Marib, where there has been fierce fighting for over a year;^{xlvii} Hodeida, where a frontline partitions the city, and where in January 2022 the DFA took control of an Emirati-flagged vessel in the Red Sea, docking it in the Saleef port, north of Al Hodeidah, leading to further airstrikes from the SLC;^{xlviii} Taiz, where there is also a frontline bifurcating the city^{xlix} and close to the border with Saudi Arabia in Al Jawf governorate. There are also more fluid frontlines in IRG-controlled areas of the country, demarcating the various factions.

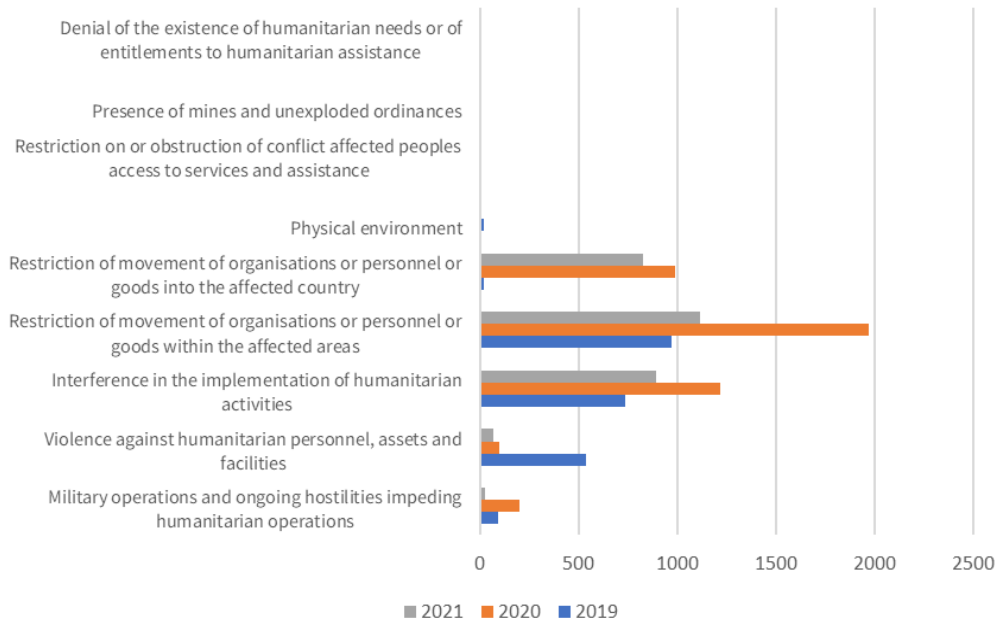
Figure 6: Yemen: Areas of control as at 14 April 2022



Source: ACAPS Analysis Hub (2022) *Yemen: Areas of Control as at 14 April 2022*, Humanitarian Data Exchange - <https://data.humdata.org/dataset/yemen-areas-of-control/>

134. In addition to these ongoing military operations, there are periodic airstrikes – some higher-intensity than others – which complicate the operational space needed to carry out humanitarian operations in Yemen. There are also occasionally drone strikes, such as that in Lahj governorate in 2021.^l Finally, there are fears of kidnap and targeted attacks associated with extremist groups such as Al Qaeda in the Arabian Peninsula, thought to be mostly present in Shabwa, Hadramawt and Abyan governorates, and a smaller number of Islamic State fighters in the country.^{li}
135. Whilst security constraints present the most serious challenge to humanitarian access, the vast majority of issues relate to ‘bureaucratic impediments’ imposed by the warring parties. Figure 7 provides an overview of reported incidents that have affected humanitarian access from 2019–2021.

Figure 7: Overview of reported incidents, 2019–2021



Source: Compiled from OCHA (2019) *Yemen: Humanitarian Access Snapshot – 2019 Yearly Review*; OCHA (2020) *Yemen: 2020 Annual Humanitarian Access Overview*; OCHA (2021) *Yemen: 2021 Annual Humanitarian Access Overview*.

136. OCHA has developed an access monitoring and reporting framework (AMRF) tool to collect and analyse data on the impact of access constraints. Through this tool, it compiles ‘humanitarian access snapshots’, which rate access challenges on a three-point severity scale (from ‘accessible’ to ‘medium’ to ‘high access constraints’). Districts are designated ‘hard-to-reach’ where humanitarians encounter medium or high access constraints due to conflict and shifting frontlines. Estimates suggest that these figures range from 6.5 million people in 83 hard-to-reach districts in January 2019 of which 4.1 million were in acute need¹⁰ ^{lii} to an estimated 8.3 million affected by access restrictions and constraints in 2019 with up to 4.5 million in need of lifesaving aid affected by constraints. Constraints were worst in 75 hard-to-reach-districts where more than 5.1 million people were in need. ^{liii} The hard-to-reach (HTR) methodology was introduced in Yemen in 2019 and updated in 2021 in order to reflect ‘the impacted areas where the impediments’ effects fall, as reported through the Yemen AMRF. ^{liv} According to OCHA, “most decisions behind bureaucratic impediments for [Ansar Allah]-controlled areas are made in Sana’a, while their impact falls elsewhere. With the impact mostly felt outside of Sana’a, reported incidents do not support classifying the Governorate as hard-to-reach based on bureaucratic impediments”. ^{lv}

137. Access challenges are categorized by OCHA as: ^{lvi}

- Administrative/bureaucratic, which includes: Signing of sub-agreements to approve humanitarian activities; the need for permissions from authorities for the movement of staff and goods; interference in implementation of humanitarian assistance such as beneficiary lists, carrying out needs assessment or monitoring visits, coordination, issuing of directives and interference in tendering and procurement processes; the politicization of aid through diversion or manipulation by parties to the conflict; and restrictions on, or obstruction of, access of conflict-affected people to services and assistance, including the denial of access to women, and the expectation that women travel with/be accompanied by mahram in Al Hodeidah, Hajjah and Sa’dah.

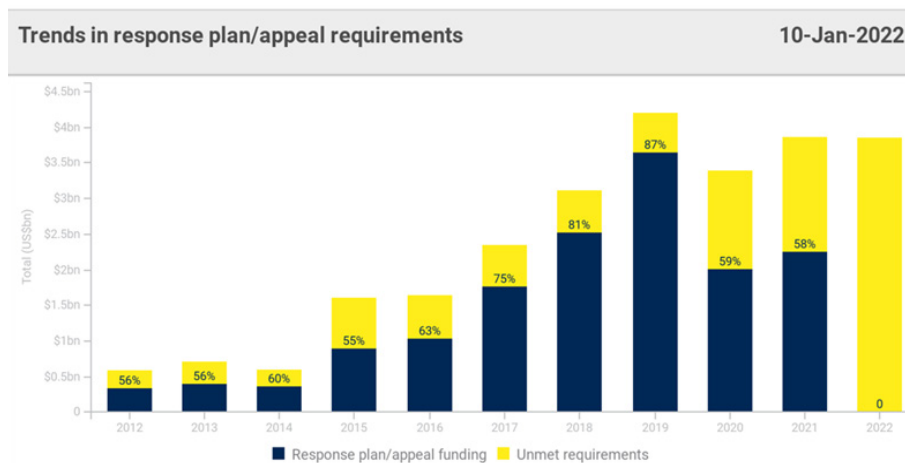
¹⁰ Important to note the methodology used to reach these figures – “In January 2019, OCHA conducted focus group discussions (FDGs) with humanitarian actors in all five humanitarian hubs to determine access conditions in 333 districts in Yemen. Separate discussions were held with UN agencies, international NGOs and national NGOs, with 18 to 24 participants attending in each hub. All districts were scored on a three-point severity scale, ranging from ‘accessible’ to ‘medium constraints’ to ‘high access constraints’. Due to shifting frontlines, several districts were covered by discussions in more than one hub. The results were compared and those indicating the least access constraints were retained as the final score.” OCHA (2019) *Yemen: Humanitarian Access Severity Overview*, January 2019, OCHA: 2.

- Relating to insecurity, which includes military operations and ongoing hostilities where a change in areas of responsibilities/frontlines can lead to temporary suspension of some humanitarian operations; checkpoint searches and demand for fees; violence against humanitarian personnel and facilities.
 - Infrastructure-related/logistic, which includes the presence of mines or unexploded ordinance.
138. Such constraints and incidents are reported across Ansar Allah- and IRG-controlled areas. Restrictions of movement of organizations, personnel or goods within the country ranks highest amongst reported incidents, closely followed by interference in the implementation of humanitarian activities, which resulted in delays of implementation of National Non-Governmental Organisation (NNGO)/INGO projects. In 2019, for example, the humanitarian community stated that “Restrictions of movement reached unprecedented levels during 2019, particularly in northern Yemen”, where incidents increased fivefold from 2018, with 970 incidents reported or 41 per cent of all reported incidents.^{lvii} Of these, nearly 93 per cent were related to the DFA based in Sana’a. Incidents mainly related to movement bans, delays to and denial of travel permits which affected delivery of humanitarian assistance, coordination, needs assessment and monitoring. In southern Yemen, where different military and armed forces are in charge of local security, the humanitarian community faces issues at road checkpoints, where evidence of deconfliction notification (see below) is often required “despite the voluntary nature of the deconfliction mechanism”.^{lviii}
139. Cross-border movement between Ansar Allah- and IRG-controlled areas is difficult, leading to higher operational costs for warehousing, contracting and clearance procedures for humanitarian cargo. The issuing of directives by the DFA and the imposition of new principal agreements in both Ansar Allah- and IRG-controlled areas created a regulatory environment which was deemed “increasingly arbitrary, fluid and opaque”, violating humanitarian principles and contractual agreements with donors and as well as agency rules.^{lix} Where aid organizations did not comply with directives issued by Ansar Allah, OCHA states they faced “arrests, intimidation, movement denials, suspension of deliveries of aid and services and occupation of humanitarian premises”.^{lx}
140. The United Nations has adopted a number of measures aimed at enabling access. One of the main risk mitigation measures adopted is the humanitarian notification system (HNS), a voluntary notification mechanism set up by OCHA and the SLC in 2015 “to ensure safe, timely and unimpeded humanitarian access”.^{lxi} It involved the sharing of information with the OCHA deconfliction team in Riyadh through an online system, which is then passed to the Evacuation and Humanitarian Operations Committee (EHO) for approval. Although organizations are expected to provide information on overland humanitarian movements, the use of venues for humanitarian activities, permanent humanitarian premises/sites, and sea and air movements of humanitarian personnel and cargo, this deconfliction process “does not constitute a legally binding agreement between any of the involved parties. It does not guarantee the safety of humanitarian premises, personnel, equipment and activities”.^{lxii} And whilst the process is voluntary, failure to provide proof of deconfliction can also hamper access, conversely in contravention to the International Humanitarian Law premise that humanitarian relief personnel should enjoy freedom of movement in terms of personnel and goods.^{lxiii}
141. As part of the security risk management (SRM) process, the United Nations Department for Safety and Security (UNDSS) also carries out threat assessments and security risk levels to determine which activities can be carried out in particular areas. This is common practice for field missions in all humanitarian crises, but the assessments in Yemen rate most of the country as ‘high risk’, with some parts considered to be ‘very high risk’.^{lxiv} The majority of humanitarian staff, in particular in country office and senior management roles, are based in Sana’a followed by Aden. Field hubs have also been set up in smaller cities to improve response delivery, but with limited numbers of international staff. United Nations staff follow strict security protocols, which include moving in armoured vehicles, often with armed escorts (although the latter is no longer required in Sana’a). Combined with the deconfliction process, and approvals required from Ansar Allah and the IRG, as well as from the United Nations, receiving clearance to carry out field missions is a time-consuming and challenging process.

2.4. Funding analysis

142. Yemen has seen some of the highest levels of humanitarian financing globally since its designation as a L3 emergency in 2015, reflecting its alleged/claimed status as, ‘the world’s worst humanitarian crisis’. As is common with humanitarian funding, precise figures are notoriously difficult to pin down given the delay in reporting schedules, the complexity of gathering data on finance flows, and the lack of a single agreed system to capture all flows inside and outside of formal humanitarian appeals. The OCHA-managed financial tracking service (FTS) reports almost \$20 billion in commitments, pledges and actual funding, and roughly \$14.3 billion if counting only funds recorded as received. The global humanitarian assistance (GHA) report compiled by Development Initiatives uses the OECD-DAC creditor reporting system (CRS) and reports an additional \$1 billion up to 2019 (there is a two-year delay with CRS figures).^{lvv} Using FTS figures for 2020 and 2021, the amount is roughly \$15.5 billion.
143. The figures below illustrate the response plan/appeal requirements and how the funding has been distributed over time, by agency, by donor and by sector.

Figure 8: Trends in response plan/appeal requirements

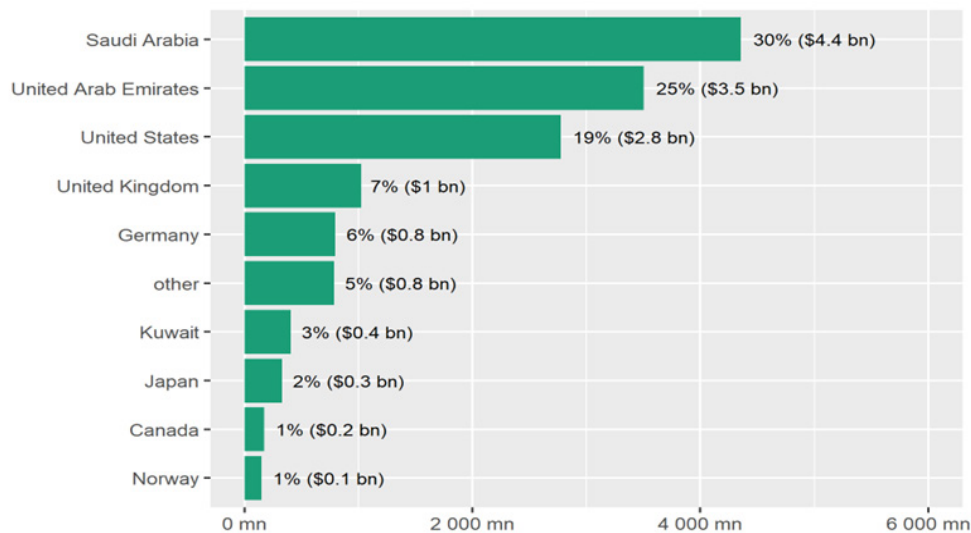


Amounts shown for the current year (far right bar) are for the year to date. No data is shown in years where there was no plan/appeal.

Source: Financial Tracking Service, Yemen Humanitarian Response Plan 2021, <https://fts.unocha.org/appeals/1024/summary>. [Accessed on 10 January 2022].

144. As can be seen in Figure 8, the funding reached a high point in 2019, with just under \$4 billion secured, or almost 90 per cent of the appeal funded. From 2015–2021 (Figure 8), Yemen received most of its funding from three main donors: Saudi Arabia (\$4.4 billion), UAE (\$3.5 billion) and the US (\$2.8 billion).

Figure 9: Donors' paid contributions to Yemen, 2015–2021

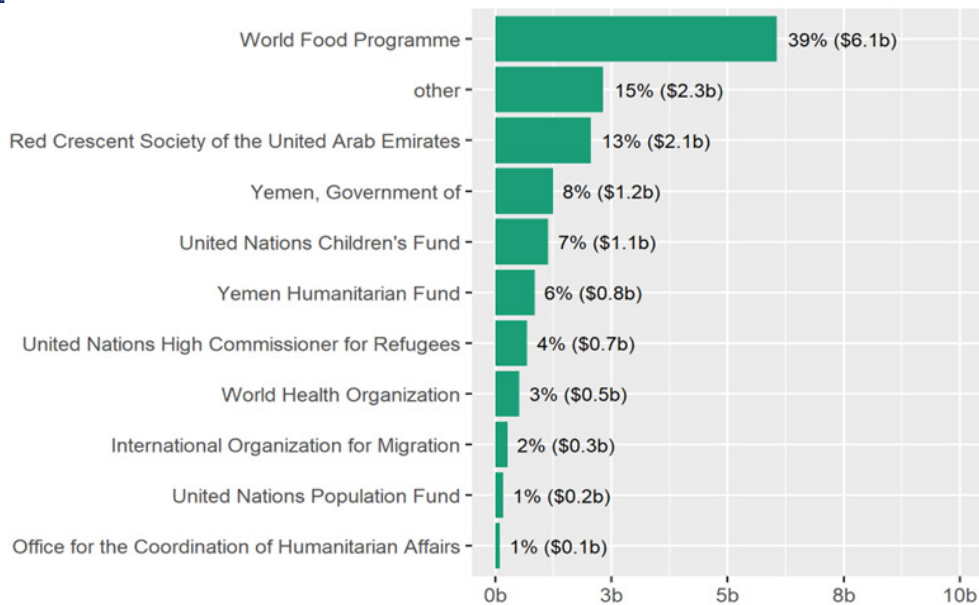


Source: Compiled from the FTS figures for Yemen.¹¹

145. Further analysis of Figure 9 above to look at donors' paid contributions by "destination usage year" (see Annex 5) shows that an increase in funding from Saudi Arabia (2017–2018) has remained constant at approximately 30 per cent since 2018, but in absolute terms it has declined from 2018-2020, increasing in 2021. Equally the figure shows a significant decrease in funding from UAE from 2018 onwards.
146. The largest channel for humanitarian assistance over this period has been to the World Food Programme (WFP), with almost 40 per cent of the funds since 2015 being spent via the agency – see Figure 10. This is consistent with the food security and agriculture sector having the highest requirements in the appeal and being the biggest humanitarian concern on an ongoing basis. Sectors with significantly less funding include protection (2 per cent of funding, which also includes child protection and other AoRs), water, sanitation and hygiene (WASH), camp coordination and camp management (CCCM) and the refugee and migrant Sector, despite acute need in all these sectors.

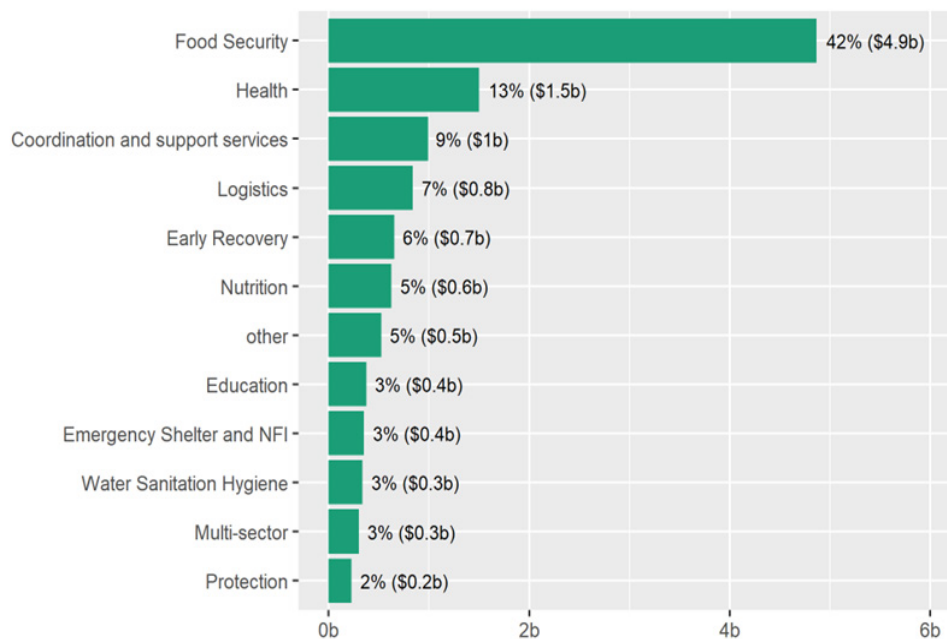
¹¹ For the analysis of Figure 9, funding secured outside the appeals as well as through the following appeals was used: Yemen Humanitarian Response Plan 2021, Yemen 2020, Yemen 2019, Yemen 2018, Yemen Humanitarian Response Plan 2017, Yemen Humanitarian Response Plan 2016 and Yemen 2015.

Figure 10: Percentage of funds received by destination organization in Yemen, 2015–2021



Source: Compiled from the FTS figures for Yemen.¹²

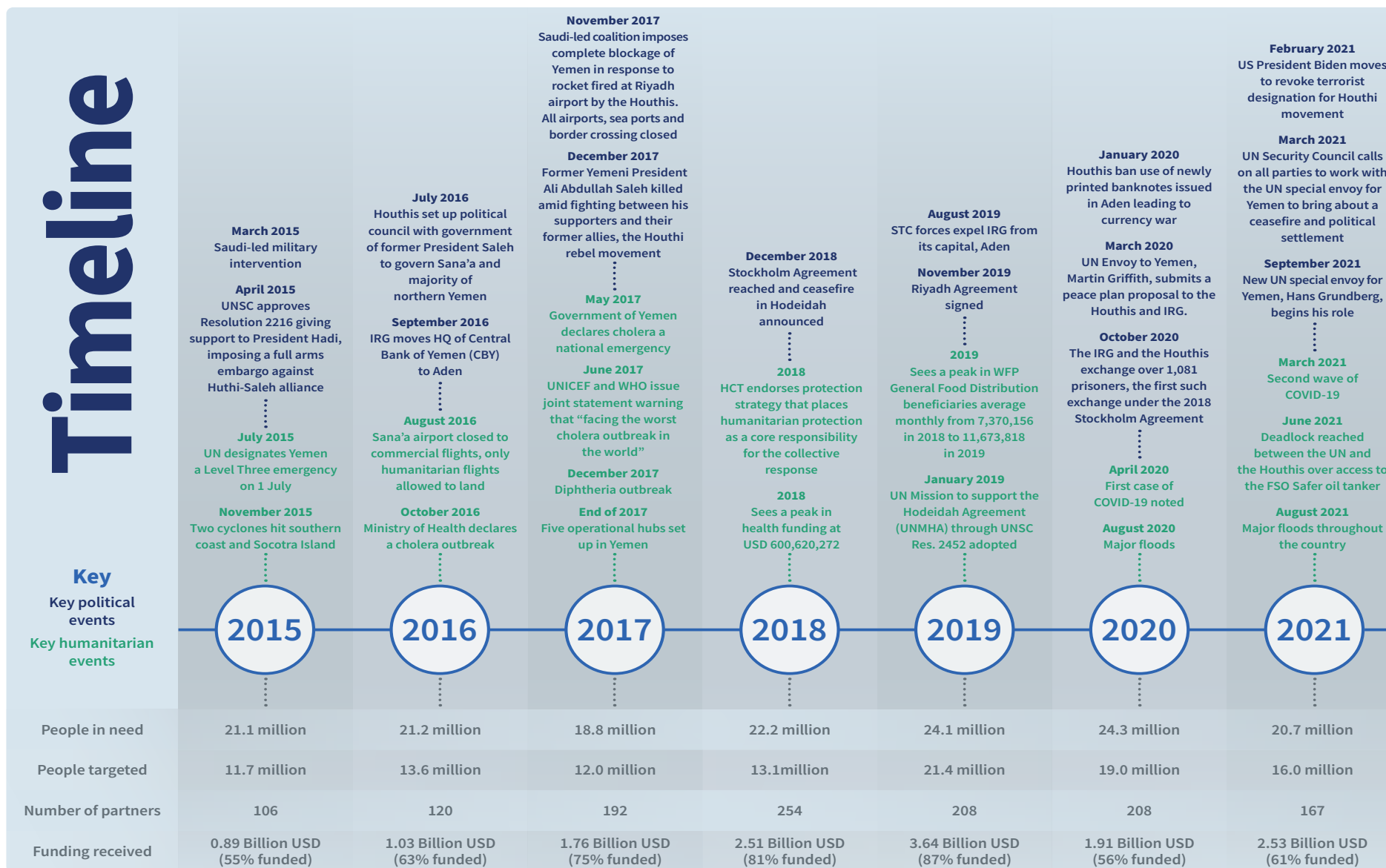
Figure 11: Percentage of funds received by sectors in Yemen, 2015–2021



Source: Compiled from the FTS figures for Yemen.

¹² For the analysis of figures 9 and 10, funding secured outside the appeals as well as through the following appeals was used: Yemen Humanitarian Response Plan 2021, Yemen 2020, Yemen 2019, Yemen 2018, Yemen Humanitarian Response Plan 2017, Yemen Humanitarian Response Plan 2016 and Yemen 2015.

2.5 Timeline



3. Evaluation findings

3.1. Needs

Evaluation criteria	Evaluation questions	Evidence confidence rating
Appropriateness	EQ 1: Were strategies and response plans appropriate, based on needs in consultation with the local population and adaptive to changing context?	Strong
	EQ 1.1: Were strategies and plans based on needs and priorities as identified by affected populations through inclusive consultation processes?	Strong
	EQ 1.2: Which changes in the context were the most important and what adaptations to the collective response were taken?	Medium

Summary findings

- The Yemen operation has broadly tried to address the needs of Yemenis. Food is consistently the number one need expressed by people, and this has also formed the largest part of the operation. The major cause of food insecurity is economic, where Yemenis lack well-paid employment opportunities; however, livelihoods have received less funding than immediate transfer programmes.
- There has been insufficient consultation with populations about their needs. None of the assessments carried out were consultative, defined as seeking people's views on what might constitute an appropriate response (rather than collecting information on aspects of need). The 2018 multi-cluster location assessment came closest, as it did ask people to choose priorities from a list, although it is still in essence an information-gathering exercise. Beyond this one exercise, there was little evidence of people being systematically consulted. Data for the evaluation suggests a significant difference of opinion between those giving aid and those receiving aid as to whether the response is consultative.
- The humanitarian needs overviews and data generally deal in broad estimates. Bureaucratic and access issues have constrained reliable and consistent data-gathering at a scale consistent with the size and complexity of the Yemen operation.
- The lack of quality data has meant that targeting, monitoring and even strategies and approaches are not as well formulated in some sectors as they could be with better information.¹³ Better quality information and deeper analysis is imperative if the operation is to evolve.
- Strategies in the HRPs have become increasingly emergency-oriented over time, despite consistent messages from affected populations that livelihood support is a top priority.

¹³ It is worth noting that processes followed in Yemen reflect standard planning approaches developed in other contexts; some respondents to this evaluation have suggested that this might reflect a broader problem in the use of boilerplate systems without context-specific tailoring.

147. The humanitarian response in Yemen has been broadly framed by several inter-agency analytical processes. These comprise the standard suite of tools in use for HRP and were implemented to greater and lesser effect over the period of time under examination. There have also been a large number of information products and systems generated over the course of the Yemen response. Sometimes the sheer volume of this information is overwhelming and gaining a clear and accurate picture has not been straightforward.
148. The HPC is the established method by which response plans are developed and updated. The programme cycle starts with needs assessment and analysis, and this evidence base should be updated through situation and response monitoring throughout the response. A humanitarian needs overview (HNO) is ideally developed twice a year to support the HCT to develop a shared understanding and inform response planning, although in most contexts, including Yemen, the agreement is once a year. The HNO is underpinned by a multi-cluster needs assessment or analysis (MCNA) and often a severity ranking to help with prioritization.^{lxvi}
149. In Yemen, the MCNA process has been carried out once in the six years under examination by the evaluation. This was in 2018 and was called a multi-cluster location assessment (MCLA). Prior to, and since this assessment, the HNOs have relied on individual cluster assessments. (A second MCLA was taking place as this evaluation was being finalized).
150. The MCLA was based on KIs with Yemenis across the country, reaching 331 of the 333 districts. Whilst not statistically representative, it is a structured questionnaire consulting people on their priority needs and their views on assistance. Whilst this might not be a completely consultative (open-ended, qualitative) approach, it covers a wider range of sectors than the more focused sector-technical surveys referenced elsewhere in this evaluation, and as such is one of the few exercises that attempts to prioritize across sectors.
151. The MCLA found food to be the number one need, confirming this as the main priority for the response. Livelihoods and income-generating activities were the second most reported need, followed by access to drinking water.
152. In addition to the MCLA, other major needs assessments or datasets include:
- Food security: There were three main primary data collection exercises over the five years under examination. These were the emergency food security and nutrition assessment (EFSNA) in late 2016, the famine risk monitoring (FRM) system (two rounds) in 2018 and the food security and livelihoods assessment (FSLA) in 2019/2020. Additionally, there have been ongoing telephone surveys on a monthly basis for food security, called mobile vulnerability analysis and mapping (mVAM). These have been ongoing since 2015 and currently consist of 4,300 calls per month. There was also an FRM ‘hotspots’ exercise in 2019, and in late 2021 (after the evaluation had completed its data collection) a fourth exercise was approved and completed – another FSLA – for a total of four assessments in six years.
 - Nutrition: The nutrition cluster, together with the Ministry of Public Health and Population (MoPHP), has conducted standardized monitoring and assessment for relief and transition (SMART) surveys in selected governorates from 2012–2019.
 - Health: The health cluster, together with the MoPHP, has maintained a database of communicable disease incidence called the electronic disease early warning system (eDEWS). This is not publicly available, although the World Health Organization (WHO) produces national-level graphs in its monthly situation reports for key reference diseases and has recently started producing eDEWS

reports. Various dashboards report on achievements, and for a period during the cholera outbreak in 2018, a detailed dashboard of incidence and response was in the public domain. A periodic survey of functioning health facilities also took place over the period under examination, known as the health resources and services availability monitoring system (HeRAMS).¹⁴

- Socio-economic and protection needs assessment: Conducted by the United Nations High Commissioner for Refugees (UNHCR) in 2020 and 2021. This surveyed 221,000 households (HH) in 2020 and 237,000 HH in 2021, asking questions about demography, income, accommodation status and protection elements (civil documentation status, vulnerabilities and displacement).
- Individual cluster and agency assessments: The 2021 HNO reports 343 assessments conducted in 2020, of which the majority were for WASH (232). These generally targeted individual sites, as was the case for the majority of individual cluster and agency assessments. The CCCM cluster, with the help of REACH, collates data on IDP sites, and there are various policy briefs based on ministry data (for instance in education).
- Tracking areas of concern: There are a number of ongoing data-collection exercises around specific issues, which include the displacement tracking matrix led by the International Organization for Migration (IOM),¹⁵ the protection cluster-led civilian impact monitoring project, which looks at protection and rights concerns, access monitoring and reporting by OCHA, as well as global-level databases such as ACLED and the aid worker safety database.

153. None of these assessments or analytical processes could be called consultative, defined as seeking people’s views on what might constitute an appropriate response (as opposed to collecting information on aspects of need).¹⁶ There are also few processes by which the affected population can participate in the design of strategies for aid, or its prioritization.¹⁷ The majority of assessments do look at the needs of men and women separately.

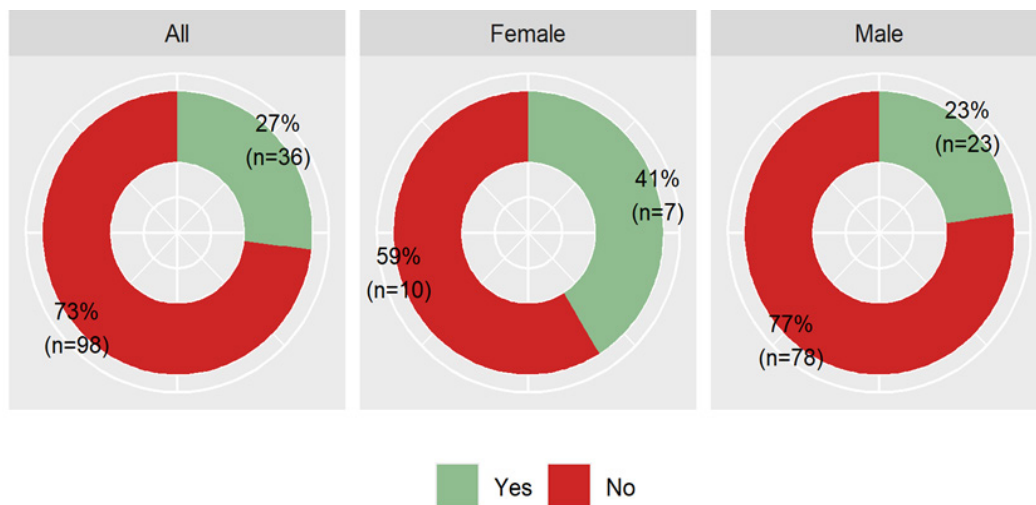
154. This analysis is somewhat supported by data-gathering for this evaluation. In the majority of FGDs, participants stated that they had not been or had only partially been consulted on their needs. When they did express preferences, this did not result in their priority needs being met. The SMS survey returned very similar results, although the number of respondents was low. In answer to the question “were recipients consulted” a majority of both men and women thought this was not the case.

¹⁴ As with all datasets, surveys and dashboards reviewed by the evaluation, there is no clear information in the public domain about method or frequency. The similarity of the figures used over time in this HeRAMS survey suggest MoPHP reporting rather than detailed inspection. The first of these is reported as taking place in 2015/16 and HeRAMS is routinely referred to in HNOs.¹⁵ DTM is currently only active in IRG areas, as it has been blocked in Ansar Allah areas since 2018.

¹⁶ “Consultative” here refers to either asking affected populations to select priority needs from previously allocated lists or a more qualitative process that includes interviews and focus groups examining and identifying needs.

¹⁷ UNHCR reports increasing mobile interventions as a result of feedback from communities due to limited reach in remote areas; they also report introducing rental subsidies as a result of community feedback relating to evictions.

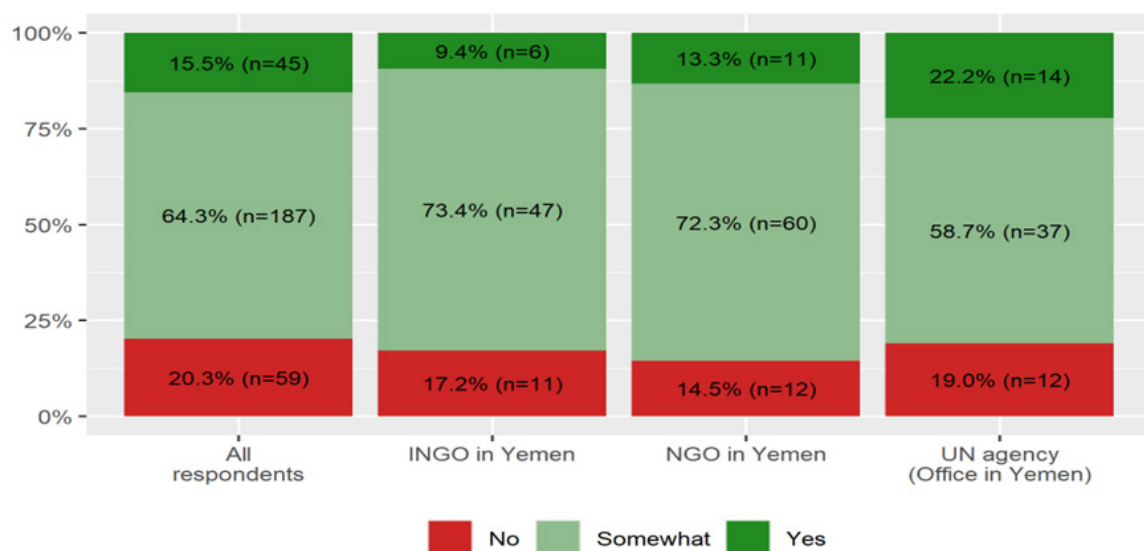
Figure 12: Answers to the question, “Were you/they consulted on the type of humanitarian aid delivered”, from the SMS survey for this evaluation¹⁸



Source: Evaluation team analysis from SMS survey data.

155. Whilst beneficiaries did not view themselves as having been consulted, aid workers surveyed for this evaluation expressed the opposite perspective. An overwhelming majority felt there had been some consultation, and this was similar across the different organization types. This may indicate a perception issue, or a definition issue. Targeted research would be needed to understand exactly why there was such a difference of perspective. A working hypothesis for the evaluators based on participating in FGDs is that it may be linked to decision-making. Whilst aid workers might feel that asking people questions about need is consultation, beneficiaries may feel that obtaining their expressed priority needs represents consultation.

Figure 13: Answers to the question, “Are strategies and plans informed by consultation with affected population?”, from the aid worker survey for this evaluation



Source: Evaluation team analysis from aid worker survey data.

¹⁸ The character limitations of the SMS survey mean that it was not possible to provide recipients with a definition of “consult”. However, the Arabic verb used carries the clear meaning of being ‘asked about’ or ‘asked for advice about’ one’s needs.

How accurate are the HNOs?

156. A detailed examination of the various collective response documents suggests that many of the figures are broad estimates. The relative infrequency with which primary data is gathered (often due to restricted access), and the significant gaps in knowledge (for instance on population), mean that statements about need are quite approximate. The HNOs use a formula to calculate people in need that combines cluster assessments and gives a priority ranking/weighting. In situations where the initial information is quite scant (and therefore figures rely on a lot of extrapolations), there is a wide range of possible outcomes.¹⁹ Tweak any of the figures and the numbers change quite significantly – perhaps even by millions.
157. The 2018 HNO provides a case in point, although any year provides much the same picture. In this year, 22.2 million people were said to be in need, with 11.3 million people in acute need. Each of the sectors set out their figures for need and acute need: food security and agriculture (17.8 million and 8.4 million); health (16.37 million and 9.34 million); WASH (16 million and 11.6 million).^{lxvii} The figure of 22.2 million in need implies that there are 4.4 million people with either health or WASH needs (or protection), but not food needs. This is entirely plausible, but taking into account infrequent data-collection exercises, the non-sharing of beneficiary lists, and the fact that that not all agencies hold lists centrally, the credibility of this estimate is questionable.
158. The methodology sections for the clusters in the 2018 HNO are clear about the estimation process, and about the data sources. These are in fact largely the same for food, nutrition, WASH and health – EFSNA, SMART surveys, eDEWS, HeRAMS and some more localized, specific assessments.

