

INCEPTION REPORT:

INTER-AGENCY HUMANITARIAN EVALUATION OF THE YEMEN CRISIS

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
AG	Advisory Group
AMN	Acute Malnutrition
API	Application Programming Interface
AQAP	Al-Qaeda in the Arabian Peninsula
ASR	Assisted Spontaneous Return
AWD	Acute Watery Diarrhoea
BRA	Bureau of Refugee Affairs
CA	Contribution analysis
CaLP	Cash Learning Partnership
CATI	Computer Aided Telephone Interview
CCCM	Camp Coordination and Camp Management
CCY	Cash Consortium of Yemen
CHS	Core Humanitarian Standard
CMAM	Community Based Management of Malnutrition
CMWG	Cash and Markets Working Group
CRS	Creditor Reporting System
DRC	Danish Refugee Committee
ECFR	European Council on Foreign Relations
ECHO	European Civil Protection and Humanitarian Aid Operations
ECOSOC	Economic and Social Council
EFSNA	Emergency Food Security and Nutrition Assessment
EU	European Union
EWARNNS	Early Warning, Alert and Response Network
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FSAC	Food Security and Agriculture Cluster
FSLA	Food Security and Livelihoods Assessment
FTS	Financial Tracking Service
GBV	Gender-Based Violence
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GHA	Global Humanitarian Assistance
GIS	Geographic Information System
GPC	General People's Congress
GPS	Global Positioning System
GRFC	Global Report on Food Crises
HAWG	Humanitarian Access Working Group
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HDX	Humanitarian Data Exchange
HMIS	Health Management Information Systems

HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HQ	Headquarter
HRP	Humanitarian Response Plan
IAG	In-Country Advisory Group
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICAG	In-country advisory group
ICRC	international Committee of the Red Cross
ICRP	Integrated Cholera Response Plan
IDP	internally displaced population
IDS	Institute of Development Studies
IFPRI	International Food Policy Research Institute
IHL	International Humanitarian Law
ILAC	International Learning and Change
INGO	international non-governmental organisation
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IPNA	Immigration, Passports and Naturalisation Authority
IRC	International Rescue Committee
IRG	Internationally Recognised Government
ISPI	Italian Institute for International Political Studies
KII	Key Informant Interview
L3	Level 3
M&E	Monitoring & Evaluation
MAM	Moderate Acute Malnutrition
MoPHP	Ministries of Public Health and Population
MCLA	multi-cluster location assessments
MG	Management Group
MICS	Multiple Indicator Cluster Surveys
NFI	Non-Food Items
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCV	Oral Cholera Vaccination
OECD-DAC	Organisation for Economic Co-operation Development Assistance Committee
OPAG	Operations, Policy and Advocacy Group
OSEGY	Office of the Special Envoy of the Secretary-General for Yemen
OTP	Outpatient Treatment Programme
PDRY	People's Democratic Republic of Yemen
PLW	pregnant and lactating women
PIN	people in need
PPE	Personal Protective Equipment
QA	quality assurance
RC	Resident Coordinator
RCHC	Resident Coordinator Humanitarian Coordinator
RCRC	Red Cross Red Crescent

REC	Research Ethics Committee
RMMS	Refugee and Migrant Multi-Sector
RRM	Rapid Response Mechanism
RRT	Rapid Response Team
RSD	Refugee Status Determination
SAM	Severe Acute Malnutrition
SG	Steering Group
SGBV	Sexual and Gender-Based Violence
SLC	Saudi-led coalition
SMS	Short Message Service
STC	Southern Transitional Council
TFC	therapeutic feeding centres
ToC	Theory of Change
ToR	terms of reference
TPM	Third Party Monitors
TSFP	Therapeutic Supplementary Feeding Programmes
UAE	United Arab Emirates
UK	United Kingdom
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNH	United Nations Humanitarian
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMHA	UN Mission to support the Hudaydah Agreement
UNSC	United Nations Security Council
USD	United States Dollar
USSR	Union of Soviet Socialist Republics
VFM	Value for Money
VHR	Voluntary Humanitarian Returns
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
YAR	Yemen Arab Republic
YHF	Yemen Humanitarian Fund
YPC	Yemen Polling Centre

1. Introduction

The Inter-Agency Humanitarian Evaluation (IAHE) of Yemen is an independent assessment of the results of the collective humanitarian response by member organisations of the Inter-Agency Standing Committee (IASC). IAHEs evaluate the extent to which planned collective results have been achieved.

IAHEs 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's (UNEG) norms and standards that emphasise, among others: 1) the independence of the Evaluation Team, 2) the application of evaluation methodology, and 3) the full disclosure of results.

An IAHE is not an in-depth evaluation of any one sector or of the performance of a specific organisation, and as such cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required.

2. Contextual analysis: The Yemen crisis and the collective response

2.1. The Yemen crisis

The conflict in Yemen is now in its sixth year and is described as the world's largest humanitarian crisis (UNICEF n/d).¹ Current figures suggest that over 20.7 million people need humanitarian assistance (OCHA 2021: 1).² Over the course of the conflict, at least four million people have been internally displaced. In 2020 alone, as the number of frontlines increased from 33 to 49, some 172,000 people were displaced (OCHA 2021: 6).³ Recognised as the poorest country in the MENA region, Yemen's Gross Domestic Product (GDP) has contracted by over a half from 2014 to 2021 (World Bank n.d).⁴ The conflict has further exacerbated attempts to improve human development, destroyed livelihoods, put extreme pressure on faltering basic services like healthcare and education, at the same time as coping with successive shocks such as the cholera epidemic, the desert locust crisis and the covid-19 pandemic (Ghorpade and Ammar 2021).⁵ Moreover, food insecurity, hunger and malnutrition remain durable challenges with needs that the national authorities, humanitarian and development agencies are struggling to meet. According to Integrated Food Security Phase Classification (IPC) figures, some

¹ UNICEF (n/d) *Yemen Crisis: What You Need to Know* - <https://www.unicef.org/emergencies/yemen-crisis>. [Accessed on 15 June 2021].

² OCHA (2021) *Humanitarian Update* 6, June 2021.

³ OCHA (2021) *Humanitarian Needs Overview 2021*, Issued February 2021, OCHA.

⁴ World Bank (n/d) *GDP Per Capita (Current US\$) – Yemen, Rep.* - <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?end=2019&locations=YE&start=2014> [Accessed on 16 June 2021].

⁵ Ghorpade, Y. and Ammar, A. (2021) *Social Protection at the Humanitarian-Development Nexus: Insights from Yemen*, Social Protection and Jobs Discussion Paper 2104, World Bank: Washington, DC.

16.2 million people are food insecure (IPC 2020;⁶ WFP 2021)⁷ and 2.3 million children under the age of five are projected to suffer from acute malnutrition (AMN) in 2021, of which it is estimated that 400,000 may suffer from severe acute malnutrition (SAM) (UNICEF 2021).⁸

Even before the current conflict, Yemen suffered from significant development challenges characterised by poor governance, weak rule of law, poverty, low human capital, poor education, healthcare and nutrition (Ghorpade and Ammar 2021).⁹ Prior to 2015, Yemen ranked 153rd on the Human Development Index (HDI), 138th in extreme poverty, 147th in life expectancy and 172nd in educational attainment (Moyer *et al.* 2019).¹⁰ Water scarcity (to include availability, quality, accessibility and affordability) and food insecurity are endemic issues, with high water prices posing serious concerns for the population, for stability and for security. Competition over resources, such as water and land, are related to identity and the cause of tribal tensions (Al-Mowafak 2020).¹¹ Throughout the conflict, water has been ‘weaponized ... by blocking water to civilians’ and damaging critical water infrastructure (Al-Mowafak 2021¹²; see also Caye 2020).¹³ The country has also always relied on imports for essential items such as food, medicine and fuel. Yemen’s population growth was 2.3% per year in 2019 (World Bank n/d).¹⁴

Moreover, the dynamics of the conflict are complicated, with ever changing political and security affiliations among local governance actors (Political Settlement Research Programme 2020).¹⁵ Once described as being divided into three ‘competing political-military entities claiming legitimacy’ – Ansar Allah/the Houthis, the Internationally Recognised Government (IRG), and the southern separatist group known as the Southern Transitional Council (STC) (Ardemagni *et al.* 2020: 1),¹⁶ the situation in Yemen is now more complex. As one study reports ‘The war rages along multiple fronts, each with its own political dynamics and lines of command and control’ so much so that:

‘Yemen is now roughly divided into five cantons of political and military control: the Huthi-controlled northern highlands; government-aligned areas in Marib, al-Jawf, northern Hadramawt, al-Mahra, Shebwa, Abyan and Taiz city; the pro-separatist Southern

⁶ Integrated Food Security Phase Classification (2020) Yemen: Integrated Food Insecurity Phase Classification Snapshot – October 2020 – June 2021, Issued December 2020.

⁷ WFP (2021) *WFP Yemen Situation Report 5*, May 2021, WFP.

⁸ UNICEF (2021) “Acute Malnutrition Threatens Half of Children Under Five in Yemen in 2021: UN”, 11 February 2021, Press Release, UNICEF - <https://www.unicef.org/press-releases/acute-malnutrition-threatens-half-children-under-five-yemen-2021-un>. [Accessed on 6 June 2021].

⁹ Ghorpade, Y. and Ammar, A. (2021) *Social Protection at the Humanitarian-Development Nexus: Insights from Yemen*, Social Protection and Jobs Discussion Paper 2104, World Bank: Washington, DC.

¹⁰ Moyer, J. D.; Bohl, D.; Hanna, T.; Mapes, B. R. and Rafa, M. (2019) *Assessing the Impact of War on Development in Yemen*, UNDP: Yemen.

¹¹ Al-Mowafak, H. (2020) “The Time to Act on Yemen’s Water Crisis is Now”, November 2020, *Yemen Policy Centre* - <https://www.yemenpolicy.org/the-time-to-act-on-yemens-water-crisis-is-now/>. [Accessed on 18 June 2021].

¹² Al-Mowafak, H. (2021) “Yemen’s Water Crisis: A New Urgency to an Old Problem”, 6 April 2021, *PeaceLab* - <https://peacelab.blog/2021/04/yemens-water-crisis-a-new-urgency-to-an-old-problem>. [Accessed on 18 June 2021].

¹³ Caye, M (2020) “The Weaponization of Water Amidst Yemen’s Humanitarian Crisis”, 18 August 2020, *Crossfire KM* - <https://www.crossfirekm.org/articles/the-weaponization-of-water-amidst-yemens-humanitarian-crisis>. [Accessed on 18 June 2021].

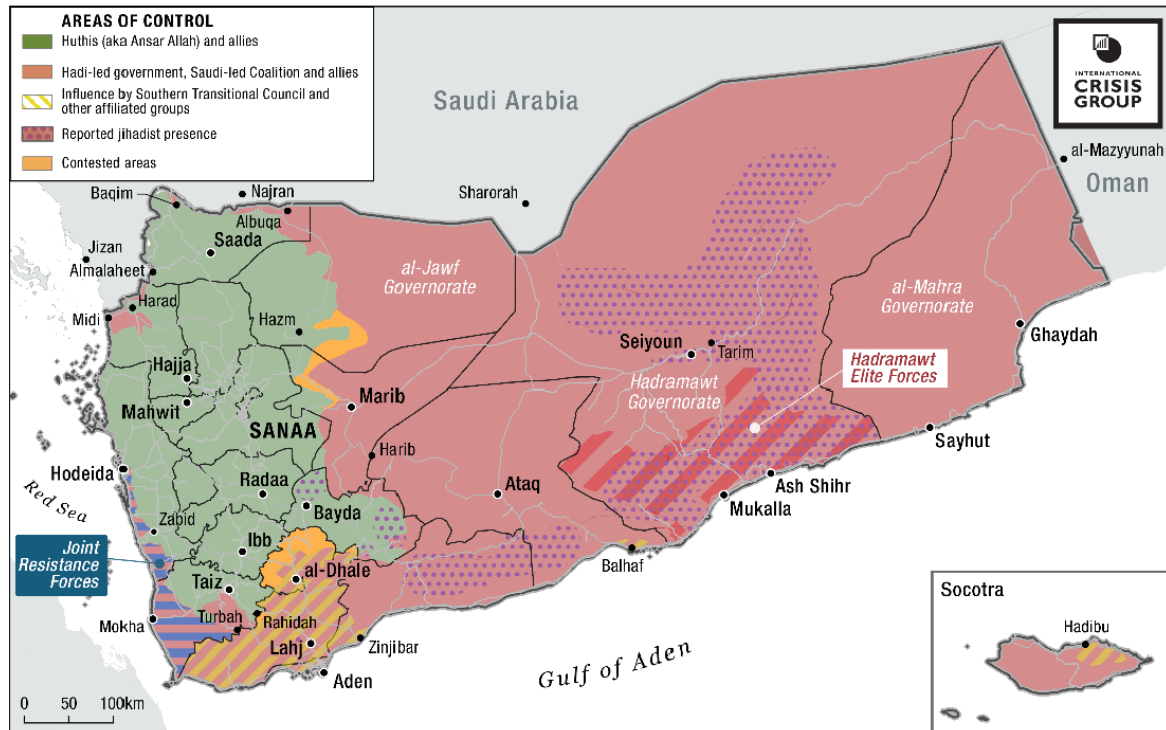
¹⁴ World Bank (n/d) *Population Growth (Annual %) – Yemen, Rep.* - <https://data.worldbank.org/indicator/SP.POP.GROW?locations=YE>. [Accessed 18 June 2021].

¹⁵ Political Settlements Research Programme (2020) *Yemen’s Response to COVID-19: Part I* - <https://www.politicalsettlements.org/2020/07/27/yemens-response-to-covid-19-part-i/> [Accessed on 14 June 2021].

¹⁶ Ardemagni, E.; Nagi, A. and Transfeld, M. (2020) *Shuyyukh, Policemen and Supervisors: Yemen’s Competing Security Providers*, Italian Institute for International Political Studies (ISPI).

Transition Council-dominated territories in Aden and its hinterland; districts along the Red Sea coast where the Joint Resistance Forces are the chief power; and coastal Hadramawt, where local authorities prevail.’ (International Crisis Group 2020: i).¹⁷

Figure 1: Yemen political and territorial divisions as of June 2020



Note: This map is for illustrative purposes only and does not imply endorsement by the International Crisis Group. [Open sources: OSM; Esri, Twitter, Local media outlets]

Source: International Crisis Group (2020) *Rethinking Peace in Yemen*, Middle East Report 216, international Crisis Group: Belgium: 38.

Indiscriminate killing has taken place throughout the conflict (Human Rights Watch 2017)¹⁸ with recent figures suggesting that there are 18,613 civilian casualties (9,841 injured and 8,772 dead) and 23,093 coalition air raids across 2,275 days of campaign (Yemen Data Project n/d).¹⁹ There have also been serious violations of human rights law and international humanitarian law with airstrikes, mortar shelling, laying of landmines, unlawful killings, enforced disappearances and arbitrary detention (of activities, human rights activists, critics and opponents, journalists, and members of the Baha’i community), recruitment and use of child soldiers, torture, sexual violence, and a denial of fair trials (United Nations Human Rights Council 2020;²⁰ Amnesty international 2020).²¹

There are a number of international actors involved in the conflict. The United States has provided in-air refuelling, intelligence, arms and has an active campaign against Al-Qaeda in the Arabian

¹⁷ International Crisis Group (2020) *Rethinking Peace in Yemen*, Middle East Report 216, international Crisis Group: Belgium.

¹⁸ Human Rights Watch (2017) *World Report 2017: Events of 2016*, USA: Human Rights Watch.

¹⁹ Yemen Data Project (n/d) *Yemen Data Project* - <https://yemendataproject.org/index.html>. [Accessed on 16 June 2021].

²⁰ United Nations Human Rights Council (2020) *UN Group of Eminent International and Regional Experts on Yemen Briefs the UN Security Council Urging an End to Impunity, an Expansion of Sanctions, and the Referral by the UN Security Council of the Situation in Yemen to the International Criminal Court* - <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=26563&LangID=E>. [Accessed on 16 June 2021].

²¹ Amnesty International (2020) *Yemen War: No End in Sight*, updated 24 March 2020 - <https://www.amnesty.org/en/latest/news/2015/09/yemen-the-forgotten-war/>. [Accessed on 17 June 2021].

Peninsula (AQAP) (Human Rights Watch 2017).²² The United Kingdom (UK) has contributed to drafts of United Nations Security Council (UNSC) Resolutions on Yemen and has provided technical support, weapons, and information to Saudi Arabia (Human Rights Watch 2017).²³ Saudi Arabia and the United Arab Emirates (UAE) lead a military coalition against the Houthis. There has been mounting criticism of the UK government's contradictory approach in Yemen where it has acted as both 'donor and arms dealer' to Saudi Arabia (Oxfam 2019: 2),²⁴ amid complicity in violations of international law (Bowcott 2015;²⁵ Davies 2021).²⁶ Other commentators have described Saudi Arabia and Iran's involvement in the Yemen crisis as the 'Great Game' where both countries use Yemen to vie for power and influence 'built mostly along sectarian and ideological lines – Saudi Arabia as the leader of the Sunni Muslim world, and Iran as the leader of the Shia Muslim world' (Reardon 2015).²⁷

The trajectory of the war is therefore fluid and complex. The timeline in annex 1 provides some key political events that have influenced the direction of the war.

2.2. Economic causes and consequences of the crisis

Even before the current conflict (2015 onwards), Yemen was the poorest country in the MENA region (World Bank 2021)²⁸, suffering from economic mismanagement and debt accumulation from the merger of the northern YAR and the southern PDRY in 1990. The political and economic fall-out from the 1994 civil war, saw many investors reluctant to invest in Yemen at a time when the country was dealing with significant reconstruction costs (Easterly 2018).²⁹ Levels of poverty worsened over the next ten years as Saleh's patronage networks grew funded by oil revenues (Lackner 2020).³⁰

Between 2007 and 2009 the food, fuel and financial crisis and the global recession had both macro- and micro-economic repercussions in Yemen. A study carried out by the International Food Policy Research Institute (IFPRI) found that at the household level, 32.1% of the population was food insecure and that 57.9% of all children were malnourished. Yemenis were five times more food-insecure if living in rural (37.3%) than in urban areas (17.7%), with underweight children and children with stunted growth living predominantly in rural areas. Such figures placed Yemen among the ten most food insecure countries in the world (Ecker *et al.* 2010: 59).³¹ As such, 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,

²² Human Rights Watch (2017) *World Report 2017: Events of 2016*, USA: Human Rights Watch.

²³ Human Rights Watch (2017) *World Report 2017: Events of 2016*, USA: Human Rights Watch.

²⁴ Oxfam (2019) *UK Aid and Arms in Yemen*, Oxfam Media Briefing.

²⁵ Bowcott, O. (2015) 'UK Fuelling Yemen Civil War With Arms Sales to Saudi Arabia, Says Amnesty', *The Guardian*, 17 December 2015 - <https://www.theguardian.com/world/2015/dec/17/uk-yemen-civil-war-arms-sales-saudi-arabia>. [Accessed on 16 June 2021].

²⁶ Davies, G. (2021) *Can a New Legal Case Stop UK Arms Sales to Yemen?* - <https://odi.org/en/insights/can-a-new-legal-case-stop-uk-arms-sales-to-yemen/>. [Accessed on 16 June 2021].

²⁷ Reardon, M. (2015) 'Saudi Arabia, Iran and the 'Great Game' in Yemen', *Al Jazeera*, 26 March 2015 - <https://www.aljazeera.com/opinions/2015/3/26/saudi-arabia-iran-and-the-great-game-in-yemen/>. [Accessed 17 June 2021].

²⁸ World Bank (2021) *The World Bank in Yemen*. [Accessed on 14/07/21 - <https://www.worldbank.org/en/country/yemen/overview>].

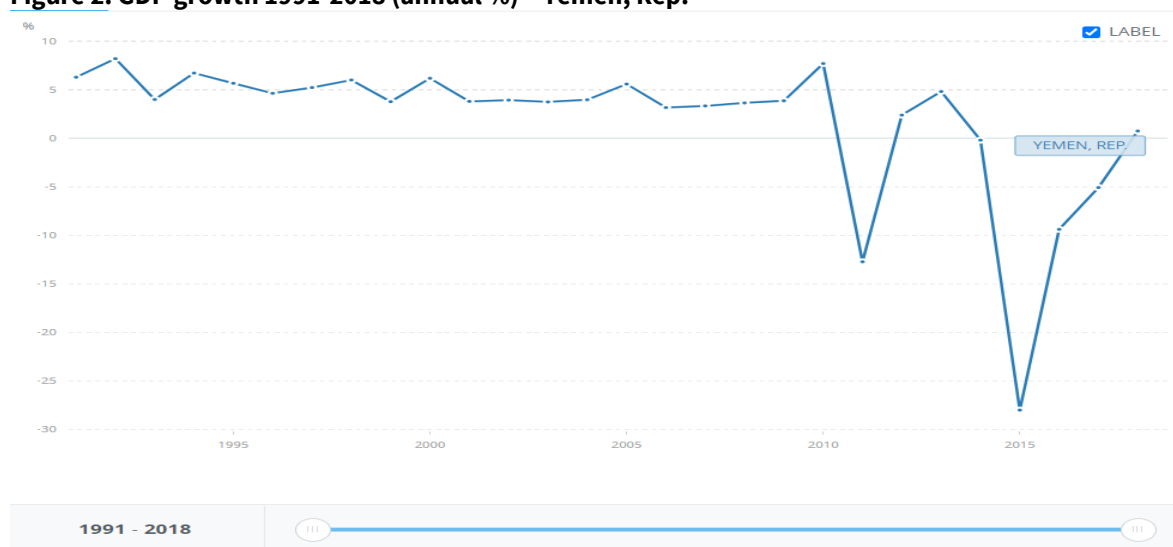
²⁹ Easterly, G. (2018) 'Before 2014: Yemen's Economy Before the War', *The Yemen Peace Project*, 16 July 2018. [Accessed on 14/07/21 - <https://www.yemenpeaceproject.org/blog-x/2018/7/16/before-2014-yemens-economy-before-the-war>].

³⁰ Lackner, H. (2020) 'How Yemen's Dream of Unity Turned Sour', 22 May 2020, *Jacobin*. [Accessed on 14/07/21 - <https://www.jacobinmag.com/2020/05/yemen-unity-anniversary-civil-war>].

³¹ Ecker, O.; Breisinger, C.; McCool, C.; Diao, X.; Funes, J.; You, L. and Yu, B. (2010) *Assessing Food Security in Yemen: An Innovative Integrated, Cross-Sector, and Multilevel Approach*, IFPRI Discussion Paper 00982, May 2010.

environmental problems such rapidly decreasing natural resources in particular water scarcity (Lackner and Al-Eryani 2020),³² and an extensive patronage system (Lackner 2020).³³

Figure 2: GDP growth 1991-2018 (annual %) – Yemen, Rep.



Source: The World Bank, accessed on 13/07/21 -

<https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2018&locations=YE&start=1991>

Yemen is currently experiencing an economic depression. The World Bank estimates that from the end of 2014 to 2019, Yemen’s GDP contracted by 39% (World Bank 2019: 1).³⁴ Figure 2 shows the GDP growth (annual %) in Yemen from 1991-2018. Damage to infrastructure and the suspension of basic public services, coupled with an increase in prices and affordability of food, has put basic commodities out of the reach of many Yemenis (ACAPS 2020).³⁵ There is widespread unemployment, with the salary payments of public sector workers delayed, at the same time as the payroll of military and security institutions have grown (Sana’a Center for Strategic Studies 2019).³⁶ As a mainly import-dependent country, which has historically imported between 80 and 90% of its basic commodities (OCHA 2017: 1),³⁷ blockades and the closure of the main sea and air ports have disrupted imports with repercussions on the supply chain. Severe fuel supply shortages have led to an increase in fuel prices. For many import and distribution businesses, who are facing an increase in fuel prices combined with additional taxes levied on them, such economic activities are no longer sustainable or profitable (see Figures 3 and 4 below on the increased cost of diesel from 2015 onwards). Additionally, a decrease in remittances has had a detrimental impact on the economy and in particular female headed households (ACAPS 2019).³⁸

Figure 3: Retail diesel prices (YER/litre), select markets

³² Lackner, H. and Al-Eryani, A. (2020) ‘Yemen’s Environmental Crisis is the Biggest Risk for its Future’, 14 December 2020, *The Century Foundation*. [Accessed on 14/07/21 - <https://tcf.org/content/report/yemens-environmental-crisis-biggest-risk-future/?agreed=1>].

