

INTER-AGENCY HUMANITARIAN EVALUATION OF THE YEMEN CRISIS

Executive summary





IAHE of the Yemen Crisis

Management, funding and implementation of the evaluation

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Disclaimer The contents and conclusions of this evaluation report reflect the opinion of the authors, and not necessarily those of the United Nations, OCHA, donors, or other stakeholders.

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 were 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 distant.
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 improvement, 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 publicly available. 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 percent – 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 are 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 NGOs 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 permissions 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 consistently helped, 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 in places of the quality of some parts of the collective operation. 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 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"> <li data-bbox="192 767 2022 895">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. <li data-bbox="192 895 2022 1050">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:	3.1 Plan for humanitarian capabilities (people, institutions and systems) at current or enhanced levels for next 3–5 years.	ERC and IASC Principals

Preserve food security and basic services (health, water, sanitation and nutrition), pivoting to structural solutions where feasible	3.2 Examine all options for finance and policy measures to support national food security and basic services. Key actions for consideration include: 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 are the most vulnerable 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:	9.1 Increase staff field presence of operational agencies during the different stages of the operational response.	HC and HCT

Improve quality and direct oversight, including reviewing security arrangements for the UN with the aim of enabling operations	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

Photo credit:

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