Box 1: Data issues in the Yemen response

The evaluation encountered multiple issues with the collection and use of data in the Yemen response. Collecting data is always difficult in the midst of conflict. In Yemen, however, a combination of bureaucratic difficulties and a lack of transparency about the problems has compounded the challenge.

Data issues are noted throughout the report and are too numerous to list here. They include, as noted above, only one collective multi-cluster assessment over the five and a half years under examination. There have been four national food security assessments over six years. No accurate nutrition surveys for over two years. No publicly available health data. Only two reports on the collective operation since 2015.

The reasons for the lack of data are explored throughout the evaluation, principally under sections 3.3 and 3.4. They relate to difficulties obtaining permissions from authorities in Ansar Allah-controlled areas and self-imposed internal bureaucracy, particularly on the part of the United Nations (see section 3.5 below). With varying levels of reliable field work, the collective response has relied largely (but not exclusively) on ‘remote’ data-gathering, mostly via telephone polling. The COVID-19 pandemic exacerbated this trend. Whilst a useful source of additional insight, remote data gathering cannot substitute for on-the-ground-presence. The approach to data-gathering in Yemen needs a thorough re-think.

¹⁹ Population figures are a good example of this problem. The last census was in 2004, and since then a simple factor has been used to multiply population figures. Were this to be changed (for instance by war or displacement), it would change some of the humanitarian planning figures quite dramatically.

What are the needs in Yemen, and how have they evolved over time?

159. As referenced above, the MCLA found in 2018 that food was the number one need amongst people surveyed. This was also the main need identified in FGDs conducted for this evaluation. In IDP sites, most people listed food as their top need, followed by a variety of issues depending on location – water, sanitation, electricity, education, health and shelter. For host communities, basic services tended to predominate, including water, sanitation, education, electricity and roads.
160. The struggle to secure food is related to the economic and social consequences of war, displacement and state failure. In a country that is reliant on food imports, market prices are a strong factor in food insecurity, and household income largely determines whether market prices are affordable.^{lxviii}
161. Since 2018, analysis in the major collective appeals has characterized Yemen as either in famine or on the edge of famine. Small pockets of extreme distress – “catastrophe”, or Integrated Food Security Phase Classification (IPC) level 5 (the most severe) were identified in 2021, 2020 and 2018. This is further analysed in section 3.4.
162. According to most estimates, poverty has increased in Yemen over the course of the war. The World Bank in its last macro-economic outlook for Yemen in 2020 stated that “Deteriorating economic conditions have likely translated into widespread poverty. Accurate projections are unable to be produced in the current environment.”^{lxix} It nevertheless attempts to provide a figure on its country website for Yemen, where it states that, “Poverty is worsening: whereas before the crisis it affected almost half Yemen’s total population of about 29 million, now it affects an estimated three-quarters of it – 71 per cent to 78 per cent of Yemenis. Women are more severely affected than men.”^{lxx}
163. It is unclear how the World Bank have made this estimate when they have stated that they are unable to make projections.²⁰ However, the backdrop of rising prices, collapsing currency, widespread food insecurity and the ongoing war makes it hard to imagine poverty has declined.
164. If we take this crude measure, then it is also likely that household income has either declined or stayed quite similar to pre-war. The high dependence on aid and remittances, consistently low food consumption scores and the levels of vulnerability to disease and malnutrition all suggest precarious household income. This has been exacerbated by the virtual non-payment of 1.2 million government staff for the last four years.
165. The analytical sections of the major strategic documents talk about a slow economic collapse, precipitated by war and import restrictions. Services are collapsing due to a lack of government budget and an inability to pay public servants. The combination of increased poverty and collapsed services increases precarity; the cost of health shocks to poor households was potentially catastrophic even before the war.^{lxxi}
166. Since the escalation of the conflict, the protection crisis has exacerbated. Makeshift sites have evolved in hosting some of Yemen’s poorest and most marginalized IDPs and have high concentrations of social groups with specific needs, including female heads of households (present in 82 per cent of sites), persons with disabilities and unaccompanied children.^{lxxii} These groups face a heightened risk of exploitation and violence, including gender-based and other forms of physical and psychological violence. Living conditions for internally displaced families are substandard due to limited access to basic services such as clean water, sanitation, education and health care. Child protection has deteriorated, especially in 2021, due to increased hostilities. Since 2013, more than 21,000 grave violations against children have been recorded in Yemen.^{lxxiii} Seven years of conflict and shifting frontlines have resulted in widespread risks from unexploded ordnance.

²⁰ And there are doubts about the accuracy of the initial World Bank poverty statistics to start with – see Lackner, H. Yemen in Crisis: The Road to War, Verso.

Strategies based on need

167. In the reconstructed theory of change for this evaluation using the strategic objectives from the HRP's over the period 2015-2021, it is noteworthy how strategy has evolved over time. Initial HRP's looked to building humanitarian capacity and helping to ensure access to services. From 2017 onwards, there is more focus on the maintenance of public services given their accelerated decline (and salaries are rarely paid for public servants). Since 2019, HRP's have been more explicit about reducing the incidence of communicable disease and preventing famine.
168. Later HRP's have more of an emergency emphasis. In some ways this shift responds to the context. As the economy has worsened and services have deteriorated, it is logical that needs would become more extreme. However, as the coverage and outcomes sections (sections 3.3 and 3.4) below make clear, actual indicators have not massively deteriorated. Food security has marginally improved, malnutrition is very stable and even health indicators are just about holding up. The picture is more of a highly precarious situation; people and systems under huge stress, but not yet breaking.
169. The characterization of needs, and the detail of who is in need and where, matter, because they influence the strategies put in place.
170. First, there is a very important element of the detail which is about targeting (making sure aid goes to the neediest groups and areas as a priority). This is addressed in the next section, 3.2 on targeting.
171. Second, the more detail we know at the outset about what the needs are, the more likely we will be to know whether we have addressed them or not (and which approaches were the most successful). Whether needs are met or not is examined in section 3.3 on coverage and 3.4 on outcomes.
172. Third, and perhaps most important for strategy setting, the more we understand the cause of the problem, the more likely we are to select the right approaches or prioritize the right programmes.
173. In Yemen, roughly half the response has been centred on lifesaving assistance to food insecure populations. However, the second expressed need expressed by populations consulted in the 2018 MCLA was livelihoods assistance. Authorities in both jurisdictions (the Ministry of Planning and International Cooperation and SCMCHA) were clear in KIIs that livelihoods assistance was a high priority for the population. This was also overwhelmingly the case in FGDs conducted for the evaluation. As noted above, the principal cause of food insecurity in Yemen is a lack of sufficient and well-paid employment. However, livelihoods (employment) has received far less funding and attention than food security programmes.²¹
174. A similar point could be made for health, where (understandably) the response remains focused on immediate needs and recurrent emergencies. This has seen a strategy develop that is largely geared towards preventing and responding to the presence of communicable disease, in part as a result of the cholera outbreak in 2017/2018. And yet access to health care, non-existent primary care, a lack of female health workers in rural areas and non-communicable diseases are just as important, if not more so.²²
175. The balance between systemic and emergency response will be explored throughout the evaluation. For protection, the lack of funding and capacity has meant that the response has not been able to provide sufficient direct protection services. In addition, 2 million children remained out of school.^{lxiv}

²¹ Whilst the financial tracking service that records financial flows to HRP's does not have a category called 'livelihoods', it is illustrative that WFP's budget requirements are 7 per cent for its resilience-building activities over the lifetime of its current CSP, compared with 93 per cent for crisis response. Data source: WFP.

²² The World Bank, through WHO and UNICEF, supports more systematic assistance to the Yemeni health system with, for example, the Yemen emergency health and nutrition project) and the Yemen emergency human capital project. This point is made elsewhere in the evaluation. Nevertheless, the main outcomes – strategy – advanced by the HRP are aimed at communicable diseases and emergency-type response.

3.2. Targeting

Evaluation criteria	Evaluation questions	Evidence confidence rating
Appropriateness	EQ 2: Did the response appropriately target the most vulnerable and hard-to-reach and were women, girls, men and boys considered equally?	Strong
	EQ 2.1: Did the response equally consider the rights and needs of women, girls, men and boys and other vulnerable groups, including children, persons with disabilities, the elderly and minority groups affected by the conflict?	Strong
	EQ 2.2: Did the collective assessments adequately prioritize the needs of the most conflict-affected and hard-to-reach geographical areas?	Strong

Summary findings

- Targeting in the Yemen operation has proven challenging. While there are variations across agencies and clusters, targeting in the Yemen operation has proven challenging. This is true despite some sensible targeting criteria from the major agencies.
- As is common across all large humanitarian operations, the lack of any jointly maintained database of aid recipients makes it impossible to know who is receiving what assistance and how much. Neither is there clear gender, age or disability disaggregated data on a collective level.
- In the absence of careful, well implemented targeting, there is a danger that large inclusion and exclusions errors means the most vulnerable maybe overlooked. They also find it difficult to access aid as they cannot readily make themselves heard, nor do they have the connections to get on the list.
- While some agencies have sought to improve geographical targeting, and some occasional correlations between various data points and the response, this could nonetheless be better focused. The lack of consolidated data again makes it impossible to be sure, but there does not always appear to be a link between areas most in need and the volume of aid received, nor does the hard-to-reach designation appear to mean anything in practice in terms of targeting.
- Given the scale of the operation, with half the country’s population receiving aid of one kind or another, there is no doubt that large numbers of people in need have been reached. What is not certain is that those in the greatest need have been consistently prioritized.

176. Results from the aid worker survey suggest there is uncertainty around the degree to which specific groups were targeted. While under half thought the response equally considered girls, women, men and boys, almost a third of respondents thought there was not enough data to know.²³ Almost two-thirds thought the response somewhat met the needs of the most vulnerable and more than a third thought there was not enough data to tell whether disabled and elderly were well targeted.²⁴

177. The evaluation also undertook an SMS survey. The uptake was disappointingly small, at only 271 surveys completed in full out of 15,000 people targeted (see Annex 7 for full results and method). Of those that responded, however, less than half thought the response always or very often targeted the most vulnerable, and a quarter thought aid never or rarely targeted the most vulnerable (see Figure 14 below).

²³ Several agencies have stressed the need for further data disaggregation and have established various working groups with the aim of pushing forward that process; however, this remains a significant challenge at the time of this evaluation.

²⁴ UNHCR has explicitly called for more support to specialized protection actors and activities. However, they note that this has had little traction given the overall narrative focus on famine and disease outbreaks, leaving protection and CCCM activities constantly underfunded.

178. This analysis is consistent with the community consultation exercises carried out in 2017 and 2018, which show that people do not think all the needs of the most vulnerable are being consistently met. This is confirmed in observations by the evaluation team, KIIs and FGDs. In several cases, the evaluation team on arrival in an IDP camp was taken to the homes of people with disabled family members to be shown how they were not receiving assistance and were in distress.
179. There is also not as much information on gender disaggregation as might be expected given the clear focus in humanitarian policy for many years. A couple of the clusters report on how many women and men and people with disabilities they have been reached – notably nutrition and protection. However, the evaluation could not find any gender- or age-disaggregated breakdowns in the food security and agriculture cluster (FSAC), health or CCCM dashboards,²⁵ nor in any of the appeal reports.²⁶ WFP reports on the number of men and women reached in its annual country office reports. But the collective response end-of-year reports in 2018 or 2019 do not report separately on men, women, girls and boys reached, and none of these reports has disaggregated figures.^{lxv} Whilst appeal documents separate out the targets in term of gender, and rhetorically commit to helping vulnerable groups, there is little concrete evidence of follow-through.

Figure 14: Response to four questions from the aid worker survey for this evaluation, looking at whether the response equally served men, women, boys and girls; whether the response met the needs of the most vulnerable; whether the response served the hardest to reach; and whether the response served the needs of persons with disabilities and the elderly

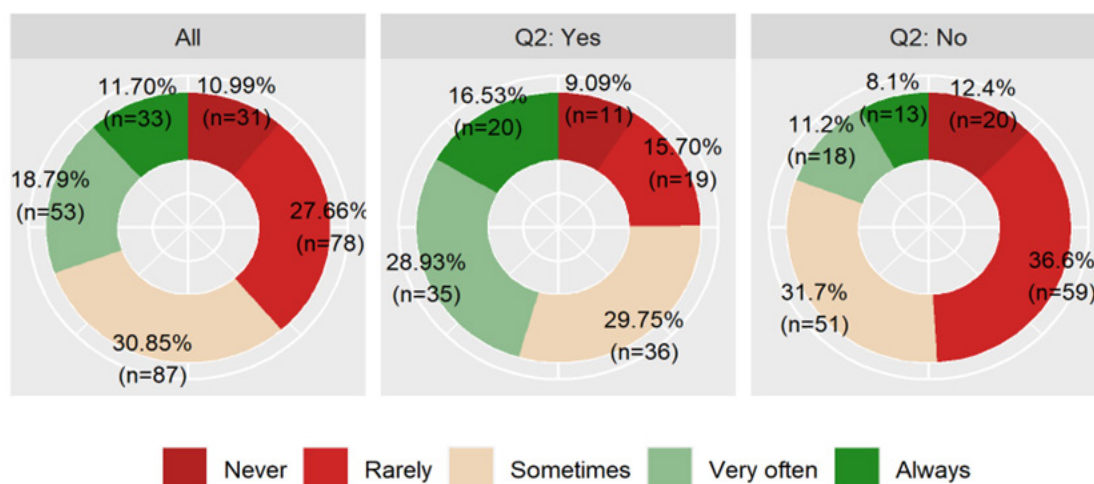


Source: Authors' own.

²⁵ While not disaggregated by age, the CCCM dashboard with the site analysis collected from November 2019–December 2021 of 1,409 sites reports the presence of categories of persons with specific needs. However, disaggregation still remains a weakness in data collected across the response.

²⁶ The evaluation team understands some work is ongoing to push for disaggregation on an age basis by the child protection AoR.

Figure 15: Response to the question, “Is humanitarian aid meeting your priority needs” in the SMS survey for this evaluation



Source: Authors' own.

Food security and transfer targeting

180. The most consistently raised issues during FGDs with aid recipients were the food assistance and cash transfer lists.
181. There are, as is discussed in the next section, a number of different cash and food transfer schemes. By far the largest of these is the WFP general food assistance (GFA).²⁷ This is mostly delivered via in-kind food distribution, but there is also a substantial cohort receiving cash and vouchers. The next largest is the emergency cash transfer programme (ECTP) run by UNICEF and funded by the World Bank, using the infrastructure of the former government-run social welfare fund (SWF). Prior to Yemen's protracted crisis, the government operated the SWF as a national social protection system designed to target and alleviate extreme poverty.²⁸ UNHCR has a significant programme of multi-purpose cash assistance; there is an international NGO and IOM cash consortium known as the Cash Consortium of Yemen (CCY), and individual NGOs and Red Crescent and Red Cross societies also distribute food and cash. In addition to these humanitarian transfer schemes, there is also another former government-run social protection programme, the social fund for development (SFD), now supported by the United Nations Development Programme (UNDP), with World Bank funds, which has a cash transfer element.
182. In FGDs about food assistance in Aden, Ad Dhale, Hajjah and Taiz, the team was approached by community members desperate to access any available lists and not able to understand why they were excluded. This also happened in community centres across the country whilst reviewing UNHCR emergency cash programmes. In nearly all encounters with Yemenis – whether officials, community members, staff in facilities or displaced communities - there was a palpable sense of the arbitrary nature of aid. There is a great deal of unhappiness about the targeting of aid and a perceived lack of fairness.²⁹

²⁷ In the 5th revision of WFP's interim country strategic plan for Yemen (2019-2022), the target is for 12.9 million people to receive GFA as set out in para. 9. The evaluation has used this terminology for accuracy and consistency. https://docs.wfp.org/api/documents/WFP-0000135423/download/?_ga=2.124582986.1536051978.1648809013-1431578322.1648208359. [Accessed 12/10/21].

²⁸ The SWF was established under the Ministry of Social Affairs in 1996 as a standard cash transfer programme. By 2011 there were 1.5 million people receiving a benefit. Total transfer value was \$20 and studies suggest a limited impact in addition to a high number of non-poor receiving the benefit – Lackner, H. (2019) *Yemen in Crisis: The Road to War*, London: Verso: 253.

²⁹ Some of these complaints will inevitably be politically motivated, and the complex and bitter nature of the conflict and context in Yemen makes interpretation challenging. However, there is enough triangulated data to suggest a genuine unhappiness with aid, in addition to more politically motivated messaging.

183. The inclusion of people into food and cash lists is always one of the most challenging aspects of any humanitarian operation. This is also true in social welfare schemes, where large bureaucracies are built up to determine who has access to often limited sets of entitlements and benefits.
184. In Yemen, the last major targeting exercise for WFP food and cash was carried out in 2019. There was a re-targeting exercise of sorts in the south in 2020, but this related to shifting people from food baskets to cash, rather than changing names on lists (there was some dissatisfaction with this process as people felt they lost benefits as they may not have listed all family members when first registering). Since then, there have been only some additions related to new IDP movements, although a recent initiative in Marib has been more substantial.
185. This is problematic given the ongoing displacement around the country. It is also problematic as the IPC analysis shows districts changing classification in late 2020 and early 2021 to include pockets of IPC 5 (indicating famine conditions). Finally, it is problematic because of what poverty economists call ‘churn’.^{lxxvi} Evidence suggests that people who are in the poorest categories in society tend to slip in and out of poverty, never quite escaping without major change. Over the two-year period, it is likely that some families will have done slightly better, no longer needing food assistance, and some will have slipped further into need, requiring assistance.
186. The ECTP/ SWF list of beneficiaries has not been updated since 2014 when UNICEF took it over (and in fact has probably been the same since 2008).³⁰ UNICEF is not permitted by the authorities to add or remove names from the list.^{lxxvii} Targeting was originally based on a combination of categorization and proxy means testing. The WFP GFA list started by including the SWF list in 2015 but has since evolved with the introduction of its own criteria.
187. For the UNHCR protection grant, the system is basically an application process, with some effort having been made in mainstreaming protection in its multipurpose cash assistance based on socio-economic vulnerability. These processes are managed through local partners, typically through community centres. The CCY runs different types of benefits, but all are related to shocks (natural hazard/disaster or conflict-related displacement). Whether you receive an NGO food basket or cash grant depends on their coverage. The evaluation team visited IDP camps within a few miles of each other where one received regular NGO benefits and another did not. This was confirmed in KIIs and by a review of available secondary data.
188. The 2019 targeting exercise for the GFA was based on a number of criteria (categories). These included IDPs, single-headed households, households with disabled members or older people, households where children were malnourished and households with a high degree of poverty and no income. Sheikhs, community leaders and local authorities were asked to choose people against the criteria and these were then verified by the WFP implementing partner and an independent third-party monitor.

³⁰ KIIs.

Table 6: WFP targeting criteria from 2017

Evaluation criteria	Estimated share (%)
Households with pregnant and lactating women and/or children under five years registered in curative activities for severe acute malnutrition or moderate acute malnutrition	35
IDPs living in public camps, shelters, without sources of income and no means of accessing food	20
Households from socially and economically marginalized communities (Muhamasheen) who do not have any sources of food	15
Households headed by females/widowed who live independently with their children and have no means of income	15
Vulnerable households headed by physically challenged persons and chronically ill persons without breadwinners	5
Elderly-headed households who have no income and means of accessing food	5
Child-headed households who have no income and means of accessing food	5

Source: WFP.

189. In practice, not all people who fit into these categories are receiving in-kind, food, cash or vouchers. Being an IDP is one of the criteria for receiving GFA, yet in nearly all the sites visited by the evaluation team, coverage was patchy. Typically, in focus groups, the evaluation team was told that less than half of IDP families were receiving WFP food, with only one out of the 32 sites visited telling the team there was complete coverage.³¹ Typically, the shortfall was dealt with by sharing the ration amongst the whole population. Where this did not happen, FGDs reported conflict amongst the population. These observations seem to be confirmed by CCCM data, which show a low level of partner coverage for the management of camps, and a low level of coverage of aid within those camps.^{lxviii} Within those camps there were examples too of families with children with disabilities who claimed they did not receive GFA or any other type of transfer-type benefit. Whilst it is difficult to verify these claims with certainty, the frequency with which the evaluation heard these stories, and the level of anger sometimes witnessed, suggests there is a problem at some level.
190. In Ansar Allah areas, the lists may be partially controlled by the authorities. The evaluation team witnessed a food distribution in Saada where the local partner was quite clear that the local authorities determined who was on the list, and this changed month by month. WFP suggested this may relate to the funding deficit-driven need to reduce rations, i.e., not the authorities adding or removing people from lists but instead WFP alternating families on a monthly basis to deal with shortfalls.³² The evaluation cannot verify this.

³¹ This camp is in Aden Governorate and is managed by NRC. They call this their 'model' camp and in addition to WFP food they also get top-up packages from the Adventist Development and Relief Agency (ADRA), as well as a comprehensive range of services (including upgraded shelter and a new school) from NRC.

³² In 2021, WFP introduced bi-monthly food aid in many areas as a result of funding cuts.

191. A lack of coordination of beneficiary lists exacerbates the perceived lack of fairness in transfer targeting overall. Whilst there have been attempts at linking the major transfer schemes, detailed coordination remained largely theoretical at the time of the evaluation. This means it is entirely possible that a person could be receiving a WFP GFA ration, an SWF payment, and an NGO food basket – or, alternatively, none of these. Beneficiaries might additionally gain some employment via an SFD scheme for a time. In such circumstances, it is possible to also access a UNHCR emergency grant. The evaluation team visited camps in Aden governorate where residents were receiving both WFP rations and food baskets, and other camps in the same district where they received neither.
192. What this means in practice is that there are both large inclusion and exclusion errors. If 14 million people – approximately half the country – receive food assistance or an equivalent cash and voucher transfer, and if it is possible to easily find people who fit the categories for receiving the benefit but are not on lists (and others who receive multiple benefits), then it is safe to conclude the targeting is not precise.

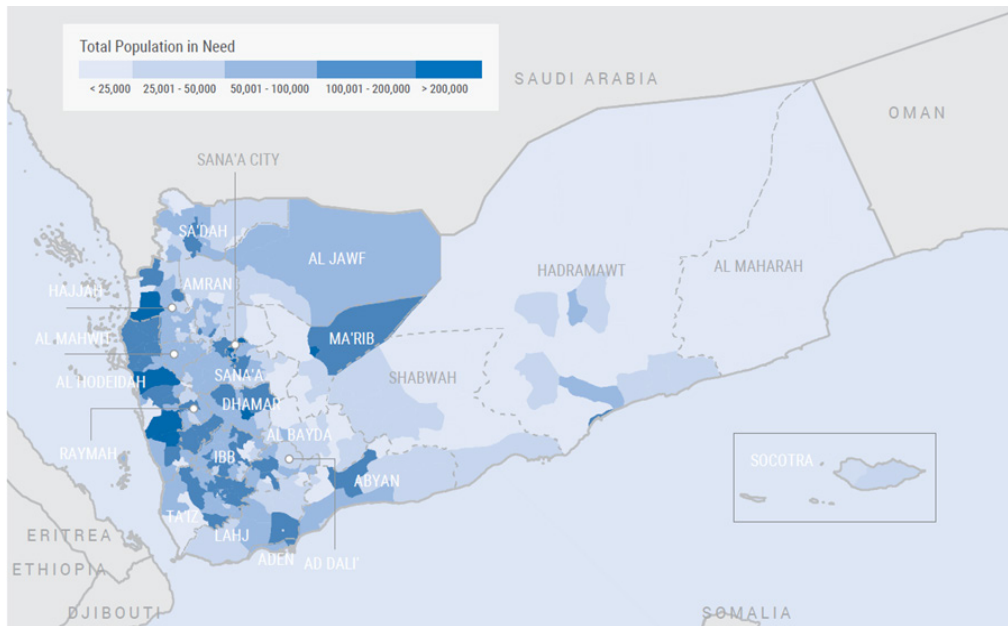
Targeting in other clusters and sectors

193. Access to health care was inequitable before the conflict, dependent on income and geography (rural access was and is very poor), and these conditions remain. Targeting for acute malnutrition is more equitable given its physiological basis. As noted in the context section, access to water is an almost existential problem in Yemen. The 2018 MCLA found it was worse for those not living in IDP camps – 61 per cent of those in “host or non-host communities” (i.e., those not living in camps) did not have access to adequate quantities of water. For IDPs, that figure was 53 per cent. Only a quarter of IDP camps have any form of management agency, and even these have unacceptably few services (see Figure 21 in section 3.3. on access to services in IDP camps).
194. A general issue with targeting may relate to the lack of accurate data and analysis discussed above. Without properly understanding who is vulnerable, why and where, it is extremely difficult to target well. Moreover, vulnerability criteria often change from one agency to another. This means that along with no unified registration database of those receiving aid, there is no ‘in practice’ agreement on who is the most vulnerable and why.
195. With the landscape of targeting described above, it is almost inevitable that people will fall through the cracks. As such, it is hard to describe the humanitarian operation as targeted.

Geographical targeting

196. The final consideration in terms of targeting is geographical. The HNOs use a ‘people in need severity index’ and rank different areas of the country according to this formula. Figure 16 shows geographical distribution and severity of need. Intuitively, this map looks sensible. Food insecurity and malnutrition are known to be high in the Tihama region (Hodeida, Hajjah lowlands), and these areas host a large number of IDPs. Marib also has a large number of IDPs as a result of the upsurge in fighting, and in the south, parts of Lahj and areas near frontlines are in elevated need.

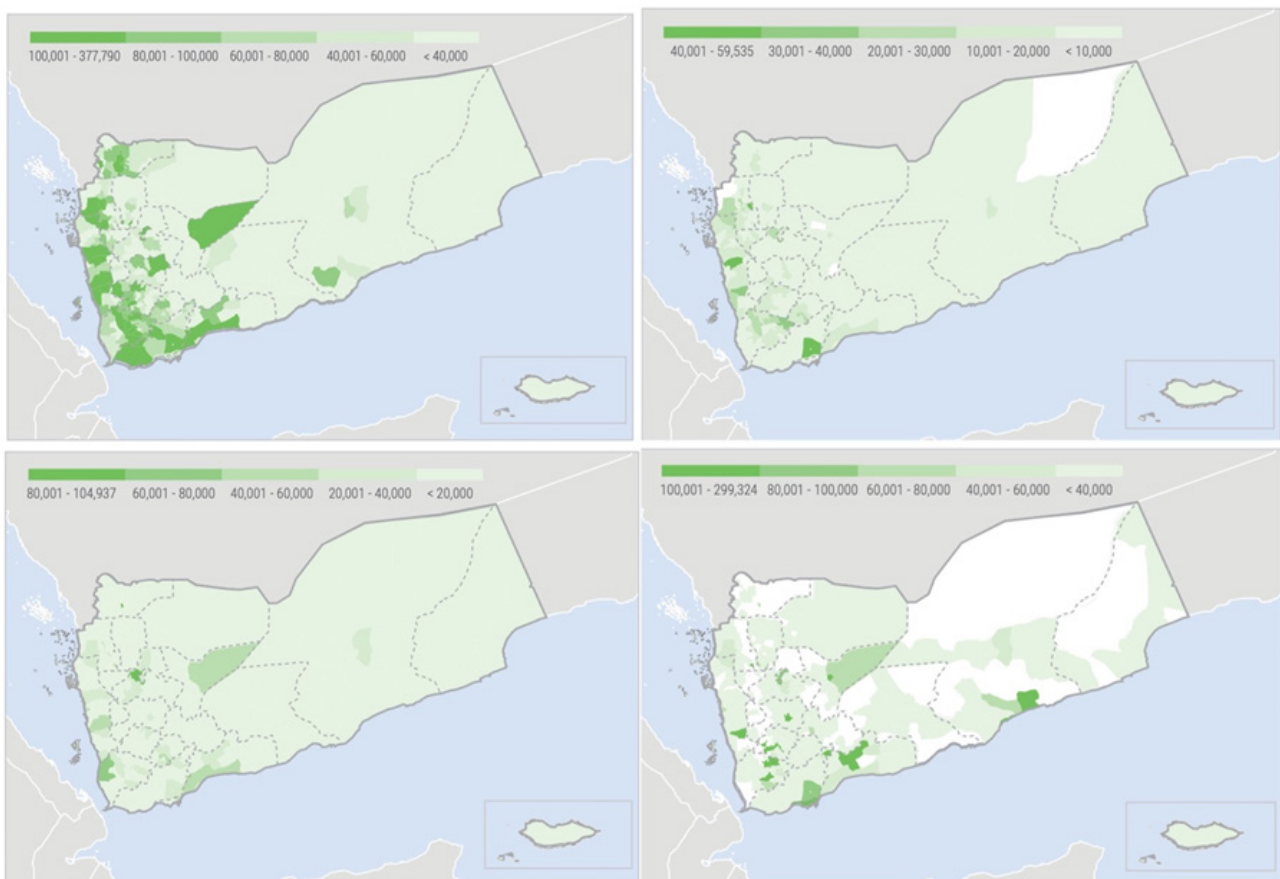
Figure 16: People in need geographically



Source: Yemen joint inter-sector analysis framework as cited in OCHA (2021) Humanitarian Needs Overview: Yemen, Humanitarian Programme Cycle 2021, Issued February 2021: 9.

197. However, it is not possible to say with confidence whether these areas are prioritized by the collective operation. The mid-year periodic monitoring review for 2021 presents maps of coverage for some of the sectors. It does not combine these maps to show unified coverage.

Figure 17: Coverage maps from the 2021 periodic monitoring review: Food (top left), nutrition (top right), health (bottom left) and WASH (bottom right)



Source: OCHA.

198. As shown in Figure 17, the food coverage maps the HNO geographical priorities quite well. The other sectors less so, although this may reflect an overall lack of resources rather than a flawed prioritization strategy.
199. Digging into the detail, however, does reveal a puzzling lack of connection between what appears to be acute humanitarian need and the operational focus. A good example of this is the pockets of IPC 5 (famine). In the IPC acute food security report for January 2021–June 2021 there were 11 districts in IPC 5, concentrated in three governorates (Al Jawf, Amran and Hajjah). The highest number were in Rajuzah district of Al Jawf. This also had the highest number of IPC 5 in the previous IPC acute food security bulletin (October–December 2020). However, the intervention in terms of food assistance is displayed on the FSAC dashboard (December 2021) as 26–50 per cent of population in need was covered. For nutrition, there are no TFCs in this district, and the dashboard indicates 52 per cent coverage of severe acute malnutrition (SAM) with no complications, 49 per cent coverage of moderate acute malnutrition (MAM) but 88 per cent coverage for pregnant and lactating women (PLW). Rajuzah is close to the frontline in Al Jawf, and so access is complicated, which may explain the coverage gaps. Another district in IPC 5 is Al Ashah in Amran. This district is the only one that has been in IPC 5 in all the reports that record pockets of famine (the two cited above as well as December 2018). However, there is no provision for SAM with complications (a TFC), but rather confusingly 368 per cent coverage for SAM with no complications, 142 per cent for MAM and 213 per cent for PLW. Food assistance was in the 51–75 per cent coverage range.
200. The national figures for GFA over time show a similar scenario, with some areas better served than others, not necessarily connected to the picture of acute needs. Hodeida is relatively well served, which seems correct given high numbers of IDPs, food insecurity and malnutrition. Hajjah is not quite as well served in view of its IDP numbers, and Lahj in the south is also relatively low despite the fact that it consistently has the highest malnutrition levels in IRG areas. Taizz has been the overall highest recipient of food assistance, despite it apparently not being a high priority in terms of food insecurity (although it is one of the worst-affected cities in terms of the conflict).³³ Saada in the north also seems relatively well served despite either a general lack of data on food insecurity, or lower figures than in neighbouring areas.

³³ All figures were provided by WFP in several spreadsheets to the evaluation in November 2021. Analysis is made on the basis of figures supplied and the HNOs and HRPs that are publicly available. Analysis method is set out in Annex 5.

3.3. Scale and coverage

Evaluation criteria	Evaluation questions	Evidence confidence rating
Effectiveness	EQ 5: To what extent was the collective response able to meet the needs of the affected population at the scale and coverage needed?	Strong
	EQ 5.1: Were basic services – access to education, health, food, water and sanitation, shelter – provided at scale and at a meaningful level of coverage?	Strong
	EQ 5.2: Were protection services – child protection, SGBV, PSP, IDP, migrant and refugee protection – provided at scale and at an adequate level of coverage?	Strong
	EQ 5.5: Did the humanitarian operation go to scale in time, and was it able to operate at the level needed?	Strong
	EQ 5.6: Was the collective response adequately monitored and evidence and data provided to decision-makers in a timely fashion?	Strong

Summary findings

- The Yemen response has gone to scale in almost unprecedented fashion in a relatively short period of time. This is a major achievement. Without humanitarian aid, the situation for many people in Yemen would be significantly worse.
- Food assistance programmes in particular have scaled up most impressively. The logistical machine that has been built to deliver food and other humanitarian supplies has delivered in difficult circumstances. Distributions have been generally well managed.
- Needs are being partially met. However, only a very low percentage of those working on the response and those receiving aid believe that the most acute needs are being met.
- The scale-up has come at the cost of inconsistent quality and lack of minimum standards in many areas, particularly in IDP camps, but also some technical areas such as health, education and WASH.
- Coverage for key groups such as IDPs must improve, and there needs to be a new emphasis on quality developed. In some cases, it may be necessary to sacrifice scale for quality, as aid that is not fit-for-purpose is probably not worth delivering.
- A greater focus on vulnerability, including a better understanding of the geography of poverty and the socio-economic causes, will greatly enhance the micro-level impact of the operation.

201. The humanitarian response in Yemen is almost unprecedented in scale and ambition. It is currently the world's most expensive single country humanitarian operation and has been for several years.³⁴

202. The Yemen operation has impressively achieved scale, perhaps the single most noteworthy achievement. This is particularly true for food assistance (and cash and vouchers), with approximately 13 million people now receiving regular benefits of some form. Between 2017–2019, the number of people receiving food and cash almost trebled, from 5 million to 13.5 million, and between 2015 and the high point of 2019 there was a seven-fold increase. Whilst numbers came down slightly in 2020 due to funding shortages, the scale was still impressive.

³⁴ Technically, if the response in Syria and in neighbouring countries is totalled together, the funding is greater.

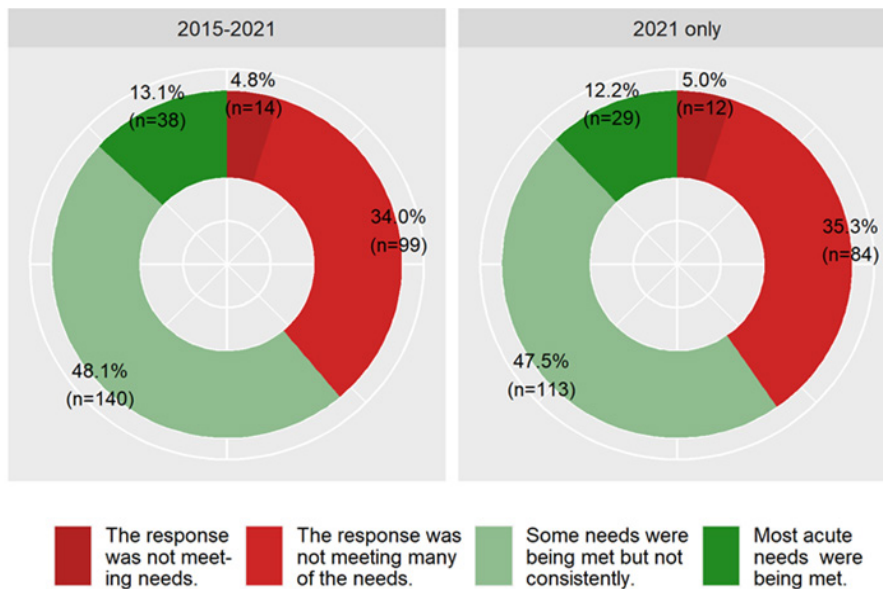
203. As section 3.4. below makes clear, macro-level outcomes can be discerned from this impressive scale-up. Whilst tracing outcomes is not as clear-cut in other sectors, there has been a huge increase in the quantity of humanitarian supplies purchased and imported into Yemen to sustain basic service provision, in particular in health and nutrition.

Are needs being met?