³³ Lackner, H. (2020) ‘How Yemen’s Dream of Unity Turned Sour’, 22 May 2020, *Jacobin*. [Accessed on 14/07/21 - <https://www.jacobinmag.com/2020/05/yemen-unity-anniversary-civil-war>].

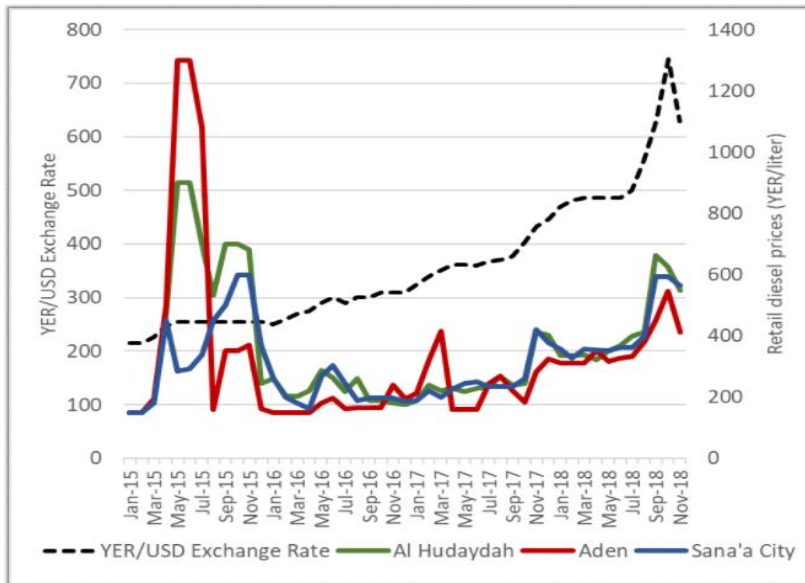
³⁴ World Bank (2019) *Yemen’s Economic Update – April 2019*. [Accessed on 13/07/21 - <https://www.worldbank.org/en/country/yemen/publication/economic-update-april-2019>].

³⁵ ACAPS (2020) *Volatility of the Yemeni Riyal: Drivers and Impact of Yemeni Riyal’s Volatility*, Thematic Report, January 2020.

³⁶ Sana’a Center for Strategic Studies (2019) *Inflated Beyond Fiscal Capacity: The Need to Reform the Public Sector Wage Bill*, Policy Brief 16, 23 September 2019.

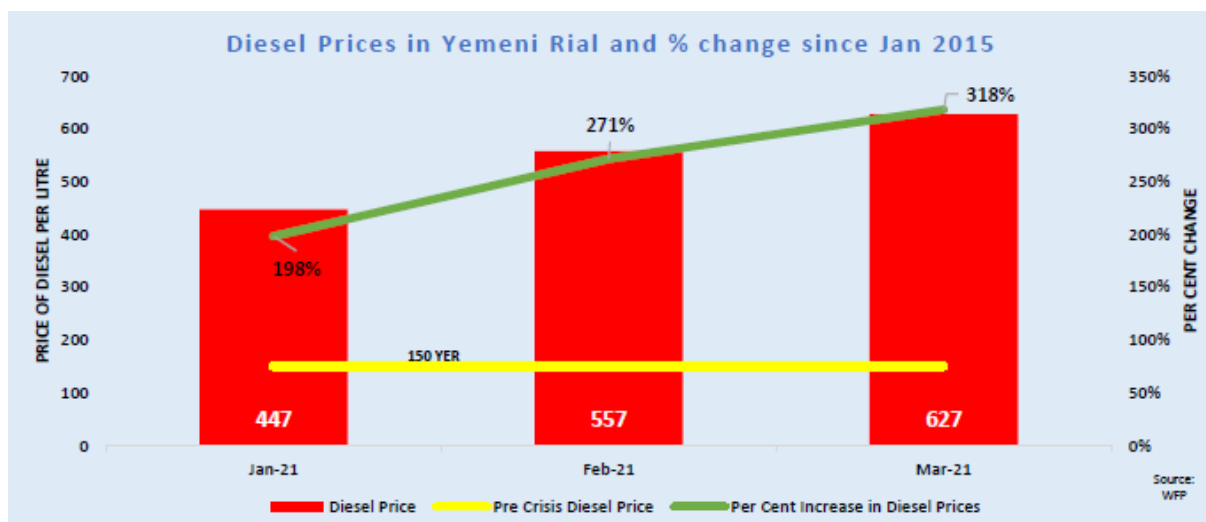
³⁷ OCHA (2017) *Ensuring Yemen’s Lifeline: The Criticality of All Yemeni Ports*, as of 13 November 2017, OCHA.

³⁸ ACAPS (2019) *Yemen: Drivers of Food Insecurity: 45 Districts with Pockets of Population Facing IPC 5 (Catastrophe)*, 12 April 2019.



Source: WFP as cited in FEWS NET (2019) *Yemen Food Security Outlook*, December 2018 to May 2019: 4.

Figure 4: Diesel prices in Yemeni Rial and % change since January 2015



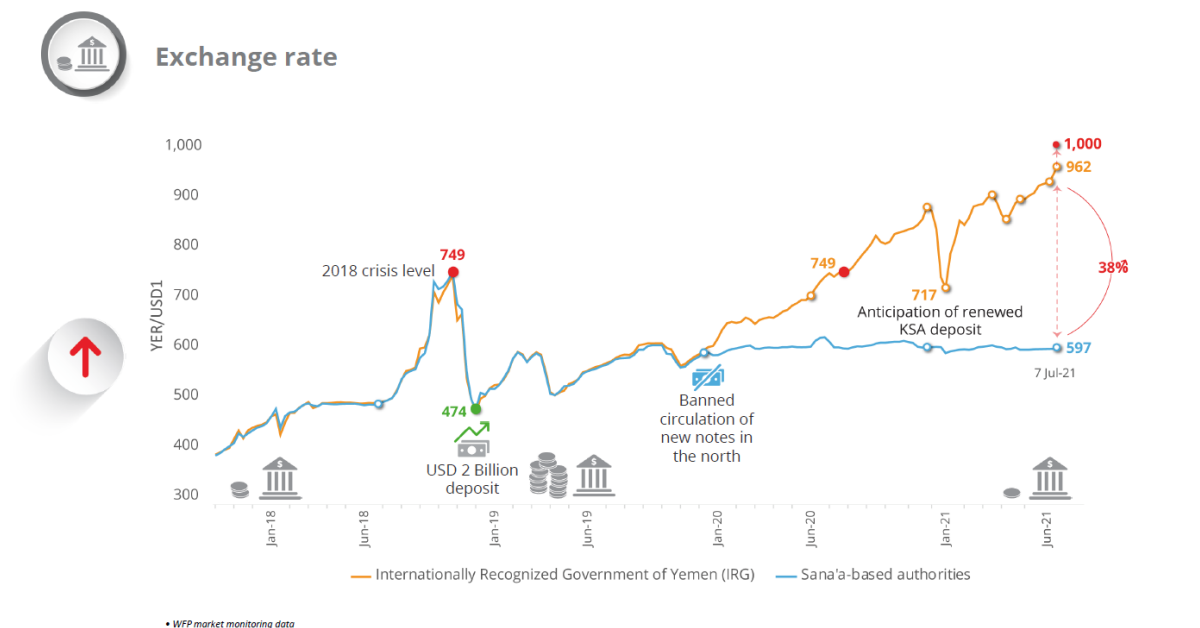
Source: OCHA (2021) *Yemen Commodity Tracker*, January – March 2021: 1.

The lack of a unified economic administration with the relocation of the Central Bank of Yemen to Aden in 2016, and the Houthis ban on the use of new banknotes issued by the Central Bank in Aden, has led to a currency war and inflation – see figure 5. While Saudi Arabia provided \$2.2 billion USD in March 2018 to cover letters of credit for staple food imports, more is now needed (ACAPS 2021).³⁹ Yemen’s currency crisis has also had a detrimental impact on living conditions. Reliant on imports, the falling currency value has led to a decrease in purchasing power on imports. Covid-19 has also caused a slowdown on trade, as has the flooding that took place in 2020. Moreover, Yemen’s main export – oil – suffered from low global oil prices and foreign exchange shortages ‘deepened further the near depletion of Saudi Arabia’s basic import finance facility, reduced oil revenues, and downsizing of humanitarian assistance’ (World Bank 2021).⁴⁰

³⁹ ACAPS (2021) *Yemen Risk Overview: Outlook for December 2020 – May 2021*, ACAPS.

⁴⁰ World Bank (2021) *Yemen’s Economic Update – April 2021*. [Accessed on 13/07/21 - <https://www.worldbank.org/en/country/yemen/publication/economic-update-april-2021>].

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



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

Volatile exchange rates means that ‘Although food imports will continue, food prices are expected to follow the exchange rate and are therefore likely to increase and diverge among different geographic areas of control.’ (ACAPS 2021: 1).⁴¹ Moreover, such unpredictability has negative implications for humanitarian programming, and in particular cash programming, where programmes can be over or underfunded as currency rates fluctuate. As ACAPS concludes ‘Local communities consequently receive less than the expected value of assistance. All of these factors threaten the amount and quality of aid received by beneficiaries.’ (ACAPS 2020: 3).⁴²

2.3. Humanitarian impact

The impact of the conflict on an already poor population has led the United Nations to call Yemen the world’s worst humanitarian crisis for four years in a row. Since 2018 over 20 million people have been estimated to be in need of some form of humanitarian assistance, and since 2015 when the UN declared a “level 3” emergency the numbers of food insecure have risen from 12.9 million to peak at something like 20 million in 2019, falling back to 16.9 million in the current year (see table 1 below, summarising Humanitarian Response Plan (HRP) humanitarian needs year by year). The number of displaced has also risen from 1 million in 2015 to 4 million today.

The extract presented below highlights a consistent concentration in HRP on food insecurity, malnutrition, health and water and sanitation as the main concerns, and displaced people as the main category of people consistently referenced. Interestingly, the estimates of acutely malnourished

⁴¹ ACAPS (2021) *Yemen Risk Overview: Outlook for December 2020 – May 2021 (March Update)*, Risk Update April 2021, ACAPS.

⁴² ACAPS (2020) *Volatility of the Yemeni Riyal: Drivers and Impact of Yemeni Riyal’s Volatility*, Thematic Report, January 2020.

children and pregnant and lactating mothers do not seem to change very much from year to year after 2017⁴³.

Table 1: Humanitarian Response Plan humanitarian needs year by year

Year	Needs
2015	<ul style="list-style-type: none"> • <u>Food insecurity</u> has increased by over 21 per cent since March, now affecting more than <u>12.9 million people</u>. • More than 20 million people lack access to <u>safe water and sanitation</u> – a 52% increase since the crisis began. • Food insecurity, poor water and sanitation supplies and inadequate access to healthcare pose a direct and imminent threat to the <u>nutrition</u> status of Yemen’s children. • Yemen’s <u>health system</u> is on the brink of collapse, with 15.2 million people lacking access to basic healthcare. At least 160 health facilities have closed down due to insecurity and shortages of fuel and medicines. • More than <u>1 million internally displaced people</u> and at least 200,000 vulnerable people in host communities are in dire need of <u>emergency shelter</u> or other basic household supplies.
2016	<ul style="list-style-type: none"> • <u>14.4 million people</u> are now <u>food insecure</u>. Severely food insecure people – estimated at 7.6 million – require immediate emergency food assistance. • <u>19.4 million people</u> in Yemen require assistance to ensure access to <u>safe drinking water and sanitation</u>, of whom 9.8 million are in need as a direct result of the conflict. • Deteriorating <u>health services</u> have left 14.1 million people seeking scarce health services from ever fewer facilities, • <u>Nutrition</u>: 2 million acutely malnourished children and pregnant or lactating women need treatment, and an additional 1 million children require preventive services. About 320,000 children suffering from severe acute malnutrition, meaning they are nine times likelier to die than their peers. • More than 2.5 million IDPs.
2017	<ul style="list-style-type: none"> • An estimated <u>18.8 million people</u> require some kind of assistance or protection in order to meet their basic needs, including 10.3 million who acutely need aid to save or sustain their lives. This represents an increase of almost 20% since late 2014 and is driven by growing needs in all sectors after nearly two years of conflict. • Initial results from the Emergency Food Security and Nutrition Assessment (EFSNA) indicate that <u>17.1 million people are food insecure in Yemen</u>, including 7.3 million people who are severely food insecure. • An estimated 14.8 million people lack access to <u>basic healthcare</u>, including 8.8 million living in severely under- served areas. • About 3.3 million children and pregnant or lactating women are acutely malnourished, including 462,000 children under five suffering from severe acute malnutrition. This represents a 57% increase since late 2015 and threatens the lives and life-long prospects of those affected. • An estimated 14.5 million people require assistance to ensure access to <u>safe drinking water and sanitation</u>, including 8.2 million who are in acute need. This represents an increase of 8% since late 2014, and the severity of needs has intensified. • An estimated 4.5 million people need <u>emergency shelter or essential household items</u>, including IDPs, host communities and initial returnees. Ongoing conflict-related displacement, as well as initial returns to some areas, are driving these needs. • About 11.3 million people need <u>assistance to protect their safety, dignity or basic rights</u>, including 2.9 million people living in acutely affected areas. Vulnerable people require legal, psychosocial and other services, including child protection and gender-based violence support.

⁴³ The 2017 changed the way they counted people in need. The HRP states that as a result, “The slight decrease in estimated people in need from 2016 to 2017 is a reflection of better data and can in no way be interpreted as an “improvement” in the catastrophic humanitarian situation.”

	<ul style="list-style-type: none"> • About 2 million school age children are out of school and need support to fulfil their right to <u>education</u>. More than 1,600 schools are currently unfit for use due to conflict-related damage, hosting IDPs, or occupation by armed groups. • An estimated 8 million Yemenis have lost their <u>livelihoods</u> or are living in communities with minimal to no basic services. Communities require support to promote resilience, including clearance of landmines and other explosives in up to 15 governorates. • With more than <u>2 million Yemenis currently displaced</u> within the country and roughly 1 million IDPs recently – and often precariously – returned to their areas of origin, an integrated response to population movements is urgently needed.
2018	<ul style="list-style-type: none"> • Two and a half years of conflict have left 22.2 million people in need of humanitarian assistance, 11.3 of which are in acute need, requiring immediate humanitarian assistance to survive. This increase is driven by a deterioration of the situation in key humanitarian sectors. The blockade and escalated conflict in the last two months of 2017 caused new displacements and have further intensified the severity of needs of vulnerable households. • 17.8 million people in Yemen are <u>food insecure</u>. Out of this, approximately 8.4 million people are severely food insecure and at risk of starvation. • With only 50% of <u>health</u> facilities fully functional, and a disruption of salaries paid to health personnel, 16.4 million people in Yemen require assistance to ensure adequate access to healthcare – 9.3 million of whom are in acute need. The latest <u>cholera</u> and diphtheria outbreaks have underscored the detrimental impact of the failing health system. • An estimated 16 million Yemenis need humanitarian assistance to establish or maintain access to <u>safe water, basic sanitation and hygiene facilities</u>, out of which 11.6 million are in acute need. Collapsing urban water and sanitation systems, deteriorating water and sanitation conditions in rural areas, and a lack of means to maintain personal hygiene and to purchase safe drinking water all contributed to one of the worst cholera outbreaks. • Some 1.8 million children and 1.1 million pregnant or lactating women are acutely malnourished, including 400,000 children under the age of five who are suffering from <u>severe acute malnutrition</u>. • An estimated 5.4 million people require <u>emergency shelter</u> or essential household items, including IDPs, host communities and initial returnees. Ongoing conflict-related displacements, as well as initial returns to some areas, are driving these needs. 2.6 million people are in acute need of this type of assistance. • Unabated and escalating conflict in parts of the country has turned Yemen into one of the world’s largest protection crises. About 12.9 million people need assistance to <u>protect their safety, dignity or basic rights</u>, from violations of IHL, grave violations of children’s rights and gender-based violence. • An estimated 4.1 million school-aged children require assistance to continue their <u>education</u>. • Around eight million conflict-affected individuals require <u>livelihoods assistance</u> to enhance their self-reliance to address basic needs and reduce dependency on relief assistance. Communities require support to promote resilience, including clearance of landmines and other explosives in various locations.
2019	<ul style="list-style-type: none"> • After four years of continuous conflict, the humanitarian crisis in Yemen is the worst in the world. <u>Twenty million Yemenis need help securing food and a staggering 14 million people are in acute humanitarian need.</u> • <u>Ten million people are one step away from famine and starvation.</u> Two hundred and thirty of Yemen’s 333 districts are now food insecure. • Seven million, four hundred thousand people, nearly a quarter of the entire population, are malnourished, many acutely so. <u>Two million malnourished children under five and 1.1 million pregnant and lactating women require urgent treatment to survive.</u> • Since 2015, nearly 15 percent of the entire population, <u>4.3 million people, have been forced to flee their homes; 3.3 million people are still displaced.</u>
2020	<ul style="list-style-type: none"> • The humanitarian crisis in Yemen remains the worst in the world, driven by conflict, disease, economic collapse and the breakdown of public institutions and services. A staggering 80% of the entire population requires some form of humanitarian assistance and protection. Yemen has the fourth largest number of displaced persons in the world.

	<ul style="list-style-type: none"> • During the first half of 2020, once-in-a generation <u>flooding</u> has devastated southern communities and fuelled the spread of killer diseases including cholera, dengue, malaria and diphtheria. • Of the threats facing Yemen, perhaps none is as cataclysmic as Covid-19, which has been present since March and is spreading unmitigated and unchecked across the country. • Famine continues to stalk the country. Two-thirds of all Yemenis are hungry, and nearly half do not know when they will next eat. Twenty-five percent of the population, including <u>2.1 million children and 1.2 million pregnant and lactating women, suffer from either moderate or severe malnutrition.</u> • Only half of <u>health</u> facilities and two-thirds of <u>schools</u> are currently functioning. One-third of all school-age children were already out of school before Covid-19 closures. • In 2020, natural disasters devastated communities. Flash flooding killed and injured scores of people, destroyed the homes of thousands of families, fuelled the spread of disease and exacerbated protection risks. Meanwhile, unprecedented swarms of desert locusts compromised agriculture-based livelihoods and food security.
2021	<ul style="list-style-type: none"> • Yemen has been the world's worst humanitarian crisis for four consecutive years. Since its onset, the war has caused an estimated 233,000 deaths, including 131,000 from indirect causes such as complications arising from lack of food, health services and infrastructure. Over <u>4 million people have been displaced.</u> • Famine is looming and malnutrition rates are at a record high. The IPC analysis of acute food insecurity projects that <u>16.2 million people will face high acute food insecurity</u> in 2021. A caseload of nearly <u>2.3 million cases of children under the age of five and more than a million cases of pregnant and lactating women with acute malnutrition</u> is projected in 2021, according to the IPC Acute Malnutrition analysis. • The <u>health system</u> is overwhelmed: only 51% of health facilities in Yemen are functioning (many have been damaged or destroyed due to the conflict) and those that continue to operate are severely understaffed and unable to provide critical health services. • Less than half of the Yemeni population and less than 10% of IDPs living in hosting sites have access to <u>safe water and adequate sanitation.</u> • Covid-19 exacerbated existing needs and stretched health and other basic services. In 2020, the virus placed additional pressure on existing facilities and resulted in the under-use of health services.

Source: Authors' own compiled from HRPs 2015-2021.

The following sections look in more detail at the main sectors highlighted consistently in the HRPs, namely food insecurity, nutrition, the cholera and Covid-19 outbreaks as perhaps the two greatest health (and public health, therefore also Water, Sanitation and Hygiene (WASH)) challenges and displacement. This initial appraisal of the context surrounding humanitarian needs also considers protection as an overall framing for the response.

2.3.1. Food insecurity and malnutrition

In 2019, the Global Report on Food Crises (GRFC) warned that 'Yemen remained the world's gravest food crisis' (GRFC 2020: 43).⁴⁴ Despite increased humanitarian assistance, acute food insecurity persisted and remained worryingly high. Conflict, economic decline and limited livelihood opportunities contributed to 10.9 million people being in IPC Phase 3, five million in IPC Phase 4 Emergency, and 64,000 in IPC Phase 5 Catastrophe in December-January 2019 (GRFC 2020: 188).⁴⁵

The latest IPC report published in December 2020 suggests that food security is once again deteriorating after two years in which – according to the IPC analysis – humanitarian aid has stabilised the situation (see box 1 below on trends). However, the figures for the total number in need of food assistance in the 2021 HNO and HRP has declined from its peak in the preceding two years (figure 6).

⁴⁴ GRFC (2020) *2020 Global Report on Food Crises: Joint Analysis for Better Decisions*, GRFC.

⁴⁵ GRFC (2020) *2020 Global Report on Food Crises: Joint Analysis for Better Decisions*, GRFC.

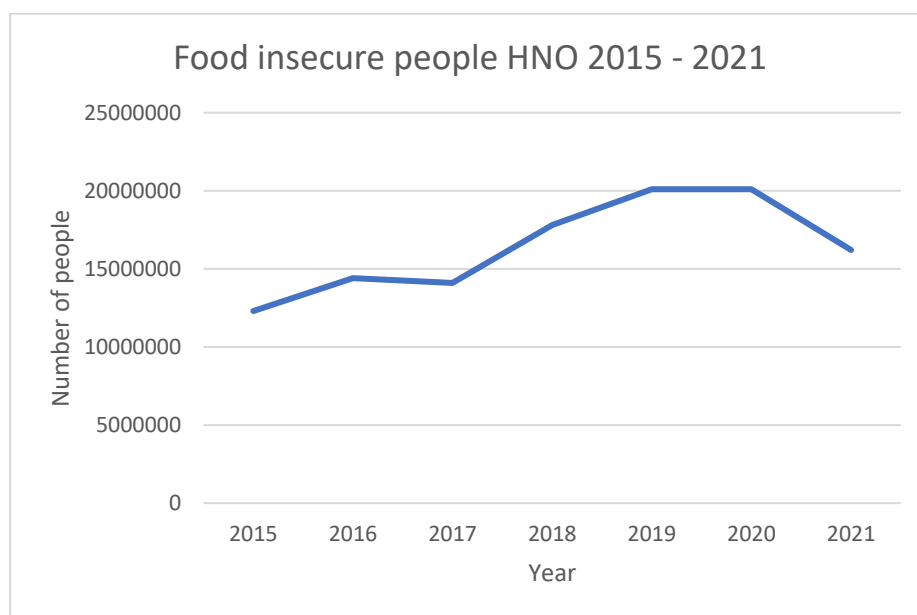
Box 1: TRENDS (reproduced from IPC December 2020)

Food insecurity in Yemen shows an increasing trend compared to the extremely high levels observed in 2018/2019. In terms of severity (IPC Phase), the number of districts expected to be in Phase 4 (Emergency) in 2021 is threefold those in 2018/19 (from 49 to 154) while the number of people in IPC Phase 3+ (magnitude) is expected to increase marginally by 2% from 15.9M to 16.2M. This is explained by the large number of districts in 2018/19 (175 districts) that were close to a IPC Phase 4 classification and with population in Phases 3 right on the borderline of a higher area classification, i.e. 15 percent of the population in Phase 3. In 14 out of 22 Governorates analysed, the population classified in IPC Phase 3 (Crisis) and above increased compared to the 2018/19 period. Peaks of increased severity are observed in Al Jawf, Hajjah, Ibb, Raymah and Sa'ada governorates.

However, it is worthwhile to note that following the peak in food insecurity in late 2018, the food security situation improved and remained stable for the most of 2019 to early 2020 as a result of a generous contribution from donors who provided urgently-needed resources to prevent a risk of famine in early 2019. The protracted dire situation coupled with a deteriorating nutrition situation as indicated in the recent IPC acute malnutrition analysis risks compromising these gains due to the fragility of the livelihoods.

Source: Authors' own reproduced from Integrated Food Security Phase Classification (2020) *IPC Acute Food Insecurity Analysis: October – June 2021*, Issued in December 2020.

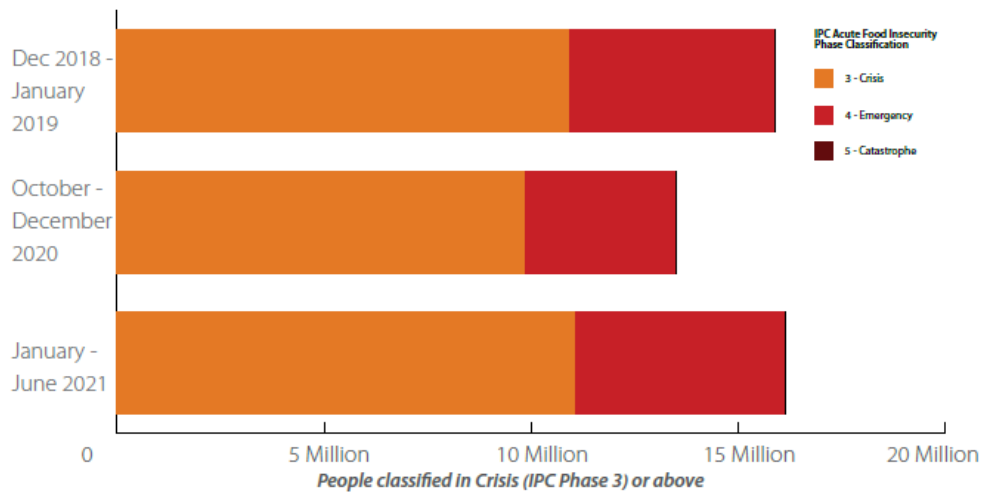
Figure 6: Numbers of food insecure people in Humanitarian Needs Overviews (HNOs) and HRPs over time



Source: Authors' own.

This discrepancy may be explained by numbers in IPC 3 & 4 which have risen again in 2021, although the overall food security levels (including phase 2) may be somewhat lower.

Figure 7: Population in IPC Phase 3, 4 and 5 by Governorate, 2018-2021



Source: Integrated Food Security Phase Classification (2020) *Yemen: Integrated Food Insecurity Phase Classification Snapshot – October 2020 – June 2021*, issued December 2020: 1.

The IPC has projected that there will be over 2.25 million cases of children aged 0 to 59 months and more than a million pregnant and lactating women (PLW) suffering from AMN throughout 2021 (Integrated Food Security Phase Classification 2021).⁴⁶ From August – December 2020, the number of zones in IPC AMN Phase 4 (critical) was expected to increase to 13 out of 35 (from two in the period January – July 2020).

Data from 22 zones in the North indicates that from January – March 2021, seven zones will be Serious (IPC AMN Phase 3) and 15 zones will be in Critical (IPC AMN Phase 4) – Figure 8 below. Whilst the food security situation is clearly evolving all the time this gives a snapshot of the continued serious situation at the beginning of this year, something the evaluation will cover in greater depth in the main report.

Figure 8: Projected acute malnutrition in the North, Yemen: January-March 2021

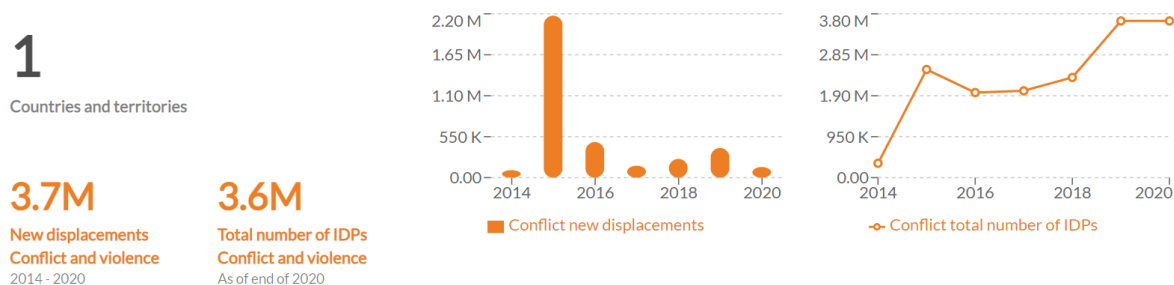


Source: Integrated Food Security Phase Classification (2021) *IPC Acute Malnutrition Analysis – January 2020 – March 2021*, Issued in February 2021: 3.

2.3.2. Displacement

Since 2015, continued hostilities have created displacement inside and outside of Yemen whilst the country has also seen new arrivals of migrants, refugees and asylum seekers (OCHA 2015).⁴⁷ UNCHR argues that the conflict has led to one in eight Yemenis suffering from displacement (UNHCR 2020).⁴⁸

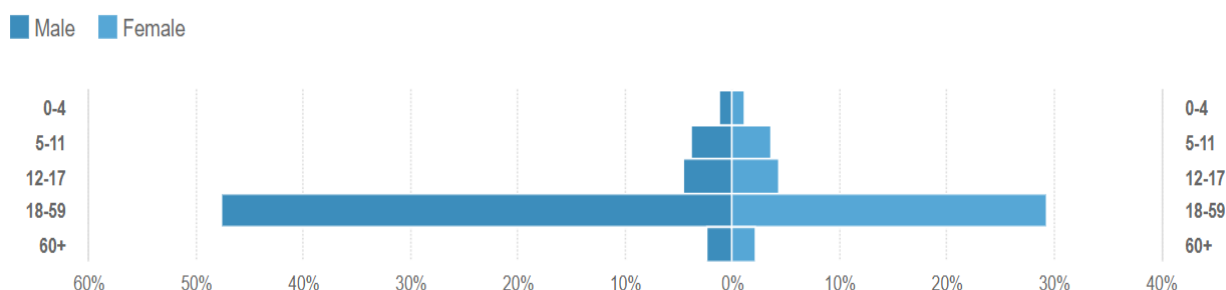
Figure 9: New displacements and total number of IDPs from 2014 to 2020



Source: International Displacement Monitoring Centre (IDMC), *Global Internal Displacement Database*, IDMC Query Tool – Conflict and Violence - <https://www.internal-displacement.org/database/displacement-data> [Accessed on 16 June 2021].

Figures for May 2021 show that there are over 4 million people internally displaced, 80% of whom have been displaced for more than a year (UNHCR 2021: 1).⁴⁹ Moreover, by May 2021, there were 32,982 newly displaced individuals (5,497 families). UNHCR records that children and women make up to 79% of the total internally displaced population (IDP) (UNHCR 2021: 1).⁵⁰ In addition, as of 13 May 2021, in total there were 127,666 refugees and 11,452 asylum-seekers (UNHCR 2021: 1).⁵¹

Figure 10: Refugees and asylum seekers by age and gender



Source: UNHCR, Government, UNHCR Operational Data Portal, Refugee Situations - https://data2.unhcr.org/en/country/yem#_ga=2.213114770.729158204.1624547696-437042100.1615825492. [Accessed on 24 June 2021].

Amid funding restrictions (see section 2.5.), such persisting conflict-induced displacement is placing strain on humanitarian response and public services. Half of Yemen’s four million displaced live in and

⁴⁷ OCHA (2015) Humanitarian Response Plan 2015 Yemen: Revision, OCHA.

⁴⁸ UNHCR (2020) *Yemenis Displaced by Conflict Now Face Threats of Looming Famine*, 11 December 2020 - <https://www.unhcr.org/uk/news/briefing/2020/12/5fd337994/yemenis-displaced-conflict-face-threats-looming-famine.html>. [Accessed on 15 June 2021].

⁴⁹ UNHCR (2021) *UNHCR Operational Update*, Covering the Period 3-13 May 2021.

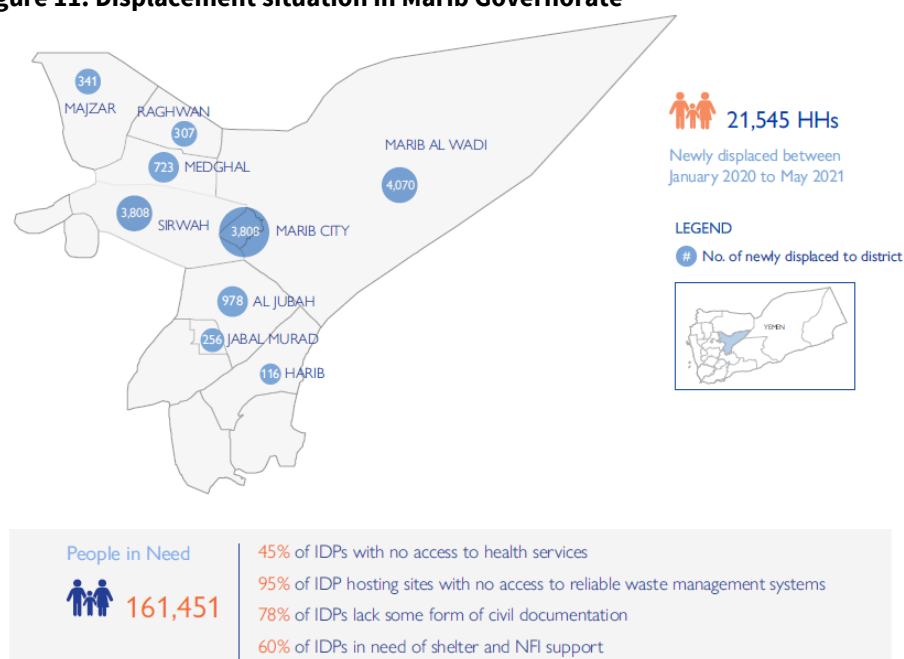
⁵⁰ UNHCR (2021) *UNHCR Operational Update*, Covering the Period 3-13 May 2021.

⁵¹ UNHCR (2021) *UNHCR Operational Update*, Covering the Period 3-13 May 2021.

around the 16 districts worst affected by acute food insecurity and conflict – in Marib, Al Bayda, Abyan, Taizz, Hadramaut and Al Jawf governorates (UNHCR 2020).⁵²

Since the escalation of hostilities in Marib governorate in early February 2021, the International Organization for Migration (IOM) estimates that there have been 20,384 individuals (2,912 families) displaced across the governorate (International Organization for Migration 2021: 1).⁵³ As these figures represent those that have been registered by Rapid Response Mechanism (RRM) teams, it is likely that the real figure is much higher as new arrivals remain unregistered (International Organization for Migration 2021).⁵⁴

Figure 11: Displacement situation in Marib Governorate



Source: International Organization for Migration (2021) *Ma'rib Response – 28 April-15 May 2021: 2.*

Despite this displacement, Marib governorate is the host of one quarter of Yemen's four million IDPs (UNHCR 2021: 1).⁵⁵ As figure 11 shows, as of 9 May 2021, IOM estimates that hostilities have driven 21,545 households (150,815 people) from their homes or displacement sites since January 2020, where they have moved to safe areas in Ma'rib City, Ma'rib Al Wady, Sirwah and Al Juba districts. At the same time, IDP hosting sites such as Al Jufainah (the largest in the country) are suffering from overcrowding and fire incidents have been putting vulnerable people at further risk (IOM 2021: 1).⁵⁶ Tensions have been noted between new arrivals and those already resident in overpopulated hosting sites (OCHA 2021).⁵⁷

⁵² UNHCR (2020) *Yemenis Displaced by Conflict Now Face Threats of Looming Famine*, 11 December 2020 - <https://www.unhcr.org/uk/news/briefing/2020/12/5fd337994/yemenis-displaced-conflict-face-threats-looming-famine.html>. [Accessed on 15 June 2021].

⁵³ International Organization for Migration (2021) *Ma'rib Response – 28 April-15 May 2021.*

⁵⁴ International Organization for Migration (2021) *Ma'rib Response – 28 April-15 May 2021.*

⁵⁵ UNHCR (2021) *UNHCR Operational Update*, Covering the Period 16-22 April 2021.

⁵⁶ International Organization for Migration (2021) *Ma'rib Response – 28 April-15 May 2021.*

⁵⁷ OCHA (2021) *Humanitarian Update* 5, May 2021.

2.3.3. Cholera

The cholera outbreak in Yemen has been described as the ‘world’s worst cholera outbreak in the midst of the world’s largest humanitarian crisis’ (WHO 2017).⁵⁸ In October 2016, Yemen experienced its first wave, soon followed in May 2017 with a second wave and declaration of a national emergency on 14 May (OCHA 2018).⁵⁹ From 28 September 2016 to 12 March 2018, there were 1,103,683 suspected cholera cases with 2,385 reported deaths (Camacho *et al.* 2018: e680).⁶⁰ A Lancet study suggests that the first wave of the epidemic ‘seeded cholera across Yemen during the dry season’ only to be spread with the rainy season in April 2017 (Camacho *et al.* 2018: e680).⁶¹

By December 2017, some 16 million Yemenis were in need of humanitarian assistance to establish or maintain access to safe water, basic sanitation and hygiene facilities, out of which 11.6 million were in acute need (OCHA 2017: 12).⁶² Moreover, the figures for stunting prevalence among children under five years of age in 2014 were 44.5% decreasing slightly to 43.1% in 2015 (WHO n/d),⁶³ suggesting that children suffered from chronic malnutrition and therefore lower resilience to cholera (Federspiel and Ali 2018).⁶⁴ Chronic water scarcity, ever increasing water prices, and damaged water supply infrastructure, combined with ‘crippled public health and WASH systems contributed to the unprecedented scale of the 2017 cholera outbreak’ (OCHA 2018: 5).⁶⁵

With the cholera outbreak, the World Health Organization (WHO), Health and WASH Clusters launched their joint cholera response plan in July 2017 with two main approaches to the management of the outbreak: 1) the treatment of all cases of Acute Watery Diarrhoea (AWD) as cholera in those areas where cholera had been confirmed, 2) the assurance of early response epidemiological and case management activities where cases has been noted in areas where there had been no cases (WHO, WASH Cluster and HEALTH Cluster 2017).⁶⁶ Criticism, however, has been directed at the UN’s response in delivering Oral Cholera Vaccinations (OCVs) (Federspiel and Ali 2018)⁶⁷ with OCVs only delivered in August 2018 (16 months after the outbreak) to 540,000 people by WHO and the United Nations Children’s Fund (UNICEF), and a follow up round carried out in September to approximately 387,400

⁵⁸ WHO (2017) Statement by UNICEF Executive Director, Anthony Lake, WFP Executive Director, David Beasley and WHO Director-General, Dr Tedros Adhanom Ghebreyesus, following their joint visit to Yemen 2017 [Available from: <http://www.who.int/en/news-room/detail/26-07-2017-statement-byunicef-executive-director-anthony-lake-wfp-executive-director-david-beasleyand-who-director-general-dr-tedros-adhanom-ghebreyesus-following-theirjoint-visit-to-yemen>. Last Accessed 14 June 2021].

⁵⁹ OCHA (2018) *Humanitarian Response Plan: January-December 2018*, OCHA.

⁶⁰ Camacho, A.; Bouhenia, M.; Alyusfi, R.; Alkohlani, A.; Naji, M. A. M.; de Radiguès, X.; Abubakar, A. M.; Almoalmi, A.; Seguin, C.; Sagrado, M. J.; Poncin, M.; McRae, M.; Musoke, M.; Rakesh, A.; Porten, K.; Haskew, C.; Atkins, K. E.; Eggo, R. M.; Azman, A. S.; Broekhuijsen, M.; Saatcioglu, M. A.; Pezzoli, L.; Quilici, M-L.; Al-Mesbahy, A. R.; Zagaria, N. and Luquero, F. J. (2018) ‘Cholera Epidemic in Yemen, 2016-2018: An Analysis of Surveillance Data’, *Lancet Global Health* 6: e680-690.

⁶¹ Camacho, A.; Bouhenia, M.; Alyusfi, R.; Alkohlani, A.; Naji, M. A. M.; de Radiguès, X.; Abubakar, A. M.; Almoalmi, A.; Seguin, C.; Sagrado, M. J.; Poncin, M.; McRae, M.; Musoke, M.; Rakesh, A.; Porten, K.; Haskew, C.; Atkins, K. E.; Eggo, R. M.; Azman, A. S.; Broekhuijsen, M.; Saatcioglu, M. A.; Pezzoli, L.; Quilici, M-L.; Al-Mesbahy, A. R.; Zagaria, N. and Luquero, F. J. (2018) ‘Cholera Epidemic in Yemen, 2016-2018: An Analysis of Surveillance Data’, *Lancet Global Health* 6: e680-690.

⁶² OCHA (2017) *Humanitarian Needs Overview 2018*, OCHA.

⁶³ WHO (n/d) Children aged <5 years stunted; Data by country 2021 [Available from: <http://apps.who.int/gho/data/node.main.CHILDSTUNTED?lang=en>. Last Accessed 14 June 2021].

⁶⁴ Federspiel, F. and Ali, M. (2018) ‘The Cholera Outbreak in Yemen: Lessons Learned and Way Forward’, *BMC Public Health* 18.1338: 1-8.

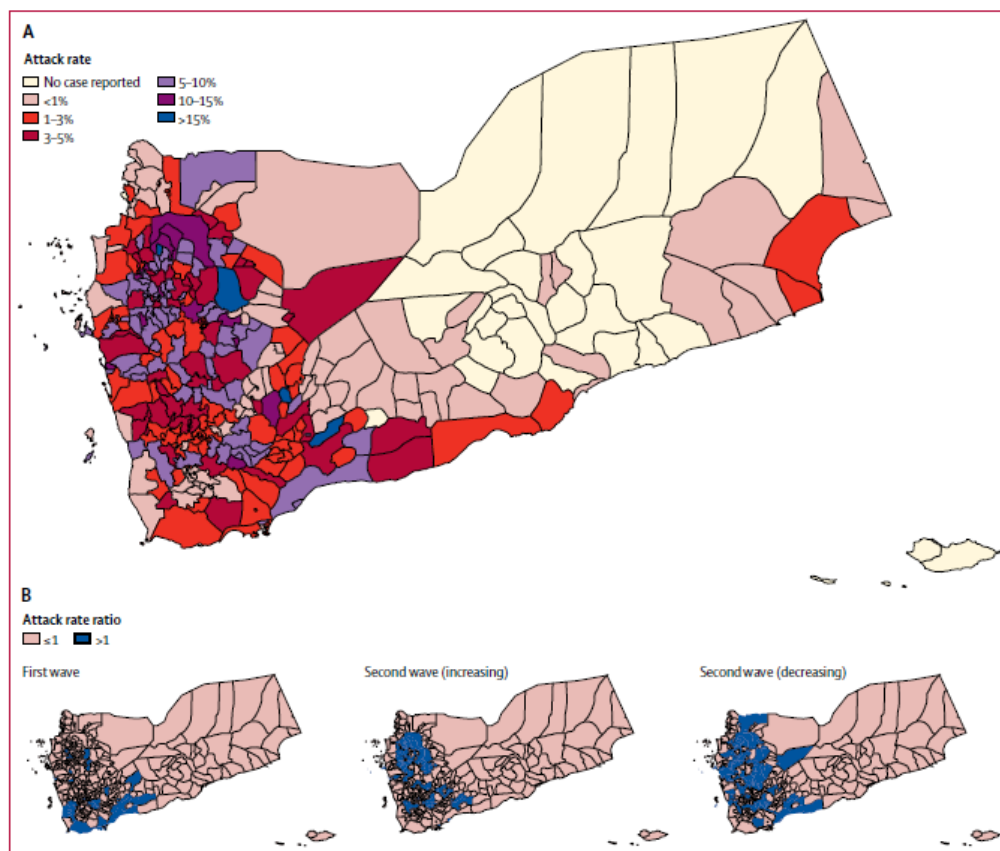
⁶⁵ OCHA (2018) *Humanitarian Response Plan: January-December 2018*, OCHA.

⁶⁶ WHO, WASH Cluster and Health Cluster (2019) *Joint Cholera Response Plan Yemen: July 2017*, Integrated Response Plan: Yemen Cholera Outbreak (29 June 2017).

⁶⁷ Federspiel, F. and Ali, M. (2018) ‘The Cholera Outbreak in Yemen: Lessons Learned and Way Forward’, *BMC Public Health* 18.1338: 1-8.

of these people (Reliefweb 2018;⁶⁸ UN News 2018⁶⁹).

Figure 12: Spatial distribution of suspected cholera cases



Attack rate by district between Sept 28, 2016, and March 12, 2018. (B) Attack rate ratio by district for the first wave (Sept 28, 2016, to April 23, 2017) and increasing phase (April 24 to July 2, 2017) and decreasing phase (July 3, 2017, to March 12, 2018) of the second wave of the epidemic.

Source: Camacho, A. *et al.* (2018) 'Cholera Epidemic in Yemen, 2016-2018: An Analysis of Surveillance Data', *Lancet Global Health* 6: e685.

Without significant investment in control efforts, epidemiological and microbiological surveillance, vaccination and improved water and sanitation, there were concerns that the 2018 rainy season would prompt another wave (Camacho *et al.* 2018).⁷⁰ With UNICEF support, an Integrated Response, Preparedness and Prevention Plan for AWD/cholera was in place in by March 2018, which included the provision of 736 WASH Rapid Response Teams (RRTs) ready to respond to a nationwide outbreak (UNICEF 2018: 1).⁷¹ Between April 2017 to 17 March 2018 there were 1,085,305 suspected cholera cases

⁶⁸ Reliefweb (2018) Oral Cholera Vaccination Campaign in Yemen Falls Short 2018 – Available from: <https://reliefweb.int/report/yemen/oral-cholera-vaccination-campaign-yemen-falls-short> [Accessed 14 June 2021].

⁶⁹ UN News (2018) Yemen: as cholera surges again, UN and partners double down on vaccination efforts 2018 – Available from: <https://news.un.org/en/story/2018/10/1022062> [Accessed 14 June 2021].

⁷⁰ Camacho, A.; Bouhenia, M.; Alyusfi, R.; Alkohlani, A.; Naji, M. A. M.; de Radiguès, X.; Abubakar, A. M.; Almoalmi, A.; Seguin, C.; Sagrado, M. J.; Poncin, M.; McRae, M.; Musoke, M.; Rakesh, A.; Porten, K.; Haskew, C.; Atkins, K. E.; Eggo, R. M.; Azman, A. S.; Broekhuijsen, M.; Saatcioglu, M. A.; Pezzoli, L.; Quilici, M-L.; Al-Mesbahy, A. R.; Zagaria, N. and Luquero, F. J. (2018) 'Cholera Epidemic in Yemen, 2016-2018: An Analysis of Surveillance Data', *Lancet Global Health* 6: e680-690.

⁷¹ UNICEF (2018) *Yemen Country Office: Humanitarian Situation Report*, March 2018.

and 2,270 associated deaths, with children under five years old representing 28.8% of the total suspected cases – a decline for the 29th consecutive week (Emergency Operations Center 2018: 1).⁷²

There was a spike in cases in March 2019 which saw 164,833 suspected cases and 355 associated deaths between 1 January to 31 March 2019. One third of these cases were of children under five years old (as cited in UNICEF 2019: 2).⁷³ As part of the Integrated Cholera Response Plan (ICRP), UNICEF's WASH, Health and Communication for Development programmes expanded their activities in the 38 high priority districts in an effort to deliver a comprehensive response. This included deployment of RRTs, establishment and strengthening of Diarrhoea Treatment Centres and Oral Rehydration Centres in all priority districts, distribution of hygiene kits, chlorination of water sources and increased hygiene awareness messaging and training in communities in cholera-prone areas (UNICEF 2019: 2).

Currently the number of cases of cholera appear to be declining. Between 1 January – 23 March 2021, there were 13,013 AWD/cholera suspected cases and two associated deaths reported, with a 0.02% confirmed fatality rate (CFR) (UNICEF 2021: 3).⁷⁴ This is a notable decrease compared with the same time period of 2020 where there were 31,913 suspected cases and six associated deaths with a 0.02% CFR (UNICEF 2020: 3).⁷⁵

Cholera has not been the only disease to affect Yemen during the conflict. In December 2017, Yemen suffered from a diphtheria outbreak which affected 18 of 22 governorates. In May 2020 Aden suffered from a combination of diseases, including pneumonic plague, dengue fever, malaria and Covid-19, killing nearly one thousand civilians (Political Settlements Research Programme 2020).⁷⁶

2.3.4. Covid-19

The actual number of Covid-19 cases in Yemen is unknown with limited information coming from Houthi controlled areas (Human Rights Watch 2021).⁷⁷ Of those that have been reported, current figures suggest that from 3 January 2020 to 14 June 2021, there have been 6,862 confirmed cases of Covid-19 with 1,349 deaths. Some 221,380 people have been vaccinated (WHO 2021).⁷⁸ However, as of 5 April 2021, there were 4,798 officially confirmed cases, with 946 associated deaths and 1,738 recovered cases (resulting in a 19.7% confirmed fatality rate). Some 382 suspected cases were from health workers, or 4.78% of the total cases (UNICEF 2021: 1).⁷⁹ Numbers, therefore, are increasing.