204. As is the case in many operations globally, needs in Yemen are being partially but not fully met.

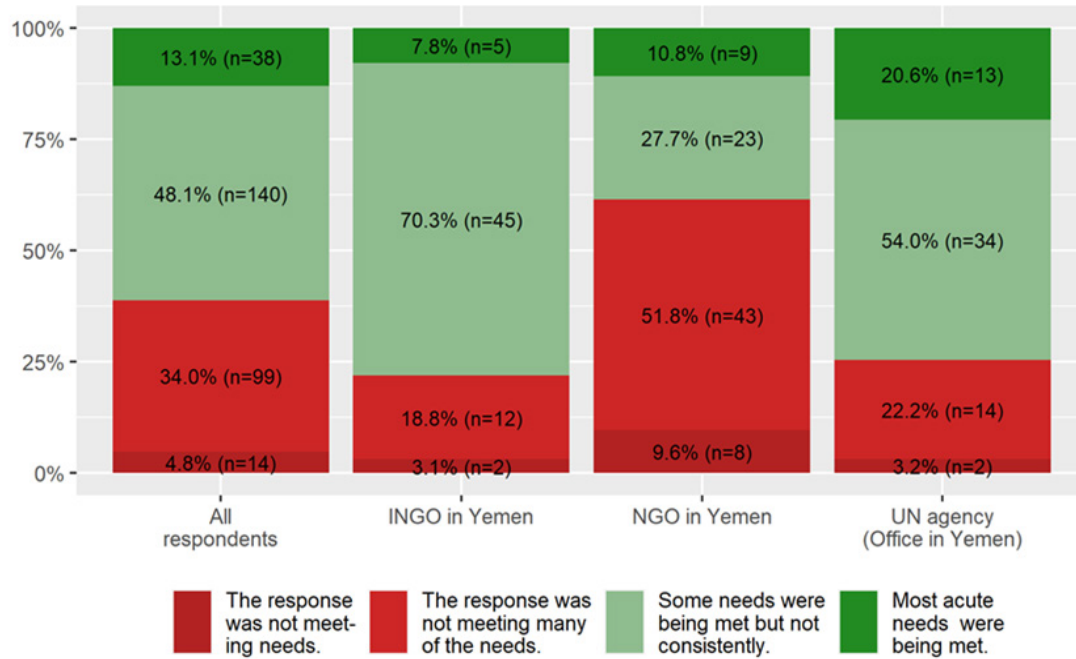
205. As can be seen from Figure 18, roughly half of respondents in the aid worker survey felt some needs were being met. However, over a third did not think many of the needs were being met at all, and only 13 per cent thought most acute needs were being met. These figures change for the worse if we focus on national NGOs (who are responsible for the majority of the implementation). Over 60 per cent of this cohort of respondents thought the response was not meeting many of the needs, or not meeting needs (see Figure 19). The United Nations respondents were the most optimistic, with over 20 per cent reporting that most acute needs were being met.

Figure 18: Overall aid worker perceptions about whether the response met needs



Source: Authors' own. Collected from aid worker survey

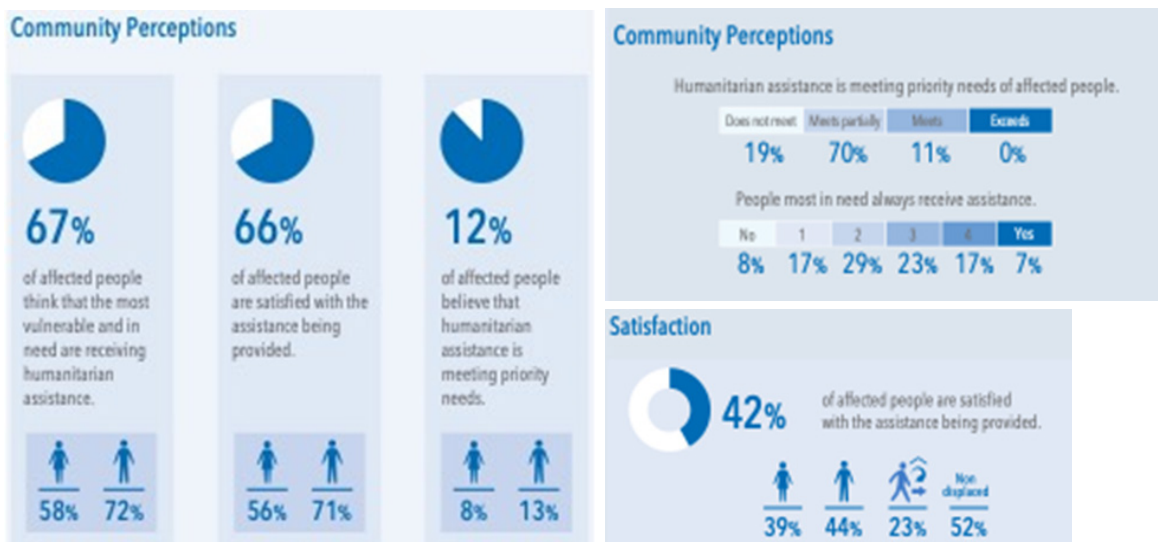
Figure 19: Aid worker perceptions about whether the response met needs by type of organization



Source: Authors' own. Collected from aid worker survey

206. Beyond the work commissioned for this evaluation, there have been surprisingly few exercises of this type. In 2016, the United Nations piloted a community engagement survey. The survey gathered data from Yemenis as a whole and not just beneficiaries. After the launch, it was followed by a further two rounds in 2017, but it does not appear to have been continued after September 2017.

Figure 20: Community perception surveys reproduced in the 2017 and 2018 HNOs



Source: OCHA (2016) *Humanitarian Needs Overview 2017*, November 2016: 21 and OCHA (2017) *Humanitarian Needs Overview 2018*, December 2017: 31.

207. The percentage of people who believed humanitarian assistance was meeting priority needs was very low: 12 per cent in 2016 (the 2017 HNO was based on data from 2016) and 11 per cent in 2017. This is remarkably consistent with the aid worker survey and the SMS survey shown in figure 15 above.
208. A majority of respondents in all surveys thought needs were being partially met. This was also confirmed by FGDs for this evaluation, and somewhat corroborated by third-party monitoring reports shared with the evaluation.³⁵
209. The FSLA data suggests the main source of income for the vast majority is casual labour (agricultural and non-agricultural). The 2019–2020 FSLA found that 16 per cent of households relied on humanitarian aid as their main income, and 50 per cent relied on it as their secondary source of income. Help from family and friends combined with remittances is also a very significant principal source of income.
210. So whilst it is clear that not all needs are being met by the humanitarian operation, they are being partially met. Taken together with the mVAM data outlined in section 3.4.1 below, there is a strong argument that without humanitarian aid the situation for many people in Yemen would be significantly worse.
211. The observations outlined above from surveys and analysis of secondary data tally quite accurately with observations made during the evaluation project visits and in FGDs. The latter took place in IDP camps and in communities hosting IDPs, as well as in communities that had or were receiving aid. Feedback ranged from no consultation at all over needs, to consultation but not all needs met (with this latter category predominant). In a small minority of IDP camps, residents stated that they had received no assistance, but the majority had received something.
212. The picture from the FGDs seems to correlate with information available through other sources – for instance the CCCM monitoring. They currently receive information from 774 out of 2,291 IDP camps,^{lxix} which is consistent with the coverage figures also distributed by the CCCM cluster showing less than 25 per cent with a humanitarian organisation responsible for site management.lxxx

Figure 21: CCCM cluster IDP hosting site monitoring dashboard (maintained by REACH)



Access to Services

Proportion of sites by adequacy of services, per service type*

Service	Adequate	Inadequate	Non-existent
Education services	14.3%	30.9%	54.8%
Food distributions	6.0%	80.1%	13.9%
Healthcare services	6.6%	33.7%	59.7%
Livelihood services	0.6%	13.3%	86.1%
Multi purpose Cash distributions	2.8%	45.4%	51.7%
NFI distribution	12.5%	45.7%	41.8%
Nutrition services	9.9%	29.9%	60.2%
Protection services	19.6%	28.6%	51.9%
RRM distributions	34.7%	33.5%	31.8%
Shelter maintenance services	11.2%	26.9%	61.9%
WASH services	3.9%	34.1%	62.0%
Waste disposal services	2.2%	11.8%	86.0%

***Adequate:** At least 70% of the site population have access to a functional service.

Inadequate: Less than 70% of the site population have access and/or service is not functional/irregular.

Non-existent: Service not available within about 30 minutes' walk of the site.

Source: CCCM Cluster, IDP Hosting Site Monitoring Dashboard, REACH. [Accessed on 10/01/22].

³⁵ In fact, there were two that mentioned aid and income sources; one found a high percentage of people (in Shabwa) dependent on aid, the other (in Lahj) were most wage earners. In both reports, the cash they received from WFP helped people meet their priority needs.

- 213. The majority of those displaced live outside of camps. Here access to services is more difficult to quantify (and is basically the same as the general population), but where figures do exist, they are sometimes even worse – for instance, the finding by the MCLA (see below) that access to water was better in IDP camps than in normal communities.
- 214. In all of the focus groups conducted by the evaluation, people were trying to find work. In IDP camps, this was largely in casual and marginal jobs, and infrequently. Most did heavy labour as porters in markets, washing cars and collecting rubbish for re-sale. Quite a few were begging, and in a few camps, people worked in fishing. Generally, income was 20,000-40,000 Yemeni rial (YER) per month, with fishermen earning up to 70,000 YER a month. Given that not all can work, and families are large, they relied on charity and humanitarian assistance to make up the shortfall. Most reported reduced eating or poor dietary diversity. Most reported some level of food distribution within their community, but coverage never exceeded half the population.
- 215. The evaluation heard extensively that aid was shared in situations where coverage was not 100 per cent (which was nearly every situation encountered). Given the strong solidarity mechanisms that exist in Yemeni society, sharing is very likely, reducing the actual amount of aid people are able to use in a typical month.
- 216. From observations and conversations in IDP camps and surrounding host communities it is clear that many of those in displaced camps are Muhamasheen. The term means ‘marginalized’ and these people are variously described as of East African descent and former servant class. As is the case worldwide, the assumed neat distinctions (they have darker skin), do not hold true in practice. As a result, it is hard to say with confidence whether people in IDP camps are Muhamasheen who may have lived in shanty towns prior to the conflict or are newly displaced as a result of fighting. This is particularly true of camps in urban settings (Aden for example), but also on the Tihama plains. Some clues can be gathered from stated occupations – begging and rubbish collection for example – but even this may not offer clear-cut distinctions due to the impoverishment of large sections of Yemeni society. Separating out so called ‘structural’ vulnerability (long term poor and marginalized) from ‘acute’ vulnerability (temporary as a result of a specific shock) becomes very difficult in this environment. This is also true because people in a very precarious (chronic) situation can experience ‘shocks’ that tip them into destitution; health shocks in particular can be a massive drain on household income.^{boxxi}

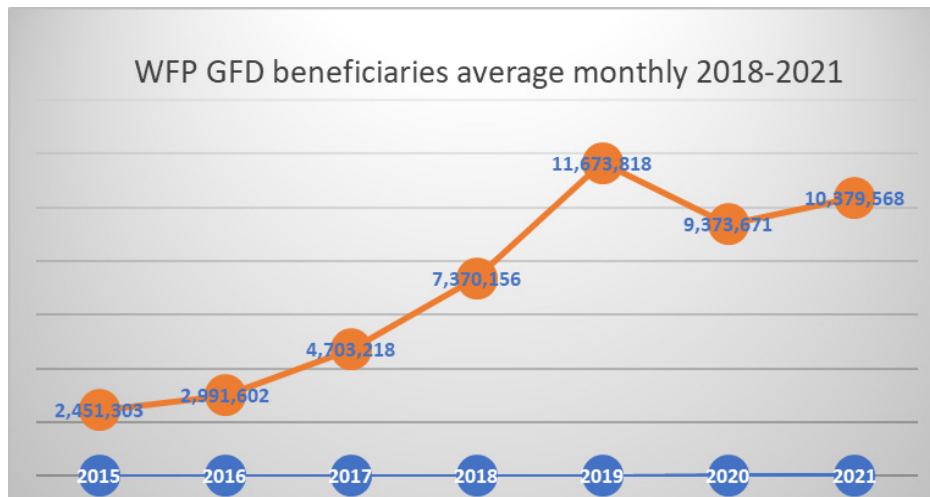
Food security

- 217. The humanitarian operation in Yemen has scaled up GFA and other modalities seven-fold nationally over the period of examination of this evaluation. It has gone from delivering 200,000 metric tonnes (MT) of food to approximately 2 million people in 2015 to 1.4 million MT of food to 14 million people in 2019. This is a remarkable achievement, especially against the backdrop of conflict and a challenging operating environment.

Figure 22: Total figure for all WFP actions in 2019



Figure 23: Evolution of WFP general food distribution over time³⁶



Source: Evaluation's own calculations using WFP-supplied data.³⁷

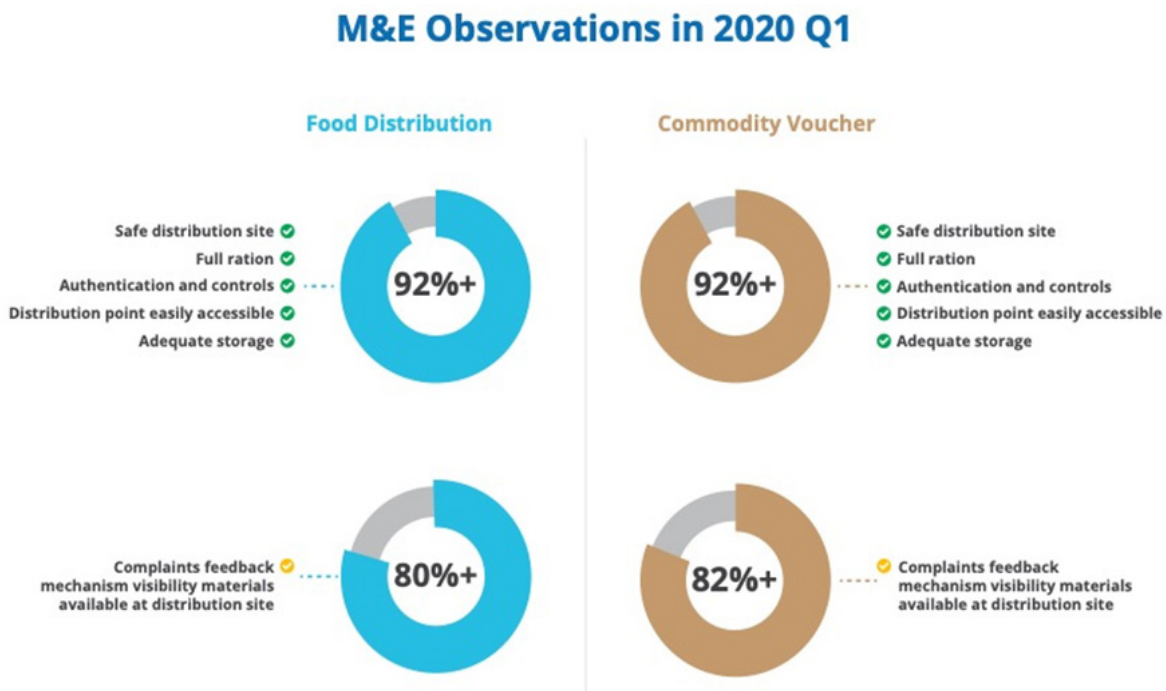
218. At the height of the operation in 2019, WFP reported:^{lxxxii}
- Food security and nutrition assistance to around 14 million people, including 12.7 million people who received general food assistance in all 333 districts of the country.
 - School feeding benefitting 680,000 children in 1,600 schools in 32 districts across 16 governorates, with enrolment increased by 4 per cent while attendance and retention rates reached 85 and 93 per cent, respectively.
 - 215,000 moderately food insecure people received food assistance for assets, food assistance for training and livelihood support in eleven governorates.
 - 48 cooperating partners.
 - Internal and third-party monitoring, conducting around 9,000 monitoring visits in 2019.
219. The logistical and operational machinery to implement this major and impressive scale-up cannot be underestimated. Yemen has been subject to import restrictions through the period of this evaluation, making the use of the main western port of Hodeida complicated. Importing through Yemen's southern port of Aden has other complications, and onward shipments across frontlines require tenacity and skill. Huge warehouse complexes have been established, including arrangements for monitoring and ensuring quality and professional storage, and the movement of aid through mountainous terrain across a large and diverse country with ever-shifting logistical and security challenges is a testament to the capability of the humanitarian operation, in particular WFP. There have been fuel shortages, the implementation of two currency zones, currency collapse in one of these and a mass of checkpoints and bureaucracy impeding smooth transit. Not all modalities can be used in every territory (cash for instance). All of these challenges have been skilfully negotiated to ensure a more or less functional national supply pipeline.
220. The food, cash and voucher distributions have also been generally well managed. Distributions are implemented by a network of partners across the country, and this system appears to function well.
221. WFP conducts monthly monitoring reported on a quarterly basis, finding that a high percentage of recipients report timely distributions conducted in a safe fashion.

³⁶ The GFD figure is a sub-set of the total which also includes school feeding, malnutrition interventions and other work such as food for assets.

³⁷ Figures for 2015–2017 are estimated using tonnages. 2018 onwards are WFP beneficiary figures supplied to the evaluation.

222. This tallies with observations from the evaluation project visits. The team visited two GFDs and a cash distribution. All three were well managed, orderly and recipients interviewed on site were receiving the correct amounts. Distributions were safe and those attending expressed their satisfaction with the organization. The partners appeared to know the system and kept good records. As noted in the section above on targeting, there are major issues with inclusion, exclusion and how lists are compiled and maintained. But this is largely outside of the purview of the partners (as it is WFP policy) and does not affect the logistical competence/ excellence of WFP.

Figure 24: Extract from WFP monitoring report showing people were generally happy with the organization



Source: WFP.

223. Outside of WFP assistance, the next largest provider is the SWF, a government social protection scheme started in 1996 that stopped operating in 2014. In response to the onset of the conflict, the SWF has been funded, supported and maintained by UNICEF using World Bank funds (formally called the Emergency Cash Transfer programme). The SWF supports 1.5 million people with a benefit ranging from 9,000–18,000 YER. By way of benchmark, the FSAC recommends a transfer value based on the cost of a minimum food basket, updated frequently, for a family of seven covering their basic needs for a month, currently at 67,000 YER in IRG areas and 44,618 YER in Ansar Allah-controlled areas.

224. Yemen had two government-led social protection mechanisms prior to the conflict: the SWF and the SFD, which was established a year later in 1997 and focuses on ‘cash plus’ programmes linked to other initiatives such as livelihoods, agriculture and nutrition. SFD operates via cash-for-work programmes, small business grants and cash-for-nutrition, using community participation mechanisms. Since 2015, the SFD targets some 300,000 people with a benefit that is on average higher than the SWF (\$500 for 6 months in the cash-for-work scheme) and is also funded by the World Bank, but via UNDP. Targeting is different again to the GFD and the SWF, using a ‘distress indicator’.^{lxxxiii}

225. There are two other substantial national transfer programmes: the CCY and a programme operated by UNHCR. The CCY targeted 31,584 households (221,088 individuals) in 2020–2021 with various types of cash transfers, both one-off emergency transfers and monthly payments up to a total of six months. The CCY is funded by the European Civil Protection and Humanitarian Aid Operations (ECHO) and the United States Agency for International Development (USAID) and consists of the Danish Refugee Council (DRC), the Agency for Technical Cooperation and Development (ACTED), IOM and the Norwegian Refugee Council (NRC). UNHCR delivers cash to approximately 175,000 people annually via its emergency protection

grants. These are one-off grants for families who experience a sudden conflict-related shock – for instance their house being bombed. At the time of the evaluation, these grants were valued at 122,000 YER.

226. In areas outside the control of Ansar Allah, there are also NGOs like the Adventist Development and Relief Association (ADRA) and ACTED which have been distributing food baskets in IDP camps to either complement or top up WFP assistance. There are also substantial transfers taking place through aid agencies like the King Salman Relief Foundation and the UAE Red Crescent Society that are only partly captured.
227. Whilst the logistical operation delivering food and cash has been a success, there have been significant challenges with entitlements, as outlined in section 3.2. above. None of the transfer programmes share beneficiary lists, meaning that coverage is uneven. One donor agency estimated that the overlap between the various lists could be as much as 50 per cent.
228. There have also been lesser, but still notable, issues with spoilage. The Yemen operation has the highest amount of post-delivery loss globally, with 7,882 MT lost in 2020.^{lxxxiv} The reasons for the losses are various, and as with many other aspects of the Yemen operation, complex. They include the absorptive capacity of partners, changes in the colour of wheat flour as a result of the extraction ratio (which led to rejection), changes in customs that delayed shipment of commodities (which then went out of date) and changes in policy around the shelf life. WFP has also noted in its annual report damaged and discoloured vegetable oil, split peas and bean stocks that were deemed unfit for human consumption. This tallies with observations during field work for this evaluation. The evaluation was taken to a warehouse in Bajil where significant amounts of oil and ready-to-use supplementary food (RUSF) had been marked by the authorities as unfit for human consumption. In Hodeida port, the evaluation team was shown 300 containers of food that were being held back on suspicion they were infested or unfit for human consumption. There was also a dispute over 50,000 MT of food held in Hodeida in 2018, which was only resolved after months of dispute. WFP has taken mitigation measures where it can, including better inspection, changing extraction rates and trying to work around partner absorptive capacity. Fortunately, the dispute over food in Hodeida was resolved positively.
229. Since 2020 the operation – primarily WFP – has had to deal with a reduction in funding and therefore in the overall amount of food available. Given that the beneficiary lists have not evolved substantially, the strategy has largely been to reduce rations. This has taken the form of moving some areas to distributions every other month. Priority districts are identified on a rolling basis, based on criteria that include:
 - IDP influx
 - Active conflict
 - Very high inadequate food consumption
230. The evaluation has seen documents that prove the seriousness with which WFP undertakes ongoing analysis and tries to make inadequate resources stretch. This is in some ways the targeting strategy by another means that is notably absent more generally. However, this reactive way of adapting to dwindling resources seems suboptimal.

Protection

231. The evaluation has focused on direct protection interventions provided under the protection cluster, including cash assistance, legal assistance, support to survivors of sexual and gender-based violence, as well as camp services in IDP sites (organized through the CCCM).

Cash assistance

232. One of the main direct protection interventions in Yemen is emergency cash assistance for vulnerable families who have been directly affected by conflict, for example if their shelter has been destroyed by shelling (see also para 233 above).

233. The May 2021 post-distribution monitoring (PDM) of UNHCR showed that beneficiaries spent most of their cash assistance to meet basic needs (food, clothing, health, shelter) and for debt repayments. The PDM report noted that regular cash assistance had a positive impact on families' food consumption scores and contributed to improved dietary diversity. A comparison between the 2021 PDM report and earlier reports published revealed that the percentage of households reporting poor food consumption decreased by 61 per cent. Cash assistance was also shown to have reduced harmful coping mechanisms, although it did not prevent some families having to send their children out to work.

Legal assistance – Information, counselling and legal assistance

234. Protection cluster partners, such as UNHCR, NRC and DRC, have assisted people to obtain identity documents and have provided legal support on issues covering housing, land and property. Evaluation site visits and KIIs illustrated the importance of providing legal assistance in Yemen where often there are no legal frameworks in place to protect the most vulnerable. Insecure land tenure is a major challenge, with many IDP sites under constant threat of being closed down, leaving vulnerable displaced population groups, such as the Muhamasheen, at risk of eviction. Most of the Muhamasheen have no legal civil documentation, which also increases their vulnerability to abuses, such as eviction from sub-standard accommodation or from other land they are living on. The legal assistance provided by humanitarian actors has helped to settle land disputes and has had a wider impact through addressing other vulnerabilities. For instance, when displaced families have access to ID cards and birth certificates, their children are able to go to school and people can pass through checkpoints to find work in other areas. Based on the latest available dashboard of the protection cluster, only 30 per cent of the target was reached with legal assistance.^{lxxxv}

Sexual and gender-based violence

235. Key informants highlighted the lack of data on protection-related issues linked to sexual and gender-based violence, including child marriage. The reluctance of communities to engage on these issues, and the fear of people in need of assistance to come forward, means that there are large gaps in targeting those most in need.
236. The protection of women in the response is very much influenced by cultural norms, as is evident in the area of reproductive health care. According to UNFPA, family planning interventions are met with high resistance from male members of families as well as from the authorities. The degradation of the health infrastructure has also had a huge impact, with one in 60 women and girls dying in childbirth.
237. Women and children make up 75 per cent of the displaced population. However, interlocutors indicated that the protection of women and girls in displacement situations is worsening. Women's organizations highlighted that programmes are not designed and adapted based on correctly understanding the needs of women and girls. Humanitarian actors reported that the conflict, Yemeni culture and the position of the authorities were the reasons for not adequately addressing the protection concerns for women and girls. Interviewees reported that women's organizations are not being fully funded because their work is not considered lifesaving, preventing these organizations from taking a lead in engaging with the authorities to advocate for change and resulting in a further reduction of the space for local women's organizations to operate in Yemen.
238. The lack of gender mainstreaming across all operations was highlighted as an area of weakness and concern in the response. Currently, protection services for women and girls have not been mapped, resulting in a lack of accurate data on how many women and girls have actually been reached under the response and which referral systems are available.

Child protection

239. The number of children in need of assistance has increased over the last years. According to the HNO 2021, 8.6 million children remain in need of assistance, of which 4.5 million remain in acute need. In comparison, in 2019, 7.4 million children were identified as being in need of assistance, whilst 4.3 million children were identified as being in acute need. Displaced children, particularly in IDP sites, face grave risks, including exploitation and abuse. Child heads of household have been identified in 55 per cent of IDP hosting sites and unaccompanied or separated children have been identified in 30 per cent of IDH hosting sites.^{lxxxvi}
240. Given its limited resources, the child protection sub-cluster focused its activities on case management and separated and unaccompanied children. Based on an analysis of the annual HNOs, this targeted approach did have an impact on reducing the numbers of separated and unaccompanied children in need of assistance.

Table 7: Number of unaccompanied and separated children in need, 2017–2021

HNO	2017	2018	2019	2020	2021
Unaccompanied and separated children in need	26,000	33,000	19,000	N/A	2,800

Source: HNOs 2017–2021.

241. Related to child protection is the right to access education. An estimated two million children (20 per cent of school-aged children) are out of school, leaving them at a heightened risk of child marriage, child labour and recruitment into armed forces and groups. Based on the education cluster gap analysis in 2021, it is evident that the education sector partners struggled to secure the necessary resources to provide adequate education access to all children in need, and only 40 per cent of its target was reached by mid-June 2021 (see also education coverage section below).
242. Although the provision of specialized protection services and support with livelihood activities for children and their caregivers have proven to reduce protection risks, the lack of funding and restricted humanitarian access has led to a significant decrease in these interventions.

Mine action

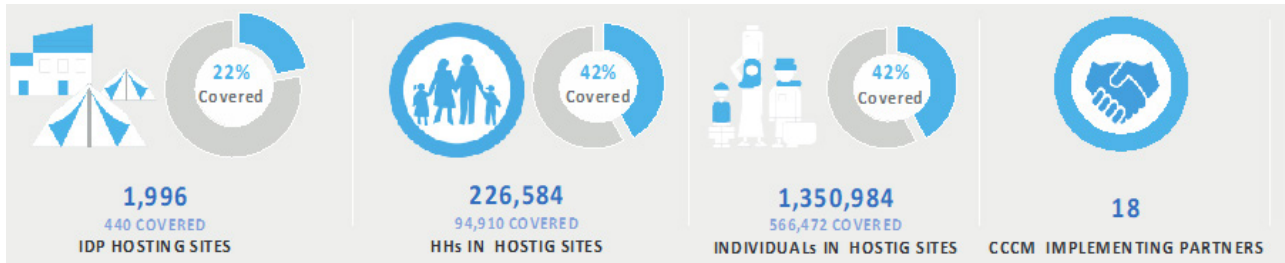
243. Much of Yemen’s population now live in or near areas heavily contaminated by unexploded ordinance (UXO). Schools and hospitals are contaminated, and agricultural lands cannot be used, affecting people’s livelihoods and prohibiting IDPs from returning home. The presence of UXOs also directly impacts on the humanitarian response, preventing organizations from reaching communities in highly contaminated areas along, for instance, the west coast, including Hodeida. Key informants from both the national authorities and mine action agencies – the Yemen Executive Mine Action Centre and UNDP, together with organizations such as the HALO Trust, DRC, Norwegian People’s Aid and Handicap International – highlighted the severity of the problem. While there is no consolidated demining data in Yemen, UNDP supported local partners in the survey and mine clearance of 3.1 million square metres of contaminated land across 199 districts in 19 governorates in 2020.^{39 lxxxvii}

³⁹ The protection cluster has a different figure of 1,948,652 of estimated area, in square metres, of land cleared or surveyed. Protection Brief. January 2021.

Internally displaced persons (IDPs)

244. Coverage of IDPs is poor. The September 2021 CCCM cluster figures show that only 22 per cent of IDP sites are covered by a management agency (see Figure 25). Within these, only 42 per cent of households are covered (receiving regular assistance). For IDPs outside of camps, assessing coverage is more difficult, but UNHCR has distributed cash to 1.2 million people, which represents roughly a quarter of the overall 4 million caseload.

Figure 25: Sites covered by the CCCM cluster



Source: CCCM cluster.

245. The specialist data and analysis agency REACH manages a monitoring dashboard for the CCCM cluster. Between March and November 2021, they collected information on 774 sites out of a possible 2,291. Figure 21 above shows that almost all services in these camps are rated inadequate or non-existent, with only rapid response mechanism (RRM)⁴⁰ distributions achieving a score of over 20 per cent for adequate (and even that was only 34.7 per cent). Taken together, these figures present a depressing figure of poor coverage, something corroborated by site visits during this evaluation.

246. The evaluation team visited 32 IDP camps, only two of which could be said to be functioning with anything approaching minimum standards. For most, there was either extremely poor or non-existent sanitation, intermittent water supply, inadequate shelter and low coverage of basic assistance (food or cash). A few had visits from basic mobile clinics, and only one had purpose-built education facilities with the majority stating there was little or no access to education.

247. Focus group interviews for the evaluation confirmed this picture. People received some assistance, but not to the levels that were consistent with standards of humanitarian aid. Issues such as lighting, toilets for men and women and other basics seem to have been largely neglected.

Figure 26: An IDP camp in Aden and in Hajjah



Source: Authors' own taken during fieldwork missions. Aden is left and Hajjah is right.

⁴⁰ RRM allows for United Nations agencies and their partners to respond quickly in the initial stages of a crisis.

⁴¹ As outlined in the methodology section, 24 of these were in IRG areas (5 in Marib, the others in Aden, Ad Dhale and Lahj). Eight were in Ansar Allah areas. The team chose these randomly apart from the 8 in Ansar Allah areas that were chosen in consultation with SCMCHA. Of these 8, at least 3 were run by the UN or partners.

248. Whilst the evaluation did not visit the Kharaz refugee camp in Lahj governorate, key informants suggested the situation was extremely difficult there as well. The camp is mainly populated by Somalis and Ethiopians, and in a time when the general population is suffering it is hard to attract resources to serve refugees.
249. The evaluation visited a migrant response point in Aden, which seemed to be doing an excellent job in providing some care for predominantly young Ethiopian men trying to reach Saudi Arabia, and enabling them to safely return home should they desire. An IOM migrant health centre in Aden also serves the local community, and is well appreciated.

Health

250. The collective health response takes place broadly on two levels: a health systems response by the United Nations, supporting the existing public health system, and an ad hoc response by NGOs and the International Committee of the Red Cross (ICRC), either supporting existing facilities or establishing new ones.
251. The health systems response is targeted at the public sector, and largely consists of the distribution of fuel, oxygen, water, infrastructure rehabilitation, equipment and medical supplies. This is done at a national scale, targeting health clinics, district, inter-district and governorate hospitals.
252. Exact numbers are hard to come by due to challenges of data availability. Reports tend to focus on numbers ‘reached’ rather than either exact quantities of supplies delivered, or at the other end of the spectrum, morbidity and mortality. Further strengthening of health information systems would improve the availability of data on illness and deaths.
253. What is clear, however, is that the main provision is fuel to health centres and hospitals, kits of various descriptions and incentives for health workers. The health cluster dashboard reports approximately 1 million litres of fuel delivered a month to health facilities in 2021, and over 10,000 kits (reproductive health, emergency health and primary health care kits).^{lxxxviii} In 2018, the HRP end-of-year report recorded support to 2,200 health facilities and noted that more than 806 health facilities were renovated or rehabilitated.^{lxxxix}
254. The World Bank’s last available implementation report for its emergency health and nutrition project (financing the public health system via WHO and UNICEF) reported that equipment and medical/non-medical supplies had been delivered to 4,246 health facilities in the period 2017–2020.⁴²
255. From the evaluation’s own project visits, it is also clear that WHO is providing hospital equipment, most likely via the World Bank project referred to above. Prior to 2020, WHO was also providing incentives to health staff nationally. The agency says in its March 2021 situation report that it has delivered “cholera kits, nutrition kits, surgical supplies, personal protective equipment (PPE), hygiene kits and infection control, dialysis supplies, and other medicine and medical supplies”.^{xc} In its 2019 country office annual report, UNICEF reports covering the operational costs of 2,500 primary health facilities.^{xc1}
256. In 2012, there were 4,972 health facilities (Table 8), both public and private, according to WHO.^{xcii} The 2018 HeRAMS put the total number of health facilities at 4,966 – six fewer than the 2012 figure, but so similar as to suggest the same database (presumably MoPHP). The HeRAMS found that only 50 per cent of facilities were fully functional (2,478). A further 35 per cent were found to be partially functioning.^{xciii} These figures continue to be used in the HRPs. For instance, in the 2021 HRP, “only half of all health facilities and two-thirds of schools which were operating before the conflict continue to function”.^{xciv}

⁴² Although it is not made clear, this must be number of times supplies are distributed, rather than number of individuals, distinct health centres receiving supplies (i.e., some have received multiple times).

Table 8: Numbers of health facilities, public and private, in Yemen in 2012

Public	Private
2,929 primary health care units	746 private health centres
891 health centres	167 hospitals
184 district hospitals	
53 general hospitals	
2 specialized referral hospitals	

Source: Compiled from data in WHO (2013) *Saving the Lives of Mothers and Children: Rising to the Challenge in Yemen*, EMRO.

257. The health cluster reports in its August 2021 bulletin that “A total of 1,245 Health Facilities (16 Governorate Hospitals, 136 District Hospitals, 62 General Hospitals, 20 Specialized Hospitals, 384 Health Centres and 627 Health Units) are being supported by Health Cluster Partners”.^{xcv}
258. Confusing figures notwithstanding, what these numbers suggest is that the humanitarian operation is probably reaching most functioning health centres and hospitals with some supplies, at the very least.
259. Whilst the reach is good, however, the quality of the aid provided is less so. The evaluation found significant issues with inappropriately delivered supplies and equipment. The team visited six public hospitals, and in each the story was the same. First, there is a problem with drugs that were either very close to their expiry date or that had expired. This is a complex issue and is significantly impacted by the import restrictions and the difficulties generated by both warring parties with the logistics of aid. Bureaucratic impediments have led to delays in supplies and equipment, particularly at Hodeida port.
260. Second, there is a problem with inappropriate medicines and medical supplies. The evaluation heard many times from hospitals that they had received the wrong size of cannulas, that antibiotics were the wrong sort for their needs, that there was an over-supply of certain types of basic medicines and an under-supply of more specialist supplies. Antibiotics for children were only available in tablet form rather than liquid in one hospital visited.
261. The same was true when it came to equipment. The most common complaint was either that equipment had arrived without the technical support to install it (and had therefore simply been stored in warehouses), or that equipment had broken down and there was no technical support to fix it. Another common issue related to consumables. The evaluation heard from one hospital where an X-ray machine needed ink for the printouts, but this had run out and there were no supplies, and it was not possible to source in the market. As a result, the machine could not be used.

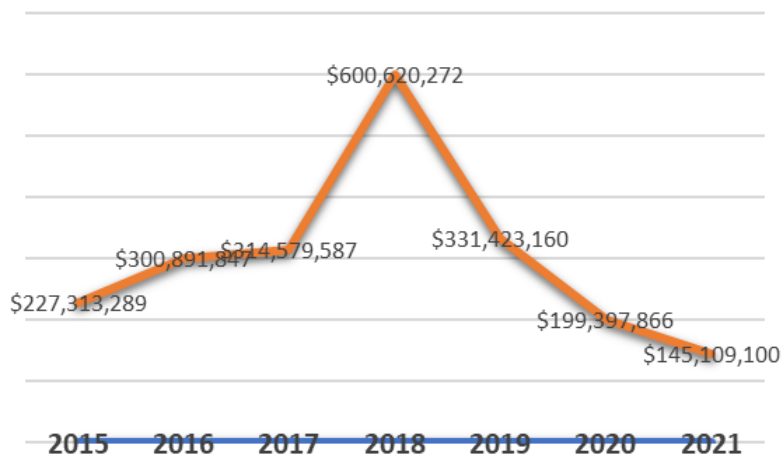
“In health sectors, many facilities have been constructed or rehabilitated and equipped with support of Humanitarian funds, unfortunately due to lack of human resources and incentivization sustainability is a big gap.”

Comment from aid worker survey for this evaluation

262. The MoPHP supplied the evaluation with a long list of quality and supply issues, as well as delay and duplication. These included 20 X-ray sets that had been supplied and distributed but were no longer functioning; 17 generators that were not installed after four months; 20 respirators that did not meet specifications and emergency obstetric equipment that had no maintenance warranty and had been supplied from outside the country. These are only the larger and more obvious examples of quality and maintenance challenges.
263. In addition to the supply issues, the MoPHP highlighted numerous examples of late payments – whether for incentives of health workers, or to support operational costs of 2,000 health centres. The Ministry also highlighted issues where agencies had ceased operations abruptly, projects had been too short-term in

nature to have a meaningful impact, or support simply stopped when funding ran out. The most obvious example of this was the incentives for 7,000 health workers that are no longer supported.

Figure 27: Health funding, 2015–2021



Source: Authors' own from FTS

264. The evaluation does not have accurate information either from WHO or donors about why the health incentives/salaries were stopped.