Clearly the response to the Covid-19 pandemic has been complicated by the ongoing conflict. The announcement of a two-week unilateral ceasefire by Saudi and Emirati forces on 9 April 2020 to prevent the spread of the disease, amid a barely functioning health system, was met with suspicion

⁷² Emergency Operations Center (2018) *Yemen: Diphtheria & Cholera Response Situation Report* 26 (as of 17 March 2018).

⁷³ UNICEF (2019) *Yemen Country Office: Humanitarian Situation Report*, March 2019.

⁷⁴ UNICEF (2021) *Yemen Country Office: Humanitarian Situation Report*, Reporting Period 1-31 March 2021.

⁷⁵ UNICEF (2020) *Yemen Country Office: Humanitarian Situation Report*, Reporting Period 1-31 March 2020.

⁷⁶ Political Settlements Research Programme (2020) *Yemen's Response to COVID-19: Part II -*

<https://www.politicalsettlements.org/2020/07/29/yemens-response-to-covid-19-part-ii/> [Accessed on 14 June 2021].

⁷⁷ Human Rights Watch (2021) *World Report 2021: Events of 2020*, Human Rights Watch: USA.

⁷⁸ WHO (2021) *WHO Health Emergency Dashboard: Yemen*, WHO - <https://covid19.who.int/region/emro/country/ye> [Accessed on 14 June 2021].

⁷⁹ UNICEF (2021) *Yemen Country Office: Humanitarian Situation Report*, Reporting Period 1-31 March 2021.

from the Houthis (BBC 2020).⁸⁰ Muslim clerics and Islamic institutions across the country have encouraged people to remain at home through forbidding prayer groups and stopping religious ceremonies (Wehrey *et al.* 2020).⁸¹ Despite such actions, cases have increased with UNICEF warning that ‘Yemen is facing an emergency within an emergency’ (UNICEF n/d).⁸²

There is also a significant gender disparity in testing. A recent report by the International Rescue Committee (IRC) noted that 75% of officially confirmed cases of Covid-19 were from men and only 25% from women, suggesting that the testing of women has been deprioritised rather than there being significantly less women suffering from the disease (International Rescue Committee 2020).⁸³

Children are also suffering from the fallout of the Covid-19 pandemic. UNICEF estimates that by the end of January 2021, more than 2.2 million children are out of school and an additional 3.6 million children have suffered disruption to their education due to the closure of schools during the pandemic. Relatedly, the economic consequences of Covid-19 combined with school closures have placed additional pressure on women and children, increasing their vulnerability to violence, abuse, child labour, exploitation, gender-based violence (GBV) and child marriage (UNICEF 2021).⁸⁴

2.4. The collective humanitarian response to the crisis

The Yemen crisis was declared a Level 3 (L3) emergency in July 2015. The humanitarian response has rapidly increased in scale and volume, at least as measured by funding (see section on portfolio analysis below).

The L3 activation in 2015 meant that a full set of clusters were activated. The 2015 HRP has cluster response plans in food security and agriculture, WASH, health, shelter, Non-Food Items (NFI) and Camp Coordination and Camp Management (CCCM), nutrition, protection, child-protection, gender-based violence, early recovery, education, logistics, coordination, and emergency telecommunications, as well as a refugee and migrant response plan. This was roughly the same in 2016 (coordination had safety added in the title) and 2017 (early recovery became emergency employment and community rehabilitation). In 2018 the refugee and migrant response plan became a multi-sector, and 2019 shelter, NFI and CCCM became Shelter and Site Management and emergency employment and community rehabilitation was phased out. The RRM was added in its own right as a cluster plan in 2019. This stayed the same through 2020 (in 2020 the HRP was basically just extended) and in 2021.

The project detail is far too great to cover in this inception report, and such a description would be counter-productive. Similarly, any analysis of the response would pre-judge the findings of the

⁸⁰ BBC (2020) *Yemen War: Coalition Ceasefire to Help Combat Coronavirus Begins*, 9 April 2020 - <https://www.bbc.co.uk/news/world-middle-east-52224358>. [Accessed on 15 June 2021].

⁸¹ Wehrey, F.; Brown, N. J.; Al-Saif, B.; Fakir, I.; Boukhars, A. and Al-Deen, M. S. (2020) *Islamic Authority and Arab States in a Time of Pandemic*, April 2020, Carnegie Endowment for International Peace: Washington, DC.

⁸² UNICEF (n/d) *Yemen Crisis: What You Need to Know* - <https://www.unicef.org/emergencies/yemen-crisis> [Accessed on 15 June 2021].

⁸³ International Rescue Committee (2020) *COVID-19 Testing and Cases Among Women in Conflict Settings May be Underreported, New IRC Analysis Finds*, 24 June 2020 - <https://www.rescue.org/press-release/covid-19-testing-and-cases-among-women-conflict-settings-may-be-underreported-new-irc> [Accessed on 14 June 2021].

⁸⁴ UNICEF (2021) *Yemen Country Office: Humanitarian Situation Report*, Reporting Period 1-31 January 2021.

evaluation and therefore would be inappropriate. However, it is worth noting a few salient main strands of programming at the macro level.

- Emergency food and cash assistance. As the needs analysis above and the portfolio analysis below makes clear, the food security and agriculture cluster is by far the largest in the Yemen response, roughly consuming half the resources. The overwhelming majority of this is in-kind food distribution and cash assistance. This is primarily managed by WFP through a network of local and international NGO partners in a set of 225 target districts.

There are a number of other cash actors, with the Cash and Markets Working Group (CMWG) coordinating, facilitated by a CashCap Inter-Agency secondment, hosted within OCHA. The CMWG was also historically co-chaired by Oxfam.

In 2020 Cash and Voucher assistance was provided to 7.4 million people according to UN OCHA snapshot figures⁸⁵. The overwhelming majority of this was for food security (7.2 million people) with cash also given for a variety of needs including shelter, WASH, protection and via the RRM and RMMS.

In addition to the CMWG there is also a cash consortium for Yemen, comprising ACTED, DRC, IOM and NRC⁸⁶. There is also the social protection mechanism SFD that both UNICEF and the World Bank contribute to.

- Nutrition. The majority of the nutrition response is via Community Based Management of Malnutrition (CMAM) which by the end of 2020 was operating in 331 districts. Nutrition services are largely provided via health facilities, of which some 4,144 provide an outpatient therapeutic feeding programme. For serious cases, in October 2020 (WHO 2020),⁸⁷ WHO reported there were 97 therapeutic feeding centres (TFC) operational across the country, with the nutrition cluster reporting 120 (Yemen Nutrition Cluster 2021).⁸⁸ This discrepancy may well be related to planned vs actual numbers of Outpatient Treatment Programmes (OTPs). There have also been disruptions as a result of the Covid-19 pandemic, with health workers struggling to find adequate Personal Protective Equipment (PPE). The evaluation has not yet analysed figures for deaths, recovery and default rates to compare with Sphere standards.
- Health. The Health Cluster coordinates with the Ministries of Public Health and Population (MoPHP). With the accelerating collapse of health services across the county, in 2016 the humanitarian response shifted to support availability of life-saving essential healthcare in affected areas, including maintaining the supply chain (OCHA 2016).⁸⁹ The cholera outbreak in 2016 led to the Integrated Cholera Response Plan which outlined emergency health, WASH and

⁸⁵ <https://www.humanitarianresponse.info/en/operations/yemen/infographic/yemen-cash-and-voucher-assistance-snapshot-jan-dec-2020-en>

⁸⁶ See for instance: https://reliefweb.int/sites/reliefweb.int/files/resources/CCY_Brochure-2.pdf

⁸⁷ WHO (2020) *Yemen: Therapeutic Feeding Centres (TFC)*, October 2020 -

http://www.emro.who.int/images/stories/yemen/therapeutic-feeding-centres-october_2020.pdf?ua=1

⁸⁸ Yemen Nutrition Cluster (2021) *Yemen Nutrition Cluster Bulletin*, Jan-Dec 2020, Issue 10 -

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2020_nc_bulletin_issue_10_jan-dec_2020_with_im_revision_002_0.pdf

⁸⁹ OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

communications interventions to contain and prevent the spread of outbreak in 286 high risk districts where cholera was suspected from October 2016 to June 2017 (OCHA 2017: 4).⁹⁰ By the end of 2018, Health and WASH partners, working with local institutions, reduced the number of suspected cholera cases from 1.5 million in 2017 to 311,000.⁹¹ The Health cluster also made progress in expanding immunisation coverage for the Diphtheria outbreak (OCHA 2019).⁹² By 2020 only 50% of health facilities were fully functioning amid the Covid-19 pandemic (OCHA 2020: 5).⁹³ The Health Cluster witnessed severe constraints in its activities as a result of the pandemic. In 2019, 'health partners reached 8.8 million people. During 2020, partners have reached 2.28 million people' (OCHA 2020: 20).⁹⁴

- Water, Sanitation and Hygiene (WASH). In the 2016 HRP, WASH activities mainly focussed on support to operate and maintain water and sanitation systems and infrastructure (e.g., damage repair, fuel support, etc.), direct provision of water and sanitation in severely affected areas, and distribution of hygiene items to those areas of highest need and where local capacity, access and security existed. As noted above, through an integrated response with the health cluster, the WASH Cluster played a prominent role in the cholera response in 2018, a year in which WASH needs significantly increased. This was achieved through 750 WASH RRTs and 333 district and 22 Governorate Health RRTs and the mobilisation of quick impact projects in cholera priority districts (OCHA 2019: 10).⁹⁵ In 2018, over nine million people were reached through cholera response interventions, including through RRTs, the provision of water disinfectants, hygiene awareness and quick impact infection control interventions. In addition, 1.3 million people were reached through temporary and emergency water and sanitation interventions. In 2019, six million people were reported as having been supported with sustained safe water through infrastructure operations, rehabilitation and maintenance (OCHA 2019: 24).⁹⁶ There were some gaps in the WASH Cluster response in 2018 with regards to IDPs where over 50% of IDP hosting sites lacked basic services and did not meet minimum WASH standards, and with regards to sanitation interventions where only 27% of the target for household emergency sanitation were met, for example (OCHA 2019: 25).⁹⁷ In 2020, WASH partners had to partially suspend rehabilitation projects in 75 districts and to delay rehabilitation of water and sanitation systems in 56 districts. The 2021 HRP notes the importance of WASH for 2021, 'WASH response will be key: in 2021 WASH partners will support integrated public health approaches that identify and address risk factors contributing to disease transmission and will systematically update outbreak preparedness plans. The Refugee and Migrant Multi-Sector (RMMS) response will also provide WASH assistance for refugees, asylum-seekers and migrant' (OCHA 2021: 35).⁹⁸
- Protection. In 2016 protection assessments identified the following protection concerns: lack of safety, separated families, limited freedom of movement, harassment, child recruitment and gender-based violence, limited livelihood opportunities; increasing tensions between displaced

⁹⁰ OCHA (2017) *Humanitarian Response Plan: Revision*, OCHA.

⁹¹ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

⁹² OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

⁹³ OCHA (2020) *Humanitarian Response Plan: Extension June-December 2020*, OCHA.

⁹⁴ OCHA (2020) *Humanitarian Response Plan: Extension June-December 2020*, OCHA.

⁹⁵ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

⁹⁶ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

⁹⁷ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

⁹⁸ OCHA (2021) *Humanitarian Response Plan: Humanitarian Programme Cycle 2021*, OCHA.

and host communities; lost documentation (including birth registration or identity cards needed to access services); issues regarding housing, land and property; and limited access to services (OCHA 2016).⁹⁹ To ensure integration of protection across the response, an IASC Protection Advisor joined the Humanitarian Country Team (HCT) in December 2015 to develop an overarching protection strategy that would be implemented by all clusters but with support from the Protection Cluster (OCHA 2016).¹⁰⁰ In 2016, key Protection Cluster activities prioritised displacement tracking, assessments and communicating with communities to identify individual cases for targeted direct protection assistance, including psychosocial and legal assistance, cash and material support.¹⁰¹ A call centre was established to enable two-way communications with affected people, coordinated through the ICCM Technical Working Group on Community Engagement (OCHA 2016).¹⁰²

In 2017, the YHRP emphasised protection as ‘the centre of the response ... all assistance will be planned and implemented so as to promote the safety, dignity and rights of affected people’ (OCHA 2017: 15).¹⁰³ To enable this and implement the approved HCT Protection Strategy, a target of 1% of cluster budgets was allocated to protection mainstreaming activities (OCHA 2017: 15).¹⁰⁴ In 2017, the Protection Cluster response included three components: ensuring the centrality of protection and overall protection of IDPs, returnees and host communities; response to gender-based violence through the GBV sub-cluster; and protection of conflict-affected children through the child protection sub-cluster, which was to scale up its activities in 2017 (OCHA 2017).¹⁰⁵

In 2018 assistance included psychosocial support, mine risk awareness, assistance with civil documentation, legal services and comprehensive case management services for children and survivors of SGBV (OCHA 2019: 7).¹⁰⁶ All of this was facilitated through the increase of Protection Cluster partners from 26 to 49 in 2018 (OCHA 2019: 26).¹⁰⁷ As with other sectors, the Covid-19 pandemic had an impact on protection with the 2020 HRP stating, ‘Starting in early 2020, partners have been forced to reduce 25 percent of awareness raising activities, suspend specialised protection programmes for 500,000 highly vulnerable women and girls and reduce mine action, including in Al- Hedaydah and along transport routes. In terms of COVID-19, protection partners are impacted by forced closure of facilities, including child friendly spaces and community centres, physical distancing, and changes in behaviours due to fear of COVID-19.’ (OCHA 2020: 21).¹⁰⁸

- Education. At the beginning of the response, the Education Cluster and partners focussed on emergency education services (emergency classroom repairs, temporary learning spaces, alternative education and psychosocial support) and capacity building for education authorities to enable continuity of education during the conflict. The focus was on those governorates with the highest cluster needs severity rankings in the HNO. The number of children needing education

⁹⁹ OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

¹⁰⁰ OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

¹⁰¹ OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

¹⁰² OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

¹⁰³ OCHA (2017) *Humanitarian Response Plan: January-December 2017*, OCHA.

¹⁰⁴ OCHA (2017) *Humanitarian Response Plan: January-December 2017*, OCHA.

¹⁰⁵ OCHA (2017) *Humanitarian Response Plan: January-December 2017*, OCHA.

¹⁰⁶ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹⁰⁷ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹⁰⁸ OCHA (2020) *Humanitarian Response Plan: Extension June-December 2020*, OCHA.

assistance increased from 2.2 million in 2017 to 4.1 million by the end of 2018 as reduced household income meant families were unable to send children to school (OCHA 2019: 31).¹⁰⁹ The non-payment of teachers' salaries remained a problem throughout the response. In 2018, for example, approximately 10,000 schools in 11 governorates were seriously affected by the non-payment of salaries (OCHA 2019: 31).¹¹⁰ As a result, support for teachers incentives was included as a first line activity in the revised YHRP in August 2018 (OCHA 2019).¹¹¹ Procurement-related administrative access challenges were a challenge in 2018 resulting in implementation delays – only 10% of the cluster target for the distribution of education supplies and 29% of the target for the provision and repair of school desks was met in 2018 (OCHA 2019: 30).¹¹²

In 2020, there were significant constraints on the Education Cluster: as noted in the extension of the 2020 YHRP 'Starting from the last quarter of 2019, partners have been forced to reduce almost two thirds of educational interventions (8 of 21 reported activities) in 103 districts and to delay rehabilitation of education structures or establishment of temporary learning spaces in 92 districts. Frontline partner presence has been reduced in 71 districts impacting more than 1 million girls and boys; national institutions have expanded their reach in 177 districts. In terms of COVID-19, education partners are impacted by the closure of schools from 16 March 2020.' (OCHA 2020: 21).¹¹³

- **RMMS.** The RMMS consolidates planned activities that target refugees, asylum-seekers and migrants living in Yemen. In 2016, the RMMS prioritised immediate life-saving services (food, WASH, health and shelter) and 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) (OCHA 2016).¹¹⁴ In 2017, the protection environment for refugees and migrants continued to decline with the authorities in the north discontinuing *prima facie* refugee status for Somalis, suspending registration and renewal of refugee cards and the processing of refugee status determination (RSD). As a result, UNHCR and partners requested additional funding to allow them to assist spontaneous return through carrying out registration and verification; setting up a Return Help Desk and information dissemination; distribution of multi-purpose grants for relocation; and paying for on land and sea transportation costs (OCHA 2017).¹¹⁵

In 2018, the RMMS became a multi-sector and increased funding was required to enable voluntary return of migrants to countries of origin. UNHCR's Assisted Spontaneous Return Programme (ASR) enabled 2,591 Somalis to return to Somalia and 114 refugees of various nationalities were resettled in Sweden (exceeding the target of 100) (OCHA 2019: 34).¹¹⁶ In 2019, the ASR programme assisted 1,682 Somali refugees (OCHA 2020: 37).¹¹⁷ In 2018, the IOM-led Voluntary Humanitarian

¹⁰⁹ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹⁰ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹¹ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹² OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹³ OCHA (2020) *Humanitarian Response Plan: Extension June-December 2020*, OCHA.

¹¹⁴ OCHA (2016) *Humanitarian Response Plan: January-December 2016*, OCHA.

¹¹⁵ OCHA (2017) *Humanitarian Response Plan: Revision*, OCHA.

¹¹⁶ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹⁷ OCHA (2020) *Humanitarian Response Plan: End of Year Report 2019*, OCHA.

Returns (VHR) Programme assisted some 1,040 migrants to return to their home countries, primarily Ethiopians but also small numbers of other nationalities, including individuals from North Africa, Sudan and Egypt (OCHA 2019: 34).¹¹⁸

In 2019, 3,785 migrants were assisted to return home under the VHR programme but due to logistical challenges, the figure was significantly less than the 2019 target of 13,000 people (OCHA 2020: 37).¹¹⁹ After a two year break, in November 2018, UNHCR funded the resumption of registration activities by the Bureau of Refugee Affairs (BRA) in Sana'a and provided technical assistance, resulting in a total of 991 documentation renewals issued for refugees and 631 asylum claims registered (OCHA 2019: 34).¹²⁰ However, many persons of concern still had expired documentation or no documentation by end of 2018. In Aden, the Immigration, Passports and Naturalisation Authority (IPNA) registered 4,236 Somali refugees, and 1,966 asylum seekers of other nationalities were registered and issued with documents by UNHCR (OCHA 2019: 34).¹²¹ Limited funding in 2018, however, meant that the eligibility criteria for multi-purpose cash assistance could not be expanded, and the number of Somalis returning home under the ASR programme was less than expected due to programme implementation challenges. Equally, air restrictions impacted the VHR programme but IOM negotiated chartered air travel for vulnerable Ethiopian migrants in late 2018 (OCHA 2019).¹²²

In 2019, the rate of refugees, asylum-seekers and migrants arriving in Yemen spiked amid increased anti-refugee and anti-migrant sentiment amongst the general public, and more restrictions (in terms of access to service, rights and movement) imposed by the Government. As such, there were significant challenges for the humanitarian community in assessing needs as implementing individual-level assessments or accessing remote and insecure areas became even more difficult (OCHA 2020).¹²³ By 2020, the operating environment remained difficult with partners being forced to reduce or suspend critical services and support to refugees and migrants (OCHA 2020).¹²⁴ In 2021, owing to trends from 2020, and severity of risks, needs and capacities, the main governorates of focus are Sa'dah, Sana'a, Lahj, Aden, Hadramawt, Shabwah and Ma'rib, to deliver a multi-sector response aimed at reducing morbidity, improving food security and reducing protection risks across the key corresponding activities. The main delivery actors remain UNHCR and IOM and modalities of delivery will be through health clinics, mobile response delivery, and provision of in-kind and cash assistance (OCHA 2021).¹²⁵

2.5. Portfolio analysis

Yemen has seen some of the highest levels of humanitarian financing globally since its designation as a L3 emergency in 2015, reflecting its status as, 'the world's worst humanitarian crisis'. Precise funding 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 one agreed system to capture all flows inside and

¹¹⁸ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹¹⁹ OCHA (2020) *Humanitarian Response Plan: End of Year Report 2019*, OCHA.

¹²⁰ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹²¹ OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹²² OCHA (2019) *Humanitarian Response Plan: End of Year Report 2018*, OCHA.

¹²³ OCHA (2020) *Humanitarian Response Plan: End of Year Report 2019*, OCHA.

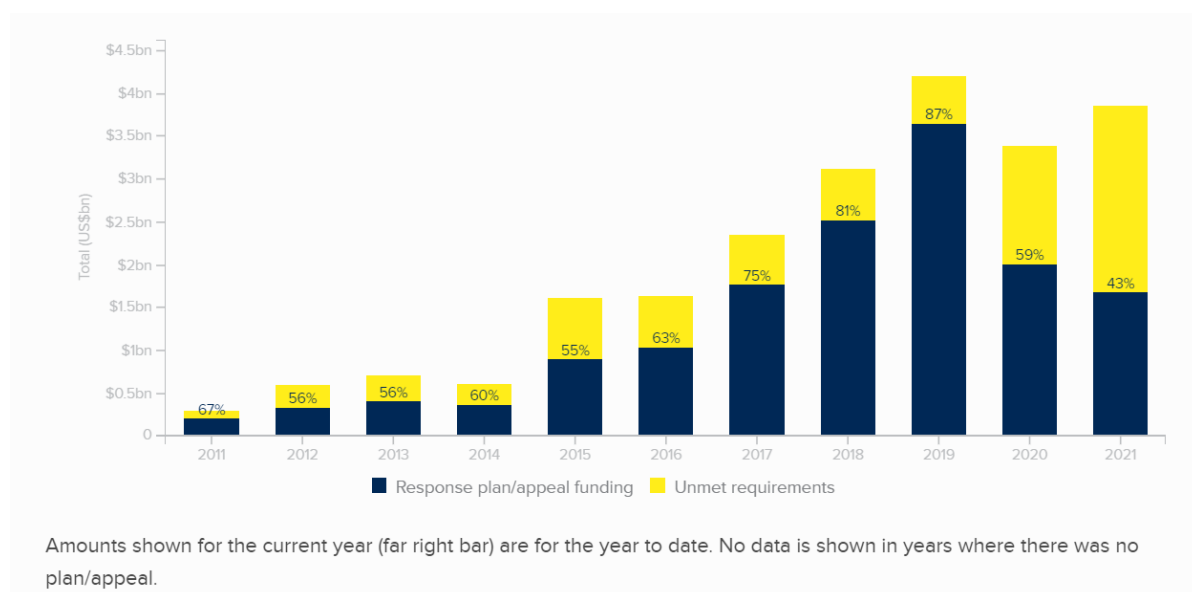
¹²⁴ OCHA (2020) *Humanitarian Response Plan: Extension June-December 2020*, OCHA.

¹²⁵ OCHA (2021) *Humanitarian Response Plan: Humanitarian Programme Cycle 2021*, OCHA.

outside of formal humanitarian appeals. With these caveats in mind however, there has certainly been in excess of \$15 billion USDs' worth of humanitarian assistance to Yemen since 2015. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) managed Financial Tracking Service (FTS) reports almost \$20 billion USD of commitments, pledges and actual funding, and roughly \$14.5 billion USD if counting only funds recorded as received. The Global Humanitarian Assistance (GHA) report compiled by Development Initiatives uses the Organisation for Economic Co-operation Development Assistance Committee (OECD-DAC) Creditor Reporting System (CRS) additionally and reports an additional \$1 billion USD up to 2019 (there is a two-year delay with CRS figures), meaning if we use the FTS figures for 2020 and 2021 their figures are roughly \$15.5 billion USD.

The figures set out below illustrate how the funding has been distributed over time, by agency, by donor and by sector.

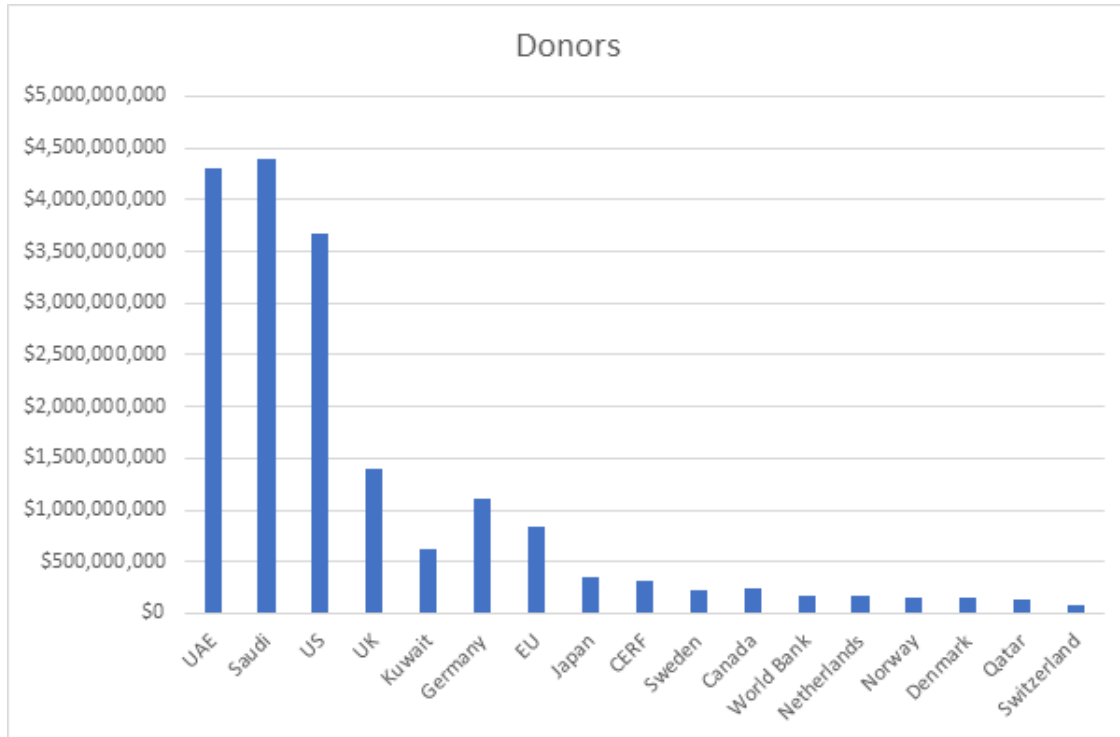
Figure 13: Trends in response plan/appeal requirements



Source: Financial Tracking Service, *Yemen Humanitarian Response Plan 2021*, <https://fts.unocha.org/appeals/1024/summary>. [Accessed on 17 June 2021].

As can be seen from figure 13, the funding reached a high point in 2019, with just a little over \$4 billion USD in funding secured. This constituted almost 90% of the funds appealed for, with three quarters of the funding coming from just three donors (Saudi Arabia 37%, USA 26% and UAE 14%). The change from 2019 to 2020 can be mostly attributed to reductions in funding from these three donors, especially Saudi Arabia (65% reduction) and UAE (almost 100%). Despite these rather dramatic reductions, both Saudi Arabia and UAE remain the highest donors to the Yemen appeal over this period of time (see figure 14), accounting for over half the total.

Figure 14: Donor contributions to the Yemen HRP from 2015 to 2021



Source: Authors' own compiled from the FTS figures for Yemen.

The largest channel for humanitarian assistance over this period has been the WFP with over half the funds since 2015 being spent via the agency. This is consistent with the Food Security sector being the highest in the appeal and the biggest humanitarian concern on an ongoing basis.

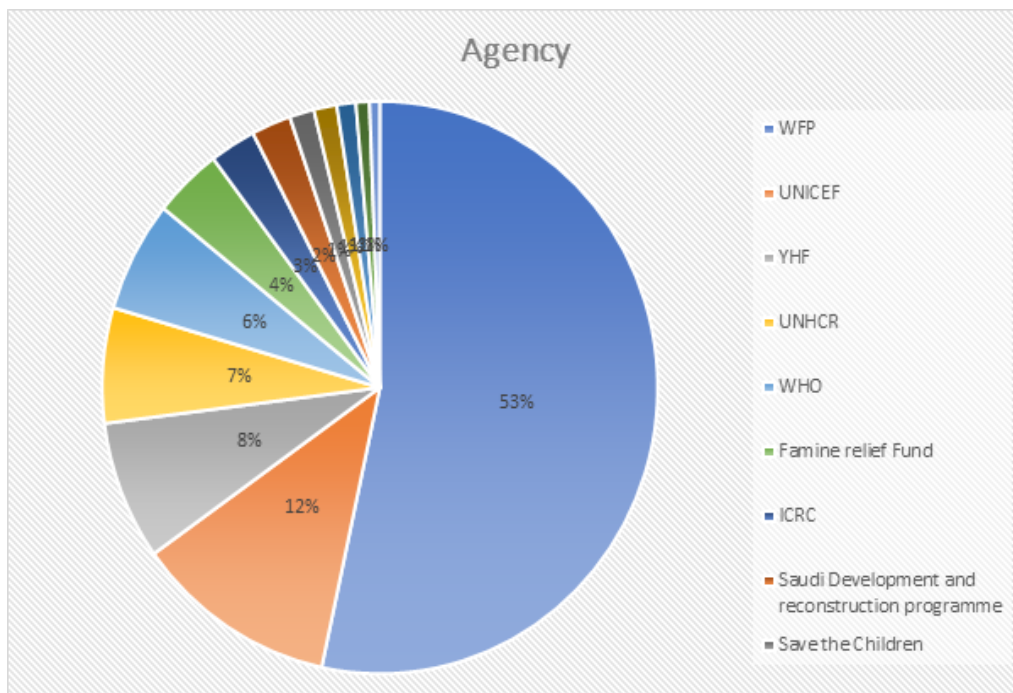


Figure 15: Percentage of funds for Yemen HRP received by agency from 2015 to 2021

Source: Authors' own compiled from the FTS figures for Yemen.

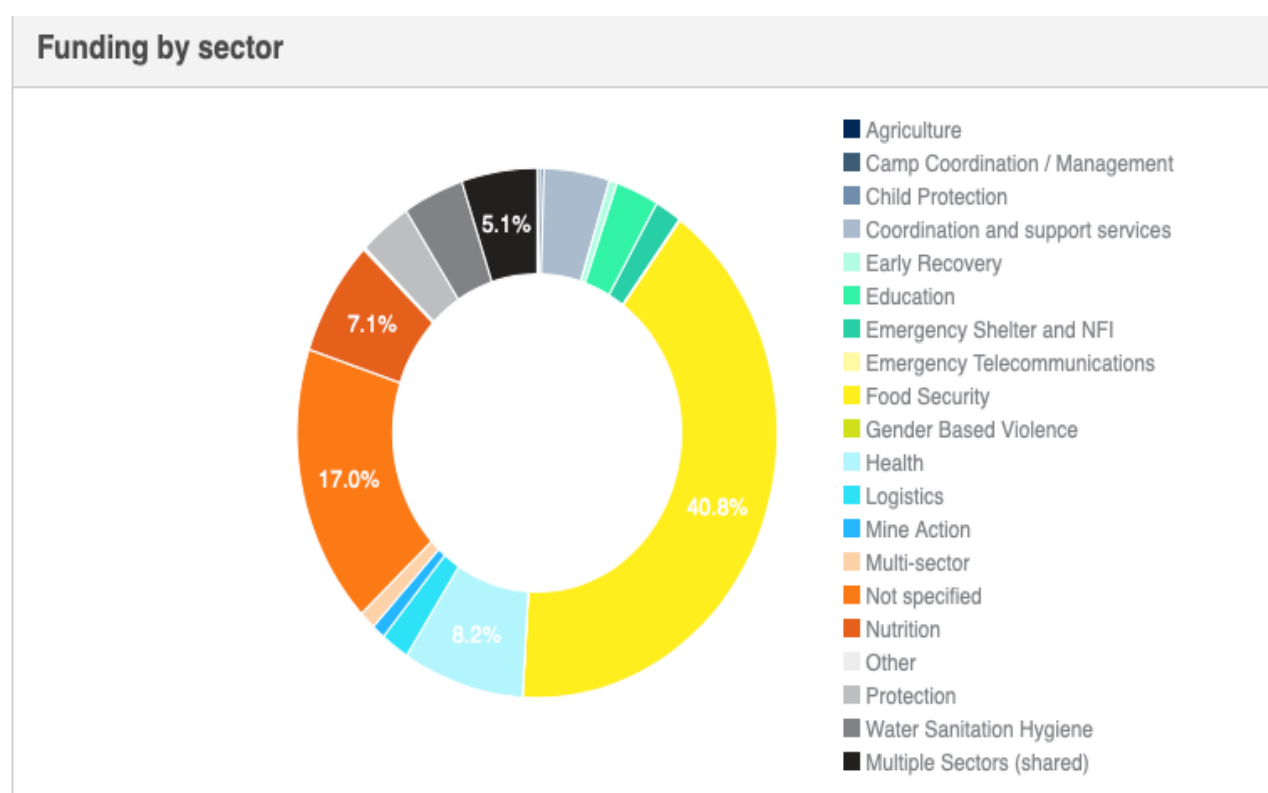
Table 2: Funding by agency/organisation/fund/programme from 2015 to 2021

Agency	Amount
WFP	\$6,168,790,020
UNICEF	\$1,360,313,712
Yemen Humanitarian Fund (YHF)	\$907,814,250
United Nations High Commissioner for Refugees (UNHCR)	\$752,126,002
WHO	\$725,078,506
Famine Relief Fund*	\$460,000,000
international Committee of the Red Cross (ICRC)	\$309,915,479
Saudi Development and Reconstruction Programme	\$265,496,559
Save the Children	\$166,066,230
United Nations Population Fund (UNFPA)	\$155,130,457
Food and Agriculture Organization (FAO)	\$127,213,628
OCHA	\$91,496,752
United Nations Development Programme (UNDP)	\$68,868,318

Source: Authors' own compiled from the FTS figures for Yemen.

Whilst figure 16 shows only the sector funding for 2019 (as the highest year), the relative weighting of sector funding is broadly similar over time, in line with the priority humanitarian concerns as outlined in the HRPs of food security, nutrition and prevention of disease outbreaks.

Figure 16: Funding by sector, 2019



Source: FTS figures for Yemen.

3. Evaluation purpose, objectives and scope

3.1. Purpose

The purpose of this IAHE is two-fold. First, it will provide 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 HRP and other core planning documents and strategies since the 2015 L3 Declaration – have been met. Second, the evaluation aims to assess the extent to which IASC response tools and coordination mechanisms, including the Humanitarian Programme Cycle (HPC), have successfully supported the response, and to recommend improvement-oriented actions.

3.2. Objectives

Under these objectives, the evaluation will assess what has been learned from the response for later emergencies and generate recommendations for future responses. More specifically the IAHE will aim to:

- Conduct a brief analysis of the political, security, and operational environment that has been constraining and/or facilitating humanitarian action in Yemen.
- Assess how effectively IASC partners have identified, and prioritised humanitarian needs in line with the evolving nature of the crisis and considering the prevailing operational environment, according to humanitarian principles.
- 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 social-economic crises in Yemen.
- Assess the extent to which targeted results articulated in the HRP were achieved, and determine positive and negative, intended and unintended effects 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 mechanisms and advocacy might be strengthened or have to be refigured, particularly in light of the trajectory of the crises as affected by the operational, political, and security challenges in Yemen.

The IAHE's findings and recommendations are expected to:

- Provide the Humanitarian Coordinator (HC) and 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 may develop recommendations aimed at improving how humanitarian response may contribute to long-term recovery and recommendations for future responses 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, Operations, Policy and Advocacy Group (OPAG), Emergency Directors Group, and other stakeholders.

In doing so, they will also:

- Provide the 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 organisations, donors, and learning and evaluation networks with evaluative evidence of collective response efforts for accountability and learning purposes.

3.3. Evaluation scope

The IAHE will cover the international humanitarian response to the humanitarian crisis in Yemen since the declaration of the L3 response in 2015 until the end of June 2021.

The IAHE will assess the implementation of successive HRPs to the crisis in Yemen by IASC-participating organisations in relation to coordination, needs assessment, strategic planning, advocacy, and monitoring of the response and its results.

The IAHE will cover all geographic areas of Yemen affected by humanitarian crises in both Ansar Allah and government-controlled areas. The IAHE will look at the situation of 104 out of 333 districts in Yemen identified by the HNO as priority districts where there are high and overlapping needs and vulnerabilities. It will use the eight governorates selected in the inception process (see below) as a particular focus for data collection and in-depth analysis (see sections 4.6 and 4.7 below).

3.4. Stakeholder analysis/mapping overview

The stakeholder analysis includes duty-bearers and rights-holders and aims to provide men and women, persons from different age groups and persons with disabilities with equal opportunity to provide feedback.

Table 3 provides a brief insight into the main stakeholders identified, their involvement in the response and their potential interest in the evaluation. An excel sheet is attached as annex 15 with detailed overview of stakeholder contacts identified so far.

The following points will be considered in the final selection of interviewees:

- Given the temporal scope of the evaluation, the Evaluation Team will engage with those staff members currently involved in the response and the recent past. The Evaluation Team will conduct Key Informant Interviews (KIIs) with the UN HCs since 2015.
- Given the high staff turnover among international staff members, particular attention will be given to conducting KIIs with national staff members of UN agencies and INGOs who often have a longer institutional memory and understanding of context than their international counterparts.
- Stakeholders external to the response—including think-tanks and researchers following recent developments in Yemen—including the international response.

Table 3 provides detailed information about the groups of stakeholders the Evaluation Team plans to interview. This list will require further consideration in consultation with the management and advisory groups. Further input is specifically required around:

- i) Identification of institutions and interviewees within government—both in the south and the north—at national and regional level.
- ii) Leads and co-leads for each cluster and the composition of each cluster.
- iii) Identification of national and INGO partners for each UN agency.
- iv) Identification of stakeholders when field visit locations are confirmed.

Table 3: Stakeholders in the response and evaluation

	Stakeholders	Involvement in the response	Interest in the evaluation
Primary (directly affected)	Vulnerable people and communities affected / IDPs / returnees / refugees / migrants and minority groups with due consideration given to women, children, youth, age, disability.	<ul style="list-style-type: none"> – Most impacted by the crisis, intended primary beneficiaries of the response. – Share views on needs through participatory consultation processes, ensuring response is relevant to the needs and protection concerns. 	<ul style="list-style-type: none"> – Perspectives on the quality, usefulness, and coverage of the response. – Sharing views on the response from a gender and age perspective. – Sharing views on how the response addressed specific vulnerabilities including but not limited to disability, ethnicity, children caught in the conflict. . . – Potential benefit from improved assistance.
Primary (directly affected)	IRG in the South / De-facto authorities in the North Counterparts for the HCT, Clusters.	<ul style="list-style-type: none"> – Government institutions at national and regional level supporting coordination and operations. – Access for humanitarian actors to areas affected by conflict and displacement to reach People in Need. 	<ul style="list-style-type: none"> – Relevance, Coverage, timeliness, and results of the response, – Unintended effects of the response. – How HCT-coordinated response engaged with government institutions. – Impact of experience with the coordination mechanisms response on government institutions. – Improved services delivery.
Key stakeholders (<i>without whose support and participation the results cannot be achieved</i>)	Resident Coordinator (RC) and HC / HCT/United Nations Country Team (UNCT) (Team currently in place and selected stakeholders involved in earlier stages of the response)	<ul style="list-style-type: none"> – Delivery of life-saving and early recovery assistance to those in need. – Decision-making and planning. – Coordination of response. 	<ul style="list-style-type: none"> – Key challenges and achievements of the response. – Influence of assistance on conflict dynamics. – Decision making, including timeliness, successes, coverage. – Effectiveness of in-country leadership structures. – Adherence to humanitarian principles.
Key stakeholders	Office of the Special Envoy of the Secretary-General for Yemen (OSEGY)	<ul style="list-style-type: none"> – No direct involvement in the response but links between assistance, political, economic and social reform. 	<ul style="list-style-type: none"> – Nexus and transition. – Conflict sensitivity of the response. – Collaboration between humanitarian, development, and peace actors.
Key stakeholders	Cluster leads and co-leads. Cluster partners agencies / UN, NGOs and	<ul style="list-style-type: none"> – Coordinated planning and action through clusters and other mechanisms. 	<ul style="list-style-type: none"> – Key challenges and achievements of the response. – Effectiveness of coordination and possible trade-off associated with coordination.

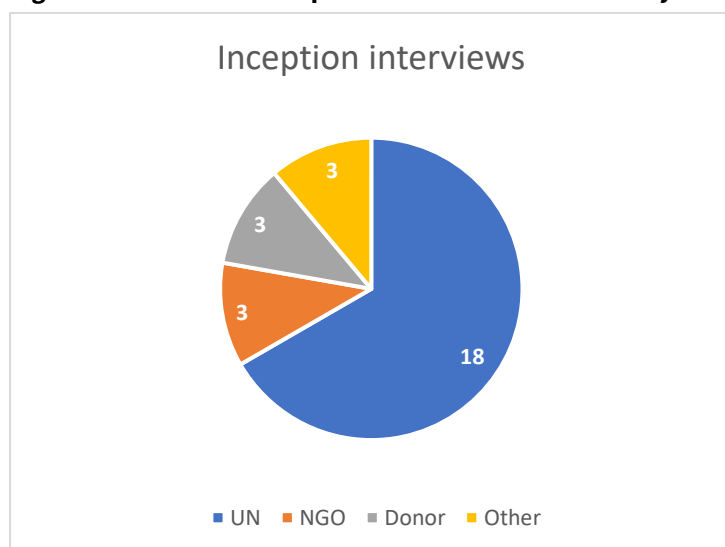
	Stakeholders	Involvement in the response	Interest in the evaluation
	government representatives engaged in coordination of identified sectors <i>(Current and a selected number of staff members previously engaged in the response)</i>	<ul style="list-style-type: none"> – Joint and complementary interventions and inputs. – Delivery of life-saving and early recovery assistance to those in need. 	<ul style="list-style-type: none"> – Progress towards results. – Implementation challenges and how they were managed. – Effectiveness and achievement of objectives. – Decision-making in the response, including timeliness, coverage. – Nexus including management of linkages, transition. – Beneficiary selection and coverage. – Response to challenges.
Key stakeholders	Civil society organisations including national NGOs involved in sectoral response and cross-cutting issues (Gender, SGBV, protection...)	<ul style="list-style-type: none"> – First responders. – Those involved in emergency responses and resilience and development work with communities and people in need. – Those interested in how the international response worked with civil society and national NGOs. 	<ul style="list-style-type: none"> – Engagement with civil society, for instance roles, communication, results for civil society (including impact on local capacities to respond). – Coordination. – Relevance, timeliness, and effectiveness of response.
Key stakeholders	Donors - Including YHF donors	<ul style="list-style-type: none"> – Funding of operations. – By choice of funding given specific direction to interventions. 	<ul style="list-style-type: none"> – Relevance, coverage, efficiency, and results. – Challenges and opportunities. – Decision-making, including timeliness, challenges, successes. – In-country leadership structures. – Nexus, assistance, and the conflict.
Secondary stakeholders	Other national interest groups	<ul style="list-style-type: none"> – Those with no direct engagement in the response but who have an influence on the assistance through their research and advocacy. 	<ul style="list-style-type: none"> – Determining appropriateness to the national context. – Efficiency and effectiveness of aid and dependency on aid.
Secondary stakeholders	At the global level: IASC Principals; Operations, Policy and Advocacy Group (OPAG); Emergency Directors Group	<ul style="list-style-type: none"> – No direct engagement in the response but have influence on the response strategies. 	<ul style="list-style-type: none"> – Improve future humanitarian action, policy development, & reform. – Challenges and opportunities. – Decision-making, including timeliness, challenges, successes. – Nexus, assistance, and the conflict.

3.5. Evaluability assessment

The inception phase for this evaluation consisted of an extensive review of provided documentation, a number of KIIs, a number of presentations and discussions with the management group (MG) and in-country advisory group (ICAG) as well as consultation on various drafts of the report. In total the team interviewed 27 people in 21 separate interviews. The majority were UN with the rest consisting of NGO representatives on the advisory group (both international and local), donors (also on the advisory group) and some independent researchers from well-regarded think-tanks. Annex 15 lists those interviewed. The inception phase also consisted of several rounds of consultation on the theory of change (ToC) and evaluation matrix, with the final product representing consensus on both the over-arching framework to be used (the HRP) and the main focus.

The inception phase has also provided the Evaluation Team with a good insight into the challenges of evaluating the response in Yemen, in particular the time-consuming nature of getting visas and permissions to travel. This meant that the team was not able to travel to Yemen for the inception phase as originally envisaged. Although the vast majority of respondents were straightforward to connect with remotely, this did mean the Evaluation Team was unable to interview government and the relevant authorities during this phase. This will be a priority once the field work has commenced.

Figure 17: Number of inception interviews carried out by Evaluation Team



Source: Authors' own.

The difficulty in securing travel permissions and especially in undertaking monitoring and evaluation work is a significant hurdle for this evaluation to be completed successfully. There are conditions under which this would render the evaluation unviable, particularly if no field work was permitted or supervision was such that no data could be counted on as reliable.

The inception report has already identified in section 3.7 (below) on humanitarian principles the significant amount of control that is exercised over the aid operation by the warring parties. Numerous KIIs have highlighted the difficulty with obtaining permissions to undertake monitoring missions, including monitoring staff not being able to secure visas (especially for Ansar Allah areas). It is a significant risk that the relevant travel permissions will not be secured for the evaluation and that the team will be able to travel to the capital, but not visit selected project sites. Even when the Evaluation Team is able to visit project sites, it is anticipated that visits will be tightly supervised by

the authorities, people will not be free to speak, questions will be vetted in advance and any data collected will have to be 'signed off' before it is released.

A secondary difficulty is the level of documentation and data shared with the evaluation so far. This is most likely a function of the fact that the team was not able to travel to Yemen during the inception phase. If this had been possible, there could have been detailed conversations with UN agencies, cluster coordinators and OCHA colleagues about what information was available and the visit would have served to collect much of the relevant data. Despite requests during remote KIs, the process of gathering data and documents has been slow, and to date inadequate. The team anticipates this process will accelerate dramatically once the in-country field work starts. Assessments made as to whether evaluation questions can be answered have been made on this basis.

The evaluation matrix below in section 4.5. and at annex 2, shows where the team is confident there will be strong evidence available, and where there is only medium confidence because the relevant records might not exist.

In summary, then, the main challenges are:

- Access. There are multiple constraints. These include security – Yemen is an active war zone and many of the places experiencing the most acute humanitarian need are also subject to almost daily security incidents (small arms fire and snipers, shelling, aerial bombardment, mines, kidnapping). There are also significant bureaucratic impediments – permissions to travel, visit projects, speak to people and challenges associated with checkpoints and localised permissions. Finally, challenges associated with Covid-19 still exist in terms of travel and meeting face to face.
- Data and information availability and reliability. Again, there are multiple challenges. Permission to access government held or controlled data is a big challenge for humanitarian actors generally, as is the neutrality of this data. Individual IASC agencies have complicated data sharing protocols as a result of their own humanitarian access constraints, as well as data protection concerns. Accessing such data may not always be possible, limiting the extent to which the evaluation can reliably form conclusions.
- Scope. The timeframe is unusually long for a humanitarian evaluation, and this will present particular challenges. The fast-moving nature of humanitarian operations means a high turnover of staff and documentation, and with the priority on action, often much of the information is not systematically stored. There may be issues with securing enough data/information on the earlier years (2015-2018) to make accurate conclusions.

Whilst these three constraints are similar in all conflict and complex emergency evaluations, the scale of the challenges in Yemen are significantly greater given the high volume of need, funding and the timeframe under examination.

As set out above, despite these challenges the team assesses there is a good possibility the evaluation can be carried out successfully. There is secondary data that can establish much of the picture with regard to outcomes, and the data collection methods proposed are not all dependent on access. If permissions to travel are secured – and at this point the team is very positive this will be the case – then the conditions should be in place to carry out the evaluation successfully.