265. As Figure 27 shows, health funding peaked in 2018 and has fallen to approximately a quarter of the value since.

Nutrition

266. Coverage for malnutrition services has steadily increased over the course of the response. The majority of these are via existing health clinics and hospitals, using community management of acute malnutrition (CMAM). Broadly, this is the provision of ready-to-use-therapeutic food (RUTF) distributed to caregivers for children who are diagnosed with malnutrition. These RUTF are supplied by UNICEF to all nutrition agencies in Yemen. WHO and UNICEF support the MoPHP in their provision of both CMAM (via OTPs) and more specialized in-patient care to TFCs (WHO provides paediatric and SAM kits, UNICEF F75 and F100). These centres are usually run through hospitals. Specialized medical and nutrition NGOs such as Action Contre La Faim (ACF) and Médecins Sans Frontières (MSF) also provide TFC and OTP services. In addition, there is a targeted supplementary feeding programme (TSFP) for children with MAM run by WFP, which consists of an enhanced ration, either ready-to-use supplementary foods (RUSFs) or wheat-soya blend with added sugar and nutrients. WFP also runs a blanket supplementary feeding programme (BSFP).^{xvii}
267. As funding has increased and subsequently decreased, the number of children treated for malnutrition has risen and fallen again. This means that coverage has ebbed and flowed over the course of the response, although TFC coverage has steadily increased, reaching 152 in 257 districts.
268. An extract from the 2019 nutrition cluster summary shows that in that year – when funding levels were highest – the response was able to scale up to be able to provide services through nearly all health facilities. This led to a rise in admissions for moderate malnutrition and PLW, though not for severe cases (suggesting these were already adequately catered for with pre-existing provision).

Box 2: Extract from nutrition cluster end-of-year presentation 2019

SAM admissions can be described as stable despite (an) 8.2 per cent increase in number of OTP sites in 2019 compared to 2018. Increase in MAM among PLW and under-five children was associated with TSFP scale up in number of districts providing TSFP in number of reporting sites and improvement of TSFP availability at health facility level from 77 in March 2019 to 93 per cent in December 2019

269. As can be seen from Table 9, coverage was 100 per cent in 2019 for SAM, whilst it had doubled from 20 per cent in 2017 to 44 per cent in 2019 for MAM. Figures for 2018 were not available in aggregate, and 2021 was 97 per cent for SAM.

Table 9: Coverage of need for severe and moderate acute malnutrition 2017–2021

	2017	2018	2019	2020
SAM need	385,842	357,487	321,558	355,687
SAM treatment	255,023	357,224	268,276	346,514
SAM %	66%	100%	83%	97%
MAM need	1,779,222	1,451,435	1,570,026	1,673,518
MAM treatment	360,163	639,794	722,898	772,895
MAM %	20%	44%	46%	46%

Source: Evaluation’s own analysis from nutrition cluster reports.

270. Table 9 also shows that the numbers in need of SAM and MAM treatment has stayed remarkably similar over the period under examination. For both there was a small decline (10–15 per cent) between 2015 and 2020, with numbers rising again to 2019 levels in 2021.
271. Coverage rose to 100 per cent for SAM in 2019 and whilst it dropped off a little in 2020, the reduction was not catastrophic (15 per cent). In 2021 it had climbed back to almost full coverage. Table 9 also shows clearly that whilst MAM services have increased, they are still at less than 50 per cent coverage.
272. Section 3.4 below looks at nutrition outcomes, suggesting that the death and defaulter figures are within an acceptable range. The nutrition centres visited by the evaluation team were generally of a high quality. This was certainly the case for health facility-level nutrition run by specialist NGOs such as ACF, and in government hospitals supported by WHO. The evaluation team also visited an MSF hospital in Saada providing nutritional care at the usual excellent standard. The evaluation team did not see government-run health facility OTPs. Cluster data suggests there is no difference between MoPHP- and NGO-run OTPs. KIIs, however, suggest a less consistent picture. Certainly, there is an impression by some specialist nutrition providers that if the lowest level health facility provision worked well, this would ease the burden on hospitals.
273. The exact nature of this lowest level of coverage is uncertain. According to a statement given by the Executive Director of UNICEF in August 2021, that agency “is supporting the treatment of acute malnutrition in over 4,000 primary health care facilities and 100 therapeutic feeding centres”.⁴³ WHO is also supporting 100 TFCs according to its latest accessible dashboard.^{xcviii}
274. The nutrition cluster dashboard gives a figure of 5,208 health facilities in total, 4,958 of which are functional. The dashboard shows that 4,528 are covered by OTP and 4,083 are covered by TSFP. These figures are interesting given the previous discussion in this evaluation on health coverage above. Either the HRP 2021 is wrong that half the health facilities do not function, or a great deal more have been enabled since the onset of the conflict, or there is a huge cohort of health facilities running nutrition services that are additional to the ones supported by health cluster partners.

⁴³ In feedback to the evaluation, the nutrition cluster suggested the TFC figure for UNICEF was either 25 or 30, rather than 100.

275. The nutrition cluster also reports providing malnutrition prevention services to over 1 million pregnant and lactating women and girls and around 970,000 children in 75 per cent of functional health facilities (over 3,400) in 148 districts with a high malnutrition burden, up from 98 districts in 2018.
276. Neither is it entirely clear how the geographical spread of the TFCs is arranged. At the end of 2019, the nutrition cluster reported on its coverage of ‘hard-to-reach’ areas, with only one district in Hajjah without SAM services. This suggests that most governorates and badly affected districts have some form of access to SAM services, a hypothesis also supported by the noted stability of admissions despite the increase in facilities in Box 2.

Education

277. The evaluation also witnessed profound coverage gaps in education. UNICEF estimates that a million more children are now out of school than before the conflict, just six years earlier. This means approximately 2 million school-aged children are not in school.^{xcix} Whilst enrolment data is unlikely to be entirely accurate given all of the data-gathering constraints,⁴⁴ even if this is approximate, it represents a profound failure on the part of everyone involved in the Yemen conflict, particularly the belligerents, but also their international supporters.
278. The evaluation visited several schools in both the Ansar Allah- and IRG-held areas of Yemen, mixing large urban schools and small rural schools. All were operating under extreme duress, without supplies, often without power, usually with either volunteer teachers (in Ansar Allah areas) or with a reduced complement of teachers (in IRG areas). Many were dilapidated, and some had sustained war damage.
279. The evaluation was also told that many students and teachers had left to fight in the war. In IRG areas, the evaluation was consistently told that male teachers earned more money fighting than teaching. Teachers’ wages were approximately \$40 per month, whereas fighters were being paid 1,000 Saudi Rials, perhaps 6-7 times as much. The same was said to be true for older boys: the evaluation was told that most boys older than 15 who could do so dropped out to “earn the 1,000 Saudi Rials”. What this represents is a de facto policy of directing teachers and students out of education and into conflict.
280. The situation is not exactly the same in Ansar Allah areas but is analogous. Many teachers and students have also gone to fight. Questions about motivations and incentives are harder to ask in the Ansar Allah areas, although the evaluation was told that people are often motivated to fight by anger against the “Saudi aggression”. It is certainly the case that the coalition has bombed and destroyed many schools in Ansar Allah areas (153 according to a report by Mwatana for Human Rights in late 2020). The same report documents almost as many cases (131) of Ansar Allah forces occupying schools or using them for military purposes. And in Ansar Allah areas, teachers have been paid hardly anything since 2016 (despite Ansar Allah raising taxes), meaning the entire school workforce is voluntary.^{cii}
281. None of the schools visited by the evaluation had received anything but token assistance. Two had received solar power systems (for electricity generation), but neither was working properly and even when fully operational were only supplying enough power for the head teacher’s office. Neither had any of the schools visited received regular supplies of school equipment. All reported receiving something, but typically far less than the need, meaning the staff had split kits and distributed a few items to students they considered the neediest.
282. The evaluation visited one school that had been built to replace a building destroyed by an airstrike. The quality of the work was substandard, unfinished, and dangerous and the replacement building so small that one class was being conducted on the roof under a tarpaulin (despite the heat and wind).

⁴⁴ The figure is used in the 2021 HNO and a UNICEF report from July 2021, Education Disrupted: Impact of the Conflict on Children’s Education in Yemen. It is referenced as being enrolment data of students from the Ministry of Education (2019-2020).

283. The situation of girls' education is particularly perilous in Yemen. As the culture becomes more conservative in Ansar Allah areas, it is likely more girls will be pressured to drop out of higher grades. If there is no assistance to ensure a minimum number of female teachers, gender-appropriate toilets and other basics, education for girls will become even more of a struggle.
284. The very low coverage in education is directly related to the very low (comparatively) level of funding to the education sector. As can be seen from Table 10, education funding has varied considerably over the period under examination but compared to other sectors such as food and health, it is extremely modest. Moreover, a closer examination of the funding shows that even the headlines figures do not tell the story. For instance, 2021 is a relatively high figure at \$114 million, but more than a third of this was for WFP for school feeding (\$46.7 million) and another third was provided via Saudi Arabia to the Saudi development and reconstruction programme for Yemen (\$33 million). This programme lists on its website, under education, the construction of a teaching hospital in Al Mahra governorate (in the far east of the country), as well as school construction, supplies and the provision of buses (location not specified).

Table 10: Education funding, 2015–2021, in millions of USD

2015	2016	2017	2018	2019	2020	2021
29,912,766	49,896,036	79,366,707	67,346,728	120,033,020	49,794,268	114,528,920

Source: FTS

285. In 2018/2019 and 2019/2020, the education cluster provided salary incentives to teachers of \$50 per month. These funds were ostensibly to support transporting of teachers to schools, but this was basically seen as a way of helping teachers to keep teaching. In 2018/2019, some 100,000 teachers received the transport incentive for seven months and in 2019/2020, 105,000 teachers received the incentive for five months. After this, funding was no longer available and the incentive was stopped.
286. This example of the incentives illustrates the challenge faced by the education sector. First, even this level of support consumes most of the available resources. Second, the unpredictability of this support does not help sustain a functioning system. And there are certainly few resources in the system to reconstruct the 153 schools destroyed or to provide supplies to a system that receives practically no government funding.
287. The education cluster, unlike many others, has a reasonable amount of capacity via its 80 local partners. The majority of schools are still operating, albeit at a much-reduced level. However, there are serious challenges with curriculum, which has been changed in the Ansar Allah-areas to reflect the ideology of the governing movement. And there are challenges to reconcile two different curriculums and therefore two different sets of policy frameworks.

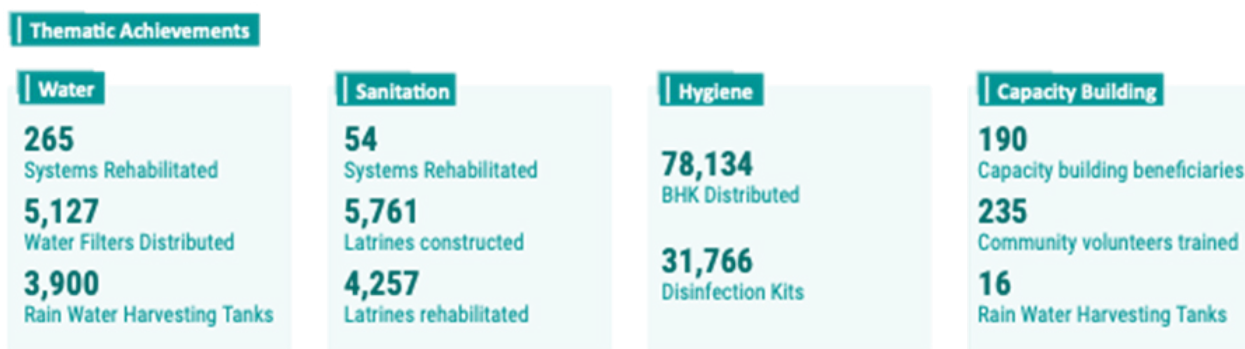
Water, sanitation and hygiene

288. Water scarcity was arguably the country's number-one problem prior to the conflict. In 2014, a realistic estimate gave the amount of unsustainable extraction (the difference between use and replenishment) at 1.4 billion cubic metres. The annual estimate of renewable water is 2.1 billion cubic metres, working out to 84 cubic metres per capita. The accepted global scarcity threshold is 1,000 cubic metres per capita – over ten times higher.^{ciii}
289. Prior to the war (and presumably up to the present day), the vast amount of this water was used for agriculture, increasingly via deep tube wells using diesel or solar pumps. Rich landowners with political connections made sure there was little regulation, and what policy measures there were to restrict usage tended to fall harder on the poor.
290. Potable water supply in rural areas is via a combination of rainwater harvesting, shallow wells and deeper wells, both types using pumps. In 2010, the percentage of the rural population that did not have access to clean drinking water was 53 per cent (down from 65.1 per cent two decades earlier), whilst in the

cities this figure was 43 per cent. Access to sanitation was much lower: in 2008, some 77 per cent of the population did not have access to improved services.^{civ} It seems safe to assume that levels have stayed fairly similar given the waves of crisis post-2011, and the commencement of all-out war in 2015.

291. The outbreak of cholera in 2017 (although there was also a smaller outbreak in 2016) is an indicator of the poor state of Yemen’s water and sanitation infrastructure. The details of the cholera outbreak are discussed in section 3.4.2, but a combination of the rainy season, poor sanitation, poor access to potable water and poor access to primary health care led to outbreaks, exacerbated by general poverty.
292. The humanitarian WASH response has focused on three main areas: prevention of, and response to, communicable disease outbreaks like cholera; WASH in IDP camps; and trying to keep some of the main systems from total breakdown. Concretely, this has translated into building and rehabilitating water and sanitation systems, water trucking, building latrines, distributing hygiene kits and, during the cholera epidemic, rapid response WASH teams to investigate outbreaks.

Figure 28: WASH sector achievements in 2021



Source: WASH Cluster (2021) Yemen – WASH Cluster Bulletin, November 2021: 2.

293. The evaluation team visited a number of rural water and sanitation schemes of varying quality. The typical rural water scheme visited consisted of a tube well powered by solar, an elevated tank (for storage) and a distribution network (fed by gravity from the elevated tank). In general, these seemed to be well implemented and appreciated by the communities they served. The evaluation did witness one tower where people felt the construction was sub-standard and was therefore dangerous, but others reviewed seemed solid and functioning well. The evaluation also visited a large rainwater/mountain run-off collection tank for agricultural use in Saada that seemed well implemented and much appreciated by the community.
294. The picture for sanitation was less encouraging. Although the team visited only one sanitation scheme, a septic tank system, it had overflowed resulting in a lake of sludge. This was clearly harmful to health, and locals complained it was infecting the groundwater (drinking water). The problem seemed to be that the system was designed to be ‘de-sludged’ but the municipal service to do this no longer existed.
295. Urban water supply (and sanitation systems) is even more problematic. The evaluation team visited the main Aden water supply station and system, which is in a state of extreme disrepair. Most of the pumping station is pre-independence British machinery (with all the spare parts and repair issues that creates) and the main feed lines into the city are constantly failing as a result of corrosion (basically from age). Two of the main storage tanks are damaged from mortar fire, with one completely inoperable. The WASH cluster is providing some support but cannot help with anything beyond patches. Even when WASH partners have the resources to buy more durable pipe or parts for machines, the short-term funding cycles and the long procurement timeframes mean this is not a practical option. As a result, the system will begin to fail permanently in some areas of the city, leaving these areas entirely dependent on commercial water trucking. This in fact will increasingly become the norm in Yemen’s cities when the major systems start to fail. Whilst the evaluation team did not visit any urban sanitation systems, KIIs suggest the situation is just as bad, if not worse.

296. The situation in IDP camps has already been discussed above, and Figure 21 in section 3.3. shows WASH services and waste disposal in IDP camps to be the weakest aspect of the humanitarian response in camps (bar livelihoods). The WASH cluster also lists “Poor WASH service coverage in IDP sites” as one of its challenges.^{cv}

Figure 29: Patients from Ibb cholera treatment centres followed up by rapid response teams, May 2019

	Nr. Patients	RRT Visits	% Patients visited by RRT
Patients in CTC 3 weeks ago	10	1	10.00%
Patients in CTC 2 weeks ago	15	5	33.33%
Patients in CTC 1 week ago	18	8	44.44%
TOTAL	43	14	32.56%

Source: MSF.

297. These coverage issues were also noted with the rapid response teams (RRTs) during the cholera response in 2018 and 2019. KIIs and data collected by humanitarian health partners suggests that follow-up by the RRTs was quite low. Figure 29 shows the results of a survey of patients discharged from cholera treatment centres (CTCs) and whether they were visited by the RRTs (to examine the causes of the outbreaks).

298. The WASH response is operating against a backdrop of huge challenges and limited resources. In 2021 these fell further, leading to cutbacks in water trucking operations (from 597 in 2019–2021 to 167 up to November in 2021).^{cvi} Neither is the reduction a reflection of more sustainable solutions – it is basically driven by funding cuts.

299. The issue of sustainability and value for money is acute in the Yemen context. Distribution of hygiene kits was probably the single biggest complaint that the evaluation heard from authorities in Yemen (these are almost certainly the ‘regular’ hygiene kits rather than RRM). Water trucking was also routinely condemned. Authorities in both the Ansar Allah and IRG areas felt the reliance on short-term, emergency measures some six years into the conflict and the humanitarian operation was unacceptable. The evaluation team was told repeatedly that hygiene kits simply end up in the market, providing a highly inefficient form of transfer, and water trucking is both expensive and unsustainable (as witnessed in 2021, when the money runs out the trucking simply stops).

300. In response to this criticism, the WASH cluster undertook an analysis with its partners concluding that in 14 operations, it was cheaper over a two-year period to build a scheme with up-front investment than to continue with the trucking. The November bulletin concludes: “Key Takeaway: There is a potential in some cost effective alternative sustainable solutions that are worthy of being considered and advocated for to replace the emergency water trucking operations”.^{cvii}

301. Whilst it is welcome that humanitarian agencies are starting to consider sustainability in this critical area, arguably this should have happened much earlier. In a context of acute water shortages such as Yemen, there does not seem to have been a sufficient focus on where the water is being sourced, and what the longer-term impact might be.

302. This acute issue also highlights the complexities, trade-offs and uncertainties of humanitarian operations. There is no strategy for sustainable use of water for IDP camps and places hosting increased populations (or in fact any national strategy for water provision for IDPs). Water is provided because it is an emergency, and this must be done quickly. Working with authorities to put in place a strategy is complicated by the politics. With hindsight, it is easy to say the shift should have started five years earlier, but at the time people did not necessarily think the operation would last that long. Even now, the cluster uses a timeframe of two years as a cost comparator for water trucking when it is clear the impact of war will remain for many years. Longer-term planning should be accompanied with longer-term funding.

3.4. Outcomes

Evaluation criteria	Evaluation questions	Evidence confidence rating
Effectiveness	EQ 4: To what extent were planned collective outcomes achieved?	Strong
	EQ 4.1: To what extent was famine prevented and food security enhanced?	Strong
	EQ 4.2: To what extent were disease outbreaks prevented, reducing morbidity and mortality?	Medium
	EQ 4.3: To what extent was malnutrition contained?	Medium

3.4.1. Food security outcomes in Yemen

Summary findings

- Food security has been the largest aspect of the collective response in Yemen, comprising over half the total resources allocated and spent over the period under examination. The evaluation found the response had made a difference in this key area, reducing macro-level food insecurity over the course of the response.
- The food security situation in Yemen appears to have slightly improved over the period 2015–2021. This is in response to a huge scale-up in the distribution of food, cash and vouchers nationally.
- The evaluation found that the data and detailed analytical products do not show Yemen to be in famine, nor is the risk of famine clear-cut. Future analysis of famine should make very clear the difficulties with collecting timely, accurate and representative data, and highlight the level of uncertainty. Greater transparency about the limits of our knowledge is essential in the next phase of this operation.
- There is a need for policy development and groundwork to enable future transition to a more sustainable mode of operation for food security and livelihoods.
- Although there have not been nutrition surveys for a couple of years (new ones were taking place as the evaluation was concluding), the very high levels of acute malnutrition had been on a downward trajectory as well, in line with a scaled-up response (although this may be affected by funding cuts).

303. The food security response in Yemen has been one of the largest sustained operations of its kind. From 2017 onwards, the scale-up has been major, impressive and has resulted in measurable impact.

304. Strategic objective 2 in the 2021 HRP aims to prevent famine, malnutrition and restore livelihoods through:^{cvi}

- Improving the food consumption status of vulnerable populations in IPC 3 and above
- Increasing the resilience of vulnerable households to shock (and increasing their household income)
- Decreasing the prevalence of global acute malnutrition,
- Mitigating the protection risks associated with food insecurity

Has the food consumption status of vulnerable populations improved?

305. The answer to this question is largely yes.
306. The main tool that has been used in Yemen to understand food insecurity over time is the IPC, a collaborative analytical effort led by the FSAC. A detailed look at the IPC process and products suggests that:
- **The IPC process in Yemen has had to rely on intermittent data collection.** The three main data streams that inform the IPC index (food security, nutrition, mortality) have flaws, and the frequency is not sufficient to come to solid judgements. The reasons for this are various and explored throughout the evaluation, but primarily relate to access.
 - **The food security situation appears to have improved over time.** This is almost certainly as a result of the massive scale-up in food and cash assistance from late 2017 onwards. Whilst the food security situation has improved at a macro scale (measured at a national level), it is hard to know how individual vulnerable groups have fared.
307. The most obvious measure of whether food security has increased is the number of people in each of the IPC categories. By this measure, food security has improved from over the period of examination (2015–2021), and from when the IPC started in 2012.

Box 3: Numbers of people and percentages in IPC 3 and 4 in 2012, 2015 and 2021

In 2012, 46 per cent of the population was assessed to be food insecure of which 24 per cent (5,449,916) were phase 3 and 22 per cent (5,057,610) were in phase 4. [assumes population 22.8m]

In 2015, 22.7 per cent of the population (6.07 million) in phase 3, 25.57 per cent in phase 4 (6.8 million). [population 26.8 million].

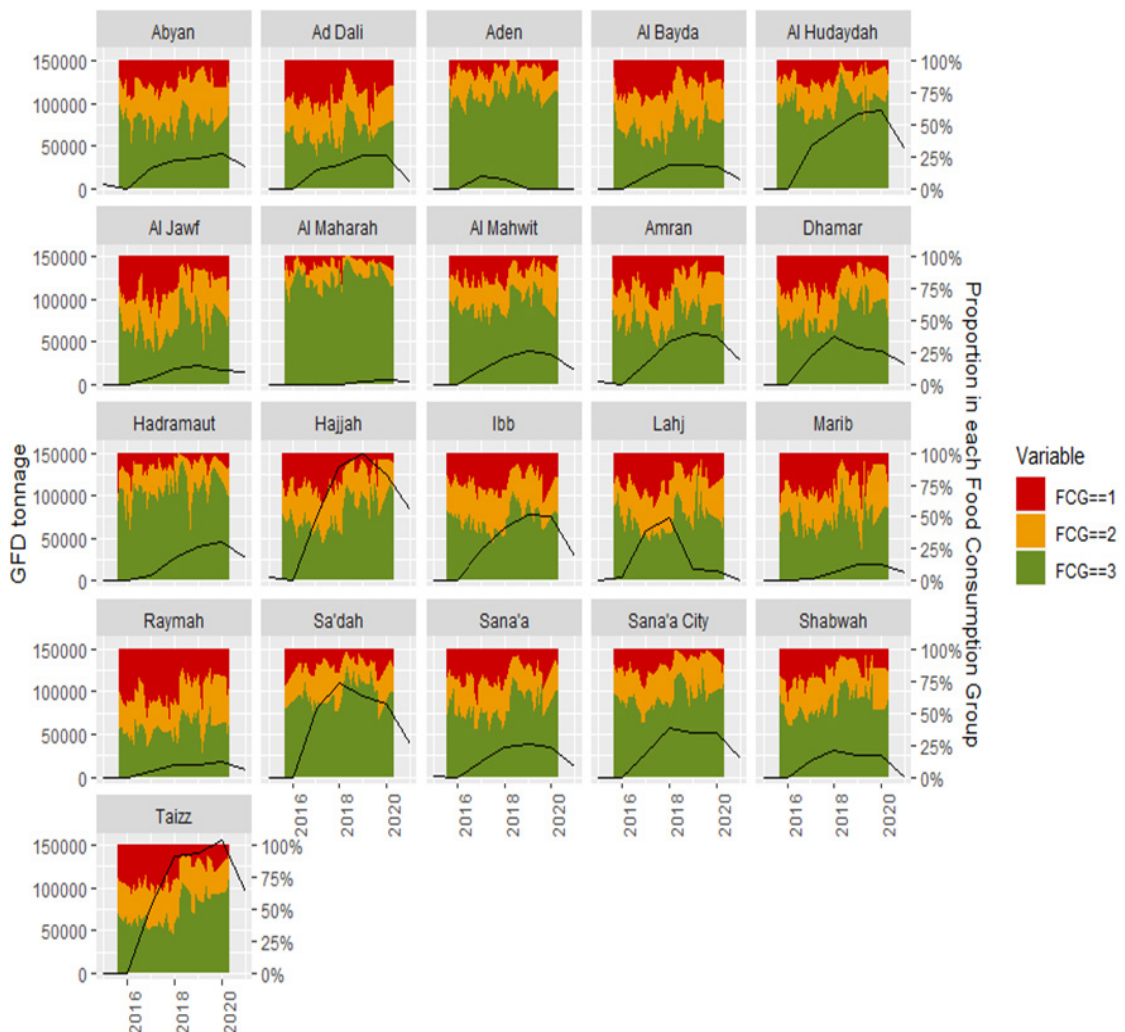
In 2021, 45 per cent of the population were facing high levels of acute food insecurity. 33 per cent (9.8 million people) were in phase 3 and 12 per cent in phase 4 (3.6 million). [population 29.8 million].

Source: IPC reports.

308. Whilst these figures have fluctuated over time, probably the best indicator is the number of people in IPC 4 (emergency). This has reduced both as a percentage and in absolute terms.
309. In ideal conditions, the IPC analysis is supposed to look at food security, malnutrition and mortality. Because of the lack of data alluded to above, the most consistent data available has been for food security, and within this, food consumption scores have been one of the most consistently measured. A lack of regular primary data collected nationally and at household level has meant that the telephone poll data (called mVAM) collected monthly gives the best (detailed) trend analysis over time.
310. The mVAM polls show that things have got better over time, and when mapped against GFD there is a statistical correlation (see Figure 30 below).
311. A recent analysis of the same publicly available mVAM datasets by two World Bank economists for the journal Food Policy found a similar improvement of food consumption score (FCS) (and reduction of reduced coping index) over time. However, they also concluded that it had not risen to the level they might have expected, leading them to put forward three theories as to why this might be: 1) people use the money saved to buy other essentials; 2) in the absence of oversight the wrong people get the benefit; and 3) things would have been even worse without the food assistance. They conclude that the last explanation can be proven by the (limited) data available^{cix}

312. Both the analysis referred to above, and WFP ongoing analysis of FCSs over time, show that these fluctuate significantly.

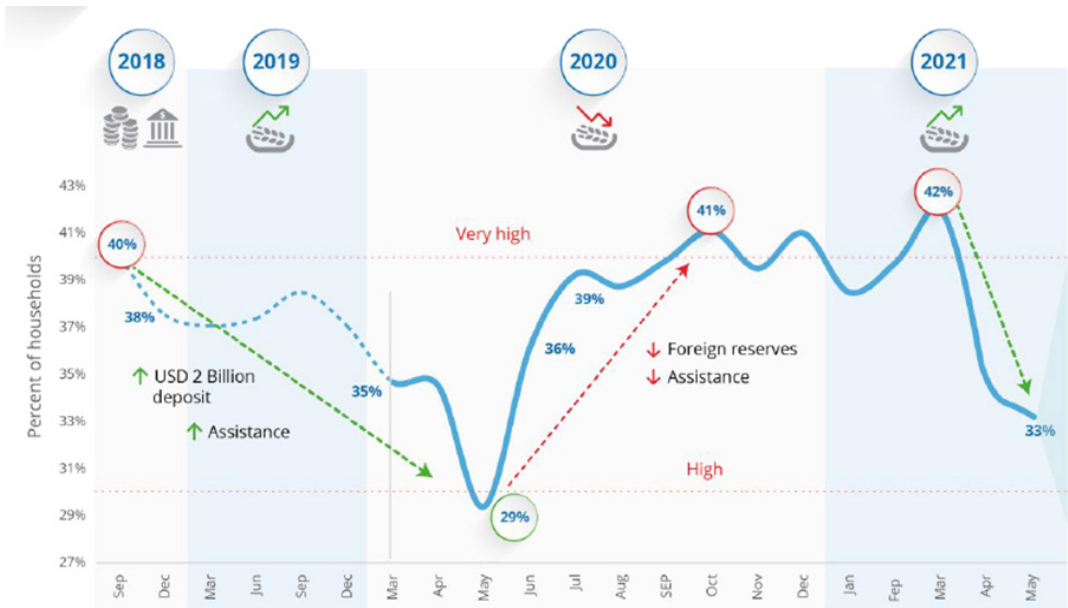
Figure 30: mVAM food consumption scores mapped against GFD, 2015–2021 by governorate



Source: Evaluation team analysis using WFP data.

- 313. The analysis by WFP below (Figure 31) appears to show that as food distribution volumes drop, food insecurity rises, consistent with the finding above that the humanitarian operation is achieving a measurable outcome.
- 314. External factors such as the price of food and fuel play a major part too, with the World Bank analysis cited above suggesting fuel price shocks to be the most significant. Food is largely imported into Yemen, meaning external factors such as global prices and the cost of importation significantly affect market prices. Factors such as the constraints imposed by United Nations Security Council Resolution 2216 and the amount of credit guarantee held by the central bank are significant.
- 315. Food insecurity existed pre-war in Yemen and may even have been worse than it is currently. The country suffered chronic stunting and high levels of acute malnutrition prior to the war. The situation has been exacerbated by economic collapse and import restrictions.
- 316. The humanitarian operation has eased food insecurity somewhat, preventing a further deterioration. This continues to leave a highly precarious situation however, without a resolution of the war and its political and economic consequences.

Figure 31: Food security outcomes over time and external factors



Source: WFP quarterly food security update: WFP food security update May 21.

317. As the discussion on targeting in section 3.2 above makes clear, whilst the overall picture of food security is beneficial, there are large exclusion and inclusion errors. If the goal is to help the vulnerable, then this aspect needs greater attention.

Has the prevalence of global acute malnutrition decreased?

- 318. The biggest challenge with global acute malnutrition (GAM), and malnutrition generally, is that it has not been measured frequently enough or at a detailed enough level to give an accurate picture. Even more so than food security, the difficulty of conducting routine surveys has led to critical gaps in knowledge, and unlike with food security, there are no easy remote methods for filling in the knowledge gaps.
- 319. Malnutrition is measured via a well evolved set of survey tools, drawing on decades of global good practice. The industry standard is the SMART survey, and these have been carried out at a governorate level in Yemen since 2012 as a collaboration between the MoPHP and the nutrition cluster agencies, primarily UNICEF and WHO. There has also been a nutrition component to the two national food security assessments, EFSNA and FSLA.
- 320. The challenge is that not every governorate has been surveyed every year, and none have been surveyed since 2019. This has led to the confusing use of out-of-date figures, especially in the current IPC acute malnutrition report. Table 11 shows the frequency and results from SMART surveys in two governorates from IRG areas and two from Ansar Allah areas. It also includes the 2016 EFSNA figures and the most recent IPC report. It is worth noting that a set of SMART surveys took place in late 2021 after the evaluation had concluded its data collection, but results were not available at the time of writing.

Table 11: A sample of governorates and malnutrition data over time compared with the latest IPC figures

	Hodeida lowlands		Hajjah lowlands		Hajjah highlands		Lahj lowlands		Lahj highlands		Aden	
	GAM	SAM	GAM	SAM	GAM	SAM	GAM	SAM	GAM	SAM	GAM	SAM
2012	31.7	9.9	21.6	3.7	9.3	0.9	23	4.5	14.3	2.8	18.9	2.4
2013												
2014			19.8	2.9	9.2	1	17.1	1.8	7.5	0.8		
2015	31	8.9	20.9	3.8	9.9	0.8	20.5	4.3	9.9	1.7	19.2	2.5
2016	21.7	3.3										
2016 EFSNA	25.2	5	11.3	1.6	11.3	1.6	12.4	2.1	12.4	2.1	14	2.5
2017							25.3	4.8	10.1	1.7		
2018			14.9	2.3	8.9	0.8	22.2	3.6	12	2.8	15.5	2.1
2019			17.5	2.1								
2020												
2021 IPC	31	8	21	3	16	2	24	5	13	2	17	3

Source: Evaluation’s own using nutrition cluster data.

321. As can be seen, the trend is generally slightly downwards, with a small increase at the start of the war in 2015. This appears to be reversed in the 2021 IPC report, although in fact the IPC has used the historical data, as evidenced by the extract reproduced in Box 4. The fact that the latest report does not use new data suggests it can be largely discounted.

Box 4: Extract from the methodology notes for the 2021 IPC acute malnutrition report

Absence of recent SMART survey data is a major challenge. In the absence of recent SMART survey data, [middle upper arm circumference] MUAC from the FSLA and historical SMART survey data were used in the analysis with medium reliability. Since the MUAC data did not meet IPC reliability criteria, historical data alone was used in the classification of Hodeidah Lowland with low reliability.⁴⁵

Source: IPC (2021) IPC Acute Malnutrition Analysis: January – March 2021, Yemen: Acute Malnutrition Hits Record High Levels in Yemen with a Devastating Toll on Children Under Five, Issued February 2021: 15.

⁴⁵ Note that exactly the same paragraph is used in the methodology section of the acute malnutrition report from a year earlier in October 2020. See IPC (2020) IPC Acute Malnutrition Analysis: January – December 2020, Yemen: Partial Acute Malnutrition Analysis for 133 Districts in 19 Zones of Yemen, Issued October 2020: 15. The figures used for Hodeida in this report are 27.1 per cent and 6.2 per cent, but in the annex they also use a ‘GAM based on WHZ’ (Weight for Height) of 25.2 per cent which is the figure from the 2016 EFSNA (or rather it is the same figure that has been used by the nutrition cluster since 2017 consistently, and that derives from the EFSNA).

- 322. One could, therefore, conclude that malnutrition has continued its downward trajectory in line with the FCSs discussed above, especially if we discount the anomalous 2021 IPC report. However, malnutrition in Yemen is complex, seasonal and may be influenced by additional factors other than food exclusively.⁴⁶
- 323. In its analysis of the causes of malnutrition in Yemen, MSF suggests that a lack of good primary health care and lack of access to clean water, especially in IDP camps, may be amongst the principal causes of GAM.
- 324. The agency saw a 40 per cent increase in malnourished children during the seasonal peak in its clinic in Abs district in 2020, compared to 2019. Abs has a very high number of IDPs and is also part of the chronically poor Tihama region. Of these, nearly all had complications such as respiratory tract infections and acute non-bloody diarrhoea, meaning that water-borne disease or virus may be causing malnutrition (at least in part). Fully a third of those admitted were under six months, suggesting that mothers' ability to breastfeed and weaning practices are also involved. In an ACF nutrition clinic in Lahj visited by the evaluation team, nearly all of the staff interviewed in a focus group attributed malnutrition to poor weaning practices as the principal cause, with disease second and poverty and lack of food third.

Table 12: Deaths from SAM since 2015

Deaths from SAM nationally	
2016	635
2017	637
2018	622
2019	808
2020	413
2021	305

Source: Nutrition cluster.

- 325. The coverage figures are examined in section 3.3 above. Under a quarter of those estimated to be in need are reached with nutrition services, although SAM coverage is good at close to 100 per cent.
- 326. Once admitted, however, most children seem to recover. Most death rates for most districts for most years are under 5 per cent, and where they are over this is usually based on small numbers admitted. The one exception seems to be Mawza district, Taizz where 39 and 33 children died in January and February 2020 respectively.
- 327. Although it is difficult to know exactly what the numbers mean without context, the nutrition cluster has recorded deaths from SAM since 2015, shown in table 12. With the exception of a peak in 2019, these have either stayed the same or decreased.
- 328. This is also consistent with the crude mortality rates (CMRs), which are all low, mostly very low. CMR data from 2017, taken from the 2016 EFSNA, shows under-5 mortality well below the threshold of 2 deaths/10,000/day (only two governorates over 0.5/10,000/day). Since the end of 2016, the only reliable – or semi-reliable – CMR data available to the evaluation are from the SMART surveys, where people were asked to recall deaths, typically in a three- or six-month period. None of these shows a CMR above 1/10,000/day, with the majority under 0.5 again.
- 329. In conclusion, whilst the data is quite patchy and not always very illuminating, the prevalence of GAM has probably dropped over the period of the humanitarian response, albeit whilst still remaining high in several places.
- 330. As well as treatment, the response has also undertaken significant prevention activities such as BSFP, vitamin A supplementation, iron/folic acid supplementation, multiple micronutrient supplementation and a significant amount of IYCF work. Whilst the prevention work cannot be quantified in outcome terms by the evaluation, it is clear that combined with treatment, this seems to have led to stable or declining GAM figures and death rates (where these are measured), although there continue to be flareups of malnutrition.

⁴⁶ Documentation supplied in confidence to the evaluation team and KILs.

Has famine been prevented?

331. The answer to this question is in two parts and is not straightforward.
332. First, and most obviously, there has not been a famine in Yemen. There has not been mass death, nor large numbers dying from malnutrition and starvation. The IPC defines famine as “an extreme deprivation of food. Starvation, death, destitution and extremely critical levels of acute malnutrition are or will likely be evident”. It is attributed to an area when it “has at least 20 per cent of households facing an extreme lack of food, at least 30 per cent of children suffering from acute malnutrition, and two people for every 10,000 dying each day due to outright starvation or to the interaction of malnutrition and disease”.^{cx}

Figure 32: IPC definition of famine and catastrophe



Source: IPC (2020) The IPC Famine Fact Sheet, Updated December 2020, Rome: IPC: 2 and 3.

333. In Yemen, as is outlined above, these conditions have not been in place throughout the period under examination. Neither acute malnutrition nor the CMR has ever exceeded the thresholds. There have been pockets of IPC 5 (catastrophe) but until 2022 these have not been enough for districts to be classified as in IPC 5 (not reaching the 20 per cent of the population needed for this classification). In 2022, two districts in Hajjah have exceeded this 20 per cent threshold, but neither malnutrition nor CMR has.^{cxii} Over this period, two famine review committees were convened (in 2018 and 2022), with neither concluding that there was a famine.

Table 13: Findings from the two famine review committee reports commissioned in Yemen during the period under examination

2018	The FRC concurs with the Yemen IPC Technical Working Group (TWG) on the current period analysis that the body of existing evidence does not support a Famine or Famine likely classification.
2022	The FRC concludes that there is not a body of evidence supporting a famine classification in the current period.

Source: IPC (2018) *Famine Review Committee Conclusions and Recommendations on the IPC Yemen Analysis: Summary Report*, 28 November 2018; IPC (2022) *Famine Review of the IPC Acute Food Insecurity and Acute Malnutrition Analyses: Conclusions and Recommendations for Five Areas in Yemen (Abs, Haradh and Midi in Hajjah Governorate and Al Hali and Al Hawak in Al Hudaydah Governorate)*, Rome: IPC.

334. Whilst there have undoubtedly been large numbers of people in IPC phase 4, these have been steadily (if not entirely smoothly) declining. There have also been pockets of people in IPC 5, which is famine-like conditions, but these are mercifully small numbers so far and not enough to indicate a district in famine. It is worth also noting that for famine conditions to be declared then two of the three indicators (food security, malnutrition and crude mortality) have to be present, which they have not been so far in Yemen.

Table 14: Percentage of population in IPC 4 (selected years)

IPC 4	% Population
2022	23
2021	12
2018	17
2016	25
2014	18.3
2012	22

Source: IPC Reports.

Table 15: Number of people in IPC 5 (2017-2022).

IPC 5	Number of people
March 2022	161,000
Jan 2021 - Jun 2021	47,000
Oct 2020 - Dec 2020	16,500
Jul 2020 - Dec 2020	0
Feb 2020 - April 2020	0
Jul 2019 - Sept 2019	0
Dec 2018 - Jan 2019	63,500
March 2017 - Jul 2017	0

Source: IPC Reports.

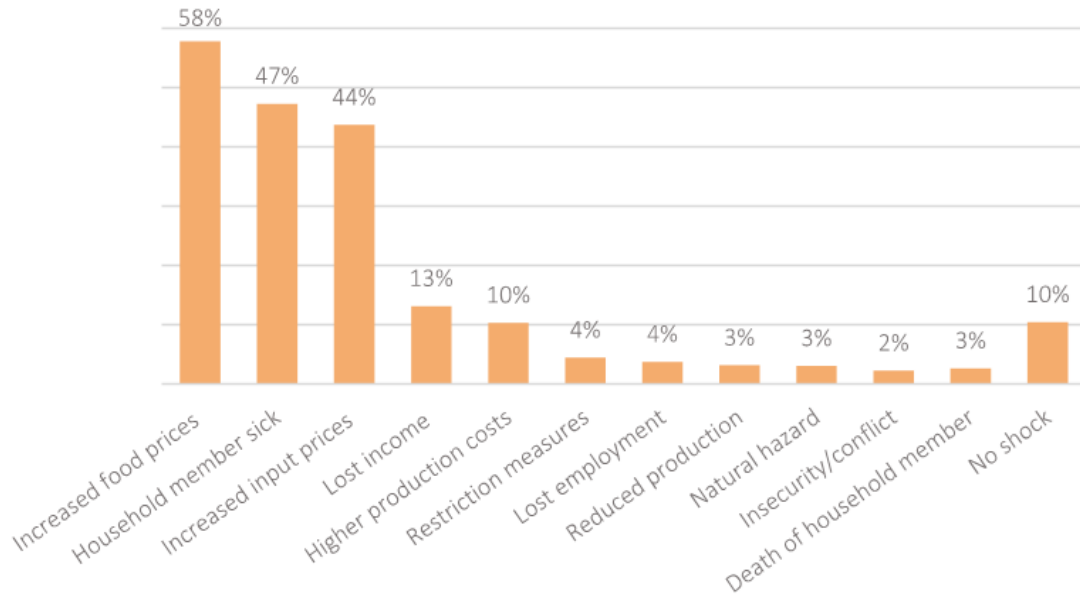
335. The food assistance operation has contributed to an improvement in food consumption scores, and therefore food security. Nutrition services have prevented most of those severely affected from malnutrition from dying. These are important achievements. However, this is not the same as preventing a famine, and whilst the debate over language may appear technical, it is the judgement of the evaluation that this term has been over-used, and at times inappropriately used.
336. The overwhelming cause of food insecurity in Yemen is poverty, which has been significantly worsened by the conflict and mass displacement.^{cxii} Yemen was already the region's poorest country before the war, and although no accurate measures exist, this has certainly got worse under war conditions.^{cxiii} During the 1970s, Yemen was a relatively food secure country, importing just 18 per cent of its cereals. Today, 90 per cent of cereals are imported, and consequently, the vast majority rely on employment, wages, and markets for access to food.^{cxiv} Evidence for this exists in the close correlation between rises in fuel prices and rises in food insecurity (as fuel drives market prices, but also other expenditures such as water).
337. If the main cause of food insecurity is poverty exacerbated by conflict, then humanitarian strategies should be designed to tackle a protracted crisis compounded by economic collapse. The use of very high malnutrition figures that are in fact several years out of date can present an image of a sudden crisis that must be solved urgently, rather than something longer, more protracted and more intractable.

Has resilience been built, and household income increased?

338. Restoring livelihoods has been part of the HRP over the period covered by this evaluation and part of the FSAC response plans between 2016–2021. Since 2016, FSAC partners have targeted the most food insecure and vulnerable groups facing IPC phase 3 and above through the twin track approach of 'saving lives and livelihoods'.^{cxv} The FSAC strategy has focused on increasing household incomes and rehabilitating food security assets to stimulate economic recovery in areas with high levels of food insecurity.^{cxvi} Livelihoods has also increased in prominence as part of the second strategic objective of the HRP 2021: preventing famine, malnutrition and restoring livelihoods.^{cxvii}
339. At the same time, the underfunding of livelihoods activities has been a constant in the HRP between 2016–2021. This has limited the humanitarian response efforts to combine short-term assistance with longer-term strategies. The absence of multi-year funding has also prevented the interventions from reaching scale and has limited the ability of agencies to implement more comprehensive long-term livelihoods projects.^{cxviii} The implementation of a longer-term strategy is critical if the humanitarian response is to enhance food security in a sustainable manner and to lessen the humanitarian caseload in the medium- to longer term.

340. The evaluation team encountered several data challenges that impeded analysis of the effects of the collective aid operation on household income nationally. However, based on a review of the available documents, KIIs and site visits, it is evident that livelihoods support has mainly focused on short-term labour-intensive cash for work (CfW) activities focusing on the delivery of inputs to support the rehabilitation of community assets.
341. Overall, CfW activities have had a short-term effect on the living conditions of vulnerable households and were not designed with economic self-reliance or sustainable livelihoods in mind, which requires long term investment. The traditional approach to CfW (employing large numbers of workers on minimum wages for short periods) does not automatically generate sustainable incomes, nor lead to other employment opportunities. The type of activities supported through labour-intensive CfW also limits the engagement of women. People directly involved in livelihood projects are expected to have seen their income increase. However, the lack of resources dedicated to livelihoods restoration means that the collective aid operation is unlikely to have made a noticeable impact on household incomes nationally.
342. The evaluation team visited several community assets rehabilitated through the CfW approach. These visits highlighted a number of shortcomings with regard to the quality of the livelihoods projects, indicating that more follow-up and monitoring on the ground is required. Common issues observed included agricultural machinery that was not working, spare parts for irrigation networks lying unused for months, agricultural roads that were not fully rehabilitated, and rehabilitated water reservoirs still leaking. Evidence from KIIs supports the finding that the insufficient presence of humanitarian actors in the communities they support has a negative effect on technical and quality follow-up.
343. The evaluation of the European Union- (EU) funded programme “Enhancing Rural Resilience in Yemen” (a joint programme of WFP, the Food and Agricultural Organization [FAO], the International Labour Organization [ILO] and UNDP) highlighted the potential to support resilience and livelihoods in Yemen.^{cxix} While cash for work and assets is temporary by design, it was found that the programme was most successful where the CfW was linked to building or rehabilitating community assets. The evaluation noted the short-term results and successes, mainly through linking relief and resilience. The report also highlighted improvement of basic and critical services, build-up of local institutional capacities across all components and transition from humanitarian aid to income-generation. The performance of the individual components was found to be successful. However, the institutional and macro-economic instability limited the synergies inside and outside the programme with other initiatives to consolidate and expand resilience. It was also found that these interventions could have a stronger impact and be more sustainable if linked to a wider economic framework and more coordinating planning for resilience. This has now been developed by the CT/HC.
344. An FAO study conducted in 2021 looked at shocks, livelihoods and food security, with food prices and the cost of ill health the two highest shocks experienced by those surveyed. This correlates well with studies on resilience in other contexts.^{cxx} A recent study from four protracted crises looking at resilience concluded that the income threshold needed to achieve sustainable livelihoods was far greater than that available via humanitarian aid, needing a higher and more sustained level of investment.^{cxxi}

Figure 33: Major shocks experienced by surveyed households in the last three months



Source: FAO 2021; FAO assessment results, February 2021 as cited in FAO (2021) *Yemen: Shocks, Agricultural Livelihoods and Food Security*, Monitoring Report, December 2021, Rome: FAO: 37.

345. Sustainable livelihoods support also requires a solid understanding of the economic landscape. It requires coordinated efforts between different clusters and actors on the ground in support of local economic recovery plans that also take into account the needs of women, youth and marginalized groups. The development of these plans has so far lacked well-coordinated efforts (see section 3.8 on the humanitarian-development-peace nexus). Documents reviewed and KIIs illustrate that the focus has been on the delivery of inputs, with little emphasis on more complex elements such as value chains or market access, or on supply and demand issues. The interventions also reflect a lack of understanding of the ownership of productive assets, how local markets operate, how the war economy has impacted the economic landscape and where investments might yield the best results.

3.4.2. Health

Summary findings

- The health response in Yemen has undoubtedly saved lives and protected people. It has contributed to the management of morbidity and mortality, and to some form of public health stability.
- The collective response suffers from quality and oversight issues. It is fragmented and subject to optimistic claims about coverage, impact and effectiveness by the various agencies involved. This does not help, as it obfuscates the real picture and therefore limits the ability of the response to focus and prioritize.
- The collective response is also by and large too unwieldy and slow to respond to communicable disease outbreaks. It is heavily reliant on an under-capacitated public health system that is barely managing to keep the facilities in its control operational and has little capacity to respond to new outbreaks. Where a system of additional response capacity has been put in place, such as for the cholera outbreak, this has suffered from weak infection protocols and inadequate reporting. Nevertheless, the continuation of essential public health measures such as vaccination is of major importance, and whilst the impact cannot be precisely quantified, it has contributed to maintaining mortality rates at something like pre-war levels.
- The health system in Yemen was profoundly unequal before the onset of the conflict. The war has exacerbated problems such as the availability of health services in remote and hard-to-reach areas, long travel times for rural populations, the availability of qualified health personnel (especially female personnel), and the availability of medicines and medical supplies, resulting in extremely high costs of health services, mainly affecting the poorest populations. The current strategy of “supply” does not address these issues.

346. The humanitarian appeal in Yemen has had the prevention of disease outbreaks and the reduction of morbidity and mortality as a strategic objective for the last three years. In the 2021 appeal this was further broken down into:^{cxxii}
- Protection risks due to epidemics are mitigated and addressed through the provision of quality and integrated protection and humanitarian services to vulnerable women, men, boys and girls including IDPs and people with disabilities
 - Mitigate, prevent and respond to epidemic prone diseases and vaccine preventable diseases through multi-sectoral response among 11 million people including 3 million IDPs by end of 2021.

Health in Yemen

347. Yemen has long been at the bottom of the list in terms of health indicators in the Middle East. Nevertheless, in the last twenty years, despite the enormous challenges, health indicators have improved. From 2003–2013, under-five mortality halved, and maternal mortality fell by two-thirds. It is likely this trend continued until the war started in 2015.
348. There are several general points to note that frame the humanitarian operation.
- It is likely that both infant and maternal mortality has stayed roughly at pre-war levels over the period under examination. That is to say that at a national level, things have probably not dramatically worsened in terms of key health indicators, despite the war. The evidence for this is admittedly scant, but an analysis of CMRs from SMART surveys seems to support this, as does more general health data.
 - It is likely that heart disease and neonatal disorders continue to be the leading causes of death overall in Yemen, with conflict-related deaths third.
 - Vaccination rates have dropped over the period since 2015, and although data is very unreliable, it is likely this is the cause of the outbreaks of communicable diseases such as measles and diphtheria

that are being seen with increasing frequency. Polio, too, has returned to Yemen, albeit in very small numbers so far.

- The COVID-19 pandemic has been a significant cause of death and serious illness in Yemen, although it is impossible to say at what scale. Figures are only reported for IRG governorates, and with limited testing and treatment available, these are almost certainly under-reported. The young demographic and relative isolation may have spared Yemen the worst of the pandemic so far.
- Access to health care is highly unequal in Yemen as a result of very low public expenditure. In essence health care is largely privatized, with even the public system requiring people to pay for drugs and usually consultations too. There is also great disparity between rural and urban access to health care, and since the war a lack of female health workers, especially in rural areas. IDPs, returnees and host communities interviewed in the 2018 MCLA reported the price of medicines as their biggest health problem.

Cholera

349. The largest episode of communicable disease over the course of the response was the cholera outbreak in 2017/2018. It is worth examining in some detail to see both the problem with data reliability and to see what it tells us about response and its likely impact.
350. In 2017, Yemen was gripped by “the worst cholera outbreak in the world”, according to a joint statement by the executive directors of UNICEF and WHO. Their organizations and their partners were “racing to stop the acceleration of this deadly outbreak” caused by “two years of heavy conflict collapsing health, water and sanitation systems ... Rising rates of malnutrition” and the non-payment of an “estimated 30,000 dedicated local health workers”^{cxxiii}
351. Over the course of the outbreak, the number of people infected with cholera was estimated at approximately one million people – a huge number, and if accurate, a huge threat to life and well-being. In the end, however, the anticipated death toll did not arise.⁴⁷
352. A comprehensive evaluation of the response, commissioned by UNICEF in 2018, concluded that the attack rate (AR) of 379.75 per 10,000 was extremely high for a national figure (and was the type of figure normally seen in refugee camps and similar densely populated scenarios). By contrast, the crude fatality rate (CFR) was 0.21 per cent, which is extremely low for a cholera outbreak, especially in a country with compromised health care systems.^{48 cxxiv} As a comparison Zimbabwe had an AR of 70 and a CFR of 4.48 per cent.^{cxxv} The evaluation concluded “there is good reason to believe that the reported data (derived from line lists in treatment centres) was unreliable and subject to an overestimation bias”^{cxxvi}
353. The evaluation puts forward reasons why the cases may have been over-estimated: case definitions were not routinely applied, meaning that most diarrhoeal cases were recorded as cholera; only a very small percentage of cases were biologically tested (of those that were tested, only a quarter were confirmed cholera). They also suggest that:

Another significant factor that raises doubts about the reliability of the figures is the possibility that health workers may have ‘inflated’ the figures for suspected cholera due to fears that too low a figure, or a declining trend, might result in the closure of the relevant cholera treatment centre. There is a widespread view that such inflation did happen on a significant scale.

As told to the evaluation team by a number of interviewees inside and outside UNICEF^{cxxvii}

⁴⁷ From 27 April 2017 to 28 January 2018 the cumulative total of suspected cholera cases was 1,051,789 and 2,252 deaths. See Darcy, J. and Valingot, C. (2018) *Evaluation of the UNICEF Level 3 Response to the Cholera Epidemic in Yemen: A Crisis Within a Crisis*, New York: UNICEF: 16.

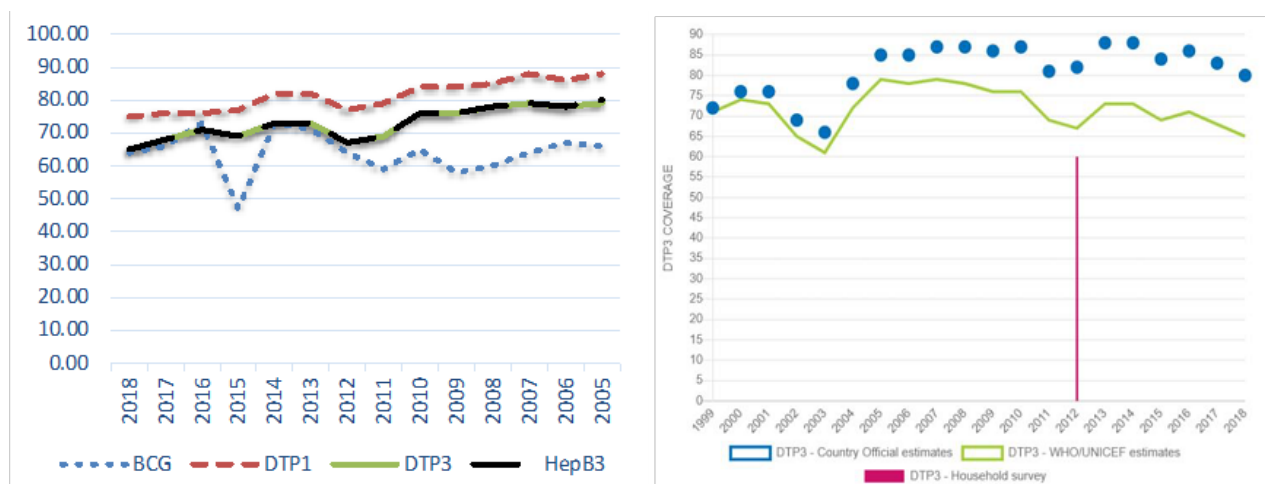
⁴⁸ Darcy, J. and Valingot, C. (2018) *Evaluation of the UNICEF Level 3 Response to the Cholera Epidemic in Yemen: A Crisis Within a Crisis*, New York: UNICEF. A *Lancet* article in 2018 (Cholera Epidemic in Yemen, 2016-18: An analysis of Surveillance Data), noting the same inconsistency, also suggests over-estimation, but puts forward two further hypotheses: that CFR should be treated with caution as recording of deaths may be low, and alternatively that Yemeni health seeking behaviour is good meaning people get treated quickly (MSF reported to them that most people presented to a cholera enabled facility within 2 days of symptoms). See Camacho, A. et al. (2018) ‘Cholera Epidemic in Yemen, 2016-18: An analysis of Surveillance Data’, *The Lancet* 6.6.

354. The evidence from the UNICEF evaluation and other KIs for this evaluation leave no doubt that there was a serious cholera outbreak in 2017 and early 2018, with over 2,000 deaths recorded. This was also true at a smaller scale in 2019. However, it may not have been the “world’s worst”, and there were not the tens of thousands of deaths predicted.
355. UNICEF evaluation also concluded that “the overall response to the 2017 epidemic was too slow in scaling up, unable to keep pace with the scale of the epidemic, and probably had a limited impact on its course”.^{cxviii} Whilst the authors credit the work of many of those involved in the response, they suggest that an outbreak in October 2016 should have prompted the humanitarian system to be better prepared, and that once the warning signs of the 2017 outbreak were evident, mobilization should have been faster. By the time measures were in place, the outbreak could not be prevented or particularly slowed.
356. Finally, the evaluation also concluded that UNICEF staff, partners and volunteers “**saved many lives and protected many more**”.^{cxvix} By the end of the scale-up, UNICEF alone had opened 64 diarrhoea treatment centres and 632 oral rehydration corners (ORCs).^{cxv} It had also distributed material to improve the quality of potable water and undertook several information campaigns.
357. In the first quarter of 2019, there was another surge in cholera cases, with MSF reporting an increase from 140 cases to 3,000 per week across its health facilities in Amran, Hajjah, Ibb and Taiz. The agency worried that the “humanitarian community has been caught unprepared”, and that some of the shortcomings of the previous response “do not seem resolved”.^{cxvii} An external briefing released at the time focused on a faster WASH response to outbreaks. Mercifully, since the 2019 outbreak, cholera seems to have been kept largely under control. Throughout 2020, WHO epidemiological monitoring shows cases below 10,000/month nationally and the CFR as well within acceptable (emergency) levels.^{cxviii} In 2021, cholera does not appear to have been a major cause of hospitalization, and epidemiological monitoring does not focus on cholera. This suggests it has not been a major cause of ill health since the 2019 outbreak. The widespread vaccination campaign may be one reason for a seemingly low incidence of cholera in the last two years, as may other aspects of the humanitarian or health response. The evaluation does not have enough data, however, to make a robust judgement on the causes of the decline.
358. The cholera response is in many ways the Yemen response in microcosm: slow to scale up, poor oversight and partner capacity, over-inflated figures and sensationalist rhetoric – and on the other hand, lives saved and catastrophe averted.

Communicable and vaccine-preventable disease Yemen

359. Vaccination coverage has declined in Yemen since the outbreak of the war. In 2018, the MCLA showed a probable decline in all vaccinations, although the decline has not been precipitous (see figure 34 below).

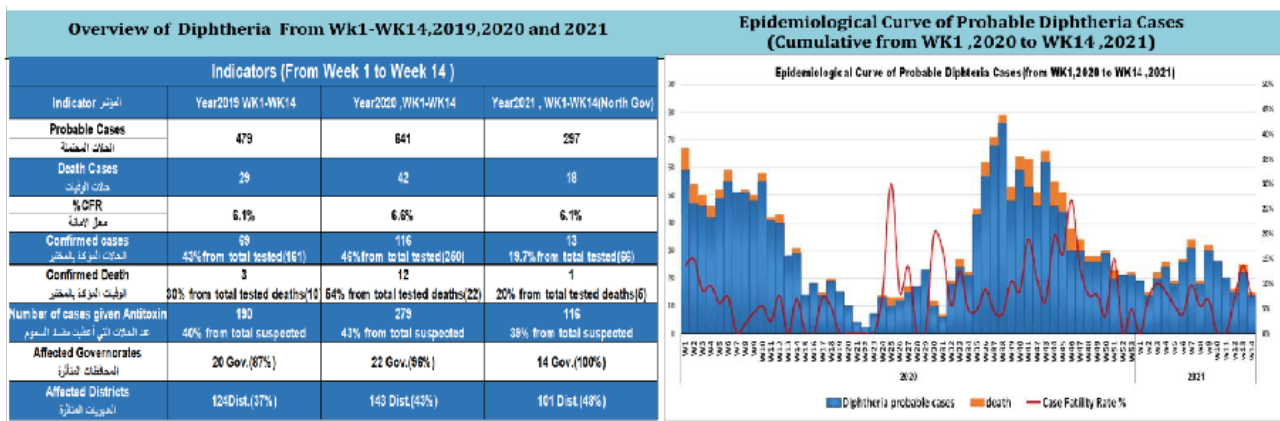
Figure 34: Vaccination coverage for most major diseases 2005–2018



Source: UN MCLA.

360. Since 2018, the MoPHP, with support from UNICEF, WHO and partners, has continued to run nationwide vaccination campaigns as best as they are able. In 2020, UNICEF reported:
- A total of 676,972 children under the age of 1 received three doses of Penta vaccine (70 per cent coverage). A total of 606,247 children received first dose of Measles Containing Vaccines through routine Extended Programme on Immunisation (EPI) vaccination service delivery points (62 per cent coverage). In addition, a total of 646,610 of women of childbearing age (15 -49 years) received Tetanus-Diphtheria vaccines.
 - Two rounds of polio vaccination campaigns were successfully completed, reaching over 5 million and 1.2 million children aged 0-59 months respectively (93 per cent and 96 per cent coverages). An additional 1.1 million children aged 6 weeks to 15 years were vaccinated against Diphtheria as a response to a diphtheria outbreak.^{cxxxiii}
361. Unfortunately, despite the best of efforts of all concerned, polio has now returned to Yemen, albeit in very small numbers for the time being. In early December 2021, WHO reported two cases in Taiz and Marib.
362. There have also been increases in measles and outbreaks of diphtheria (prior to 2015, the last outbreak had been 1994), demonstrating a rise in communicable diseases.

Figure 35: Deaths from diphtheria 2019 and 2020

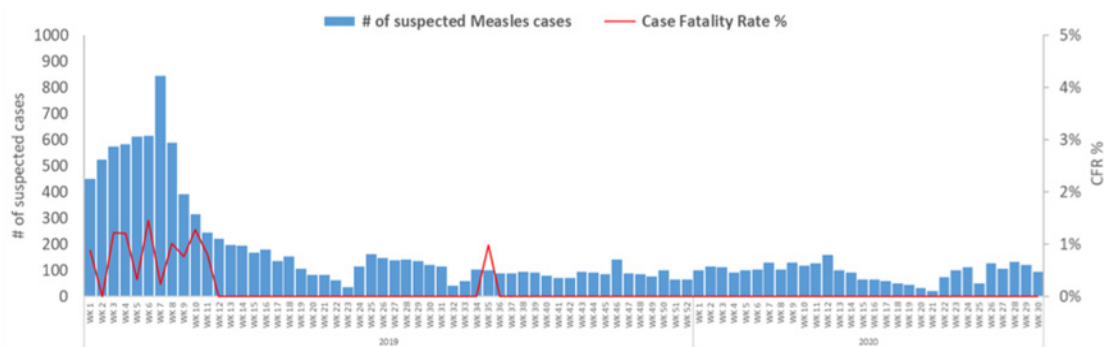


Source: eDEWS reports.

363. Deaths continue to remain quite modest, but of concern.

Figure 36: Suspected cases of measles and the case fatality rate in 2019 and 2020

The trend of suspected cases between epidemiological weeks 1, 2019 – 30, 2020



Source: WHO.

364. In addition to those cited above, malaria, dengue and respiratory tract infections are the most common communicable diseases in Yemen and are responsible for the greatest numbers of deaths (not including non-communicable diseases). In response to malaria, WHO has been distributing bed nets.

COVID-19

365. The trajectory of the coronavirus outbreak in Yemen is uncertain, as the Ansar Allah areas have effectively banned any discussion of it.
366. In IRG areas, WHO reports that by the end of 2021, 10,000 positive COVID-19 cases and 1,958 deaths had been confirmed by MoPHP Aden.⁴⁹
367. The first thing to note about these figures is that the number of positive cases recorded will tell us nothing about the infection rate. There is no systematic testing in Yemen, and as a result this almost certainly represents only the more serious cases who have sought treatment in hospital. The death rate is more illuminating, although it only captures a) those hospitals that record deaths as COVID-19 and b) serious cases who have sought treatment in hospitals. Nevertheless, the death rate is relatively low compared to other countries where the virus has been allowed to spread uncontrollably. This probably relates to the closure of most of points of entry in Yemen, as well as the demographic characteristics of the youthful Yemeni population.
368. The collective response has largely focused on provision of oxygen and the upgrading of intensive care units. WHO has led on supplying oxygen and is also helping to construct 14 new production stations.^{xxxiv} The evaluation heard hospital directors speak with gratitude about the oxygen in several visits, although it was never enough for their total needs. Together with UNICEF, WHO has also supplied a first batch of AstraZeneca vaccine.
369. In visits to wards with suspected COVID patients, the evaluation team could see that arrangements remain rudimentary. This is in keeping with other observations made in the coverage section 3.3 above. Inadequate PPE and weak protocols are probably the greatest risk for health workers currently.

The collective response outcomes

370. Collective response outcomes have been hard to discern, as the system reports in terms of numbers 'reached'. Previously, the health cluster used consultation figures as a proxy for numbers reached. The first issue here is that one individual may have more than one consultation in the course of a year. This means that consultations are always going to over-estimate how many individual people are being helped. Now cluster products are making a clear distinction between consultations and individuals, which is helpful.
371. A wider data issue, however, is that because humanitarian supplies are delivered to most health facilities, all people using the Yemeni public health system are considered to be recipients of humanitarian aid. This is clearly not the case, as the aid system is not the sole provider of health in Yemen, and since 2019, the brief period where WHO paid wages has also ceased.
372. The question as to whether the collective response has reduced morbidity and mortality is therefore extremely difficult to discern with any accuracy. Certainly, the public health system is benefiting from a wide range of support. As with much of the aid operation in Yemen, there is an issue with quality, delivery and oversight, diminishing the impact of some of the aid that is delivered. Nevertheless, there are many hospitals, clinics, mobile clinics, cholera centres and nutrition centres being kept functional that would otherwise cease to operate. In addition, vaccination coverage, whilst declining somewhat, is being maintained at a level where many communicable disease outbreaks are being prevented. However, where such outbreaks do occur, the collective response is too slow to scale up and does not have adequate capacity.

⁴⁹ Feedback from WHO to draft 1 of the evaluation report.

Health strategy

373. The health strategy set out in the HRPs is oriented towards preventing disease outbreaks and reducing morbidity and mortality. The main implementation strategy is to provide supplies and equipment to public health facilities and, whilst being administered imperfectly, is keeping the public health system minimally functional. There is little real rapid response capacity, and what does exist rests largely with international NGOs and the Red Cross Movement, especially MSF and ICRC.

Figure 37: A word cloud showing health actors in Yemen



374. One of many challenging issues for the MoPHP is the lack of joint planning and implementation. Prior to the conflict, United Nations agencies had supported ‘vertical’ health programmes, whereby the MoPHP’s general administrative systems would do all of the supply and logistics, relying on the financial and information systems of the Ministry. Progressively, this has changed through the course of the response, with the current situation a patchwork of emergency programmes of different timeframes and procedures working at different administrative levels. The Ministry is challenged to have oversight of these numerous interventions and to make them into a coherent plan. Neither can they start – as they previously did – with an overview of the national health needs and allocated resources accordingly.

Source: WHO.

3.4.3. Protection

Evaluation criteria	Evaluation questions	Evidence confidence rating
Effectiveness	EQ 4.4: Were civilians protected and assisted?	Strong
	EQ 4.5: To what extent was the response – through mainstreaming of protection, protection services and advocacy – able to prevent and mitigate protection risks?	Strong

Summary findings

- Protection has not been made central to the humanitarian response in Yemen and remains one of the most underfunded sectors under the HRP. Mainstreaming of protection across all operations has not been supported strategically through the HCT. The necessary resources and capacity have not been made available to implement the 2018 HCT protection strategy. Based on the evidence, the evaluation team concludes that the vulnerable groups faced with the highest protection risks have not been adequately supported. Moreover, there have not been coordinated efforts to engage with national government and local authorities and other parties to the conflict to address protection concerns. Attempts have been made to increase authorities’ understanding around what protection entails, but limited progress has been made. Key informants highlighted the humanitarian coordinator’s increased engagement with parties to the conflict on protection issues.
- Direct protection services, as well as the mainstreaming of protection in other sectoral interventions, has not received the necessary attention or funding across the spectrum of humanitarian assistance. The number of people in need of protection services remains high and is linked with the protracted conflict and humanitarian crisis. Agencies with protection in their core mandate received limited financial resources to support their work.
- In order to reach more people in need of protection, there is a need for stronger engagement from the entire humanitarian community to put in place more mainstreamed and integrated interventions. Direct protection intervention cannot cover all the needs, particularly given the perception of authorities on the role of this sector and the lack of humanitarian space for protection interventions. More attention and funding should be given to mine risk activities, which can be considered lifesaving in a country like Yemen, where children are among the most impacted by incidents with UXO.
- Assessing protection results is challenging. The protection cluster reports provide fragmented, incomplete results from direct protection services, and no data is shared around the mainstreaming of protection across operations of non-protection focused humanitarian agencies. It should be noted that reporting on protection mainstreaming is generally entrusted to non-protection actors. More effort needs to be made in effectively promoting protection mainstreaming. This falls only partially under the responsibility of the protection agencies (e.g., in terms of training and sensitization). In a crisis as visible and big as Yemen, this should by now be ‘embedded’ in all humanitarian agencies. Some agencies (e.g., WFP) have acted upon this, e.g., by having dedicated resources to mainstream protection, but this is probably not enough.
- The humanitarian community also needs to take stock of the ‘localization’ agenda and the role of local NGOs in addressing protection concerns. Many local NGOs that may have the advantage of knowing the communities well and enjoying more access have serious gaps in capacity in protection.

Protection in Yemen

375. The very significant concerns around delivery of protection services in Yemen are illustrated in section 3.3 above.
376. In 2018, the HCT endorsed the protection policy that places humanitarian protection as a core responsibility for the collective response. The 2018 strategy was an update of the 2016–2017 protection strategy. The 2018 strategy has not been updated since then, and no systematic monitoring or progress of its implementation has occurred.
377. The lack of evidence on protection progress has been a major challenge in assessing the third strategic outcome of the evaluation. The information received showed gaps in the data-gathering and analysis, further indicating that protection does not receive the necessary resources and attention. KIIs also indicated that protection is not seen by stakeholders as a core component for all humanitarian agencies' staff, but as the remit of protection officers whose position descriptions specifically include protection as a responsibility. There are very few examples of 'protection mainstreaming' throughout the response and little attention to the root causes of protection vulnerabilities.
378. Protection cannot be disconnected from other fundamental values of humanitarian action, such as accountability to affected populations (AAP), reaching the most vulnerable, and adherence to humanitarian principles (see section 3.7 below).

Box 5: The centrality of protection in humanitarian action

The centrality of protection means more than protection mainstreaming. It includes ensuring that leadership, coordination, and engagement in protection and all sectors is more strategic, aligned and directed toward a stronger response. While protection of the rights of people is primarily the duty of member states and, in conflict, the parties to a conflict, Humanitarian Coordinators and Humanitarian Country Teams are responsible for ensuring that protection is the purpose and intended outcome of humanitarian response.^{cxxxv}

379. This evaluation found that having an HCT protection strategy did not contribute to agencies sharing a system-wide humanitarian vision of collective responsibility informing common positions, joint responses and advocacy focused on protection concerns. Advocacy has occurred at a higher level, but the evidence received by the evaluation team has been anecdotal, meaning no assessment of this was possible.

Protection in HRPs

380. The 2021 HRP includes "Protecting and assisting civilians" as a strategic objective, after being absent in the four preceding HRPs.^{cxxxvi} The 2021 HRP also includes a dedicated chapter on the centrality of protection. Aside from that, only the 2016 HRP has a strong protection focus.
381. There was no specific mention of protection within the objectives of the 2019 and 2020 (extension) HRPs which focused on the objective of supporting the dignity of displaced families. The 2017 and 2018 HRPs refer to the promotion of the protection, safety and dignity of people. The 2018 HRP was informed by the newly developed HCT protection strategy, which was developed by a protection advisor, leading to an increased emphasis on protection mainstreaming across the cluster system.
382. The 2016 HRP included more rights-based language, where it mixed together "promoting and advocating protection, access and accountability to and for affected people".^{cxxxvii} This differed from later HRPs, which used protection language in relation to explicitly mainstreaming protection services for population groups exposed to protection risks (such as sexual and gender-based violence, loss of registration papers).
383. The review of the HRPs conducted for this evaluation indicate that protection is not well understood and not systematically applied in the Yemen context. The fact that both protection and the application of humanitarian principles under the response are not regularly discussed at HCT meetings illustrates

further that protection is not consciously put at the centre of humanitarian action. The absence of regular dialogues on protection concerns illustrates that protection does not receive adequate attention.

HCT protection strategy

Achievement of collective protection outcomes

384. The HCT protection strategy, endorsed by the HCT in September 2018, aimed to have protection at the centre of Yemen’s humanitarian response, affirming that strengthening protection for the most vulnerable is the purpose and intended outcome of humanitarian action and a collective responsibility.^{cxxxviii}
385. The HCT strategy stressed the centrality of protection in the response and committed to prioritizing the following actions/themes: 1) Protection-oriented planning and programming; 2) AAP; 3) non-discrimination in the context of neutral humanitarian action; 4) internal displacement and international refugee law; 5) humanitarian access; and 6) human security and vulnerability.
386. Among a multitude of protection concerns in Yemen, the HCT protection strategy identified three collective protection outcomes.^{cxxxix}
- Protection Outcome #1: The expertise, mandates and capacities of the HCT are mobilized to identify and respond to protection risks and in preventing and stopping the recurrence of violations of IHL [international humanitarian law], IHRL [international humanitarian rights law], IRL [international refugee law] and grave violations committed against children in conflict.
 - Protection Outcome #2: The humanitarian response takes all measures to ensure access to protection and services for the most vulnerable, with particular emphasis on child protection, gender-based violence (GBV) and persons with specific needs.
 - Protection Outcome #3: Protection is mainstreamed or integrated within each agency or cluster partner’s response at all stages of humanitarian programme cycle, including planning, implementation, monitoring.