A note of caution must be made with regards to this generally positive assessment. If permissions to travel are not forthcoming, and the team does not manage to secure a robust amount of secondary data and documentation, then it will not be possible to complete the evaluation to the standard required. If it becomes clear during the course of the evaluation that no travel outside the capital can be undertaken, then there will have to be a serious discussion within the MG as to whether the evaluation is in fact, viable.

3.6. Value for money

During the inception process the evaluation was asked strongly to consider aspects of ‘value for money’ (VFM) in the response.

VFM can mean different things at different times. It can be a measure of efficiency – whether inputs have been sourced correctly, and a competitive price paid, and/or whether a simple substitution in an input could have produced a similar output for a lower cost. It can also mean whether a response was cost-effective in terms of what one would normally expect for a certain level of expenditure which can involve working out cost per outcome achieved in terms of lives saved or QALYs/DALYs averted and comparing this with other common interventions. Cost-effective analysis often requires a dedicated piece of work by an economist and is beyond the scope of this evaluation. To measure efficiency is theoretically simpler but does require very good cost data at a granular level, and experience has shown this is often unavailable to evaluation teams.

There is also another higher-level approach to looking at VFM which really asks about the value of certain approaches and delivery channels in achieving the outputs and outcomes observed. From key informant interviews undertaken during the inception phase, this is the level of analysis that appears to be in most demand from users and therefore will be the area examined by the evaluation. The team will look at VFM at a “policy level”, and whether the response has a good understanding of the issues involved. There is no question that there will be an element of subjectivity to this, given the lack of clear criteria. However, by asking multiple stakeholders, and reviewing relevant documentation, including other evaluation reports, a degree of triangulation will be possible. Where there is a lack of consensus, or clarity, but where significant questions about the value of certain operations are being questioned, this will be made clear in the report.

3.7. Humanitarian principles

The evaluation has been asked to include a particular focus on humanitarian principles. This features in the terms of reference, but has also been emphasised by the MG, the ICAG, and in interviews for the inception report.

Evaluating an operation against humanitarian principles presents some methodological challenges. The first of these is that there is no agreed definition of humanitarian principles. There are three mostly common used variations of the principles, which are the Fundamental Principles of the Red Cross and Red Crescent Movement, the “UN Principles” as set out in GA Res 46/182 (and later 58/114) and The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes. The Core Humanitarian Standard (CHS) endorses the “four principles” (see bottom of table).

Table 4: Definitions of humanitarian principles

Fundamental Principles of the Red Cross and Red Crescent Movement.	The “UN principles”.	The Code of Conduct Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes.
<ol style="list-style-type: none"> 1. Humanity 2. Impartiality 3. Neutrality 4. Independence 5. Voluntary service 6. Unity 7. Universality 	<p>GA Res 46/ 182</p> <ol style="list-style-type: none"> 1. Humanitarian assistance is of cardinal importance for the victims of natural disasters and other emergencies. 2. Humanitarian assistance must be provided in accordance with the principles of humanity, neutrality and impartiality. 3. The sovereignty, territorial integrity and national unity of States must be fully respected in accordance with the Charter of the United Nations. In this context, humanitarian assistance should be provided with the consent of the affected country and in principle on the basis of an appeal by the affected country. 4. Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. 5. The magnitude and duration of many emergencies may be beyond the response capacity of many affected countries. International cooperation Such cooperation should be provided in accordance with international law and national laws. Intergovernmental and non-governmental organisations working impartially and with strictly humanitarian motives should continue to make a significant contribution in supplementing national efforts. <p>GA Res 58/114</p> <p>Recognizing that independence, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented, is also an important guiding principle for the provision of humanitarian assistance.</p>	<ol style="list-style-type: none"> 1. The humanitarian imperative comes first. 2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone. 3. Aid will not be used to further a particular political or religious standpoint. 4. We shall endeavour not to act as instruments of government foreign policy. 5. We shall respect culture and custom. 6. We shall attempt to build disaster response on local capacities. 7. Ways shall be found to involve programme beneficiaries in the management of relief aid. 8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs. 9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources. 10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects.
<p><u>The Core Humanitarian Standard (CHS)</u></p> <p>The CHS, whilst primarily advancing a set of standards for Quality and Accountability, affirms the wide acceptance of the four humanitarian principles of Humanity, Impartiality, Independence and Neutrality.</p>		

Source: Authors’ own.

As can be seen from table 4 (above), there are four ‘common’ principles, namely Humanity, Impartiality, Neutrality and Independence. The UN naturally has a significant amount on State

Sovereignty and responsibility, which is not set out in either of the other two codes, and both the Red Cross Movement and the “NGOs” have principles that relate to ways of working (such as voluntarism and unity, or localism, accountability and preventative action).

Over time the idea of humanitarian principles has come to mean – in common usage – that aid is targeted at those most in need (the principles of humanity and impartiality) and that it is free from manipulation (independence, also neutrality), as much as possible. There is a significant body of literature debating the dilemmas inherent in providing aid in conflict settings, and the trade-offs that have to be made by humanitarian aid providers (often called ‘actors’). These trade-offs typically relate to aid being denied to out of favour populations or those perceived as the enemy (often framed as an ‘access’ issue); aid being diverted to feed favoured populations or military forces; aid being taxed by the warring parties, or aid resources being stolen for pecuniary gain (corruption). The trade-off is historically about the degree to which it is ‘worth’ some diversion/ corruption/ denial in exchange for the bulk of humanitarian resources flowing. The most difficult decisions of all for leaders of aid operations are the point at which aid has to be withdrawn because there is no chance of it reaching the intended population, or even worse, it is being used to actively harm them. This was arguably the case in Ethiopia under Mengistu when populations from Tigray (the base for an armed insurrection led by the eventually victorious Tigray People’s Liberation Front) were forcibly moved to southern provinces as a counter-insurgency tactic and aid used as a lure. Even this history is hotly debated.

Another dilemma relates to the notion that aid might actually prolong the conflict, by giving armed groups and the populations supporting them the resources to fight on when their case would otherwise be hopeless. This argument has been made in the case of the Nigerian/ Biafran successionist war, although again there is an equally strong argument advanced by opponents of this proposition.

In the case of Yemen, there is good circumstantial evidence of both control and corruption. A number of recent news articles have alleged corruption within the UN system and both WHO and UNICEF have been subject to ongoing internal UN investigations (Michael 2019).¹²⁶ WFP has publicly complained to the Houthi authorities in Sana’a about aid being misused and stolen (UN News 2018).¹²⁷ A biometric registration system was agreed for food aid after incidents in late 2018, although it is unclear whether this has since been implemented in full.

There is equally compelling evidence of aid capture and control. This is particularly the case in areas controlled by Ansar Allah where ‘supervisors’ are appointed to oversee the production of beneficiary lists and whose permission is needed before aid can be distributed (Kiley *et al.* 2019¹²⁸; ACAPS 2020).¹²⁹

¹²⁶ The most authoritative of these is from Maggie Michael at AP, see Michael, M (2019) “UN Probes Corruption in its Own Agencies in Yemen Aid Effort”, *AP News*, 5 August 2019 [Accessed on 14/07/21 - <https://apnews.com/article/yemen-ap-top-news-theft-middle-east-international-news-dcf8914d99af49ef902c56c84823e30c>].

¹²⁷ See WFP country director David Beasley quoted in the UN news in late 2018, UN News (2018) “‘Stealing’ Food From Hungry Yemenis ‘Must Stop Immediately’, Says UN Agency”, 31 December 2018. [Accessed on 14/07/21 - <https://news.un.org/en/story/2018/12/1029542>].

¹²⁸ See CNN article by Kiley, S.; El Sirgany, S. and Lainé, B. (2019) “CNN Exposes Systematic Abuse of Aid in Yemen”, *CNN World*. [Accessed on 14/07/21 - <https://edition.cnn.com/2019/05/20/middleeast/yemen-houthi-aid-investigation-kiley/index.html>].

¹²⁹ For more authoritative sources see also ACAPS special report, ACAPS (2020) *The Houthi Supervisory System*, Thematic Report, 17 June 2020, ACAPS. [Accessed on 14/07/21 - <https://www.acaps.org/country/yemen/special-reports#container-1498>].

Kills for this evaluation suggest that data gathering on humanitarian needs has also stalled in Houthi areas (the last multi-cluster location assessments (MCLA) was in 2018) and monitoring missions are routinely blocked, as are visas for monitoring and evaluation staff. Whilst the picture is murky, to say the least, it is clear there is a great deal of disquiet about the degree of capture and control that is present in the Yemen context, and this is manifested in the desire for the IAHE to look at 'humanitarian principles' as part of its main focus.

What this analysis suggests then is that rather than develop some kind of technical appraisal against each 'principle' (and of course deciding which ones in the process), the team instead needs to look at these two major issues of trade-offs and the degree to which aid is actually getting to those who need it most. Whilst a specific question will be included in the evaluation matrix on whether humanitarian principles are being met, this wider focus means that questions on whether needs are met or not are pertinent, as is the question on whether aid is prolonging the conflict. The evaluation has also drawn on the 2016 UNEG guidance in drafting the questions on humanitarian principles.

4. Evaluation methodology

4.1. Approach

The evaluation will **be theory based** and use **contribution analysis (CA)** as a key evaluative tool. A reconstructed Theory of Change (ToC) is developed below, drawing primarily on HRP's since 2015 as the key strategic inter-agency documents. The evaluation is designed to gather data along the logic chain to examine the various stages in the Yemen response, with the evaluation questions and matrix developed to answer questions relating to each level of the ToC hierarchy.

There are an extensive set of data gathering tools set out in the sections below. The evaluation will use secondary data as the main evidence for answering the evaluation questions on outcomes, with this robustly triangulated by the primary evidence. Primary data gathering will be in the form of project visits and focus group discussions, with two surveys (SMS of affected populations and questionnaire with aid workers) also providing corroborating evidence. Document review and key informant interviews will provide evidence and insights on response strategies and structure, as well as coordination issues and other 'architecture' questions.

The evidence strands will be drawn together through a set of analysis tables. All qualitative data will be coded using the evaluation questions (which are in turn aligned to the ToC) as the 'coding tree'. This will be drawn into the analysis tables and where relevant analysis from quantitative data will be added (either secondary review of existing data or primary data from surveys). The analysis tables will be structured around the main evaluation criteria and/or themes and once populated will be reviewed by the team in an internal workshop. The results of that will be to generate key findings which will then inform the drafting of the main report. A series of consultations and feedback sessions to the various constituencies (MG, IAG, UNCT, Steering Group (SG)) will further refine key findings. The evaluation report will be subject to the usual rounds of commenting and revision.

4.2. Theory of Change

The ToC has been developed using the HRP as the principal strategic framework for the response, and therefore the principal framework against which the response should be evaluated. Table 5 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 at figure 18.

Table 5: Strategic objectives against ToC level

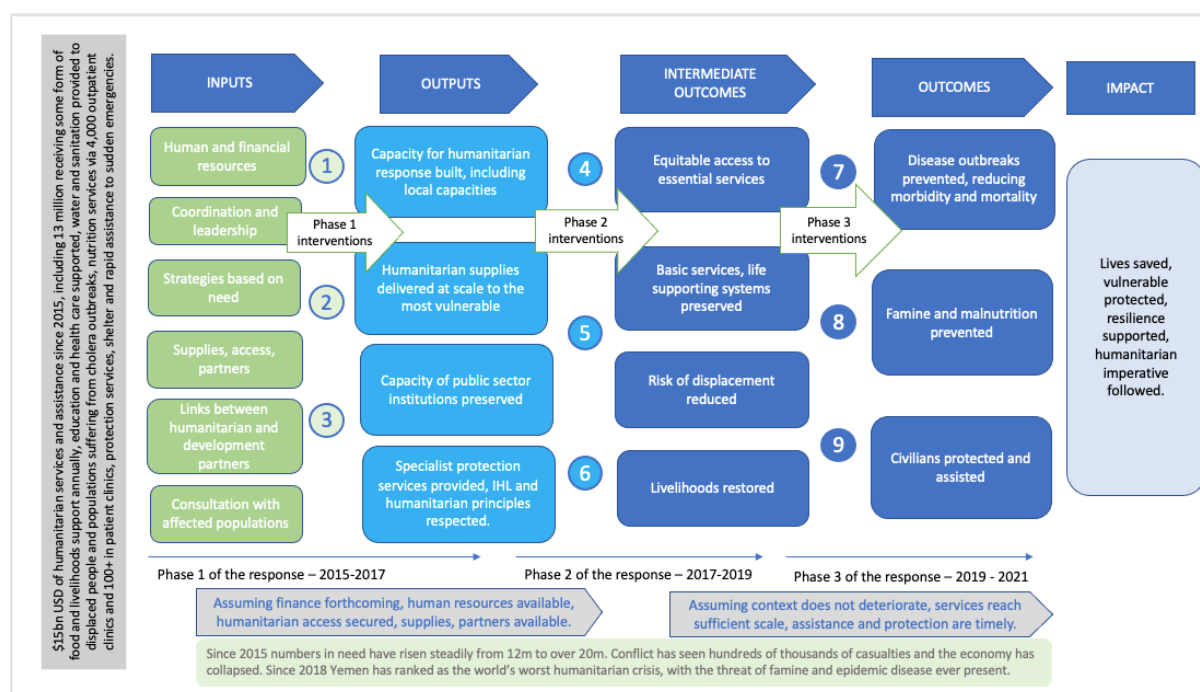
Strategic objective	ToC level	2015	2016	2017	2018	2019	2020	2021
Save lives (provide lifesaving assistance)	Impact	X	X	x	X			
Protect civilians	Outcome	X	X	x	X			x
Build capacity for humanitarian response	Output	X						
Reduce vulnerability (address underlying causes, build resilience)	Impact	X	X					
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.

What is striking from the table of strategic objectives set out above is that the response has taken place in phases, with sets of strategic objectives clustered in roughly groups of 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 mobilisation; 2. Consolidation and strengthening; and, 3. Focus on achieving outcomes.

A more detailed ToC is reproduced at annex 3 outlining assumptions.

Figure 18: Reconstructed ToC for response 2015-2021



Source: Authors' own.

4.3. Contribution analysis

CA is an increasingly well-known variant of theory-based evaluation, for complex interventions where diversity in implementation approaches and contexts does not provide the conditions for an experimental design. Developed and expanded by John Mayne (2012;¹³⁰ 2011;¹³¹ 2008),¹³² CA provides a methodological framework for the systematic investigation of how and why a programme has influenced observed outcomes. CA establishes an empirical explanation of i) the contribution of the programme, if any, to the desired outcomes; and ii) how and why the programme's contribution was made, alongside other factors.

CA is based on having an articulated and documented ToC for the intervention being examined. The programme's ToC sets out the conceptual, logical model of how and why it is believed that the intervention's activities will lead to the intended results, including the overall rationale for the programme, beliefs and hypotheses about the cause-effect links and the expected outcomes if the programme unfolds as intended. Importantly, CA requires that programmes' ToCs also acknowledge the realities of the implementation context by documenting additional external influences that may accelerate or inhibit their contribution in the programme settings.

¹³⁰ Mayne, J. (2012) 'Contribution Analysis: Coming of Age?' *Evaluation* 18.3: 270–280.

¹³¹ Mayne, J. (2011) "Addressing Cause and Effect in Simple and Complex Settings through Contribution Analysis" in R. Schwartz, K. Forss, and M. Marra (Eds.), *Evaluating the Complex: Attribution, Contribution, and Beyond*, Transaction Publishers: Oxon.

¹³² Mayne, J. (2008) Contribution Analysis: An Approach to Exploring Cause and Effect, *International Learning and Change (ILAC) Brief* 16.

CA then examines and tests this theory via a systematic ‘logic of enquiry’ that uses evidence to investigate:

- Observed results.
- Various assumptions that underpin the ToC.
- Other influencing factors, positive and negative.
- Alternative explanations for the outcome.

CA posits if the ToC can be verified with empirical evidence, external influencing factors have been accounted for, and alternative explanations disproved, then it is reasonable to conclude that the intervention has made a contribution to the outcomes in question (Mayne, 2012).¹³³ Table 6 sets out five steps in CA.

Table 6: Steps in CA and how the evaluation will address these

Contribution analysis steps	How the evaluation will address these
Step 1: Set out the cause-effect issue to be addressed	
<ul style="list-style-type: none"> • Acknowledge the causal problem. • Scope the problem: Determine the specific causal question being addressed. • Explore the nature and extent of the contribution expected. • Determine the other key influencing factors. • Assess the plausibility of the expected contribution given the intervention size and reach. 	<ul style="list-style-type: none"> • Document and evidence review in inception phase. • KIs during inception phase.
Step 2: Develop the postulated theory of change and risks to it	
<ul style="list-style-type: none"> • Set out the postulated ToC of the intervention, including identify the risks and assumptions and links in the ToC. • Identify the roles of the other influencing factors. • Determine how contested is the postulated theory of change. 	<ul style="list-style-type: none"> • ToC developed in inception phase (see figure 18 above). • Assumptions in the ToC set out (see annex 3), as well as influencing factors and level of uncertainty.
Step 3: Gather the existing evidence on the theory of change	
<ul style="list-style-type: none"> • Assess the strengths and weaknesses of the links in the ToC. • Gather the evidence that exists from previous measurements, past evaluations, and relevant research (1) for the observed results, (2) for each of the links in the results chain, (3) for the other influencing factors, and (4) for rival narratives. 	<ul style="list-style-type: none"> • Data collection will gather evidence on: • (1) observed results, via secondary and primary data (as per evaluation matrix). • (2) assumptions and other influencing factors, alternative explanations via KIs and Focus Group Discussions (FGDs)/ social media (as per evaluation matrix). • (3) rival narratives, via KIs, document review.
Step 4: Assemble and assess the contribution claim, and challenges to it	
<ul style="list-style-type: none"> • Set out the contribution ‘story’: the causal claim based on the analysis so far. 	<ul style="list-style-type: none"> • Analysis phase will assemble contribution story, using analysis tables derived from matrix and ToC.

¹³³ Mayne, J. (2012) ‘Contribution Analysis: Coming of Age?’ *Evaluation* 18.3: 270–280.

<ul style="list-style-type: none"> Assess the strengths and weaknesses in the postulated ToC in light of the available evidence, the relevance of the other influencing factors, and the evidence gathered to support rival explanations. If needed, refine or update the ToC. 	<ul style="list-style-type: none"> Evidence will be assessed against rubrics developed ahead of the analysis phase. ToC to be updated as needed.
Step 5: Revise and strengthen the contribution story	
<ul style="list-style-type: none"> Refine the contribution story as needed against iterative drafts. Reassess strengths and weaknesses of evidence through participatory reflection on findings drafts. 	<ul style="list-style-type: none"> Draft final report and feedback workshops to strengthen contributions story through participatory process.

Source: Adapted from Mayne (2012).¹³⁴

In applying CA, various practitioners have identified the need to explicitly differentiate between influencing factors and alternative explanations in CA. Influencing factors are used in order either to support contribution stories or to support alternative explanations for results observed. Lemire *et al.* (2012: 296-297)¹³⁵ suggest useful definitions of influencing factors and alternative explanations, described in Table 7:

Table 7: Differentiating between influencing factors and alternative explanation in CA

Influencing factor	<p>Influencing factors are contextual conditions that might enable or impede causal factor...they can be considered at different levels:</p> <ul style="list-style-type: none"> The individual capacities of key actors and stakeholders such as interests, capacities and credibility. The interpersonal relationships required to support the intervention such as management. The institutional setting, such as culture, leadership. The wider (infra)-structural and welfare system, such as political support, the availability of funding and resources.
Alternative explanation	<p>...alternative explanation is best viewed as a competing explanation to the claimed causal factor that represents a plausible rival explanation for the observed outcome(s). In the context of CA, alternative explanations may potentially modify, or even undermine, the intended primary explanatory mechanism, and hence affect the explanatory capacity of the contribution story.</p> <p>CA may develop different types of explanations:</p> <ul style="list-style-type: none"> Direct rival explanation: A mechanism different from the programme's claimed mechanism. This is a rival explanation for observed results and if it is accepted it would reduce the estimate of the programme's contribution. Combined explanation: Other mechanisms, that alongside the intervention, contribute to observed outcomes together. This is especially important in some programmes which may be explicitly designed to work with other interventions, and to leverage other resources from development partners.

Source: Adapted from Lemire et al (2012)¹³⁶: 296-297.

¹³⁴ Mayne, J. (2012) 'Contribution Analysis: Coming of Age?' *Evaluation* 18(3): 270-280.

¹³⁵ Lemire, S. T.; Bohni Nielsen, S. and Dybdal, L. (2012) 'Making Contribution Analysis Work: A Practical Framework for Handling Influencing Factors and Alternative Explanations', *Evaluation* 18: 294-309. 10.1177/1356389012450654.

¹³⁶ Lemire, S. T.; Bohni Nielsen, S. and Dybdal, L. (2012) 'Making Contribution Analysis Work: A Practical Framework for Handling Influencing Factors and Alternative Explanations', *Evaluation* 18: 294-309. 10.1177/1356389012450654.

4.3.1 Alternative explanations

The Yemen operation is complex, multi-faceted, and challenging and as a result there are unlikely to be alternative macro explanations. However, there may well be many micro alternative explanations. For instance – was the cholera epidemic in 2017 brought under control by the humanitarian response, or did the curve of infection and mortality decrease for another set of reasons? This might be the actions of the population (community-led action) or it might simply be the epidemic declining as people died or recovered.

This is also the case in terms of contextual factors – clearly active conflict, food shortages, cholera, flooding, blockades, bureaucratic impediments, fuel shortages and many other factors impact on the humanitarian operation in ways that is beyond its control. Strategies and capacities could have been implemented to a high degree of technical excellence but lives and livelihoods might still be destroyed. In this scenario the explanation is not a failure of the response, but a set of impossible conditions that cannot be overcome. Clearly this works in the opposite direction – a sudden improvement in the food security of the population might owe more to a sudden ease of import restrictions than the humanitarian operation.

The reality of these multiple and complex interactions of context and policy action means that the evaluation will have to be nuanced in its analysis. There are unlikely to be two clear competing narratives to be weighed against a detailed and accurate set of data. Rather it is likely the case that there will be many partial (and politicised) sets of explanations for events and the evaluation will have to set out what evidence there is for these, and how confident it is possible to be about their accuracy.

4.4. Utilised focused evaluation

For the evaluation to be of the greatest use possible to the response and the response leadership, it needs to fit with the policy and planning cycles. Currently this means that some of the key findings need to be ready for early September, at least in draft. This will be of use in two ways – first it will come early in the planning cycle for the 2022 HRP, just after the initial results of the MCLA and as the HNO is being worked up. Second, it will align with the UN Economic and Social Council (ECOSOC) meetings in New York, that may well have a Yemen side event and in any case will be a key moment to engage policy makers.

This will have two practical consequences. First, much of the data analysis – especially data analysis of existing secondary data, and to the extent possible KIIs and FGDs – will have to have been completed by the end of August. Second, there will be a briefing of the UNCT and HCT on initial findings using this preliminary data analysis so that the evaluation team can share key findings.

The evaluation timeline uses the final quarter of 2021 to write the final report, with opportunities for workshops and two commenting rounds to refine the final product. These two timelines will be aligned as much as is practically possible, with the “initial findings” focusing as much as possible on a few, well grounded, high-level messages that can shape policy; and the final report adding the granular detail and the evaluation robustness to develop these messages and make their provenance transparent to the reader.

4.5. Evaluation matrix

The terms of reference (ToR) set out several Key Criteria against which the response should be evaluated. These are derived from the OECD DAC criteria for development evaluation, and from the UNEG and IAHE evaluation guidelines. For the purpose of the Yemen evaluation, a MG consisting of OCHA, UNHCR, UNICEF and WFP revised the criteria to include Appropriateness, Effectiveness, Connectedness, Coordination and Partnerships.

As can be seen from the purpose of the evaluation reproduced in the introduction to this inception report, the ToR also include some key aspects such as whether needs were accurately defined, whether results (outcomes) were achieved and whether links were made with other aid actors. The evaluation is further to identify lessons and make practical recommendations.