HCT Protection Outcome 1:

387. Progress under Outcome 1 has been hampered by the absence of sustained efforts at the HCT level to put protection at the core of the humanitarian response. The implementation of the HCT protection strategy proposed a number of collective actions. These were not implemented or monitored collectively.
388. Proposed collective actions to address protection concerns included: 1) a strategic approach to advocacy on protection through common messaging; 2) establishing a core group to guide proactive engagement with the parties to the conflict; and 3) systematic reporting on protection concerns and IHL violations.
389. However, the evaluation found that these actions did not take place through joint coordinated efforts but were left to individual agencies to act upon. The agencies that followed up on these actions were mainly the specialized agencies with protection and/or human rights in their core mandates. At the protection cluster level, there was a period in the response in which the cluster was invited to present updates to the HCT.⁵⁰ However, at the time of the research phase of this evaluation, no regular reporting to the HCT on protection concerns was taking place. Even with updates, there was little concrete discussion or adequate time for the audience to enter into a strategic dialogue on certain themes. This led to ‘descriptive’ rather than ‘strategic’ briefings by the protection cluster. Furthermore, joint advocacy aimed at government authorities or other parties to the conflict to address protection concerns was not a systematic occurrence.

⁵⁰ KIIs. No dates available and no documentary evidence available to triangulate.

390. The humanitarian coordinator (HC)/HCT is responsible for collective leadership and advocacy on protection. These responsibilities cannot be delegated to the protection cluster, nor to a single agency.^{cxl} In Yemen, key informants highlighted that the protection cluster did not have adequate human or technical capacity to provide analysis to the HCT, and that data collection and analysis was limited. According to KIIs, the degree to which protection was prioritized was highly dependent on the importance placed upon protection by the HC.
391. As confirmed by key informants, the lack of coordinated efforts has contributed to a situation in which protection has not been placed centrally to the collective humanitarian response in Yemen. If protection is not placed centrally and high on the agenda of all HCT meetings, then protection concerns will continue to be marginalized and will not be considered a priority for action by the clusters or individual agencies.

HCT Protection Outcome 2:

392. This outcome aimed to support protection mainstreaming across all clusters and ensure **access to protection and services** to ensure that within each sector, the most vulnerable are reached, there is unimpeded access to humanitarian assistance and services, and no one is left behind. The protection cluster was identified as a key actor to provide support to other clusters in achieving this collective outcome.
393. Progress under this outcome is mixed:⁵¹
- **Sector-specific analyses and recommendations for review by the HCT.** Based on the information received, protection analysis and analysis on how to improve mainstreaming of protection in other sectors could have been strengthened. The protection cluster has created an inclusion task force, co-chaired by the inter-agency protection adviser.
 - **Strengthen gender analysis and mainstreaming.** It was found that there is limited gender-sensitive analysis and a gap in gender needs assessments. This was also confirmed in other evaluation reports, including an ECHO-commissioned evaluation in 2021, which indicated that partners had limited gender analysis capacity and a limited understanding of local social perceptions.^{cxli} A Foreign, Commonwealth and Development Office-commissioned research on gender equality and women's empowerment and inclusion found that humanitarian actors in Yemen have focused on massive relief activities to keep people alive, but did not consider sufficiently targeting the most vulnerable, including women. It was found that women, girls, the elderly and persons with disabilities were not at the centre of programming.^{cxlii}
 - **Strengthen reporting on child recruitment into armed groups, child marriage and domestic violence.** Based on KIIs, all these aspects were found to be under-reported, mainly due to insufficient resources, lack of local capacity and the challenging contextual environment for monitoring and reporting.
 - The Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict (MRM), created in 2005 through Security Council Resolution 1612, has reported on the violations against children in the Yemen conflict since 2013, calling for the centralizing of child protection efforts (Office of the Special Representative of the Secretary-General for Children and Armed Conflict 2019).^{cxliii} However, based on the evidence received, it is unclear whether the MRM reporting was fully utilized. The MRM has a coordination and advocacy mechanism separate from HCT. The country task force for monitoring and reporting is comprised of all heads of United Nations agencies and relevant NGO representatives and is designed to review the incident trend and take actions. The task force is co-chaired by the HC and the UNICEF representative.

⁵¹ It is important to acknowledge here some of the work by the inclusion task force, which has produced several tools and recommendations to various clusters. The evaluation team did not, however, locate evidence that non-protection specialists are working to mainstream protection.

- Child-rights focused organizations such as UNICEF have reported on the impact of the conflict on children,^{cxliiv} and this reporting was generally of high standard. However, this was done through individual agency initiatives and not as joint initiatives at the HCT level. For example, despite the fact that 72.5 per cent of girls in Yemen get married while still children (under 18 years), there was not a collective approach to raising awareness, influencing communities and authorities and ensuring resources were available for multi-sectoral prevention and response programmes for women and girls.
- **Advocacy materials in support of unimpeded and principled access to services.** As mentioned under Outcome 1, it was found that this was in most instances left to individual agencies to negotiate with the relevant authorities. This meant that in some instances agencies agreed on certain conditions with authorities, which then set a precedent for other agencies.
- **Non-protection-focused humanitarian agencies and clusters limit mainstream protection across their operations.** KII and research papers highlight that protection mainstreaming across the different clusters has not been achieved, mainly because of lack of understanding on how to operationalize protection mainstreaming, and lack of capacity and resources. More importantly, as will be shown below, agencies tend to steer away from protection because of the negative perception of the authorities towards protection.
- **Establish inter-agency referral mechanisms, especially for cases of gender-based violence, protection against sexual exploitation and abuse and child protection.**⁵² It was found that inter-agency referral mechanisms/pathways were not established. Identification and referral of protection cases was left to individual agencies. This situation is also reflective of a broader lack of coordination among different actors. Lists of beneficiaries and databases held by individual agencies are not compatible with others. During field visits and in discussions with Yemeni women, the evaluation team noted that referrals were not done systematically and that women were not informed about services they can access in case of protection risks. National NGOs that work with protection cases explained (during visits/interviews) that cases are referred to them by international NGOs or United Nations agencies without the national organization receiving additional resources to be able to adequately respond and provide the relevant support to the people most at risk. Referrals appear to be ad hoc and many protection cases are not referred.

394. In conclusion, under Outcome 2, a clear role was laid out for the protection cluster to support other clusters in integrating a protection response. However, as this evaluation has noted, the protection cluster did not have the resources or capacity to provide the leadership needed. There has also not been an active demand from the other clusters for support. As far as the evaluation team is aware, this was not discussed in the HCT and guidance was not provided to encourage a more collaborative approach.

HCT Protection Outcome 3

395. Under Outcome 3, the aim was to ensure the inclusion of integrated protection programming within each agency or cluster partner's response, at all stages of HPC. The evaluation reviewed whether the 2019 HRP reflected this orientation and concluded that this was not achieved. Protection was not integrated across all operations and was not put at the centre of the operations. It was included as one element – among others – under “Strategic Focus”.^{cxliv} The allocation criteria for funding, included in the Yemen Humanitarian Fund (YHF) Operational Manual (June 2021), do not integrate protection criteria. The 2018–2019 YHF report does not include references to protection mainstreaming. At an individual agency level, there are increasing efforts from some agencies to move toward integrated protection programming.

⁵² While referral pathways are weak, they are not completely missing on gender-based violence. UNICEF notes strong work in the GBV AoR and enhancing national and sub-national coordination.

However, the majority of key informants highlighted that the necessary expertise and knowledge on how to operationalize this is lacking. Often, protection is seen to be responsibility of the staff member with protection or accountability under their responsibilities. Further, this evaluation found that different agencies have developed AAP mechanisms, but these were often of poor quality, with no systematic follow-up (see section 3.6).

396. The 2020 and 2021 YHF annual monitoring reports refer to trainings conducted on gender and protection mainstreaming, assistance to people with disabilities, and protection from sexual exploitation and abuse. The YHF also conducted monitoring visits to a number of protection projects. The majority of projects visited in 2021 were found to have good performance (56 per cent, compared to 17 per cent in 2020); projects underperforming but justified were 44 per cent in 2021 and 83 per cent in 2020.
397. Based on the evidence received, the planned quarterly report to the HCT on prevention of sexual exploitation and abuse and gender-based violence mainstreaming was not produced. KIs with gender focal points or experts confirmed that progress on gender mainstreaming has been inadequate. The roadmap produced through the GenCap mechanism remained a theoretical document without implementation. Gender issues at large and women's protection concerns are not seen as important to the leadership and are not considered as a priority in programming. Often, sensitivities with authorities were raised as a reason for not addressing women's rights or women's protection concerns. However, several female stakeholders interviewed indicated "they did not even try".

Contextual challenges

Cultural sensitivities and reluctance of authorities to engage on protection concerns

398. Authorities in Yemen are reluctant to engage on protection concerns, whether these are linked to women, children or broader human rights concerns. There have been several reported incidents where protection staff have had their visas denied or renewal refused. It was evident from KIs that authorities lack understanding of what protection services entail, why these are important during a humanitarian response, and the obligation of humanitarian agencies in advocating for protection concerns to be addressed. Authorities consider protection as less critical than other needs, and as a way for outsiders to criticize authorities' respect for human rights or their role in conflict and warfare.
399. Staff members of humanitarian agencies told the evaluation that agencies shy away from advocating strongly for a protection agenda because of concerns that their other operations may be hindered. Staff members of leading protection agencies also report that they have greater difficulty obtaining or renewing visas when they advocate for human rights or raise sensitive protection concerns.
400. Encouraging national organizations to implement protection services was highlighted by key informants as an important pathway to sensitize authorities to protection concerns. However, the same key informants stated that relying on national civil society to do this would not be responsible without making the necessary resources available, providing capacity support, and supporting national organizations should challenges with authorities occur. While supporting the capacities of partners is seen as critical, in practice, sufficient progress has not been made. Weak capacity-building by the protection cluster likely contributed towards not meeting 2020 targets. Whether this was due to a lack of funding or lack of interest could not be confirmed.^{cxlvi}

Limited capacity of the protection cluster

401. While the crisis in Yemen is increasingly called a protection crisis, there has not been a strong institutional set-up at the cluster level to provide support to other sectors on mainstreaming of protection, or advocacy at the HCT level on protection risks. Basic elements are not in place, including an effective protection monitoring system. A civilian impact monitoring project is in place, but provides only indicative data, and no gender-disaggregated protection data are available.

402. KIIs highlighted the weaknesses of the protection cluster,⁵³ despite in-country efforts, instability in the position of the cluster coordinator, especially over the past 18 months, during which time there have been four cluster coordinators, two of whom holding the role while waiting for formal appointments. This has affected the coordination of protection services and advocating for mainstreaming of protection across programmes under other sectors.
403. Protection services – including child protection, gender-based violence and mine action – receive limited humanitarian funding under the response plans.^{cxlvii} The main reason cited by key informants for these low levels of funding was the scale and severity of the humanitarian crisis, which dictates that the response is focused on saving lives and preventing deterioration of food security. These responses illustrate a lack of understanding of what is needed to make protection central to the response.

Lack of protection data

404. The evaluation recognizes the unfavourable and challenging context for assessing and implementing certain protection services and trainings. Key informants have highlighted the lack of data on issues related to protection, including on sexual and gender-based violence, child marriage, female genital mutilation and mental health.⁵⁴ The reluctance of communities to engage on these issues, and the fear of those who are in need of assistance to come forward, means that there are huge gaps in data and shortcomings in resultant targeting of those in need. There is no consistent and updated analysis of specific profiles, needs and vulnerabilities to inform the HCT response. This gap is recognized in the HCT protection strategy.
405. The protection cluster developed area-based profiles of protection risks and response plans in 2019, but utilization and refinement/updating does not appear to have continued following changeover in cluster leadership and subsequent leadership instability in 2020/2021. This highlights the value of longer-term leadership, as well as the challenge of ensuring that what information is available is actually systematically used to inform response/programming.

⁵³ Protection includes the child protection and gender-based violence sub-clusters.

⁵⁴ It should be noted that many of these reporting issues, especially those around mental health were a problem prior to the crisis in Yemen and replicate broader regional challenges.

3.5. Quality, capacity, access and efficiency

Evaluation criteria	Evaluation questions	Evidence confidence rating
Efficiency	EQ 1.4: Do strategies and approaches consider value for money?	Medium
Effectiveness	EQ 5.6 Was the collective response adequately monitored and evidence and data provided to decision-makers in a timely fashion?	Strong
	EQ 5.3: What were the enabling and confounding factors and how did the system collectively deal with them?	Medium
	EQ 5.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?	Strong

Summary findings

- The collective response has serious issues with poor quality aid provision. These relate to capacity issues, access, and external and internal bureaucratic impediments. Monitoring has largely been weak, with a few exceptions, and cost effectiveness poor in many areas.
- Capacity is lacking in two critical areas. First, there is not enough reliable and experienced implementation capacity. Investment in local NGO capacity has been particularly lacking as part of a sensible strategy to enhance delivery. Second, there is insufficient United Nations and international NGO staff capacity to routinely oversee project and programme quality in person.
- The second of these capacity gaps is connected to ‘bunkerization’. However, there are failures on many other levels, including a) wastage, b) empowering the military through escort payments, c) endangering staff as the escorts can be targeted, d) reducing access to people who might want to engage with United Nations staff, who are intimidated [deliberately or otherwise] by military escorts, e) contributing to reputational damage of the United Nations among Yemeni citizens as well as governing groups, f) leaving local implementers at risk while ‘super protecting’ foreigners, and g) negatively impacting quality due to lack of supervision.

Quality issues in humanitarian aid provision

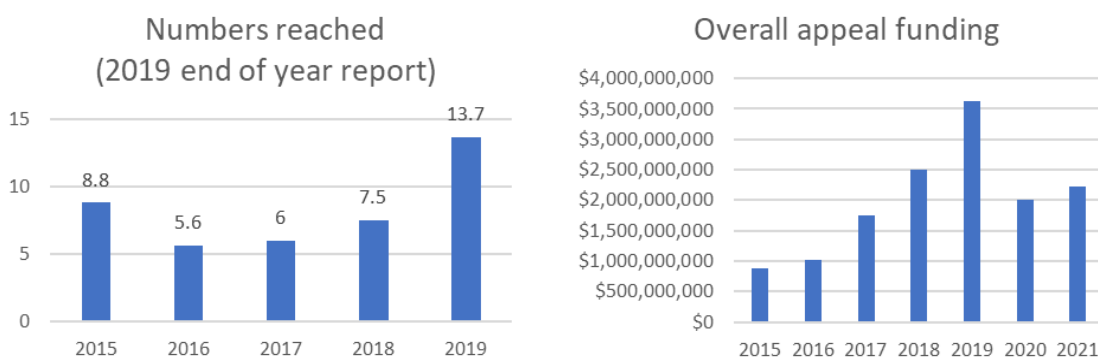
406. The sections above on coverage and outcomes have highlighted issues relating to the quality of humanitarian aid provision in Yemen.
407. The evaluation encountered many examples of good quality work in Yemen, including well-constructed water schemes, well-run health and nutrition clinics, well-organized food distributions. Too often, however, the quality of aid surveyed by the evaluation team was poor in many critical areas. The IDP camps the team visited did not meet minimum standards in any of the sectors. Sub-standard work, poor implementation, inappropriate schemes and occasionally even actively harmful projects seem to be widespread. The impressions of the team were confirmed in comments from the aid worker survey and in KIIs, as well as in early findings debriefs and the HCT validation session. Moreover, the authorities in both jurisdictions were vocal in their unhappiness with the quality of provision. The evaluation was supplied with lists (running to many pages) from three ministries outlining what they considered to be sub-standard aid and project failures.

408. This evaluation is not unique in making these observations.^{cxlviii} In the judgement of the evaluation team, the principal reason for the poor quality of aid provision is one of **overstretch and lack of oversight**. Other reasons include the type of aid, lack of funding and the obstacles imposed by parties to the conflict.
409. These issues of oversight and overstretch can be further broken down into 1) capacity, especially of partners and staff, 2) access constraints and 3) internal and external bureaucratic impediments.

Capacity issues

410. If we consider the ‘numbers reached’ figures in the 2019 HRP end-of-year report (the last numbers reported), assistance almost doubled between 2018 and 2019.^{55 cxlix} Funding levels show a similar pattern, i.e., a threefold increase in three years (see figure 38 below).
411. However, the number of partners reported actually fell from 2018 to 2019 (from 254 reported in the 2018 HRP to 208). The 254 figure was an increase on 2017 (192), which in turn was a big jump from 2016 (120). This can be explained by two factors. First, overall funding was increasingly earmarked for food and nutrition. Second, certain clusters, specifically the protection cluster, faced increased difficulty during this period in having its projects approved by the relevant authorities, with a number having to terminate their activities entirely.

Figure 38: Number reached as per 2019 end-of-year report and overall funding



Source: OCHA (2020) *Humanitarian Response Plan 2019: End of Year Report*, June 2020.

412. Another significant constraint was the limited number of international United Nations staff. When the United Nations returned after its 2015 evacuation of international staff, UNDSS put a cap on the number of internationals that were allowed in the country at any one time.
413. KIs suggest that after the initial return, only seven or eight international staff were in-country at any given time. The operational peer review (OPR) conducted at the end of November 2015 found “The initial ceiling allowed 17 international UN staff into Yemen. This was increased incrementally to more than 105 slots (37 reserved for UNDSS security staff) as of 14 October 2015 but fluctuates. During the OPR mission, the security ceiling was reduced to 80 slots due to insufficient security guard capacity in the Diplomatic Transit Facility, the residence of all UN staff in Sana’a.”^{cl} The cap rose slowly until it was lifted in 2018. Even at the height of staffing in 2019, the number of international United Nations staff was estimated at only 158. Following the onset of the pandemic in early 2020, the United Nations drew its international staff complement down to 60. Post Covid, the total UN staffing complement has now risen

⁵⁵ There is a major discrepancy in the HRP reporting figures. In the 2018 end-of-year report, the achievements section shows 12 million people reached by health and 11.5 million people reached by WASH assistance. Even if these are exactly the same people, and the same people who received food assistance, it is hard to see how the collective number drops to 7.5 million by the end of 2019 (which is the food number). The same is true for 2017 as reported in the 2018 HRP. See OCHA (2019) *Humanitarian Response Plan 2018: End of Year Report*, August 2019 and OCHA (2020) *Humanitarian Response Plan 2019: End of Year Report*, June 2020.⁵⁶ In comments on the evaluation draft UN OCHA indicated that there had been 2,390 missions throughout the country in 2021. The evaluation team has no means of verifying the nature of these missions.

to more than 337, which represents an all-time high for the operation, and may indicate the operation moving towards a more realistic staffing level.⁵⁶

414. Moreover, even when internationals are present in Yemen, the very short rest and recuperation (R&R) cycle (a break every four weeks), combined with the difficulty of getting in and out, further disrupts the presence of international staff. The United Nations and international NGOs have, as a consequence, great difficulty recruiting people. The claustrophobic security restrictions and accommodation ensures a short staff turnover. In addition, the pandemic has meant many people working remotely for over a year. The evaluation spoke to senior United Nations staff who had never visited the country and yet run operations, and other staff who had never travelled outside the United Nations compounds apart from going to and from the airport. Combined, this has led to a major capability and knowledge gap on the part of the United Nations.⁵⁷
415. The substantial amount of identified need, rapid rise in funding and the huge ambition of the operation meant that the only realistic operating modality available to the biggest United Nations agencies was a combination of supply-based assistance and outsourcing of implementation. This is of course the primary model of operating for United Nations agencies, but in Yemen it was arguably on an even bigger scale. For organizations like WHO, the Yemen operation was significantly bigger than any other emergency, and almost certainly one of its biggest operations ever. Even for UNICEF and WFP, Yemen was their biggest operation globally.
416. A major constraint with this business model in Yemen was that the opportunities for outsourcing were rather limited. Not only were there relatively few partners in relation to the resources, (and more could not simply be brought in as shown by the numbers), but many were relatively inexperienced national NGOs. Moreover, the capacity of the government system was (and is) significantly compromised by a lack of salaries and the fragmentation of the country. The United Nations agencies and international NGOs did not go beyond a pure sub-contracting model. Investment in capacity-building of local humanitarian organizations has been extremely limited.
417. The result was that in many places aid was delivered with little or no follow-up. This also extended to contractors who delivered sub-standard work but were not held accountable for it. Implementation did appear to be better in food and cash delivery, where partners generally appeared competent and able to follow the programme plan. Issues in food assistance, as already noted extensively, relate more to targeting than to implementation.
418. Alongside an over-stretched delivery model, the United Nations – and to some extent the international NGOs – experienced major problems in being able to visit programmes themselves and verify what they were being told by partners. This is at the heart of the quality problems noted, because even with the over-stretch, it would have been evident to those running programmes that minimum standards were not being met in many places had they routinely been able to see them. Third-party monitoring – the principal mitigation measure put in place – does not seem to have changed this picture (see below).
419. The reasons for the very limited access to programmes are twofold: complex travel approvals (bureaucratic impediments) put in place by both parties to the conflict, and an overly restrictive security posture from the UNDSS.

⁵⁶ In comments on the evaluation draft UN OCHA indicated that there had been 2,390 missions throughout the country in 2021. The evaluation team has no means of verifying the nature of these missions.

⁵⁷ Naturally, this is not a universal statement. Some staff do manage to leave their compounds. However, the overwhelming picture is of highly restrictive security arrangements.

Access constraints in Yemen

420. The Yemen operation considers a large proportion of the country ‘hard-to-reach’, meaning there is limited or no access for aid operators. According to the 2021 HRP, 220 of Yemen’s 333 districts were hard-to-reach, comprising a population of 16.5 million people in need. This is an increase from 2019.^{clii}
421. The biggest hard to reach constraint by far is ‘bureaucracy’. For instance, in the latest humanitarian access snapshot produced by OCHA, 45.7 per cent of recorded constraints were due to “Interference in humanitarian operations by local authorities”, mostly delays in signing sub-agreements. This was closely followed by “restriction of movement of organizations, personnel or goods”, which accounted for 31.5 per cent of incidents.^{cliii}
422. There are two ways in which movement by United Nations staff is constrained by external actors. First, in Ansar Allah-controlled areas, it is necessary to have permission to travel and to visit projects. A letter issued by SCMCHA is necessary to pass checkpoints along the road, and often these will be carefully checked against identity documents to ensure the right people are in the right vehicles. In some places there may be additional requirement from local security. These can be hard to come by, and even when granted are subject to frequent last-minute delays and blockages, with permissions withdrawn or changed.
423. Second, the United Nations is required (by its own rules) to notify the SLC of its movements in an effort to mitigate the danger of staff being hit by air strikes. This requires submission of GPS coordinates of the places (clinics, IDP camps, etc.) to be visited, at least 48 hours in advance, to the EHOC in Riyadh.
424. Organizing trips under these conditions is time-consuming and leaves little opportunity for flexibility.
425. In addition to these constraints, there are a number of self-imposed security constraints. The security and internal access arrangements differ between the southern and eastern governorates variously under the control of the STC and the IRG, and the northern governorates controlled by Ansar Allah. However, two broad features prevail. First, there is a requirement to travel everywhere in armoured vehicles. Second, there is a requirement for staff to reside in walled compounds, protected by security and with extremely limited movement allowed ‘off-compound’. In STC areas, there is a further requirement to travel with an armed escort. Convoys of armoured vehicles are required for movement to and from the airports in both Aden and Sana’a, also with armed escorts.
426. The security arrangements in both Sana’a and Aden, as well as the various regional hubs, are at odds with the existing security context. Whilst airstrikes have once again spiked in Sana’a (at the time of the finalizing this report), there was a long period prior to the recent upsurge in fighting where things were relatively quiet. Airstrikes are horrendous and terrifying, but so far have been careful to avoid humanitarian and international targets.
427. It is hard to reconcile the threat of airstrikes in a major city that has few other threats (compared with a city like Caracas where no such prohibitions exist), with the incredible levels of security put in place to protect United Nations staff. There is one central compound, UNCAF, with three-metre-high blast walls, and no one is allowed off the compound without express permission (and even then, in an armoured vehicle). The bunkers on the UNCAF compound provide protection against airstrikes, but the rest of the security arrangements do not seem designed with this threat in mind.
428. In Aden, the security arrangements are perhaps even less appropriate. Here, the United Nations has both offices and accommodation in a designated ‘green zone’ protected by soldiers from the STC, an Emirati-backed armed force within the Government of Yemen that controls the city and surrounding countryside (the STC flag flies prominently at the gate of the United Nations enclave).
429. The armed convoys are also manned by soldiers from the STC, bearing their logo and uniform. This appears to breach the spirit of all United Nations guidelines relating to humanitarian personnel using military escorts, where policy is supposed to be based on a ‘last resort’ principle.^{cliv} The STC convoys cost a significant amount of money, further compromising the United Nations (as this is in effect a contribution to the fighting forces). And they pose a direct threat to the safety of humanitarian workers, as they are a legitimate target for other armed groups.

430. Yemen is not in the top ten list of places where there are attacks against aid workers. Since 2015, there have been ten serious security incidents involving the United Nations, nearly all involving national staff. National staff are not required to live in designated bunkers and are allowed to travel in non-armoured vehicles without security. One of these security incidents was a death, in 2018 in Lahj (IRG/STC territory), and the rest were injuries. Prior to the evaluation, there had been one kidnapping incident involving a United Nations international in 2013.^{clv} In 2022, after the substantive field work for the evaluation took place, there were two kidnapping incidents in the east of the country, apparently involving Al Qaeda in the Arabian Peninsula (AQAP). One involved a United Nations safety and security team and the other two MSF employees.^{clvi} At the time of writing, neither group had been released. Whilst the figures and recent incidents prove there are real and serious dangers in Yemen, the details also prove that armed escorts are not an effective deterrent, and that threats are specific to particular locations.
431. There is no doubt that the working environment in Yemen is extremely challenging. However, both the population and the authorities are broadly protective of all humanitarian workers – the best form of protection, called ‘acceptance’ by humanitarian security professionals.⁵⁸ The position the UNDSS has taken is one of ‘deterrence’, despite there being an objectively quite low security threat. Moreover, there does not seem to be a differentiated security strategy based on deep analysis and understanding. Instead, a blanket approach has been applied that treats everywhere as equally dangerous. This is contrary to the reforms laid out in the Report of the Secretary General in 2018 on the security and safety of humanitarian personnel, which sought “the most effective security management to enable the delivery of United Nations mandates and programmes”.^{clvii}
432. This restrictive policy of deterrence puts a barrier between the humanitarian operation and the people it is supposed to serve. In the absence of proximity and good lines of communication, there is space for mistrust and misunderstanding to grow. Any of the fighting forces could easily target the United Nations or international NGOs if they wished to, and the safeguards would be meaningless. The armed security guards in prominence at the UNCAF compound in Sana’a would be unlikely to survive an intentional Houthi attack. The armoured vehicles protect at best against small arms fire and anti-personnel mines; they are little protection against the type of machine gun mounted on the pickups of the armed escorts.
433. It can therefore be argued that these security measures are not terribly protective. Indeed, they may actually be counter-productive to the degree that the barrier they create serves to limit trust between the United Nations and the community and parties to the conflict. These measures also create resentment, because people see the expense and conclude that precious resources intended for Yemenis are in fact being spent on the United Nations itself.
434. The evaluation is not arguing against protective measures for humanitarian staff working in Yemen. This would be irresponsible and would ignore the very real dangers that exist. However, a better approach to security is needed, one that assesses the risks in much greater depth and crafts strategies accordingly. Such a differentiated security strategy would enable humanitarian work, reserving the most serious protective measures for those areas that are genuinely high risk, such as active frontlines and the eastern districts where AQAP have a presence. This requires a greater emphasis on analysis and local understanding, and less reliance on blast walls and armed vehicles. A good example is the relaxation of the requirement to get EHOC clearance in IRG areas. Clearly, in areas at risk of air strikes, this clearance is a sensible and necessary measure. However, in areas under IRG control where there is no threat of airstrike, this measure should be relaxed (whilst of course monitoring the situation in case there is a need to reinstate).

⁵⁸ It is worth noting that some work has been conducted to explore this, but the overall security situation remains the same.

Internal and external bureaucratic procedures (impediments)

435. There is a widespread perception that Yemen is incredibly difficult to work in, that it is highly insecure, and that the authorities are either highly controlling (in Ansar Allah areas), or the risk of Al Qaeda kidnap is ever-present (in the south, STC and IRG areas). As a result, work is almost impossible to monitor and the ‘bunkerization’ described above is a necessary compromise to deliver vital humanitarian aid.
436. As the section above on security and access attempts to demonstrate, that portrayal is not accurate in terms of the actual security threats. Even the threat of AQAP may be over-stated. They certainly exist, but there is good evidence they were used as proxy forces by former dictator Abdul Ali Saleh and have been degraded after extensive American operations.
437. The constraints on movement are very real, bureaucratic, and tedious, but they too are less impermeable than it seems at first sight. The most obvious difficulties are with the Ansar Allah/Houthis in the northern governorates. If SCMCHA does not approve a project, or a visit, one simply cannot proceed. However, while NGOs have different relationships with the DFA, there are also good examples (ICRC and MSF) of projects being implemented and direct monitoring permitted.
438. The status of the ICRC and MSF is very different to that of the United Nations. They are humanitarian agencies with very clear policies on neutrality and impartiality; the United Nations is an inter-governmental body that is bound by its rules, which are in turn partly determined by the powerful nations of the UN Security Council. Sometimes, where the United Nations is perceived to be political, it can be beyond the control of the individual agencies.
439. However, there are trust-building measures that can help facilitate practical implementation. The evaluation heard over and over that the ICRC promised only what it could deliver and delivered what it promised. The United Nations, by contrast, was often seen to over-promise and under-deliver. The poor quality of the aid led to increased mistrust, which compromised the ability of agencies to monitor their aid. Small things like the prominent branding of aid from donors who the Houthis see as aggressors make a huge difference.⁵⁹ Some leaders within the operation have managed to build good relations with SCMCHA and other important officials, and this has resulted in better access.
440. The evaluation also acknowledges that there are situations where the actions of the agencies make limited difference. In Ansar Allah areas, there is a profound distrust of international NGOs, despite their key role as implementers. Whilst some of this may also relate to issues of over-promising and under-delivering, and some is clearly related to suspicions about the nationality of the NGO and possible links to their governments, this does not explain all of the hostility.
441. Whilst not at a comparable level, the same rhetoric and patterns are observed in IRG areas (with MOPIC and the Executive Unit) and in Marib (via the Deputy Governor’s office). Aid represents a huge resource in the absence of most other resource streams. In all jurisdictions, there are officials who want to see people helped and want to be involved in trying to make it work. Yemen was arguably a more rent-seeking economy prior to the conflict, and aid is now a resource to be captured, meaning there are also less noble reasons for trying to manage aid by some. In IRG areas, the remaining splinters of government are too weak to exert much control. However, in Ansar Allah areas, the Houthis are very much in control and have sought to exert their influence.
442. Discerning motives is beyond the scope of this evaluation. However, it is clearly the case that in normal times a government would expect to have control over how resources are allocated and programmes implemented in its territory. With the humanitarian aid operation in Yemen taking on many of the features of a parallel government – supplying hospitals and schools, running a social welfare programme – it is not surprising that the controlling authorities would want a say in how these programmes are run. When

⁵⁹ During the evaluation visit a large consignment of mosquito nets arrived in the Hodeida port, purchased with funds from the King Salman Relief Fund. It had the Saudi flag prominently displayed on every bundle, leading to clearance complications.

446. The type of information gathered ranges from the waiting times and suitability of the sites (usually fairly good) to beneficiary understanding of targeting and complaints mechanisms (mixed). As previously noted, the WFP distributions witnessed by the evaluation team were professionally and competently implemented so these monitoring reports seem accurate. The issue with WFP is whether the lists reflect the most vulnerable, and the static nature of them which is of course mostly beyond these types of monitoring systems.
447. For the instances of poor-quality aid cited above, this type of monitoring would provide a robust quality check. The question as to why this does not take place, or what happens to the results if it does take place, remains an open one for the evaluation.

Cost effectiveness as a measure of value for money

448. Assessing cost effectiveness in the Yemen operation is extremely difficult. Actual costs for United Nations agencies are not disclosed, even to their biggest donors, and the huge range of agencies, programmes, geographies (not to mention the 6-year timeframe) make detailed comparisons difficult.
449. The cost of poor-quality implementation is the most obvious issue. If an X-Ray machine is unused because it has run out of ink, this is a waste of money. The same is true for expired drugs and food, for sub-standard buildings that cannot be used or only serve half the purpose, for water and sanitation systems that break down or pollute. Poor quality aid is wasted aid, and if the calculations were made about the cost of oversight versus the cost of waste and lost opportunity, they would not look favourable.
450. The second issue is less obvious, but arguably even more relevant. The political choice of humanitarian aid as the major modality available has widespread implications, as outlined in this report in several places. Water trucking is one of the more obvious examples. If a community that has doubled in size as a result of conflict-related displacement gets water trucked to it for three months, this makes sense. If it gets water trucked to it for six years, it costs more (and probably a lot more) than installing a permanent system. However, if the aid modality is humanitarian, then this goes with narratives about emergency. To attract funding, given the broader political context, the implementing agency must present its action as responding to an emergency. If a 'long-term' solution is proposed, many donors will not provide funds, as it looks less like an emergency and more like development assistance. This type of 'short-termism' is ubiquitous throughout the Yemen operation, meaning that new aid workers to Yemen often remarked to the evaluation team that it looks like the first phase of an emergency rather than an operation that has been in place for many years. This is a direct product of protracted crisis/political impasse.
451. This is also true of the short-term nature of the funding itself. Short-term cycles make planning difficult and often mean implementation takes place through costlier means because they have to be done in a hurry.

“They always come to us at the end of the year, around September, saying there is a grant for a project we know nothing about, and the grant will end in December! They put us in a difficult situation. Either you reject the project because it does not meet the needs and for a short period of time, or you agree so that the grant does not go to the country.”

Key informant, Ministry of Water and Environment

452. Fragmentation of delivery is another wasteful aspect of humanitarian aid in Yemen, and more generally. If the Ministry of Health delivers supplies to a hospital and pays the running costs, this is via one system (with one procurement department, one finance department and so on). If a hospital gets drugs, fuel and equipment from WHO, has its nutrition centre financed by UNICEF, its physical rehabilitation centre run by the NGO Humanity and Inclusion, and its paediatric ward supported by the International Rescue Committee, this involves different mechanisms for procurement, finance, logistics and so on.

453. Finally, there are the overheads for the Yemen operation. The most obvious of these is the security apparatus. Currently, all United Nations movements must take place using armoured vehicles. The average cost to purchase an armoured vehicle is \$150,000, plus import costs. Some of these vehicles are rented. The short R&R cycles are expensive, as is the air bridge infrastructure necessitated by coalition-imposed restrictions. This is without calculating the cost of securitizing the buildings, and the vast administration required to process security and accommodation.
454. The authorities in both jurisdictions complain vociferously about the expense of the United Nations operation. They also cite very high international NGO overheads as one of the reasons for refusing projects permission (the evaluation was told the worst had 70 per cent overhead). International NGOs are required to be more transparent about their costs; the United Nations does not have to share detailed budgets with the Ministries, SCMCHA or MOPIC. Much of this may be propaganda in the struggle to exercise more control over resources. There may be the usual challenge of presenting ‘soft’ (training, behaviour change, technical support) projects that are personnel heavy, as compared to ‘hard’ (infrastructure or supply) projects that have the majority of the cost in tangible delivery. However, this is a widespread perception, not only within the two governments but also within the population more widely.

Timeliness

455. One final consequence of the over-stretch detailed above is that the collective effort is slow to respond to new and emerging pockets of crisis. As with all aspects of the response, this is not a categorical and absolute rule – the response to the cyclone in Socotra in 2017 appears to have been relatively swift. But all too often there has not been sufficient surplus capacity to respond to new and emerging humanitarian need. The evaluation has already highlighted that the response to the cholera outbreak in 2017 was deemed by a 2018 evaluation to have been too slow to have made a difference to the trajectory of the outbreak.^{clvii} Key informants have also told the evaluation that the health response cannot deal in a timely fashion with small outbreaks of measles, diphtheria, and other communicable diseases, instead relying on planned mass vaccination campaigns.
456. Perhaps the most obvious example of the slow pace of scale-up in the face of new and emerging need has been the situation in Marib. At the beginning of 2021, the Houthi assault on Marib was in full swing, and situation reports at the time highlighted the mass displacement this had caused. In February, OCHA reported:
- Marib Governorate already hosts an estimated one million Internally Displaced Persons (IDPs) – the largest IDP population in Yemen according to local authorities – and some live in approximately 125 IDP sites. Sirwah District hosts around 30,000 displaced people in at least 14 displacement sites, and there are reports of fighting close to several sites. According to the International Organization for Migration (IOM), on average, some people have been displaced three times and most newly displaced people had been living in displacement sites, with some reportedly carrying their shelters with them to their new locations.^{clix}
457. Yet it was only after a visit by the HC in late March 2021 that the response started significantly ramping up in earnest.⁶⁰ Up until that point, only IOM had a permanent presence from the United Nations family, with CARE international, MSF, ICRC and several local NGOs such as the Building Foundation for Development providing humanitarian services. The government’s Executive Unit was coordinating the response, and only handed over to OCHA once a permanent field presence was established.

⁶⁰ There was, however, some UN activity in Marib prior to this; for example, following a staffing review by UNHCR HQ, UNHCR Yemen had already in place a plan to create an office and a staffing surge with 2 international staff and some 15 national staff.

3.6. Accountability

This section does not answer a specific evaluation question, but relates strongly to Evaluation Questions 1, 2 and 3 regarding needs, targeting and principles. This area was deemed important enough by the evaluation team to warrant an additional section.

Evaluation criteria	Evaluation questions	Evidence confidence rating
Appropriateness	EQ 1: To what extent have IASC partner plans and response strategies been based on identified needs of, and consultation with, affected people, including girls, women, men and boys from different groups and those that belong to the most vulnerable and hardest-to-reach groups?	Strong
	EQ 2: Did the response appropriately target the most vulnerable and hard-to-reach, and were women, girls, men and boys considered equally?	Strong
	EQ 3: Did the response appropriately integrate humanitarian principles and protection?	Strong

Summary findings

- The collective response has serious accountability and transparency deficits. These are major contributors to the inconsistent quality of aid provision, coverage gaps and targeting inadequacies.
- The IAHE found limited collective commitment to the principles of accountability, and instead located ineffective accountability mechanisms. Even if many of these gaps are the product of Yemen’s broader political, natural, and infrastructural environment, numerous accountability limitations are attributable to the collective response itself. These failures have produced poor-quality aid and widespread mistrust in humanitarian assistance, not only among beneficiaries but also national NGOs and various Yemeni political authorities.
- There is also limited operationalization of a coherent collective understanding of ‘accountability’ and ‘transparency.’ There is little evidence that beneficiaries are regularly consulted on their needs, even at a cluster or agency level. Moreover, even if consulted, it does not appear that their opinions inform the response, let alone that they can ‘hold humanitarian organizations to account’ in any meaningful way. As a result, the relationship of the collective response with affected populations and local stakeholders is best characterized as one of frustration and intense mistrust.

458. This section considers how far Yemen’s collective humanitarian response has mainstreamed AAP. Its findings are based on evidence gathered through KIIs, FGDs, the aid worker survey, and a review of various prior evaluations and accountability policy literature.

459. Challenges in generating accountability hinders the realization of Yemen’s broader humanitarian and strategic objectives. While some of the AAP challenges result from contextual factors, many are self-imposed thanks to institutionalized blockages (outlined in earlier sections), from bunkerization to over-promising and under-delivering, and poor knowledge of the local context.⁶¹ Remediating these accountability challenges should be a matter of urgency.

⁶¹ This is not a universal problem. There are many international staff with exceptional knowledge working alongside skilled Yemeni colleagues. However, various internally- and externally-imposed restrictions limit learning processes within the response.

460. During the evaluation field visits, across different humanitarian settings from hospitals to IDP camps and in a wide variety of locations, Yemenis asked the evaluation team, time and again, “why don’t they just ask us what we need?”.

Defining accountability

461. Accountability has now become a well-established humanitarian axiom. While anxieties about the specific responsibilities aid workers hold to affected populations are as old as humanitarianism itself, the last three decades have seen a proliferation of frameworks and charters delineating what those responsibilities ought to look like.^{clx}

462. However, this proliferation in accountability initiatives has led to widespread incoherence as to what precisely the term entails in both a practical policy sense as well as a general humanitarian principle.

463. Therefore, given the specific inter-agency scope of this evaluation, we have determined that the most analytically appropriate definition of accountability is ‘accountability to affected population’.

464. This is for four primary reasons:

1. AAP was adopted by the IASC in December 2011 and strengthened through the 2016 ‘Grand Bargain’. The IASC has promoted AAP among operational partners, HCTs, and among cluster members. It therefore ought to represent an interagency standard.
2. AAP was included within the scope of this evaluation and thus included in our aid worker survey.
3. AAP was included as one of the HRP objectives in Yemen’s 2017 and 2018 annual report.
4. AAP is the most typically cited framework across a range of grey literature reports from agencies operating in Yemen.

Box 6: Definition of accountability

AAP is a rights-based approach to accountability that aims to improve aid effectiveness by centring affected populations in decision-making processes. Accountability is therefore explicitly defined as:

‘...an active commitment by humanitarian actors to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist.’^{clxi}

Box 7: Five pillars of accountability

The IASC definition of AAP is further delineated into 5 pillars of accountability:

1. **Leadership/Governance:** Demonstrate commitment by ensuring AAP is integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.
2. **Transparency:** Provide accessible and timely information on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices and facilitate a dialogue between an organization and its affected populations over information provision.
3. **Feedback and complaints:** Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.
4. **Participation:** Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.
5. **Design, monitoring and evaluation:** Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process.^{clxii}

Building accountability systems in Yemen

465. Data collected from KIIs and the aid worker survey underscores that in order to build these five pillars of AAP, a range of contextual obstacles must be contended with. These obstacles include but are not limited to:
- Difficult terrain
 - Political obstacles limiting movement and monitoring
 - Entrenched forms of societal discrimination limiting the participation of stigmatized populations
 - Entrenched gender roles limiting women's participation
 - Limited funding for AAP initiatives
 - Donor-imposed limits on human resources
 - Perceptions of risk concerning interference or monitoring by the authorities
 - Poor communication infrastructure
 - Risks of armed conflict and sporadic violence
466. Despite these challenges, the aid worker survey indicated that 61 per cent of respondents believe AAP is 'somewhat' incorporated into humanitarian decision-making, whereas 12 per cent believed it was not, and 27 per cent believed it was completely incorporated.

467. These findings sit at odds with a perception survey conducted by UNICEF, which identified a great degree of dissatisfaction with the response among the beneficiaries. Given that AAP mechanisms ought to explicitly centralize affected populations, it is alarming to find that nearly half of respondents (49.9 per cent) indicated the response did not meet their priority needs, and only 2 per cent said they were mostly satisfied with what they received.^{clxiii}
468. This discrepancy between ‘AAP in policy’ and ‘AAP in practice’ might be explained through some initial firm United Nations commitments to accountability in Yemen, at least on paper. As early as late 2015 – the same year as Yemen’s L3 declaration – the UNICEF-chaired community engagement working group (CEWG) was formed, consisting of 25 participating agencies representing over 100 staff members. OCHA provided coordination for the CEWG.⁶² The objective of the CEWG was to:
- ‘...establish common, shared mechanisms to ensure affected people have accurate, relevant and timely information to make informed decisions to protect themselves and their families and to ensure that the overall humanitarian response is systematically informed by the views of affected communities.’^{clxiv}
469. The group set about adapting the AAP framework for the Yemen crisis. This resulted in a detailed monitoring tool with various indicators so that clusters could self-report accountability achievements; as an end result, an overall score is provided between levels 0 and 3.^{clxv} Thanks to this effort, the framework was endorsed by the HCT in May 2016. This led accountability to appear as a strategic objective in the 2017 and 2018 Yemen HRPs.⁶³ It is surprising, however, that AAP has failed to appear as an explicit objective in subsequent HRPs. The evaluation team could also not find any evidence that the CEWG framework is regularly deployed to monitor accountability objectives. This might be because, as a Humanitarian Policy Group (HPG)-commissioned report notes:
- If the response is assessed via the CEWG’s accountability framework, the lack of success is apparent. For almost all components, the response in Yemen has not even met the requirements for Level 0. For example, to reach Level 0 for the second component (‘involve the community in decision-making’), the framework states that ‘affected communities are informed of the planning process’, which was rarely, if ever, achieved. Similarly, Level 0 of the fourth component states that ‘staff is aware of community engagement and accountability’. According to interviews undertaken for this study, however, there is limited awareness of CCE [communication and community engagement] efforts underway in Yemen. While the creation and adoption of the accountability framework is to be applauded, the inability to move into or beyond Level 0 is a harsh assessment of the failure of CCE in Yemen.^{clxvi}
470. Building on this observation, comments attached to the IAHE aid worker survey from those directly involved in data collection and accountability exercises tell a similar story. Some respondents underscored that emergency situations (COVID-19, cholera, etc.) have justified the side-lining of AAP mechanisms, oversight, and monitoring and evaluation. Many other respondents emphasized that this side-lining is not acceptable and that they believe lack of accountability in the response is now a serious concern.

⁶² Today OCHA chairs the AAP component and UNICEF chairs the Risk Communication and Community Engagement (RCCE) component.

⁶³ In both the 2017 and 2018 HRP that objective is stated as “Deliver a principled and coordinated humanitarian response that is accountable to and advocates effectively for the most vulnerable people in Yemen.” Accountability has not featured as distinct objective in subsequent HRPs.

Definitional incoherence

471. In KIs and FGDs, the evaluation team found limited evidence of a coordinated inter-agency approach to AAP. This is not necessarily a surprise. As mentioned above, a lack of cohesiveness on humanitarian accountability is widespread at the global level, where an ever-expanding run of initiatives continues to demand that humanitarians must be accountable to the populations they serve.^{clxvii} Nevertheless, in a context like Yemen, where a constant run of negative media stories, social media campaigns (e.g., a hashtag on Twitter in Arabic that reads ‘Where’s the money?’) as well as general international press coverage unearthing various controversies around aid provision in a protracted conflicts, the team expected to find a more rigorous collective approach to AAP.^{clxviii}
472. Instead, the evaluation found an ad hoc, non-collective approach to accountability. While this has produced several initiatives that have generated some degree of oversight, reporting, monitoring and evaluations of the response over time, it has not produced a coherent, collective and coordinated commitment to accountability as required by AAP commitments. This point is evidenced through a plethora of accountability policy proposals, working groups, and associated acronyms. Such initiatives are spread out across different agencies, as well as the cluster system, and they include but are not limited to:
- Accountability to affected populations
 - Community-based complaints mechanisms
 - Community engagement and accountability
 - Community engagement working group
 - Communicating with community
 - Communication for development
 - Communication and community engagement initiative
 - Communication and community engagement
473. Unsurprisingly, this collection of acronyms and initiatives has itself contributed to confusion among Yemeni authorities, national NGOs, and beneficiaries as to what they should expect from humanitarian agencies, how to feed their views into the response, and how, if at all, they might hold to account humanitarian organizations. A lack of cohesion feeds a sense that accountability is ‘just talk’ and does little to address endemic power imbalances. A strong sense of mistrust, skepticism and lack of transparency even saw several national stakeholders (including national NGOs and the authorities) remark to the team that the IAHE results – where this is, itself, an accountability exercise – will likely be suppressed.
474. When asked about accountability systems, either in visits or in KIs, most respondents emphasized process-driven approaches, pointing to the existence of complaints boxes, hotlines, etc. Less well articulated was accountability as a fundamental humanitarian axiom or principle. This discrepancy suggests that broader understandings of the meaning of accountability are not mainstreamed, and an evident lack of accountability is being explained away by these ineffective mechanisms.

Community and stakeholder engagement processes

475. In FGDs and with displaced people, national NGOs, and local authorities in both areas, the evaluation team found very few examples of successful accountability mechanisms that had either helped individuals understand the response, produced changes in that response or held humanitarians accountable for perceived failures.
476. In FGDs with conflict-affected people across the country, the evaluation did not encounter a single example of beneficiary complaint leading to a change in the response. While several individuals reported that humanitarians consulted them about their needs, the consultation was never followed-up, even if to explain that no change would be forthcoming. These failures have produced widespread frustration

with the response, where individuals' ranking of their priority needs does not align with what is being provided by United Nations agencies.

477. National NGOs reported being 'blacklisted' by the United Nations system without understanding why, and no recourse to learn from, let alone rectify, this decision. It is true that national NGOs contain their own power dynamics within the community, and there might be legitimate reasons for 'blacklisting', including funding management issues. However, without informing organizations of the rationale behind their proscription, mistrust and frustration can quickly grow. According to a representative interviewed for this evaluation, 'blacklisting' and a failure to take on board the perspectives of national NGOs is symptomatic of 'short-termism' and harmful for capacity-building.
478. Political authorities interviewed as part of the IAHE dismissed accountability exercises as a tick-box system. While there are legitimate operational reasons to maintain a degree of confidentiality between the humanitarian response and parties to the conflict, mistrust and a lack of transparency harms the ability of the United Nations and international NGOs to operate, especially in Ansar Allah areas, where the IAHE team heard multiple complaints concerning United Nations opacity.
479. By contrast, humanitarian actors believe that the authorities impose restrictions on accountability exercises, which has included shutting down call centres for IDPs.
480. These findings indicate that there is a limited collective approach to AAP. There is also mistrust and misunderstanding around the importance of AAP. Whilst it is true that individual agencies intermittently apply some manner of accountability processes, including complaint boxes, hotlines, and surveys, these systems appear severely limited in their ability to serve conflict-affected populations. While the limitations of these systems are not unique to Yemen, their implementation is nonetheless particularly poor in this context.

Complaint boxes

481. Complaint boxes have been installed across a variety of humanitarian settings in Yemen. However, the team found limited evidence that they are functioning to enhance AAP. UNHCR has made some attempts to develop and enhance AAP. However, the major problem is reported to be human resources and a lack of donor prioritization around accountability exercises. As a result, while it may exist, the evaluation team did not uncover any evidence that paper-based complaints are being systematized, logged, and actioned. None of the FGDs offered an example of a paper complaint submission leading to an issue being addressed.
482. In one IDP camp the team visited, the box was positioned on the periphery fence. A resident of that camp remarked directly to a team member, "this is to hide it from sight".
483. In another location, at a cash distribution in Aden, a member of the evaluation team found the complaint box on a white plastic table, around which were seated three women who presumably worked at the food distribution programme. It is doubtful whether beneficiaries would feel comfortable submitting a complaint in front of several staff workers.

Hotlines

484. In IDP settlements with a humanitarian response, the evaluation team typically found hotline information was also hidden away at the edge of the camp. When team members asked IDPs about the effectiveness of the telephone line, individuals invariably informed them that it was essentially pointless. In one camp in Amran, a beneficiary informed a team member that he had called several times because the solar-powered lights had failed, and this was leading to increased scorpion stings among residents when they moved around at night.
485. The HPG report quoted above raises an important contextual point of skepticism around the accountability impact for hotline mechanisms:


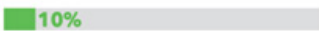


Hotlines, on the other hand, were described as having been less successful in ensuring safe and transparent communication between Yemenis and humanitarians (international and local) for several reasons. First, there is a security concern around their confidentiality. Even if Yemenis do not provide information about their names and location, there was still a worry that somehow political authorities (the Houthis in particular) would be able to trace those calls and locate the callers. Second, there is a perception that hotlines raise people’s expectations regarding a quick response to the complaint, and when those expectations are not met, because the feedback either does not lead to a modified response or the feedback loop is not closed, people are more frustrated with the response overall.^{clxi}

- 486. This point was corroborated by raw hotline data obtained by the IAHE team. That data shows a range of complaints registered, but the overwhelming majority were determined as not requiring any action. This could also be related to limited human resources to respond or follow up such exercises. Arguably, it is self-defeating to have an AAP reporting mechanism without an ability to respond when issues are raised.
- 487. In addition to the raw data, the IAHE team also obtained a series of email exchanges between an aid worker reviewing the complaints document and field officers. That worker discovered a reported incident of gender-based violence, allegedly committed by an aid worker. The complaint appears to be a severe protection issue, yet nevertheless, it was categorized as a ‘medium priority with ‘no action’ taken. After a follow-up, field staff replied that the complainant was not eligible for a food basket but “she should not be treated rudely” (the complaint was not about ‘rudeness’). The source of the hotline data asserted to the IAHE team that this is a typical example of accountability failures in Yemen.
- 488. The hotline data also revealed important opportunities for AAP mainstreaming that would improve the quality of the response. For instance, several callers to the hotline asked how to be placed on a new distribution list, which they heard advertised on the radio. But this raises the question: why is a new list advertised without transparent information about when registration will start, who is eligible and how to apply? Incorporating this data into the response would be straightforward: do not advertise new distribution list exercises without clear information. Hotline information can thus be used to inform system-wide changes that will improve the response, making it more transparent and lowering overall levels of mistrust.

Surveys

- 489. When the CEWG was most active, in 2017–2018, the group conducted several community perception surveys (CPS) among beneficiaries. The 2018 HRP notes that:
 - In late 2018, the Community Engagement Working Group (CEWG) developed and implemented the Community Engagement Perceptions Survey (CEPS). The CEPS conducted a total of 1,212 quantitative household-level surveys in 26 districts distributed across 13 governorates. CEPS key findings include priority needs, satisfaction with assistance received, perceptions of humanitarian assistance and preferred methods for communication.^{clxx}
- 490. These surveys appear to have stopped when AAP ceased to be a humanitarian objective in the HRP. The IAHE requested the raw data from any of the CPS surveys, but this was not provided.
- 491. There is a lack of clarity in terms of what data is used to measure AAP achievements. For example, the 2018 HRP accountability strategic objective contains this data table:

Table 16: AAP data from the 2018 HRP

INDICATOR	TARGET	REACHED	PERCENTAGE ACHIEVED
# of districts tracked via the Task Force on Population Movements (IDP tracking)	333	333	 100%
% of clusters reaching their accountability targets as stated cluster AAP Framework	10 clusters	1 cluster	 10%
% of priority districts reached with integrated famine response	27 (pilot districts)	The integrated famine response project was not rolled out as such and therefore could not be monitored	N/A
# of public information products issued in Arabic	60	77	 >100%
% of IDP hosting sites covered with integrated response	80%	113	 17%

Source: OCHA (2019) Humanitarian Response Plan 2018: End of Year Report, August 2019: 12.

492. This table is noteworthy because, first, the selected indicators only tangentially relate to the five pillars of AAP. While information products being issued in Arabic is certainly important for building the AAP pillars, Yemen’s CEWG framework only qualifies this as a level 1 accountability response. This is a relatively low bar, so why would it be included so highly in this HRP three years into the crisis? Indeed, Arabic public information ought to have been achieved relatively quickly, so its inclusion here (at over 100 per cent) suggests a rather selective approach to documenting achievements.
493. Perhaps the most important statistic here is that only one cluster reached its AAP targets, which the team assumes were derived from the CEWG evaluation framework. This finding suggests significant AAP challenges remained at the close of 2018. Therefore, it is somewhat surprising that accountability ceased to be a strategic objective from 2019 onwards.

3.7. Humanitarian principles

Evaluation criteria	Evaluation questions	Evidence confidence rating
Appropriateness	EQ 3: Did the response appropriately integrate humanitarian principles and protection?	Strong

Summary findings

- Parties to the conflict in Yemen have tried to manipulate the humanitarian response for political ends. At times, individual agencies have tried to resist this manipulation, but there has not been a strong enough collective will, and such efforts have only been partially successful. The bunkerization of the UN system has not helped the humanitarian ethos, creating barriers to trust and understanding.
- In a complex operating environment where humanitarian principles are challenging to apply, a collective approach to the application of the principles is necessary to avoid weakening the position of the humanitarian community. The lack of clarity on how the humanitarian agencies collectively operationalize humanitarian principles has hindered the effectiveness of the response. KIIs have shown that when a principled humanitarian attitude is taken by an organization it does not necessarily impede its operations (although without collective will it can do so).
- The evaluation team recognizes that some staff members whose agencies advocate for their principled values (such as on protection) have had their stay in Yemen jeopardized or terminated, by having their visas not granted or withdrawn. However, the evaluation team believes that the success of these restrictive measures can only take place in the absence of a collective approach to the application of humanitarian principles.

494. The evaluation team explored the four humanitarian principles – humanity, impartiality, neutrality and independence – to assess the extent to which these have established the foundations for the collective humanitarian action.^{cbxxi}
495. This section looks primarily at whether humanitarian principles are tools to support principled, collective humanitarian action. The findings are based on an analysis of feedback received through the aid worker survey, FGDs, and KIIs along with a desk review of two key research and evaluation pieces:
- *For Us but Not Ours: Exclusion from Humanitarian Aid in Yemen.*^{cbxxii} Produced by DRC in collaboration with the protection cluster, on behalf of the inclusion task force (an interagency initiated task to generate evidence, advice, and support on inclusion in Yemen), funded by YHF.
 - HERE-Geneva research on *Principled Humanitarian Programming in Yemen: A “Prisoner’s Dilemma”?* (2021).^{cbxxiii} Commissioned by the DRC with the support of ECHO.
496. Based on KIIs and available research, it is evident there is no collective approach to the operationalization and application of humanitarian principles, and that individual agencies determine their own approach to aid delivery. Key informants noted challenges around the application of humanitarian principles, such as not including the principles as a standing agenda item for HCT meetings. In this way, humanitarian principles do not inspire or inform decision-making and actions. The absence of a principled, collective humanitarian response weakens implementation.
497. Even at the cluster level, it does not appear that a collective approach among member agencies is taken when it comes to access, for example. A more individual approach prevails, where each agency determines its own application of the principles and whether all or only a selected number of principles are followed.

498. The HERE-Geneva research shows that the application of each of the four humanitarian principles is interlinked. The four principles mutually support an effective humanitarian response. It is not possible to choose to apply one or two of the humanitarian principles; if all principles are not respected and applied, the effectiveness of principled humanitarian action is compromised.

Box 8: Perceived enablers and obstacles to principled humanitarian programming in Yemen

The survey conducted by HERE-Geneva revealed the majority of respondents found ‘collective effort’, ‘field presence and local relationships’, and ‘Acceptance’ as the strongest enablers. The most mentioned obstacles to principled humanitarian programming were: previous choices, north-south division, bureaucracy, delays, and interference.

Source: Montemurro, M. and Wendt, K. (2021) Principled Humanitarian Programming in Yemen: A “Prisoner’s Dilemma”?, Geneva: HERE-Geneva.

Humanity

Human suffering must be addressed wherever it is found

499. The principle of humanity is central. For the other principles to be adhered to, the needs of the population must be understood, and a coordinated effort made when addressing those needs. The application of the principle of humanity is hindered when geographic and beneficiary data on which operational decisions must be taken are out of date or insufficiently comprehensive.
500. Most financial allocations and assistance provided is focused on food assistance. The evaluation team recognizes the scale and speed with which food assistance is being delivered across the country. Over the past six years there has been a sustained focus on food assistance to prevent further deterioration of food insecurity levels. While the effects on food security are recognized by the evaluation team, the extent to which a difference has been made. i.e., if all those in need were reached with the right kind and levels of assistance – cannot be confirmed. This was true of other sectors as well, with the allocation of assistance not sufficiently based on a granular understanding of needs in different locations or of the needs of beneficiaries.
501. As discussed at length above, the evaluation team found shortcomings in understanding the needs and a collaborative effort to address those needs. This is clearly demonstrated by the deplorable living conditions in the IDP camps. The majority of IDP camps visited by the evaluation team had unacceptable living conditions in terms of access to shelter, WASH, education, and basic health services. This is partially explained by minimal funding that sectors such as CCCM and WASH have received in comparison to food assistance, and nutrition. And from a protection point of view, this means that in many instances even the most basic criteria were not met including, for instance, separate toilet facilities for men and women.
502. Protection and accountability are intrinsically linked to the principle of humanity. Both the HERE-Geneva and DRC research show that key aspects of protection and accountability have been de-prioritized. This was also confirmed by the evaluation team, as discussed above.
503. The choice of modalities in aid delivery directly affects the dignity of people. After six years, there is still a focus on in-kind food distribution and water trucking, with women and children often collecting the water. The poor quality or absence of basic sanitation in IDP camps impacts on people’s dignity and health.
504. Access challenges and the security posture of the United Nations create further barriers to addressing human suffering wherever it is found. As discussed above, key informants cited a number of barriers which made it difficult to access communities, they included bureaucratic impediments imposed by the authorities, UN safety regulations, and restrictions and authorisations imposed by conflicting parties. The evaluation team recognises all these limitations but, based on the evidence presented, is of the view that many of the restrictions imposed by the UN administration are significant.
505. The ‘bunkering’ of international humanitarian actors behind guarded walls and movements in convoys of armoured vehicles has influenced the way international actors are perceived by communities and

has also contributed to a further lack of understanding and appreciation of the needs and realities in which the Yemeni people live. The short-term placement of agency staff is not conducive to learning and understanding the needs. UN regulations limit the movements of in-country staff, and this has restricted humanitarian workers from regularly visiting the communities they serve (see section 3.5. above).

Impartiality

Humanitarian aid must be carried out based on needs alone, giving priority to the most urgent cases, making no distinctions on the basis of nationality, race, gender...

506. As demonstrated in other sections of this report, the evaluation team found flaws in both the identification of the most vulnerable and accessing these populations.
507. Another challenge for the humanitarian response in Yemen is the concentration of financial assistance for general food assistance. The 2018 Yemen MCLA findings revealed food, livelihoods and drinking water as the top three priority needs.^{clxxiv} Yet the latter two, along with other sectors, are not sufficiently funded, limiting the ability to respond to priority needs. A clear example of this is the education sector being confronted with high rates of out-of-school children (Yemen education cluster and REACH 2021).^{clxxv}

Neutrality

Do not take sides or engage in hostilities

508. While humanitarian actors are not taking sides in the conflict, the perception among beneficiaries and national stakeholders may be different. Funding sources might be seen by some stakeholders as cause for concern, particularly if the funding comes from parties to the conflict. For a majority of those interviewed, it was difficult to understand why funding was accepted for humanitarian assistance from countries which, at the same time, were engaged in hostile acts within Yemen.
509. The document review and KIIs led the evaluation team to believe that targeting of areas was not influenced by 'taking sides' but by data-gathering (while acknowledging that data was not always accurate). If certain areas were not reached within specified timeframes, this was seen as mainly caused by the slowness of the United Nations bureaucracy, bureaucratic impediments or security situations.
510. The evaluation team was not able to confirm the extent to which the 'de-conflicting' measures (by the parties supporting the IRG) have impacted certain geographic areas being reached or not. As previously discussed, under (self-imposed) de-conflicting rules, all movements of trucks or personnel need to receive security approvals.

Independence

Autonomous from the political, military or other objectives...

511. The individual interpretation and application of humanitarian principles means that the actions of one agency will have repercussions for the collective humanitarian response. This was found to be the case, especially when it comes to negotiating 'access' with the authorities at national or local level. Most informants questioned the issue of independence and indicated that a pragmatic approach needs to be taken to be able to operate in Yemen and reach those most in need. However, a pragmatic approach can enable influencing by authorities, including, for instance, the influencing of beneficiary lists at community level and the involvement of authorities in data-collection processes.

Humanitarian ethos

512. Key informants noted that it is important for humanitarian workers to keep the highest humanitarian standards and ethos in their work. In view of the increased outsourcing of implementation discussed above, it is vital to ensure that implementing partners have the appropriate knowledge and capacity to apply humanitarian principles. However, the evaluation found little evidence of capacity-building of implementing partners in this regard.

513. Demonstrating the above is the fatal incident that took place in July 2021 during a targeted supplementary feeding intervention in Abyan governorate. An international NGO had sub-contracted a local partner to carry out the feeding intervention. The local partner was asked to sign a code of conduct. A 15-year-old boy was killed by the driver of a vehicle used by the local contractor.
514. The communications following the incident demonstrated a hiding behind rules books and manuals. Evidently, a signed code of conduct form does not mean that people fully understand the implications of their behaviour or understand the ethical standards that need to be followed. The evaluation team found the reactions to the incident troubling because matters raised did not receive more attention, and there was a certain level of acceptance that these incidents happen in crisis situations like Yemen.

Advocacy efforts to safeguard humanitarian interventions

515. Sweden and ECHO gathered humanitarian partners for senior official's meetings on three occasions. The purpose of these meetings was to support a joint approach to effect change in the operating environment through high-level advocacy and dialogue efforts, calibration of risks in humanitarian programmes, and communicating a series of demands to authorities.^{clxxvi} While it was indicated in documents reviewed that progress had been made, the evaluation team could not assess concrete examples of these successes.
516. One important area of success in advocating for an improved operating environment in Yemen is the technical monitoring group (TMG). The TMG was formed in 2020 in response to increased access restrictions. The group – composed of representatives from the United Nations, international NGOs and donors – meets monthly to coordinate humanitarian advocacy and follow-up on agreed points of action. Notable achievements include removing a 2 per cent levy on implementation assessments, easing the approval of NGO project sub-agreements and international NGO principal agreements and the removal of regulatory obstacles.

Trade-offs

517. Stakeholders expressed different views on whether humanitarian actors sufficiently drew a line with regard to interference by local authorities in the response. Humanitarian agencies – especially in complex conflict situations such as Yemen – are faced with 'trade-offs'. Often, humanitarian agencies cannot distribute supplies in areas controlled by one of the many forces without relying in some ways on that force's allies. Research has highlighted the issue of transit or distribution fees, putting them somewhere between taxes and bribes.^{clxxvii}
518. KIs for this evaluation highlighted similar experiences to the observations made in the research papers mentioned above. The informants stressed that trade-offs are not only about influencing humanitarian aid delivery because of political gains and support among population groups, but also about corruption and personal gain.
519. In Yemen, the humanitarian and political crises are intertwined, and it is often impossible to neatly separate the two. Critical in this kind of situation is how the humanitarian community deals with this collectively and which trade-offs it is willing to accept in order to reach those persons and communities in need of assistance.
520. There is evidence that United Nations agencies have, at times, drawn a line where interference by authorities has taken place. An example of this is WFP taking a stand on several occasions in 2019 by partially suspending food assistance operations to prevent the diversion of food in areas of Yemen under the control of the Sana'a-based authorities.^{clxxviii} The warring parties in Yemen's conflict have used access to aid and food as a political tool, exacerbating the crisis that the Yemeni people face. In conflict-affected countries with complex political challenges, humanitarian actors continuously face such dilemmas and need to judge where to be pragmatic in order to reach those in need and where to draw a line to end interference.
521. Though there are examples where humanitarian actors have drawn a line, overall, most of the interlocutors stated that humanitarian agencies have allowed authorities and parties to interfere in the operation.

3.8. Nexus and local capacities

Evaluation criteria	Evaluation questions	Evidence confidence rating
Appropriateness	EQ 6: To what extent did these links ensure that humanitarian assistance was supportive of peace initiatives and longer-term recovery, including strategies aimed at strengthening resilience of affected people?	Strong
	EQ 7: Did the response sufficiently enhance local capacities and work effectively with local humanitarians?	Strong

Summary findings

- Despite being rhetorically committed to a nexus approach, the collective response has remained firmly emergency-focused. Humanitarian assistance alone will not resolve pre-conflict existing food security, poverty, inequality and limited institutional capacity. As one key informant commented, “the house is on fire, and you’re using a watering can to douse the flames.”
- Dwindling internationally-provided humanitarian resources highlight the economic vulnerability of Yemen, as it remains heavily reliant on international support and imports. While billions of dollars of overseas development assistance have poured into Yemen for many years, tangible and sustainable improvements are limited. Steps to support a nexus strategy have taken place, but these strategies were not implemented and did not contribute to reliable, multi-year funding. A coherent localization strategy supporting durable solutions is not in place in Yemen.
- The lack of a genuine nexus plan has led to an imbalance between short-term emergency solutions and longer-term systemic work. In fact, emergency measures are being used for systemic purposes, exacerbating the inefficiency of the system. Not only is it the wrong approach, but it is also ineffective and costly. The United Nations has developed a new economic framework, which seems highly promising. Such initiatives deserve support, and ultimately, they will save donors money by reducing suffering more sustainably.
- A further disconnect exists between humanitarian and development assistance on one hand, and peacebuilding (or finding a political solution to conflict) on the other. This is mainly because regional powers and international actors provide humanitarian assistance to obscure their political inaction and lack of genuine effort to support solutions to conflict.

522. Over the last six years, the humanitarian-development-peace Nexus (“nexus” or HDP) has been included in the main strategic response documents for Yemen in different ways. In the 2021 HRP, the nexus was included as its own section, focused on preventing a worsening of the humanitarian situation, strengthening Yemen’s development assets, and supporting peacebuilding. Prior to this,⁶⁴ the HRPs talked about connecting humanitarian and development efforts in different ways. In 2018, the HRP noted that more than \$1.3 billion in development funds had been invested in multi-year humanitarian ‘plus’ projects, aimed at maintaining basic service provision and supporting livelihoods and income. The 2017 HRP highlighted World Bank assistance in this area. Prior to this, in 2016 and 2015, there was an ‘early recovery’ cluster led by UNDP that focused on mine action, solid waste and income generation.

⁶⁴ The “nexus” approach is relatively recent linguistically (although it has much older antecedents). Prior to nexus a variety of terms such as linking relief to development were used.

523. The programming of World Bank funds through various United Nations agencies is the most visible and significant aspect of a link between humanitarian and development efforts. The World Bank stopped its engagement in Yemen when war broke out, but then re-oriented its funding towards basic social protection-type support, emergency health and nutrition, some infrastructure and a variety of smaller interventions. This has totalled approximately \$2.2 billion over the period under examination. The two largest projects are the emergency crisis response project (\$848.58 million), which consists of support to the SWF and SFD via UNDP and UNICEF (discussed above), and the emergency health and nutrition project (\$638 million), largely to WHO and UNICEF.
524. World Bank funds are not included in the HRP but are closely aligned with the objectives. In fact, their purpose falls somewhere between the two commonly-understood definitions of humanitarian and development work. As discussed above, the SWF has been repurposed as an ECTP. The cash benefit is similar and the beneficiary list the same, so arguably there is little tangible difference between the SWF as ‘development’ and the ECTP as ‘humanitarian’.
525. Whilst development has consistently featured in the HRPs, it has not been practically included in the response. KIs and the aid worker survey indicate that there has been limited strategy development on transitioning into more resilience-focused and longer-term development interventions where feasible. When comparing the HRPs from 2015–2021, it appears that there were no fundamental changes to the response. The response remained focused on short-term relief and emergency assistance, with no longer-term solutions sought.
526. Toward the end of 2019, the UNCT developed a number of options papers to support nexus approaches.^{clxxxix} More recently, the United Nations has also developed an economic framework based on four pillars, ranging from emergency food and cash assistance through increasing purchasing power, reducing import costs and increasing economic stability.^{clxxx}
527. The purpose of the 2019 options paper was to look into opportunities for collaboration across the humanitarian, development and peace nexus. These efforts were the only time during the response that a concerted effort was undertaken to develop a nexus strategy. Based on KIs, these strategies were not implemented because of lack of funding and limited commitment from UN agencies to proceed.
528. The options paper and the strategy document highlighted the need to focus on multi-dimensional vulnerability to address inequality.⁶⁵ Both also drew attention to underlying drivers of vulnerability and an area-based approach, while stressing the importance of working with national institutions.
529. The 2019 strategy/options papers proposed an HDP leadership forum – titled HDP Task Force – and an HDP technical unit to support the HDP/nexus strategy. However, neither structure materialized, and therefore, the strategy and options laid out in the various documents were never implemented.
530. KIs suggest a number of reasons why implementation of the strategy and options laid out in the various documents did not occur:
- Multi-year funding necessary for supporting more resilience and development-focused interventions was absent. Further, the reluctance and refusal of donor countries to work with institutions linked to or controlled by Ansar Allah were apparent. During interviews, donor representatives stressed that humanitarian funding alone would not resolve the humanitarian crisis and emphasized building resilience at the individual, community and institutional levels. However, these views have not, to date, translated into drastic changes in funding patterns.

⁶⁵ See *Strengthening Collaboration Across the Humanitarian, Development and Peace Nexus in Yemen*, Options Paper, 1 December 2019; *Working Together for Yemen’s Future. A Strategy for Strengthening Humanitarian, Development and Peace (PDP) Efforts in Yemen, 2020-2021*, Draft of 27 November 2019.

Humanitarian agencies demonstrated reluctance to transition, where possible, and hand over responsibilities to development-focused agencies. While many humanitarian agencies engage in resilience-building and bridging the gap between humanitarian and development, the added value and expertise in the field of longer-term development remains limited among many humanitarian agencies.

531. The history of nexus and humanitarian–development linkages in Yemen is by no means unique, and points to wider fault lines in the system. It also poses challenging policy dilemmas. The World Bank in Yemen has financed precisely the areas that United Nations analysis – and this evaluation – suggest are needed in the current context: preserving livelihoods and maintaining basic services. It has done so through the mechanism of funding United Nations agencies, the only reliable avenue available to the Bank given Security Council and other restrictions on the Houthis. Whilst the majority of United Nations agencies are ‘dual mandate’ and can work in development and humanitarian modes, they are primarily humanitarian-focused in Yemen. The HRP is the principal strategic document, and the coordination architecture is primarily humanitarian. Humanitarian work by its nature is focused on prioritizing the most acute needs and the most immediate. In practice, this means a tendency toward the short-term. But preserving livelihoods and basic services is at least a medium-term, if not a long-term endeavour. This may not be strictly ‘development’, but neither is it strictly ‘humanitarian’.
532. As mentioned above, in the last year, the United Nations has introduced a new economic framework, endorsed by the Security Council.^{clxxxii} Phase I focuses on addressing food insecurity through removing economic constraints, finding sustainable ways to pay public servants, improving the environment for agriculture and business as well as stabilizing liquidity and prices (in addition of course to emergency food assistance). Collective action to tackle the underlying factors contributing to acute poverty and food insecurity would be a major complement to ongoing humanitarian action. The United Nations is also in the process of negotiating the first development framework since the beginning of the war and has established a P5 post in the Resident Coordinator’s office to work on this. There is also a proposal to establish a trust fund to pay salaries to public servants, which, if carried forward, would be a major achievement. Collectively, these measures show great promise in moving the collective response towards the more structural solutions needed – although this evaluation also recognizes there are huge political hurdles to progress in this regard.