The evaluation matrix synthesises the criteria, the key questions in the ToR and the strategic objectives reformulated as a ToC for the response. Table 8 below shows the evaluation questions and sub-questions. Annex 2 has the full evaluation matrix with indicators, methods of verification and data sources.

Table 8: 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? Strength of evidence: Strong EQ 1.1, 1.2 Medium/weak EQ 1.3, 1.4	EQ 1.1: Are 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 in the collective response have been taken?
	EQ 1.3: Do strategies try to ensure aid does not prolong conflict or fuel war economies, as best as they are able?
	EQ 1.4: Do response strategies and approaches consider VFM?
EQ 2: Did the response appropriately target the most vulnerable and hard to reach and were women, girls, men and boys considered equally? Strength of evidence: Strong	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 a disability, the elderly and minority groups affected by the conflict?
	EQ 2.2: Did the collective assessments prioritise adequately the needs of the most conflict-affected and hard-to-reach reach geographic areas?
	EQ 2.3: Did the collective response prioritise adequately the needs of the most conflict-affected and hard-to-reach reach geographic areas?
EQ3: Did the response appropriately integrate humanitarian principles and protection? Strength of evidence: Medium	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?

Strength of evidence: Medium	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, shelter - provided at scale and at a meaningful level of coverage?
Strength of evidence: 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?
	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?
Strength of evidence: Strong	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?
Strength of evidence: Medium	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?
Strength of evidence: Medium	EQ 8.2: Did the coordination of humanitarian assistance between the agencies reduce gaps, avoid duplication and increased complementarity?
	EQ 8.3: Were coordination mechanisms inclusive?
	EQ 8.4: Was leadership timely and adequate?

Source: Authors' own.

Table 9 below shows how the evaluation questions relate to the hierarchy of the ToC.

Table 9: 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.

4.6. Data collection

The evaluation will use a mixture of primary and secondary data and qualitative and quantitative data collection methods. The main approaches used to gather data will be:

- Literature and document review, including context analysis
- Secondary data analysis
- KIs
- FGDs
- Project visits and observation
- Surveys
- Social media analysis

The following sections deal with each of these in turn.

4.6.1. Literature and document review, including context analysis

The evaluation will conduct an extensive literature review, using this to inform both the analysis of the humanitarian operations and the wider context in which these take place. A document library is currently being compiled and will be updated throughout the evaluation. It will also be made available online as part of this exercise.

- Context analysis: The evaluation will develop a context analysis of the conflict in Yemen, the history and causes, the protagonists and therefore the context in which humanitarian operations are being conducted. The context analysis will be led by the IDS team with advice from noted Yemen scholar Dr Helen Lackner (SOAS, Council on Foreign Relations).
- Timeline of the response: The evaluation will develop a detailed timeline of the response, showing key strategic and collective decisions and actions, and how the overall effort has evolved over time. The timeline will also show key political and humanitarian developments over this period.
- Literature review: As part of the context analysis, and to inform the context analysis and contextual framing of the evaluation, a review of the relevant academic literature relating to Yemen will be undertaken. This will form part of the document library developed as part of the evaluation.
- Document review: The evaluation will compile an extensive archive of response documentation, both inter-agency and from key humanitarian agencies. This will be used to construct a timeline of the Yemen operation, ensure descriptive accuracy and to underpin the evaluation analysis (see Annex 7 for document review guide).
- Liaison with other ongoing evaluations: Others are already planning or working on evaluations in Yemen and where we can, we will make contact and seek to share lessons on approaches and issues to enrich each other's evaluations (without breaching any confidentiality, nor sharing any evaluation findings until authorised by OCHA). Other evaluations already known about include a DRC evaluation on humanitarian principles, and the European Civil Protection and Humanitarian Aid Operations (ECHO)'s Evaluation on the European Union's (EU) humanitarian interventions in Yemen and in humanitarian access (2015-2020).

4.6.2. Secondary data analysis (quantitative data)

The Yemen response and the main UN agencies have generated a significant amount of data. Analysing and where possible combining datasets will be a key part of the evaluation approach. In particular:

- There is a significant amount of data outlining **needs over time**. This includes food security needs (Food Security and Livelihoods Assessment - FSLA, IPC), nutrition needs (SMART surveys), health needs (Early Warning, Alert and Response Network – EWARNS, Multiple Indicator Cluster Surveys – MICS) and WASH needs. There are also several years of MCLA, as well as smaller, more targeted, individual needs assessments. OCHA also uses severity indices and people in need (PIN) data to inform the HNOs.
- There is a significant amount of data detailing **interventions**. This will mostly be in the form of annual and project reports, but also detailed records of food and cash transfer distributions (by district), health interventions, WASH interventions and interventions such as assistance to IDPs and refugees. There will be post-distribution monitoring exercises from many of the bigger agencies, and also reports from Third Party Monitors (TPM). In some cases, it will be possible to overlay the geographical intervention data with needs data over time to understand the likelihood that outcomes were achieved.
- Most IASC agencies have some form of **beneficiary feedback mechanisms**, and the collated output of these – together with surveys and any perception surveys – might well form a useful resource to complement other data.

The evaluation understands from agencies consulted during the inception phase that the data referenced above exists, but so far we have only accessed publicly available datasets via Humanitarian Data Exchange (HDX) (this includes IPC). Agencies have committed to releasing specific data on request where they can, and if this is the case then the evaluation should have a powerful set of tools to compliment other, qualitative data on outcomes. Most likely the secondary data will also be sampled along the lines set out in section 4.6. below, although this may have to be adjusted depending on availability and best-fit inter-operability (if datasets can be matched using Geographic Information System (GIS) for example, this will be preferable).

4.6.3. Key informant interviews (KIIs)

A core part of the evaluation method will be qualitative interviews with key informants. KII guides have been developed to support the interviews (see annex 6). The stakeholder analysis in section 3.4 will determine the sample. In the light of the pandemic and lessons learned from a year of remote evaluations, KIIs will be undertaken both remotely and face-to-face.

- 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 a highly pragmatic approach to reducing carbon emissions and Covid-19 transmission. During the main data gathering phase, whilst most of the interviews – especially in Yemen – will be conducted in person, there will also be a significant number carried out remotely. This is especially true of people who are no longer working in Yemen but have key historical insight and will also include staff of the larger IASC agencies at regional and headquarter (HQ) level. Lessons from remote interviewing will be applied, and a remote interview protocol has also been developed during the inception phase.

- Face to face interviews: The international Evaluation Team members plan to travel to Yemen and will work with the Yemeni national team members to ensure a good number of face-to-face interviews. The Team Leader will travel with the qualitative lead to help train up the Yemeni team members on interview methods, and with the Deputy Team Leader, all of whom will carry out KIIs amongst other activities.
- The exact mix of in-person and remote interviews will be determined by circumstance, especially access during the data collection period. Where access is problematic some Yemen based KIIs may also be done remotely.

4.6.4. Focus group discussions (FGDs)

A core part of the evaluation enquiry will be FGDs with affected populations and beneficiaries of IASC humanitarian assistance. It is anticipated that the evaluation will carry out over 30 FGDs, approximately five in each location to which the team can travel. FGDs will be conducted separately with men and women, and where possible different types of groups will be sought (for instance youth, people with disabilities, community leaders, IDPs, Muhamasheen). FGDs will also be carried out with local NGOs and civil society groups active in the response.

This aspect of the evaluation will be highly dependent on access, and will require support from agencies, which together with the ongoing Covid-19 epidemic will mean that a number of dependencies will determine feasibility. The context for carrying out FGDs differs from location to location, and it is anticipated that securing permissions and managing the sensitivities will be a large part of the work. Detailed planning will start as soon as the general permissions for the evaluation are clear so day by day logistics and travel planning can be done collectively for the field work dates.

4.6.5. Project visits and observations

In addition to the FGDs, the team will purposely select a number of projects and partners to visit in each field location. The team will seek to understand from those involved in implementation how well projects have functioned and what the challenges are. Typically, the evaluation team will be accompanied by agency staff who are managing/implementing or have managed/implemented the projects and give valuable insights into key successes and challenges. These will be recorded in the same way as KIIs. The visits will also allow for observation, which will be particularly important given the likely constraints associated with FGDs. Key aspects of observation and associated techniques will be developed by the qualitative lead during the field visit (see annex 6).

4.6.6. Surveys

The evaluation will use two types of surveys to further inform analysis. The first is a survey of aid workers and people with humanitarian agencies to understand issues such as leadership, coordination, partnerships, and efficiency. The second is a more speculative Short Message Service (SMS) survey aimed at asking affected communities how they perceive aid.

- Aid worker online survey: A simple on-line survey (using Kobo Toolbox) will be run by the Evaluation Team to gauge aid worker perceptions of the response, in particular relating to how

the system functions as a collective, and how the various coordination mechanisms and tools function.

The aid worker survey sample will have to be based on current UN and NGO workers. 2019 statistics (<https://unsceb.org/hr-duty-station>) suggest that 1254 UN workers are stationed in Yemen. In addition to those based in Yemen the evaluation is keen to include staff working on Yemen whilst not based in the country. Therefore, the team will assume the population for the Aid-worker survey to be around 1500. Of this a minimum of 10% (150 aid-workers) will be recruited to the Aid-worker survey. The sample of aid-workers will cover all relevant sectors/programmes/geographic areas.

The question of worker turnover is an important one, but the evaluation does not believe it is possible to systematically/ successfully contact aid workers who have already left Yemen. Instead, the survey will ensure the inclusion of at least 50 aid-workers (out of the 150 being surveyed) who have been working on the response since 2015.

The aid worker survey will also contain a limited number of open-ended questions to allow more qualitative data to be collected. The team will use qualitative software to auto-code, mindful of the additional challenges of translation from Arabic.

- SMS surveys: The evaluation team has identified two mobile phone operators in Yemen (MTN and Sabafon) capable of undertaking a short SMS survey, targeted at affected populations to understand how they view aid. Current plans are to target 200,000 randomly sampled individuals in the governorates in which primary qualitative data collection is taking place, therefore offering possibilities for triangulation and corroboration. MTN has a customer base of 5 million covering the whole country and Sabafon a customer base of about 1 million within the government-controlled areas. Although both companies can carry out such a survey, MTN – with their country wide reach and the previous experience of having conducted SMS surveys for the UN – might be more suitable.

MTN also confirmed that they can select the random sample from governorates designated by the Evaluation Team. The current plan is to use a two-way response number with a short code provided by MTN so that both incoming and outgoing SMSs can be charged to that number. The technology for doing this is relatively straight-forward, as is the analysis. The current dependencies relate to whether and when the Ministry of Communications & Information Technology will give approval to use a two-way number, and whether the survey will get enough responses. MTN, proposed that the SMS survey respondents should be given phone credit for 100 Riyals as reward for completing the survey. This approach had been successfully used previously by MTN to boost response rate in SMS surveys. The survey will consist of a short set of questions with alpha-numeric answers i.e. how satisfied are you with the humanitarian aid operation in your area (1 for not satisfied, 5 for very satisfied).¹³⁷

¹³⁷ The Evaluation Team has also been in touch with Yemen Polling Centre (YPC) about conducting a Computer Aided Telephone Interview (CATI) in place of the SMS survey. The purpose of this was to have it as a contingency plan in case the SMS survey fails. YPC has a lot of experience in conducting similar polls in the country (Gallup Poll for example). Though a CATI is likely to have a guaranteed near full response rate, able to set a more complex/comprehensive survey questionnaire, a more predictable sampling strategy, etc., it will be significantly more expensive than the SMS survey. YPC is confident that a

Whilst the SMS survey will be potentially sent to 200,000 MTN subscribers from the governorates that the evaluation is targeting, the expected minimum sample will depend on the response rate. Industry standard response rate for SMS surveys is 10% to 12%. However, to accommodate for the challenging field conditions in the Yemen the evaluation will assume a more conservative response rate of 8% so the expected minimum sample size for the SMS survey will be 16,000.

4.6.7. Social media analysis

The evaluation has identified several social media campaigns by Yemeni's targeted at the humanitarian operation.

Internet penetration in Yemen was at 27% in January 2020 (World Bank 2020).¹³⁸ Of the major social media operators, Facebook takes the lion's share of users (67.3%) followed by YouTube (23.39%) and then Twitter (8.15%) (StatCounter 2021).¹³⁹ Given these relatively low numbers, social media analysis will capture the opinions of likely more youthful, wealthier, and politically engaged segments of the Yemeni population. For this reason, we will use social media as an entry point to explore alternative local views on the response and civil society perspectives more generally.

- Facebook – We have identified several local and interactional Facebook pages that are rich in commentary. The evaluation will seek the administrators' permissions to use these for data collection. Whether this is granted will determine the level of analysis that can be done. This could therefore take two forms: qualitative data collection and quantitative data collection. Qualitative analysis will be possible through examining posts and discourses within these major pages. With administrator permissions, we can conduct web scraping as part of quantitative data collection. We will use Facepager, an open-source application for extracting social media content. Facepager enables the collection of public data from platforms on the social web (such as Facebook, Twitter or YouTube) which these platforms make available through program interfaces (Application Programming Interfaces - APIs). The analysis of quantitative social media data would constitute of temporal counts of likes, emojis and words.
- Twitter – We have identified several Twitter hashtags being used in relation to the humanitarian operation. We will harness Twitter using four major methodological strategies. First, open data from unlocked accounts will be collected using Facepager enabling statistical analysis. Second, we will harness hashtag and key word mapping to produce several cartographical representations of where major trends are circulating. Third, we will generate 'Twitter Lists' of major Yemeni civil society activists and organisations to facilitate the monitoring of ongoing and historic conversations and campaigns. Fourth, we will contact notable Twitter activists for potential interviews, allowing the evaluation to solicit further alternative opinions.

At this stage, it is too early to make a judgement on the "evidence potential" of such social media monitoring and how this ultimately be presented. Political provenance of any commentary

sample of 1000 would be nationally representative. However, to be representative at the local/regional level the sample size would have to be increased.

¹³⁸ World Bank (2020) *Digital 2020: Yemen*, Datareportal, 18 February 2020. [Accessed on 18/07/21 - <https://datareportal.com/reports/digital-2020-yemen>].

¹³⁹ StatCounter (2021) *Social Media Stats Yemen: June 2020 – June 2021*, StatCounter GlobalStats. [Accessed on 18/07/21 - <https://gs.statcounter.com/social-media-stats/all/yemen>].

encountered is clearly a significant factor, as is the nature of those commenting to any operations. Our analysis will therefore have to be weighed against the reality of anonymous accounts, limited representative potential, and the space for external interference. The team will seek to understand who is using particular platforms and why, with our working assumption that Twitter is a clear activist space whereas Facebook is more community orientated. This information could be used to compliment, problematise, and suggest potential explanations in relation data emerging through more traditional datasets.

With this in mind, the Evaluation Team remains optimistic that social media analysis will represent another interesting stream of evidence that can inform contribution narratives.

4.7. Sampling

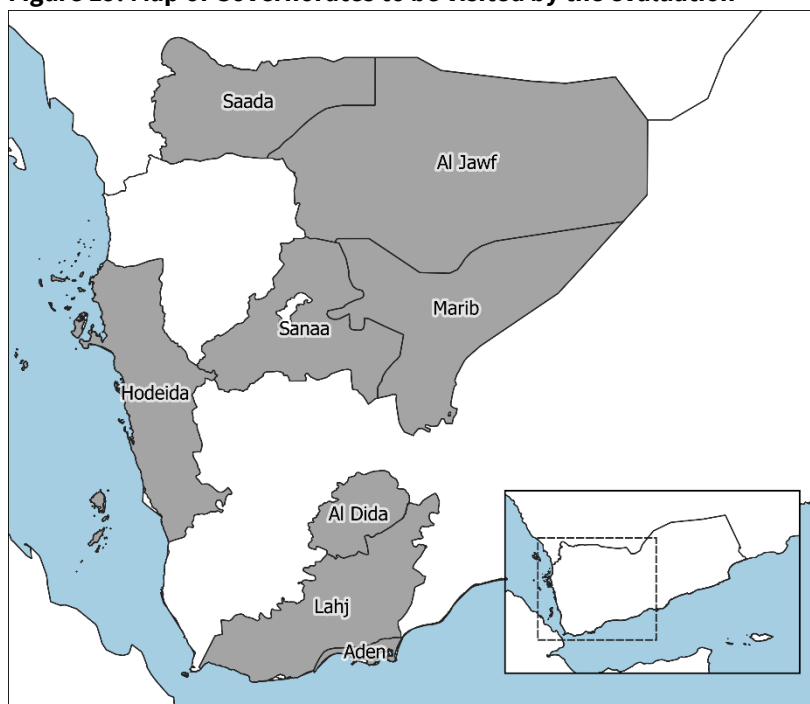
Sampling will be purposive. Locations have been chosen on the basis that they are: 1) experiencing extreme food insecurity; 2) vulnerable to epidemic disease outbreaks; 3) hosting large numbers of internally displaced people; 4) suffered recent flooding; 5) a mix of rural and urban; 6) balance of north and south; and 7) balance of clusters.

Table 10: Governorates and clusters to be visited during field phase

Governorate	Criteria for selection	Clusters to be sampled
Saada	Extreme food insecurity, epidemic.	Food security. Nutrition. Health, WASH.
Al Jawf	Extreme food insecurity, epidemic.	Food security. Nutrition. Health, WASH.
Hodeida	Extreme food insecurity, epidemic.	Food security. Nutrition. Health, WASH.
Sanaa	Urban, capital.	Leadership, Coordination, Protection, Education, Health.
Lahj	Flooding.	Rapid response, coordination, protection, health.
Ad Dali	IDPs, rural.	Protection, education, health.
Aden	Urban, capital.	Leadership, Coordination Protection, Education, Health.
Marib	IDPs.	CCCM, RMMS, NFI, WASH, FSAC, Education, Health, Shelter.

Source: Authors' own.

Figure 19: Map of Governorates to be visited by the evaluation



Source: Authors' own.

A tentative field schedule is set out at annex 14. This is highly dependent on permissions from the relevant authorities, and as a result a detailed sampling of projects and agencies cannot take place until such details have been properly understood.

Once the schedule has been established, the Evaluation Team will work with IASC agencies on the In-Country Advisory Group (IAG) to plan project visits in the window available. In addition to the clusters shown in Table 10, there will be a weighting towards agencies and clusters that are addressing the most acute humanitarian needs and have attracted the largest share of resources. This includes food security, nutrition and health.

4.8. Data analysis

Data analysis will take place on a number of levels:

1. As part of the contribution analysis, a set of “analysis tables” will be developed linking all major data streams to the evaluation matrix. These will be completed for each evaluation question, and evidence ranked for strength.
2. As part of the initial analytical process, a workshop will be held internally within the Evaluation Team in early September to bring together all aspects of the evaluation material and assess its importance and how it can be combined. The analysis tables will be adjusted during this period and the ToC revisited on the basis of the evidence.
3. All qualitative data and documentation will be coded using MaxQDA. A coding tree will be developed against the evaluation matrix and the topic guides. Interviews will be written up against headings in the topic guides to make for easy incorporation within MaxQDA.
4. All quantitative data analysis (primary and secondary) (see section 4.6.2) will be compiled and analysed using Stata, R and SPSS, as necessary. Where Global Positioning System (GPS) data is

available or where data is aggregated according to administration areas (governorates, districts, etc.), the results may be presented as maps, using QGIS software. Quantitative data will be compared with qualitative data through MaxQDA to maximise triangulation. This will give a solid basis for assessing evidence strength.

4.9. Limitations/mitigations of the methodology

The evaluation will have a number of limitations, and careful thought will have to be given to how these are mitigated and the confidence with which findings can be presented. In no particular order, these are:

- Establishing outcomes. As the methodology makes clear, this will be done using the secondary data routinely gathered agencies. This will be triangulated using the primary data collection tools developed in this report, notably KIIs and FGDs. This will depend on securing the relevant data sets on time, and without these – including some data sets not in the public domain such as intervention data, this exercise will be extremely difficult.
- Sampling and response rates. The statistical accuracy of the surveys will depend on access to some contextual data and on the response rates and sample sizes. Care will be taken to ensure all assumptions and uncertainties are made transparent.
- Coverage bias in KIIs and FGDs. The uncertainty over access permissions means the evaluation is not clear at this stage whether it will be able to achieve the balance outlined in the proposed methodology. For instance, if the Evaluation Team is only able to access the southern governorates then care will have to be taken not to over-extrapolate these findings.
- A key mitigation measure will be clarity on possible sub-groups in the sample. Being clear about the possible sub-groups in the sample, our reasons for including them, and the implications for our sampling strategy should help determine how we might mitigate bias. The evaluation will be explicit about the importance of getting diverse perspectives from sub-groups and disaggregating these in the analysis, i.e. being clear to the extent possible that we only have data for adult men in this region, or only from older women in this other region, in relation to topics.

5. Quality Management and Monitoring Mechanisms

5.1. Quality Assurance

Valid has a robust quality assurance process for all its evaluations, as part of its commitment to producing work of integrity and high quality. Valid's quality assurance (QA) system has multiple components:

1. An in-house review of all evaluation products is conducted at key stages in their development by Valid's Director. Valid chooses only to work on a limited number of evaluations at any one time to ensure that the internal review process is not compromised.
2. Valid uses a process of peer review, to ensure that work is of the highest standard.
3. Valid is open to feedback and constructive criticism from clients and partners and is happy to do further analysis and revise findings where it can be shown that Valid has not adequately understood a particular context or problem.

4. Valid participates in international review fora and meetings and is a member of ALNAP. This ensures that Valid remains up-to-date with current thinking in the field and is exposed to the best work and ideas in the sector.
5. Valid has a strict code of ethics that governs its work in the UK and around the world. All Valid staff and consultants are required to subscribe to Valid's core ethical standards. Quality is also the driving consideration in assembling proposed Evaluation Teams for any assignment.
6. Valid assigns a named individual to each evaluation who is responsible for quality support and assurance to the team. This individual is not a member of the evaluation team, but is available to advise the Team Leader on methodological issues, and may participate in early design workshops and comment in ad hoc fashion on emerging instruments such as the ToC. This individual will also review and comment on major deliverables during all stages of the evaluation.
7. Valid works with the client to ensure that evaluation timetables allow enough time for the successive iterations of review and revision that are required.
8. Administrative support is provided in-house and externally to ensure proof-reading and formatting of final deliverables to high standards.

Valid draws upon other recognised QA processes which are based upon good practice within the international evaluation community (ALNAP and OECD-DAC). These help Valid determine process maps with in-built steps for QA and templates for the different evaluation products, as well as providing checklists for feedback on quality for each product.

Valid prepares an inception report for all evaluations, which allows the client an early view into the evaluation process that the Evaluation Team is adopting, and hence allows for feedback at an early stage. Valid also adopts the following broad principles to ensure quality of our evaluations. These must:

- Generate robust findings that can be clearly linked to various data sources through the quality-assurance process adopted;
- Establish clear links between evidence, findings, conclusions and recommendations on the specific questions outlined in the ToR (and as expanded/amended in the inception report);
- Conform to UN Evaluation Group Standards for Evaluation (UNEG 2016);¹⁴⁰
- Ensure successful execution of activities in an independent manner, so as to ensure credibility of the report's findings and recommendations, and be respectful of the client and stakeholders involved in the process;
- Provide information in a way that maximises the chances of it being used; and
- Ensure that all final documents submitted by Valid are proofread, edited and produced to a high standard.

5.1.1. Peer review

Valid incorporates peer review into its QA process. Throughout the process, a nominated individual with significant evaluation and humanitarian experience acts as a peer reviewer to the process. The role of the peer reviewer is to be a "critical friend" to the Evaluation Team, reviewing inception reports, the evaluative framework and drafts, discussing emerging themes, and offering advice and support to the team as required.

¹⁴⁰ UNEG (2016), *Norms and Standards for Evaluation*, New York: UNEG.

5.1.2. Specific QA approach to IAHE Yemen

Alistair Hallam, Valid Director, has ultimate responsibility for the QA process of this evaluation. The team's internal QA system covers various inter-related dimensions including the organisation and timeliness of the process, the quality and utility of deliverables, and the management of relations with the relevant stakeholders. A key dimension of this approach is continuity in quality support and control throughout the entire evaluation process, providing the most appropriate type of quality support according to the phase of the process and the activities taking place.

We have emphasised a strong methodological approach and have developed this in the inception phase. We will focus on ensuring that results are well substantiated by evidence (and thus credible) in the synthesis phase.