Implementation of resilience and development-type programmes

533. Where resilience and longer-term development interventions were implemented, solid assessments of economic or resilience-building potential did not form the basis of this work. For example, key informants stressed that resilience interventions were not implemented based on an assessment of the areas in which they were conducted.
534. The evaluation team visited several resilience-focused interventions, mainly those creating assets through cash-for-work programmes. The team observed that these interventions varied in quality and community support.
535. Insofar as quality is concerned, the main shortcomings were linked to:
- Quality of technical supervision, sustainability and maintenance
 - Lack of sufficient financial resources made available by the NGO or the United Nations agency to finish the interventions.
536. Examples of these shortcomings were observed in:
- Road projects (insufficient funding to complete the roads as agreed with the community)
 - Continued leakages in water reservoirs after rehabilitation; regular breakages in water network; breakdown in sanitation systems
 - Irrigation materials lying idle because no technical support was provided for installing the irrigation network

- New school buildings without enough classrooms to accommodate all school-aged children, leading to lessons being conducted under tarpaulin on the roof; exposed rebar in stairwell
- Hospital machinery no longer functioning due to a lack of training or provision of supplies for that machinery

537. Cash-for-work projects formed the bulk of the resilience projects being implemented. However, the nature and objective of CfW projects ensure that there is an emphasis on immediate short-term income to vulnerable families. Projects are selected based on the number of people who can be supported through CfW. Thus, the development impact of the project counts in the selection process, but is not necessarily the primary deciding factor in the selection process.

Localization

538. Capacity support to, and working with, national organizations has been a priority in different humanitarian response plans as part of the Global Compact on the ‘localization agenda’, and more recently the Grand Bargain 2.0. Based on evidence for this evaluation, the localization agenda has not yet been achieved. Localization was a key commitment during the 2016 World Humanitarian Summit, presenting a shift within the humanitarian coordination structure towards a response system that was ‘as local as possible and as international as necessary’ with a commitment to ‘empower national and local humanitarian action’.

539. The Yemen HRP 2021 underscored the need to build local and national response capacity.^{clxxxii} In fact, the response has relied on local and national organizations throughout, but with little contribution to either capacity or expertise. Although local NGOs form the backbone of implementation for many programmes and projects, and the national ministries are delivering the basic services discussed in this evaluation at length, there are major problems with the way they have been supported. These can be summarized as:

- **Cost recovery for national institutions:** All national civil society organizations and national government institutions confirmed that, at best, only cost recovery is achieved when implementing projects. No management costs or other indirect costs are covered by donor agencies or other international actors. This prevents the national/local organizations from building their own capacity and implementing their full mandate. It reduces them to implementers of specific activities for limited periods of time. All local organizations interviewed confirmed that they are not able to cover their own administrative costs. The introduction, by United Nations agencies, of the stipulation that local partners need to cover their operating costs in advance before being reimbursed for project implementation means that only the bigger agencies are able to access this financial support. This practice is not conducive to supporting equity amongst organizations in accessing funding, and marginalizes smaller NGOs that have the potential to make positive interventions, even if on a small scale, at the local level.
- **Women’s organizations are under-represented:** Although women and girls face higher protection risks, women’s organizations working on gender issues are not prioritized for funding. Neither is there support to women-centred organizations to strengthen their capacity in navigating the requirements of available funding streams. Women’s organizations also face challenges in Ansar Allah areas with the authorities, with UNHCR reporting that one active and promising partner was shut down by the authorities.
- **Lack of trust and transparency:** An effective localization agenda is based on real partnerships between national and international organizations/agencies. A partnership can only exist if there is trust, respect and transparency in the relationship. This is clearly not the case in Yemen, where all national civil society organizations the evaluation team met with referred to their negative experiences with OCHA management of the YHF. Negative experiences reported included being excluded from funding without any explanation and being put on a suspension list. All organizations indicated that dialogue with OCHA was not possible, and the only answers given by OCHA referred to the confidential nature of their assessments.

- **Need for partnerships beyond sub-contracting arrangements:** National civil society actors are treated by international agencies as sub-contractors and not as equal partners; they are not given the opportunity to grow, but are merely seen as implementers. National institutions have less influence and are less consulted by United Nations agencies compared with the relationship international NGOs have with United Nations agencies. In this scenario, local knowledge and understanding of the varying needs in different communities is not valued and used in the selection of projects being implemented.
- **Equal access and opportunities:** The selection of national NGOs as implementing partners does not appear to be based on a mapping of protection vulnerabilities of local populations and an assessment of local NGO capacity and community networks. The lack of such assessments contributes to perceptions of favouritism and puts those having better access to United Nations agencies and international NGOs in privileged positions.

3.9. Leadership, coordination and advocacy

Evaluation criteria	Evaluation questions	Evidence confidence rating
Coordination and Partnerships	EQ 8: Was the response leadership adequately supported and did the coordination mechanisms and tools enable better humanitarian action?	Medium
	EQ 8.2 How well-coordinated was the humanitarian assistance, avoiding duplication of assistance and gaps?	Medium
	EQ 8.3: How effective and inclusive were coordination mechanisms given political, operational and other constraints?	Medium
	EQ 8.4: Has adequate and timely leadership for the response been put in place?	Strong

Summary findings

- Leadership in the Yemen context has been extremely difficult, despite some very impressive individuals in the aid operation. The pressures from all sides pulling in different directions, and the fragmented nature of the humanitarian system, has worked against collective action. There have been some advocacy successes, and the leadership has maintained the relevance of the United Nations despite significant challenges.
- The systems and processes of humanitarian coordination have all been established and are generally functional. Those involved in the operation perceive coordination to have reduced gaps and duplication. Others complain it is heavy and over-burdensome.
- A major blind spot for the operation has been how to join up the operations in the different jurisdictions. Treating Aden as just another regional hub has not worked well, and the appointment of a deputy HC partly based in Aden is a welcome initiative.
- Whilst functional coordination is operating smoothly, this is a long way short of active collaboration. There is little combining of either analysis or action, leaving a fragmented response trying to plug gaps normally filled by a national administration. This level of collaboration is necessary to optimize impact in the Yemen context, but the humanitarian system is not capable of delivering this in its current formulation. In this sense, the system as it is, is not working.

540. Like all other aspects of the Yemen operation, leadership and coordination have been highly challenging, and as a result, arguably sub-optimal.

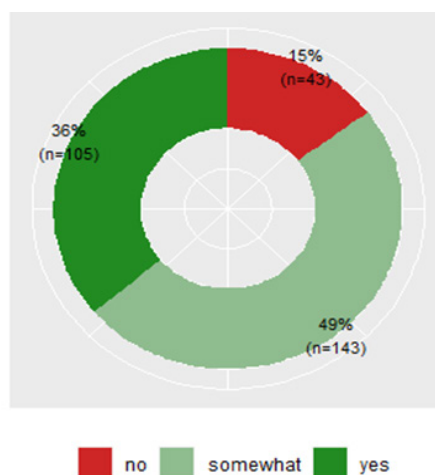
541. An OPR conducted five months after the L3 designation found:^{clxxxiii}

The split functions of the RC, HC, and DO have undermined the leadership role of the HC. The appointment of the two [assistant Secretary General] ASG positions in the region undermined the HC’s leadership further. Moreover, the functions of the ASGs have either been unclear, not well-communicated, or not implemented in a manner consistent with the Terms of Reference, adding further confusion to an already confusing leadership structure.

542. The OPR also urged the United Nations to operationalize its four regional hubs, to “demonstrate their ability to deliver assistance in a neutral and impartial manner”.^{clxxxiv} Otherwise, the OPR feared, the reputation of the United Nations would suffer.

543. Partly in response to the OPR, the leadership arrangements were clarified, and a ‘triple-hatted’ RC/HC/DO was deployed (in fact this decision had already been made). There have been three individuals in that position since early 2016, all highly experienced and highly regarded. The appointment of well-known and widely respected humanitarian leaders suggests that Yemen was taken seriously at the highest levels of the United Nations.
544. Following the appointment of the new HC with consolidated authority, a push was made to decentralize United Nations operations, with some success. By the end of 2017, there were five operational hubs.
545. Clusters and the inter-cluster coordination mechanism were introduced in Yemen in 2009, with ten clusters active initially (and four regional hubs).^{clxxxv} The clusters have changed somewhat over time, with early recovery becoming emergency employment and community rehabilitation in 2017, before being dropped in 2019. In 2019, the RRM was introduced as a response mechanism, and the CCCM and shelter and non-food items were separated out. In the 2021 HRP, there are 13 clusters/sectors, the largest number to date.
546. The aid worker survey for this evaluation found that 36 per cent of respondents thought coordination reduced gaps and duplication, and a further 49 per cent thought it reduced them somewhat. This was one of the most positive findings in the survey. There was a relatively positive score for the inclusivity of the coordination mechanisms as well. The main complaints that the evaluation heard in KIIs from the United Nations about coordination was that it was heavy and over-burdensome at times, and that whilst the clusters generally operated well, the inter-cluster level could be more effective.

Figure 40: Were gaps and duplication in the response reduced by coordination?



Source: Authors’ own using aid worker survey data.

547. The evaluation witnessed examples of good coordination in action. There is an inter-cluster group in the Aden hub that responds to IDP evictions. This is led by the CCCM cluster, but includes WASH, protection, FSAC and others. When an IDP site is facing eviction, the CCCM cluster tries to find a new site, and then other cluster partners join for a rapid survey to see if it is suitable in terms of services. The evaluation also heard that the system can coordinate well faced with rapid onset disasters such as the cyclone that hit Socotra, and the current scale-up in Marib.
548. Other stakeholders are less complimentary about coordination. The authorities in both Ansar Allah and IRG areas are highly critical of the United Nations and international NGO operation. In Aden, the evaluation was told that the United Nations and the clusters operated like a ‘shadow government’, implementing projects without consulting them or involving them. In Sana’a, the main ministries were consistent in their feedback, with many examples of projects where they felt they had not been consulted or coordinated with. This was true for agriculture, health and education, and the same feedback was heard from the Ministry for Water and Environment (see section 3.5). Clearly, this can also be interpreted as a struggle for control.

549. How far the two authorities (Aden based and Sana'a based) can and should be coordinated with has been raised in several places in this evaluation (see section 3.5), and the issues are complex. In comments to the aid worker survey, it was clear there was a range of views, from wanting local authorities involved to seeing them as parties to the conflict.

Selected comments on coordination from the aid worker survey

- “Coordination is extremely poor. The clusters are hosted in Houthi ministries in Sana’a as the national response is based there; exerting undue influence and blocking coordinators visas when they are not happy with the work of the cluster. Coordination is highly centralised and therefore inefficient and slow; to the detriment of decentralisation and autonomy in the field.”
- “As in any context, relationship with authorities can make or break humanitarian work. The coordination structure needs to be solid, trustworthy, credible, with integrity, and firm in its dealings with authorities and other parties.”
- “Focusing on building capacity of local humanitarian actors must be one of the priorities of donors to create sustainable and long-acting development in Yemen.”
- “The inclusion of national authorities in certain coordination structures is not necessarily the most effective way to maintain neutrality and independence (protection).”

Comment from aid worker survey for this evaluation

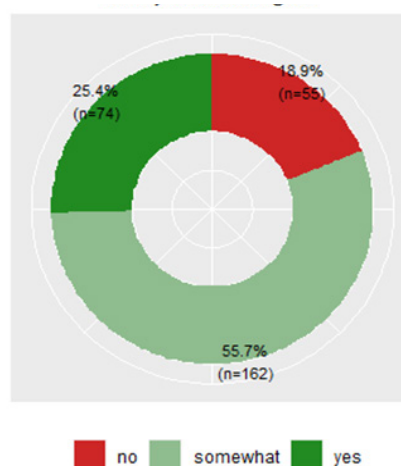
550. In KIIs, local and national NGOs told the evaluation they were mostly treated as contractors, as discussed above. They report that they are not involved in decision-making, or routinely in coordination mechanisms; instead, they feel that they are treated with suspicion and their voices largely neglected (see also section 3.8 for more on local capacities).
551. Some donors also expressed frustration with aspects of coordination. This was less about the function of the ‘system’ per se, and more about the ability of agencies to work in a truly joined-up way. At the beginning of 2021, the United States, ECHO and the United Kingdom discussed with WFP, FAO and UNICEF about bringing together their data and analysis to create a joint monitoring framework as a step on the path to a collective analysis. However, this has proven challenging: the monitoring systems are all slightly different and the agencies extremely busy, so progress on these types of joint initiatives has proven challenging.
552. An additional complexity in Yemen is coordination between what are effectively differently governed regions. This has not been handled well. The leadership of the response is based in Sana’a and has largely neglected the Aden-based operation.⁶⁶ At best it can be described as being treated as a regional hub (which is the way it is mostly described). However, this is where the IRG is nominally based. Under the set of Security Council resolutions that frame the international response to the Yemen conflict, this is the authority that the United Nations is supposed to deal with.
553. In reality, IRG ministers come and go between Yemen and Saudi Arabia, and the officials left in Aden have little capacity or resources to deliver services or make policy. To complicate matters, since 2019 Aden has been controlled by the STC, which is only nominally part of the IRG.
554. However, Aden is a gateway to a significant population. The areas that can be accessed via Aden include several that are in IPC 3 and IPC 4 status, and include Lahj – one of the places with the highest levels of malnutrition and food insecurity in the country. The currency crisis in the last year has impacted these areas more obviously than those controlled by Ansar Allah, further impoverishing people.

⁶⁶ KIIs.

Most importantly, there are few of the bureaucratic restrictions imposed on the United Nations and international NGOs in Sana'a.

- 555. Despite this, policy for Aden is set in Sana'a. Data collection in the south and east is quite straightforward, yet this has largely not happened because of the difficulty of collecting data in the Ansar Allah areas. International NGOs can operate fairly freely in IRG areas, and there is more capacity for implementation as a result. Making policy formulation somewhat separate would accommodate these differences, and perhaps show what can be achieved. This of course would need a considerably more permissive security framework, at least for the United Nations.
- 556. The appointment of a Deputy Humanitarian Coordinator in July 2021, based in Aden, is a good step forward. The development of a separate terms of reference for the coordination team in Aden is another positive step. There is a danger that two separate policy-making entities will further fragment coordination in Yemen, and some will not wish a de facto recognition of the drift towards two separate states. These challenges will require great skill from the United Nations leadership, but should not prevent the operation collecting better data and exercising better quality control over the aid it provides.
- 557. The challenges faced by the humanitarian response leadership in Yemen over the period of this evaluation have been considerable. In its complexity and scale, there are few operations that have rivalled it. Whilst some of the protection of civilians challenges may have been more acute in places like South Sudan and Myanmar, and authorities more repressive in contexts such as Syria, the reality of trying to operate in two separate jurisdictions, funded by one party to the conflict and implemented by the other, all the while with limited capacity and limited access, has made Yemen extremely difficult.
- 558. It is inevitable that the leadership attracts criticism in such contexts. When no choice is the right one and faced with only 'least bad' options, there will be substantial scope for getting things wrong. The leadership has been criticized for giving too much ground, especially to Ansar Allah. A powerful critique in recent times has been that the United Nations did not stick to its 'red lines', and has allowed aid to be manipulated.
- 559. There is clear evidence that the United Nations leadership attempted in 2019 to draw 'red lines'. The WFP suspension of food assistance unless it could have a greater say in ensuring the most vulnerable received food assistance was brave and did lead to some changes. The HC took a stand when the Houthi coordination body, the National Authority for the Management and Coordination of Humanitarian Affairs and Disaster Recovery, was seen as an obstacle to the performance of the operation; this led to SCMCHA, with enhanced powers as a 'one stop shop' for all aid interactions in Ansar Allah territory. This was not the outcome the agencies wanted, but it illustrates both attempts to 'do the right thing', and the complexities and unintended consequences.

Figure 41: Was leadership timely and strategic?



Source: Aid worker survey.

560. Where the leadership has not been as effective as it might have been is in its representation of the Yemen crisis. One major responsibility of all HCs is what the United Nations calls resource mobilization, i.e., fundraising. The Yemen operation has raised enormous amounts of funding compared to most humanitarian crises. Over half of this has come from two nations: Saudi Arabia and UAE, with the United States the third biggest donor. The declaration of possible famine in Yemen was the spur to a large jump in funding, and the continued narrative that Yemen is “on the brink of famine” has sustained these very large sums (in 2019 Yemen was in receipt of one sixth of all global humanitarian funding).
561. The very large amounts of money have made a real difference to the lives of Yemenis, as mentioned throughout the report. However, this is completely unsustainable, and depends on the country being “on the edge of famine” until the conflict is resolved. The 2021 HRP mentions famine 41 times, even though Yemen has never been technically classified as in famine or at risk of famine.
562. Given the experience in the region, it is unlikely that the war in Yemen will be resolved soon. And the fact that the donors are also the principal backers of the IRG in the conflict with the Houthis is as problematic as the alleged aid manipulation by the other side. The choice of aid modalities, the restrictions on normal development financing, the restrictions against normal food imports and, the restrictions against flights from Sana’a that prevent people seeking medical assistance outside the country – all these are political choices that directly feed the humanitarian crisis and the dysfunctionality of the response.
563. Moreover, both sides have contributed to the competitiveness amongst agencies that makes coordination and collaboration particularly difficult. This is a standing feature of the humanitarian system to start with. The leadership has limited authority over a set of powerful and independently funded agencies. Individual agency leaders have split loyalties between their HQs and the in-country leadership, and raising funds for their agency is one of their performance metrics. Donors can and do exert pressure on individual agencies, bypassing the in-country leadership to achieve their goals. The authorities in both areas pursue a ‘divide and rule’ strategy, allowing greater permissions for compliant agencies, and less for those seen as truculent.
564. Here, the case of IOM is illustrative. In 2019, it took a stand when asked by the Houthis to effectively intern migrants and expel them (Yemen is used as a major migration route for Ethiopians and others seeking work in the Gulf States). IOM led the joint needs assessment – something also seen as unnecessary and unwelcome by Ansar Allah. When the agency did not comply, the leadership of IOM was effectively blocked from working, with no visas forthcoming, and two staff members were detained and one badly physically harmed. This sends a signal to other agencies, especially when the collective did not stand together with IOM. Agencies quickly revert to basic ‘prisoners dilemma’-type behaviour in such circumstances.
565. The pressures on agencies from both sides have made the job of leadership especially hard. Even securing the relevant minimum information from the big implementing arms of the United Nations is not guaranteed for the RC/HC operation.

Humanitarian response plans, information overload

566. One of the confounding issues for leadership and coordination in the Yemen response is the fragmentation of information and data. This evaluation has highlighted these issues in several places. Agencies are not always forthcoming about the sources of information, or their accuracy and reliability. Where data and information are put in the public domain, it is via ‘dashboards’ and individual agency information products, of which there is a multitude. During the course of this evaluation, after six months of detailed examination, there were still new information products and dashboards being shared. These are often owned and managed by the clusters, and therefore hosted on cluster websites. But the format is different each time, as is the way the information is displayed. Sometimes the most up-to-date information is on an agency website, sometimes cluster. Agencies, too, might host their up-to-date information on a central portal or on regional bureau websites.
567. There is no central point of access to all the information resources available for Yemen, not even those run by the United Nations and funded via the HRP. OCHA produces weekly or bi-weekly humanitarian updates, but this is a summary of the information, rather than a collation of agency information. This

makes them yet another information provider in a sea of information. Sifting through this to understand what everyone is doing is nigh-on impossible, never mind combining the various sets of information and data to give an overall picture.

568. The HRP and HNO are probably the closest the response gets to something consolidated. They are professional and done well, containing an enormous amount of information. However, as this evaluation has also found, the sources underpinning the analysis are relatively few, and the formulation of numbers reached imprecise to the point of being almost meaningless. Most of all, an annual exercise in gathering information in this way is of little use to the response leadership (and even this has been extremely difficult as noted elsewhere). It is an important document of record, and certainly also helps in the annual process of resource mobilization. But it is not a planning document per se, at least not beyond broad strategic intent. This is not a problem exclusive to Yemen.
569. The response needs a better overview of the information it has to hand. It needs a better way of combining what exists, and greater transparency over what does not exist – the knowledge and the gaps in knowledge. As with many humanitarian responses, it needs to move away from large aggregate numbers towards more realistic human intelligence – heuristics that enable planning in an information-scarce environment. It needs a renewed emphasis on rounded knowledge rather than relying on quantitative data, judged to be superior because numbers look more scientific.

Coordination or collaboration?

570. Whilst the coordination system has been implemented in accordance with global norms and in line with the L3 designation, the evaluation finds that active collaboration has proven much more difficult. Coordination in Yemen has meant establishing clusters and working groups (such as those on humanitarian access). Collaboration means going beyond information-sharing and actively working together – jointly – to solve problems.
571. There are examples where agencies work together to divide responsibilities. This is highly commendable and good coordination practice. Good examples are in nutrition, where WHO and UNICEF split the coverage for TFCs and WFP works on moderate acute malnutrition. There are also some good examples where agencies actively work together to solve problems, such as evictions of IDPs from private land. Here the CCCM cluster convenes UN agencies and INGOs to rapidly identify new sites and then assess them for suitability. If judged workable, the agencies then work together to install services.
572. However, deeper collaboration over a longer time period has proven more complicated, in part because the system ultimately comprises separate agencies working within the boundaries of their clearly-defined mandates. Working outside these mandates, or across the boundaries of the mandates, is complicated, and given the funding system, which is channelled via individual agencies, often this complexity proves too much.
573. A good example of this is the effort to form an integrated famine risk reduction (IFRR) strategy. This was established in 2017 and subsequently revised in 2019. The essence of the IFRR strategy was to bring together the relevant clusters (WASH, nutrition, health and FSAC) to tackle famine risk in the highest-risk geographical areas. Twenty-seven districts were chosen to be pilots for delivering a full package of services, with the intent that the combined effect would prevent famine.
574. Despite a revision of the strategy in 2019 to include more cash and a greater focus on vulnerability, by the end of the implementation period, a 2020 case study found it difficult to directly attribute impact. The reasons given included that the monitoring was not clear enough for the results to be identified, that coverage was patchy from all clusters in the targeted zones, that strengthened coordination was required at sub-national and district levels, and that access and bureaucracy challenges slowed implementation.
- ^{clxxxvi} The review also found that cluster coordinators did not have sufficient time to dedicate to the strategy, and in response, a dedicated IFRR coordinator was recruited via a partner NGO. However, during this evaluation, the IFRR approach was not mentioned in KIIIs apart from by donors, nor are there documents or dashboards available showing the latest progress.

575. The IFRR experience, as set out in the 2020 case study, confirms many of the themes outlined in this evaluation: monitoring not sufficiently robust to understand impact, patchy coverage, challenges at the point of implementation due to access and oversight. However, it also demonstrates how complex it is for the system to go beyond coordination – agreeing who works where to avoid duplication – and actively collaborate across several clusters to focus on driving impact in a few key places. Whilst this appears possible on an emergency basis (as in the example of evictions), it is much more challenging on a longer-term, more systemic basis.

4. Conclusions

576. The Yemen operation has saved lives, prevented suffering, slowed the collapse of state services and gone to scale in an impressive fashion. It has also struggled with quality, oversight, robust data collection and analysis, balancing the long term and short-term competing priorities and preserving humanitarian principles in a bitter war. It is one of the largest and most ambitious IASC humanitarian operations yet.
577. This evaluation concludes that despite all the positive efforts, there are some urgent measures that the Yemen response needs to take to ensure people are helped most effectively. An urgent review of the disabling security posture of the United Nations is required, with the objective of enabling better oversight of key interventions. In parallel, there is an urgent need to improve access in Ansar Allah-controlled areas. These measures are necessary to prioritize better quality aid to the most vulnerable communities. This should be the focus for implementation in the coming period, alongside a more transparent dialogue about information, data and analysis. These measures will improve how aid gets to people, and how it is perceived and received.
578. If the international community has made the humanitarian system the only modality for the delivery of external aid, then it should provide adequate support. The uncertain nature of funding makes planning impossible and service delivery capricious. Moreover, it risks squandering the resources invested to date, especially at a time when the first truce in years gives cause for some small hope.
579. For the IASC, there are also wider lessons to learn from the Yemen operation. When the humanitarian 'instrument' becomes the sole channel for international engagement, there are significant implications for how it should operate, or even whether the current arrangements suffice. A similar situation is now taking place in Afghanistan, with a major appeal for preventing acute food insecurity and another for maintaining basic services. If this is to become increasingly the norm, then arguably more needs to be done to make the overall system fit for this evolving purpose.
580. A number of detailed conclusions are set out below.

1: The humanitarian operation has saved lives and protected people.

The food security situation in Yemen has slightly improved over the period 2015–2021. Malnutrition may also have stabilized, although data is limited and there are still pockets of rising need. Whilst there are increases in communicable diseases, the national mortality rate does not appear to have risen dramatically. There is good evidence that the humanitarian response has played a part in these outcomes, especially for food security. The evaluation concludes that lives have been saved and people protected as a result of the collective efforts of humanitarians in Yemen.

2: The humanitarian operation has slowed but not prevented the collapse of basic services, and the situation remains precarious for most Yemenis.

The humanitarian operation in Yemen has helped slow the deterioration in living conditions and led to a slight improvement in food insecurity (up to 2021). Without humanitarian aid, the situation for many people in Yemen would be much worse.

It has also slowed, but not prevented, the collapse of basic services, including health, education, water and sanitation. The situation can be characterized as extremely precarious – that is, people are 'hanging by a thread'.

3: The operation needs to pivot to structural solutions where feasible.

More long-term investment in economic opportunities – ‘sustainable livelihoods’ – is urgently needed, including resilience-building at household and community levels. Better mechanisms for supporting state-run services are urgently needed too. The barrier to effective trade, and to people helping themselves, must be reduced to stop the gradual deterioration.

The evaluation highlights the slow collapse of services, from water systems to health care. Only a mix of structural support and humanitarian aid can arrest this decline, despite the difficulties of working with a weakened and fragmented state.

4: The consequences of withdrawing humanitarian aid too quickly would be dire.

The situation in Yemen is extremely fragile. The restrictions on imports in the north, the difficulty of importing across conflict lines, the collapse of the public sector, rampant inflation in the south – all of these are eroding what little resilience the general population had or has. Despite the aid operation, poverty has continued to increase against an already very high backdrop.

Whilst humanitarian aid is not the long-term solution, evidence from this evaluation suggests if it is withdrawn too quickly, the consequences could be dire. Alongside the need for continued humanitarian aid, there is also a need for a sensible transition strategy, as set out above, to introduce structural solutions where these are most effective.

5: The scale-up in Yemen has been impressive and a commendable achievement.

The achievement of scale has been a major success for the collective response in Yemen. Food assistance programmes have scaled up most impressively. The logistical machine that has been built to deliver food and other humanitarian supplies has operated in difficult circumstances. This has been achieved despite multiple political, bureaucratic and geographical challenges.

6: There is insufficient focus on, and understanding of, the most vulnerable.

Needs are being partially met. However, only a very low percentage of those working on the response and those receiving aid believe that the most acute needs are being met.

Poor collective targeting means that vulnerable groups – including women and children – are not sufficiently reached.

There is also a lack of deep cultural, political and economic understanding of Yemen, fed in part by high turnover of staff. Analysis must be improved, including better measurement of outcomes, for needs to be better met.

7: Poor quality and weak oversight has compromised the effectiveness and efficiency of the response.

The operation has been carried out under very challenging conditions. A lack of capacity, difficulty moving around, external and internal bureaucracy and other obstacles have made for a sub-optimal operation that has nevertheless delivered some measurable outcomes.

However, the operation is also flawed in many ways. Quality is poor, oversight is weak, aid is wasted and there is an unacceptable lack of standards in too many areas. Many IDP camps do not meet minimum standards, and the evaluation recorded many examples of sub-standard implementation. Protection is not made central across the aid operation.

8: There is an accountability deficit.

A lack of accountability and transparency has led to worsening relations between the aid operation, the authorities and the population. While there are some accountability systems in play, people are rarely

systematically consulted on their needs and the complaint mechanisms do not result in concrete action being taken.

9: The system is not delivering as a collective.

Whilst individual agencies may well be delivering, arguably the system as a collective is not working. Lists of aid recipients are not shared and critical services are not joined up.

There is no collective approach to mainstreaming protection and humanitarian principles. Agencies do not always appear to act in unison when confronted by political threats to operational independence.

There is a particular problem with data and data transparency. It is difficult to get a clear picture of either need or coverage, and difficult to ascertain the level of confidence in figures and analysis.

10: Bunkerization is eroding trust and staff morale.

Excessive measures to ensure the security of United Nations staff have eroded trust, with a dangerous narrative of the aid operation being mostly self-serving gaining ground. This bunkerization has contributed to a lack of understanding of the needs of the Yemeni population with less direct presence in communities. In addition, these measures have contributed to low morale among aid workers, leading to high staff turnover.

11: All parties to the conflict are hindering the smooth delivery of aid.

The cumbersome bureaucracy put in place by both the Houthis and the Saudi-led coalition has contributed to the fragmentation of aid and a lack of oversight. To improve quality, effectiveness and efficiency, a better, more streamlined system must be developed. This should be the quid pro quo for a better commitment on the part of international aid actors to quality and sustainability.

12: The solution to Yemen’s humanitarian need is political.

The solutions to the economic (and services) situation are political. Only when there is a viable state that can pay salaries to public sector workers regularly, and when trade can flow freely again, can things begin to improve. In the meantime, the humanitarian operation has (imperfectly) prevented Yemen from ‘falling off a cliff’. This is particularly true for the food assistance operation. If funds for this lifeline dry up too quickly, the consequences will be severe.

Those financing the aid operation are also largely in control of the politics surrounding the war. Several are active belligerents. It is imperative that the regional and global powers involved in Yemen’s conflict chart a course to safety for the general population.

5. Recommendations

Meaningful and effective implementation of these recommendations requires in many instances commitment at multiple levels, via the ERC and HC, with respective organizations offering their full support in a concerted, committed and coordinated manner. The responsible entity is therefore here indicated as the lead. Thus, where the ERC and IASC Principals is indicated, it is felt that robust engagement at the corporate level is required to achieve the desired change, in concert with others, including the in-country response leadership.

There are also two recommendations explicitly targeted at the ERC and IASC principals for action. These are system level recommendations arising from the Yemen operation, but with wider implications.

Finally, those recommendations targeted at the HC and HCT are believed to be best driven and achieved by in-country leadership.

Recommendations	Sub-recommendations	Responsible entity
Systemwide recommendations		
<ol style="list-style-type: none"> 1. The ERC and IASC Principals should advocate with Member States to consider a separate protracted crisis appeal system, to be introduced via a General Assembly resolution similar to 46/182. This would introduce longer time frames for financing, new planning instruments and a new programme cycle. It should consider a coordination architecture that includes key development partners such as the World Bank. 2. The ERC and IASC Principals need to overhaul the current system of collective data and analysis. There is a proliferation of dashboards, questionable results figures and assessment data that is not cross-compatible. The leadership needs to have a good, clear method to understand progress towards outcomes. This will increasingly become the case as responses become larger and more sophisticated. 		

Recommendations	Sub-recommendations	Responsible entity
Yemen-specific strategic recommendations		
Recommendation 3: Preserve food security and basic services (health, water, sanitation and nutrition), piv-oting to structural solu-tions where feasible	3.1 Plan for humanitarian capabilities (people, institutions and systems) at current or enhanced levels for next 3–5 years.	ERC and IASC Principals
	3.2 Examine all options for finance and policy measures to support national food security and basic services. Key actions for consideration include: <ul style="list-style-type: none"> a) Developing a common articulation of the vision for structural solutions, with stronger policy and strategy contributions from all stakeholders. b) Developing a transition strategy to deliver optimal modes of financing, capacity support and allocative efficiency. 	HC and HCT
	3.3 Develop a localization strategy at the HCT level, based on collective ownership, transparency and accountability. The strategy should articulate efforts to develop national capacities for service delivery and the means to foster donors to increase the volume and quality of funding to local partners.	HC and HCT
Recommendation 4: Continue to advocate for flexible and predictable funding at adequate levels for a five-year period	4.1 Continue to advocate for the current level of funding for the next five years to enable all major actors to develop sound strategies and capacity. The humanitarian operation in Yemen requires roughly \$4 billion per annum to ensure a minimum of services and prevent a collapse in food security.	HC and HCT
	4.2 Advocate with donors for more long-term investment in economic opportunities, employment and sustainable livelihoods (including income generating activities and human, natural and physical sustainable development capitals).	HC and HCT
	4.3 Explore the testing and expanding of finance through public systems, in tandem with technical assistance support to strengthen public financial management systems and the development a mutual accountability framework.	HC and HCT

Recommendation 5: Collectively advocate for a reduction in import restrictions and for public sector strengthening	5.1 Advocate with the parties to the conflict for the reduction of political and physical barriers to effective trade, and to people helping themselves. In particular, consider ways in which traders can secure foreign exchange for imports and how to ease basic necessities through current import restrictions.	ERC and IASC Principals Special Envoy
	5.2 Work with the World Bank, donors, IRG and SLC to find creative ways to fund key public sector staff (teachers, health workers, water board).	R/HC and UNCT
	5.3 In collaboration with the World Bank, IMF and Central Bank of Yemen, work on stabilizing currency.	R/HC and UNCT
Yemen-specific operational recommendations		
Recommendation 6: Continue to collectively advocate for a reduction in bureaucratic barriers to the delivery of aid	6.1 Enhance and amplify concerted advocacy (and pursue creative solutions) with all authorities to ensure unhindered, principled delivery of aid, building on existing benchmark processes. Ensure collective solidarity by humanitarian leadership on issues requiring common approaches.	HC and HCT
	6.2 Develop an access strategy with accountability to the HCT to move delivery of aid forward. Ensure HCT assumes the lead and responsibility for expanding access.	HC and HCT
Recommendation 7: Ensure there is humanitarian capability for shocks, epidemics and forced migration	7.1 Build humanitarian capacity to respond to shocks and sudden crises.	ERC and IASC Principals
	7.2 Ensure crisis response capabilities have fast decision-making and can act rapidly.	ERC and IASC Principals

Recommendation 8: Better focus on the most vulnerable, through better, more transparent, and more systematic analysis	8.1 Ensure collective efforts to target the most vulnerable by reviewing the targeting strategies across sectors and identifying ways that would facilitate convergence of support towards the most vulnerable. Use this to also enable better measurement of outcomes for this group.	HC and HCT
	8.2 Ensure a better and more nuanced analysis of who the most vulnerable are and why, in order to ensure nuanced response. Where possible, increase qualitative analysis and research to complement and contextualize quantitative analysis.	HC and HCT
	8.3 Review existing data-sharing protocols with a view to optimization. Restrictions on data collection and bureaucratic impediments that impact data collection/sharing should be transparently acknowledged, and a targeted strategy put in place to address these issues. Strengthen coordination and policies around inter-operability of data, data sharing, analysis and overall information management.	ERC and IASC Principals
Recommendation 9: Improve quality and direct oversight, including reviewing security arrangements for the UN with the aim of enabling operations	9.1 Increase staff field presence of operational agencies during the different stages of the operational response.	HC and HCT
	9.2 Immediately and urgently reinforce minimum standards. Work together to improve conditions for IDPs, including sustainable solutions (reduce risks of eviction, etc.) and examine the potential for voluntary return.	HC and HCT
	9.3 Conduct a thorough review of 1) security measures, 2) staffing, and 3) risk assessment and security analysis with the aim of reducing inappropriate security measures, enabling better operations, trust-building with various authorities, and providing genuine security where it is most needed. Reduce reliance on/use of armed convoys as an imperative. Reduce reliance on SLC EHO and eliminate notification protocols where unnecessary.	UNDSS
Recommendation 10: Ensure protection is mainstreamed throughout the operation	10.1 Review and update the 2017 protection strategy, including better measures for protection mainstreaming and periodic HCT reporting/ action on critical issues.	HC and HCT
	10.2 Advocate with donors for greater funding for protection services and human resources for protection. Encourage protection agencies to invest in more staffing on the ground, including at senior level.	HC and HCT
	10.3 Continue to seek opportunities for a constructive dialogue with the authorities to be allowed to carry out protection work. The humanitarian leadership needs to be supportive and engaged.	HC and HCT

Recommendation 11: Improve accountability systems and practice	11.1 Re-operationalize the Yemen 2017 accountability framework, along with measurable milestones and targets, and mainstream its use throughout the response.	HC and HCT
	11.2 Publish accountability statistics (numbers of complaints, type and actions taken in response).	HC and HCT
Recommendation 12: Improve collective working	12.1 Streamline the current cluster coordination system, informed by a rapid internal review of existing arrangements with a view to reducing clusters and meetings where possible. Convene HCT to agree optimization measures.	HC and HCT
	12.2 Boost collaboration on key issues such as famine risk prevention. Analyse the IFRR experience and use this for better and deeper joint working.	HC and HCT
	12.3 Improve common tools in sectors where possible, e.g., cash.	Global IASC cluster coordinators
	12.4 Explore new ways of empowering 'hubs' and differentiating response strategies without fragmentation. If there is more scope for action in IRG areas, this should be pursued.	HC and HCT
	12.5 Develop a better, collective approach to mainstreaming humanitarian principles. Agencies must find ways to work in unison when confronted with political threats to operational independence.	HC and HCT

- Annex 1: IAHE terms of reference**
- Annex 2: Reconstructed theory of change**
- Annex 3: Evaluation matrix**
- Annex 4: Qualitative coding tree**
- Annex 5: Secondary data analysis**
- Annex 6: Aid worker survey**
- Annex 7: SMS survey**
- Annex 8: Ethics**
- Annex 9: Data protection**
- Annex 10: List of stakeholders interviewed**
- Annex 11: Bibliography**

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IDP site in Al-Dhale’e Governorate, 23 February 2020. Photo by Mahmoud Fadel-YPN for UN/OCHA.