The evaluation matrix is an important element to guarantee quality and transparency of the evaluation. Information and data received will be organised according to this matrix, allowing for a clear picture of all information gathered, in line with the UNEG transparency principle. This matrix will be an essential tool for triangulation of information, allowing tracking of sources of information for the evaluation findings and conclusions in the final report.

The whole team are involved in QA, albeit under the supervision of Valid's Director. The Team Leader ensures general supervision of the work carried out by other team members, paying special attention to the consistency and coherence of reports, and ensuring that conclusions and findings are well substantiated. Each team member will conduct QA in their respective areas of responsibilities and produce high quality products that will make up the full evaluation report. Valid's Director ensures that the evaluation process and its outputs are aligned with the ToR and with Valid's internal QA processes. In addition, he will quality control key deliverables and provide a second round of control during the revisions of these outputs. He will also intervene whenever problems are foreseen to try and minimise any later quality risks. The project manager is responsible for the general coordination and support in managing and monitoring the evaluation process and its products. She will perform first-level QA in terms of completeness, structure, language and alignment with the ToR. Each deliverable will thus be scrutinised at multiple levels with time allowed for feedback and revision.

Valid also works closely with the internal MG, ICAG, SG and other stakeholders to ensure we receive a wide scope of feedback and support.

5.2. Risks

There are a range of risks involved in this work, most notably related to conflict and also Covid-19. Other risks also exist and are discussed below.

In terms of conflict and security risks, Valid will minimise these by working closely with OCHA at HQ and country level. Travel to and from Yemen will be using UNHAS aircraft, with flights booked by the UN. A situational briefing will be undertaken on arrival and periodically throughout missions and the team will also have access to up-to-date security alerts. The evaluation team (ET) will stay at secure UN accommodation, be collected from the airport and escorted to accommodation and from there to meetings. The ET use Personal Protective Equipment and will also have cell phones and radios.

For travel outside Sana'a and Aden, the ET will have access to flak jackets and helmets, and will travel in UN vehicles under UN protection, taking advantage of OCHA's sophisticated humanitarian notification mechanism which works with the parties involved in the conflict to make sure respective parties allow safe transportation. Outside the major cities the team will also stay in UN accommodation.

Valid and the Institute of Development Studies (IDS) will arrange its own specific health and travel insurance for the team members visiting Yemen. Through this, the team will be able to access healthcare as required.

In terms of Covid-19 risks, the ET will follow good practice and, at all UN locations, will follow strict UN Covid-19 protocols, relating to isolation, testing, social distancing, and mask wearing. In some instances, meetings will be held remotely rather than face-to-face.

Risks of lack of physical access will be managed through negotiated access where possible, or remote methods including methodologies listed earlier in the inception report. There may also be problems with political sensitivities meaning that some groups may not wish to speak to the ET, or be worried about the implications of what they say for the future of the programme or for their local relationships if news of their involvement or what they have said emerges. To mitigate such risks, the ET will carry out a risk analysis prior to meeting stakeholders. Various options are possible, including the anonymisation of all interviews, no central list of interviewees where this could cause problems and secure storage of any evaluation data. The team will develop a clear policy on what data can be shared with others, with the support of in-country experts and advisors.

Other risks include:

- The lack of an explicit Theory of Change, meaning that conclusions on outcomes could be contested (this is mitigated by using the HRPs as the framework).
- Measurement of progress against outcomes, which will be challenging given that there no single integrated monitoring system and each agency-specific M&E systems has its own limitations.
- Sensitivities for primary data collection at community and household levels. Access to beneficiaries will be limited and remote approaches for this stakeholder group has shown clear limitations.
- Unmanaged expectations, sometimes conflicting ones.
- Local outbreaks of conflict causing disruption of travel plans.
- The ability to move between governorate capitals and deep-field locations on UNHAS flights: providing sufficient notice is given to arrange flight plans and manifests accordingly.
- Availability of basic accommodation to host team members in each location, providing local support and interpreters.
- UNDSS security clearance to travel.
- Logistic problems caused by unseasonal weather.
- Critical events that divert the attention of key stakeholders and make it difficult to carry out the evaluation as planned.

6. Ethical considerations

The Evaluation Team will follow the UN Evaluations Group (UNEG) Ethical Guidelines (2020),¹⁴¹ UNEG Code of Conduct for Evaluation in the UN System, and will ensure that the key ethical principles such as independence, impartiality, confidentiality, do no harm, and transparency are followed throughout the evaluation process. The principle of Do No Harm will be applied throughout this evaluation, given the current challenges of unrest and pandemic, and the process adjusted as needed to avoid exposing anyone involved in the evaluation to undue harm. All interviewees and focus group participants will be notified at the start of each meeting that their participation is voluntary and wholly confidential. They will be invited to raise any concerns that they have about participation and may withdraw if they so choose. The Evaluation Team will emphasise its independence and neutrality and invite informants to speak plainly about positive and negative aspects. The team will work carefully and respectfully with vulnerable respondents to reassure them that their interests will not be harmed in any way by their participation in the evaluation. Informants will be invited to speak in Arabic if they prefer.

As with this inception report, the evaluation report will list all persons met and interviewed, but no individual will be named as the source of any information or opinion. The Evaluation Team will carefully respect the confidentiality of all data and information received and will take thorough precautions to prevent the access of any unauthorised persons to them. They will ensure the security of women participants by holding interviews in safe locations and will guarantee safe transportation to and from the data collection site if need be.

The evaluation team is gender-balanced and composed of a mix of local and international consultants. The gender, cultural, and linguistic diversity within the team will facilitate communication with both men and women who will be consulted during data collection. There is no potential for conflict of interest in the performance of this evaluation. None of the Evaluation Team members have been involved in the design or implementation of operations under review.

A full description of the ethical principles our team will adhere to can be found in annex 10. The Evaluation Team will also be informed by IDS's Research Ethics Policy (see annex 11). IDS's Research Ethics Committee (REC) ensures that all projects undertaken by the institute must complete a Research Ethics Checklist and Statement. For those projects considered to be "high" risk, the REC offers support on how to mitigate and navigate real-world ethical risks so that IDS's crucial research and evaluation contributions can continue.

6.1. Data confidentiality and protection

The team is also committed to a high level of confidentiality given the sensitive nature of much of the information surrounding both verification and evaluation. There will be protocols put in place to safeguard data submitted to VALID/IDS, KIIs conducted by VALID/IDS and internal reports either generated or shared with VALID/IDS. The main guiding principle throughout the contract will be that data remains confidential unless explicitly authorised for sharing by the client and the relevant concerned partners. Documents and data shared and marked as sensitive will be additionally protected such that only team members for whom it is of direct relevance will be able to access this

¹⁴¹ UNEG (2020) *Ethical Guidelines for Evaluation*, New York: UNEG.

material. The project manager in IDS will manage access to the Teams folders and coordinate with the evaluation manager over the use of shared resources such as Google Drive.

In conjunction, the Evaluation Team will be guided by the IDS Data Protection Statement and IDS Data Protection Policy 2020 (see annexes 11 and 12). In addition, the Evaluation Team commits to the following data management plan best practice principles:

- Anonymise data – ideally at point of collection using unique identifiers and separately held tracking sheets.
- Ensure the data journey from collection to storage is as short and secure as possible, given the challenges posed by data collection in rural and remote areas (this includes the efficient deletion of data from devices used in the field).
- Establish procedures for the safe collection and storage of audio and visual data, including ensuring robust informed consent processes.
- Ensure staff undergo training and take part in regular fieldwork debriefing discussions in order to keep all procedures relevant and up to date.
- Use only secure and GDPR compliant storage.
- Establish safe processes for sharing data, during and after the programme life-cycle, ensuring that all data are anonymous and all participants have provided informed consent.

7. Detailed workplan and timeline

Figure 20 reproduced below shows the detailed timeline developed by the Evaluation Team. There is also a tentative field schedule, reproduced at annex 14. Both timelines are subject to permissions for field work to be carried out and therefore will be potentially revised once accurate details are available.

Figure 20: Detailed workplan

7.1. Tentative implementation plan and level of effort

Currently the broad plan is that the evaluation will be carried out in four phases:

1. An inception phase finishing in mid-July.
2. A data gathering phase finishing in early September.
3. An analytical and report writing phase finishing by the end of the year.
4. A dissemination phase in the first quarter of 2022.

7.2. Roles, functions and responsibilities of core team

The evaluation will be led by a Team Leader contracted by Valid, and supported by a Deputy Team Leader, also contracted by Valid. The data gathering and analysis team are from IDS, who is a key partner in the evaluation.

The evaluation is managed on behalf of the IASC by OCHA, who have appointed an Evaluation Manager. The Evaluation Manager is part of a MG including WFP, UNHCR and UNICEF. The MG reports to a SG for IAHEs comprising Evaluation Managers from the major IASC agencies.

In addition to the MG, there is also an IAG. The IAG has already convened twice during the inception phase, and consists of NGOs, Donors and UN Agencies. The IAG has a key role in steering and guiding the evaluation and will work as a sounding board at key moments in the process.

7.3. Proposed field-mission activities/Basic Operation Plan

The proposed field mission is included at annex 14. Currently this remains extremely tentative as it relies on obtaining the relevant travel permissions to the north – both permission for the evaluation team members to travel to Sana'a, and permission to visit the governorates and projects set out in this inception report.

Crudely, if the evaluation goes ahead to the currently proposed timeframe and level of ambition, then the Evaluation Team will aim to visit eight governorates in total, including the de facto capitals of the north and south. In this schedule, the team would:

- The team will initially fly, via Addis Ababa, to Aden where they will spend three days undertaking KIIs with Government, UN agencies and their partners.
- The team would then split, with each of the three internationals visiting a separate governorate (Lahj, Ad Dhale'e and Marib). The three teams would travel to the UN base in that governorate, and then undertake several trips to visit projects in surrounding districts. Each project visit would be facilitated by the relevant partner and the evaluation team would be accompanied by a member of staff from the agency. Projects would be selected together with the agencies, reflecting the broad principles set out in the sampling section above.
- If the team receives visas to travel to the north, the team would then travel to Sana'a to visit a number of governorates, following the same pattern as in the south, with KIIs initially in Sana'a before splitting and traveling out to the selected governorates for project visits, using a similar model.
- The team would fly back via Amman to undertake KIIs with regional offices and donors.

As the Evaluation Team have received permissions and visas from the IRG, the team has decided to proceed with the 'southern' section of the itinerary whilst waiting for permission to visit the north. Furthermore, a debriefing in person can be arranged at the end of the mission, although this is not currently planned as a more extensive "initial findings" interaction is planned for early September once initial data analysis has been completed.

7.4. Dissemination products

At this stage of the evaluation the team envisages that a final report, designed and professionally edited will be the main dissemination product. This will be designed for various formats (i.e. for publication and also for web).

A stand-alone executive summary will also be a part of the main set of dissemination products, as will a PowerPoint based on this. In addition to the main report and presentation, a video presentation will be prepared, a one-pager factsheet and potentially, technical briefs.

The Evaluation Team leader will travel to New York and/or Geneva to debrief IASC members. In case the current situation regarding the global COVID-19 pandemic does not allow for this, the debriefings will be held virtually. Side events could also be organised at ECOSOC and at the UN General Assembly to further disseminate the findings in line with the Steering Group's engagement and communications strategy, with webinars another possibility.

Annex 1: Political timeline

*Timeline*¹⁴²

In 1990, Yemen was formed with the unification of the Yemen Arab Republic (YAR), which was Saudi- and United States-backed, with the People's Democratic Republic of Yemen (PDRY), which was backed by the Union of Soviet Socialist Republics (USSR). Ali Abdullah Saleh, who had ruled North Yemen since 1978, became the leader of the new country. However, the unification was mired with problems: by 2007, southern separatists had formed the Southern Movement, seeking greater autonomy within Yemen; between 2004 and 2010, the Houthi movement revolted against the Saleh government; and AQAP and Ansar al-Sharia captured territory in the south and east.

The Arab Spring in 2011 saw President Ali Abdullah Saleh replaced by his deputy, Abd Rabbu Mansour Hadi, following a referendum in February 2012. During Saleh's 33-year reign and more recently before his secession from power, Yemen was in a growing food crisis accompanied with drought and rising food prices. There was severe malnutrition in at least five governorates in the north and west of the country at the same time as refugees from the Horn of Africa, particularly Somali refugees, were arriving across the Gulf of Aden (European Commission 2011).¹⁴³ The government's failure to meet the basic needs of its population led to the 2011 uprising and the end of Saleh's rule (Al-Mowafak 2021).¹⁴⁴

From 2012-2015, however, the country remained divided, and an agreement brokered by the Gulf Cooperation Council (GCC) to enable a transition to democratic governance failed, soon after it had been agreed. This agreement included the old ruling elites in Saleh's General People's Congress (GPC) and the alliance of traditional opposition parties but failed to include representatives from the protest movements.

2014

Capitalising on popular discontent with rising fuel prices, the Houthis consolidated their control over the governorate of Sa'da and other neighbouring areas in northern Yemen. Following the Houthis capture of army and security positions in the capital Sana'a in September 2014 – helped by their alliance of convenience with former President Saleh – the UN mediated the Peace and National Partnership Agreement, which proposed the formation of a new interim government led by Hadi, but which also offered powers to the Houthis and the Southern Movement. Despite rejecting Hadi's Chief

¹⁴² The information relating to this timeline comes from the following sources: Peace Agreements Database, *Yemen Timeline*, Edinburgh: The University of Edinburgh - <https://www.peaceagreements.org/yemen-timeline>; OCHA (2018), *Humanitarian Response Plan: January-December 2018*, OCHA; Human Rights Watch (2021) *World Report 2021: Events of 2020*, Human Rights Watch: USA; ACAPS (2021) *Yemen Crisis Impact Overview: Key Humanitarian Developments in 2020 and Outlook for 2021*, 10 May 2021, ACAPS Analysis Hub: Yemen; Amnesty International (2020) *Yemen War: No End in Sight*, updated 24 March 2020 - <https://www.amnesty.org/en/latest/news/2015/09/yemen-the-forgotten-war/>; GRFC (2020) *2020 Global Report on Food Crises: Joint Analysis for Better Decisions*, GRFC; OSEYGY (2019) *A Year After the Stockholm Agreement: Where are We Now?*, December 2019 - <https://osesgy.unmissions.org/year-after-stockholm-agreement-where-are-we-now> [Accessed on 6 June 2021]; Robinson, K. (2021) *Yemen's Tragedy: War, Stalemate, and Suffering*, Background, 5 February 2021, Council on Foreign Relations - <https://www.cfr.org/background/yemen-crisis> [Accessed on 6 June 2021].

¹⁴³ European Commission (2011) "Worsening Humanitarian Situation In Yemen Triggers a €5 million Boost in European Assistance", Press Release, European Commission, 12 December 2011 - https://ec.europa.eu/commission/presscorner/detail/en/IP_11_1529 . [Accessed 17 June 2021].

¹⁴⁴ Al-Mowafak, H. (2021) "Yemen's Water Crisis: A New Urgency to an Old Problem", 6 April 2021, *PeaceLab* - <https://peacelab.blog/2021/04/yemens-water-crisis-a-new-urgency-to-an-old-problem> . [Accessed on 18 June 2021].

of Staff, Ahmed Awad bin Mubarak, as Prime Minister, the Peace and National Partnership Agreement was signed in November 2014.

2015

Fighting however continued and by January 2015 Hadi had resigned as President after a failed agreement between the Houthis and the Hadi government to end political and military fighting. By February 2015, the Houthis had suspended the Constitution and the House of Representatives and had seized the government. Hadi in response withdrew his resignation and fled to Aden where he declared Aden the temporary capital of the country and the Houthis take-over as a coup.

March 2015 was characterised by a rapid escalation in conflict. On 19 March, suicide bombings killed 137 people in three mosques in Sana'a by the Islamic State. Saleh-Houthi forces advanced south towards Taizz, Lahj and Aden where they attacked the presidential palace in Aden. Fighting broke out as Houthi-Saleh forces entered Aden where they were met by those forces loyal to Hadi, the Southern Movement and popular resistance. In response, an Arab Coalition led by Saudi Arabia (at the request of Hadi) launched Operation Decisive Storm to bring back Hadi's government, who had escaped to Riyadh. On 26 March, the Saudi-led coalition (SLC) began air strikes on Houthi-affiliated targets. As such, fighting and air strikes escalated across the country.

By April 2015, the UNSC Resolution 2216 was adopted which imposed a full arms embargo against the Houthi/Saleh alliance and called for all parties to stop activities that could undermine the country's UN-facilitated political transition. With the conclusion of Operation Decisive Storm, Operation Restoring Hope began, accompanied with a seven-point Muscat Peace Plan, and Ismail Ould Chekh Ahmed became UN Special Envoy to Yemen. Fighting continued in Yemen and cross-border with Saudi Arabia, however, on 12 April a five-day ceasefire was declared allowing much needed humanitarian supplies to arrive in Hodeidah. On 17 April, a conference of pro-government coalitions was held in Riyadh where it affirmed UNSC 2216.

Postponed talks between the Houthis and the Yemen government took place in Geneva in June 2015 but fighting continued throughout the year. From mid-July to mid-August 2015, the control of territory changed significantly with Coalition-supported forces taking control of Aden in late July and much of southern Yemen by mid-August. Conflict escalated in Taizz and the city came under siege. Notably, on 18 August air strikes hit Hudaydah port – Yemen's largest port which, prior to the conflict, managed the import of food, medicine and fuel.

Amid the conflict, two consecutive cyclones hit the southern coast and Socotra Island in November 2015. By December 2015, the scheduled second meeting between Ansar Allah and the Yemen government is delayed in Geneva and ends with the termination of talks following ceasefire violations.

2016

In January 2016, clashes and air strikes escalated across the country as the formal ceasefire ended. By April 2016, a new ceasefire began with UN-sponsored peace talks starting in Kuwait on 21 April. In May and August 2016, seven governorates across Yemen experienced flooding. By August, the Government of Yemen and the SLC closed Sana'a International Airport.

In July 2016, the Houthis joined with the government of former President Saleh and set up a “political council” to govern Sana’a and the majority of northern Yemen. Further failed peace talks in Kuwait ended with renewed violence on 6 August and the Islamic State also killed at least 60 people in a suicide attack in Aden. By October, the Ministry of Health declared a cholera outbreak and the UN Special Envoy of the Secretary-General proposed a roadmap to end the conflict.

2017

Despite the roadmap, conflict intensified throughout 2017 marked in January 2017 with significant displacement, as fighting took place in Al Mukha along the western coast. In April, donors pledged \$1.1 billion United States Dollars (USD) at the High-level Pledging Event for the Humanitarian Crisis. The Government of Yemen declared cholera a national emergency on 14 May.

In November, the SLC closed all air, land and seaports as a missile is fired towards Riyadh. Eventually, humanitarian supplies were allowed to enter Red Sea ports. During this month, cases of Diphtheria were noted in Ibb Governorate and had spread to 18 Governorates by the end of December.

In December, former President Saleh was killed as tensions between Ansar Allah and the GPC increased. Further conflict led to significant civilian deaths. On 20 December, the SLC permitted the opening of ports for a 30-day window to allow the import of commercial and critical goods.

2018

With the inflation of the Yemeni Riyal and the government unable to pay public sector salaries, in September 2018 there was a wave of demonstrations which spread across the south of Yemen. People protested against corruption, the failure of the government to protect the economy, and their inability to purchase basic commodities.

UN-backed talks in Sweden concluded on 13 December with the Stockholm Agreement which addressed the following main issues: 1) an agreement on the city of Hudaydah and the ports of Hudayah, Salif and Ras Issa; 2) a mechanism on activating the prisoner exchange agreement, and 3) a statement of understanding on Ta’iz. Subsequently, on the 18 December a ceasefire was announced.

2019

On 16 January, the UN Mission to support the Hudaydah Agreement (UNMHA) through UNSC Resolution 2452 (2019) was adopted. In April 2019, amid a deteriorating humanitarian situation, the UNSC members noted that the escalation in violence in Hajjah and on the Yemeni-Saudi border risked undermining the ceasefire in Hodeidah.

Tension arose between the UAE and its allies as the former backed the STC as it captured Aden in 2019. In mid-2019, the UAE withdrew most of its ground troops from Yemen but continued with air operations and support for local Yemeni militias. By November, Hadi and the STC President had signed the Riyadh Agreement, agreeing to a power sharing arrangement in a post-war Yemen government.

2020

Fighting increased significantly in northern Yemen as the Houthis gained more territory previously held by the IRG, moving towards Marib governorate where there were a high number of internally displaced Yemenis. The UAE-backed STC continued to exert pressure over the recognised Yemen Government in the south.

In March, the UN Envoy to Yemen, Martin Griffith, submitted a peace plan proposal to the Houthis and the IRG. In April, the STC announced self-determination in the South and the SLC announced a unilateral ceasefire. On 10 April, the country had its first recorded case of Covid-19. By late September, the UN recorded 2,034 confirmed cases and 588 deaths due to the disease. Conflict escalated between the STC and the IRG in Abyan and the STC took control of Socotra in June.

By October, the Houthis and the IRG exchanged over 1,083 prisoners. In December, the STC and the IRG agreed to form a new cabinet in Aden. This action led to an attack on Aden airport as the new government arrived in Aden.

2021

In January, the Trump Administration declared the Houthis a terrorist organisation. This act criminalised interactions with the Houthis and threatened to prevent the delivery of essential humanitarian aid. President Biden has since reviewed this designation.

In early February, there was an escalation of hostilities across the Marib Governorate – the IRG's last stronghold – as the Houthis began a new offensive, with Sirwah district particularly affected. In early March, the Houthis carried out missile attacks on Saudi Arabia, targeting oil tankers and facilities along with the international airports. In response, the SLC conducted airstrikes on Sana'a.

In April, there were clashes between the STC and the IRG in Abyan. There is concern that with such tension the Stockholm and Riyadh Agreements would fail and further impede humanitarian imports and access. In June renewed fighting breaks out between the IRG and the Houthis over the city of Marib, a strategic city for access to surrounding oil fields.

Annex 2: Draft evaluation matrix

Evaluation question	Evaluation sub-question	Indicators	Data sources	Data collection methods
Appropriateness				
EQ 1: Were strategies and response plans appropriate, based on needs in consultation with the local population and adaptive to changing context? Strength of evidence: Strong EQ 1.1, 1.2 Medium/weak EQ 1.3, 1.4	EQ 1.1: Are strategies and plans based on needs and priorities as identified by affected populations through inclusive consultation processes?	<ul style="list-style-type: none"> Evidence of joint needs analysis Strategies and plans match needs analyses Evidence of inclusive community consultation processes Evidence feedback from consultation processes influences collective response and cluster plans. 	<ul style="list-style-type: none"> Response strategies and underlying documentation. Agency documentation. Collective Accountability to Affected Populations (AAPs) strategies. Individual agencies consultations and AAP mechanisms. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. SMS survey. FGDs. Social media analysis. Aid worker survey.
	EQ 1.2 Which changes in the context were the most important and what adaptations in the collective response have been taken?	<ul style="list-style-type: none"> Adaptations made on the basis of context changes in the country Evidence of adaptation and adaptive management Quality of the context analysis (overall and per sector) 	<ul style="list-style-type: none"> Plans and strategies. Meeting notes, reports, Security Council briefings. 	<ul style="list-style-type: none"> Document review. Aid worker survey.
	EQ 1.3: Do strategies try to ensure aid does not prolong conflict or fuel war economies, as best as they are able?	<ul style="list-style-type: none"> Evidence of research and analysis on the war economy in Yemen. Evidence of strategies (internal and external) to avoid aid manipulation. Did the aid community need to make compromises to ensure access to those most in need? Were these justified? 	<ul style="list-style-type: none"> Economic analysis. Analysis documentation. Strategies and risk registers. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs.
	EQ 1.4: Do response strategies and approaches consider VFM?	<ul style="list-style-type: none"> Selection of delivery channels and partners is informed by VFM considerations. 	<ul style="list-style-type: none"> M & E data. Financial data (collective). Key informants. Reviews, documentations. 	<ul style="list-style-type: none"> Document review. KIIs.

		<ul style="list-style-type: none"> Costs are monitored in a way that allows for VFM comparisons against outputs and outcomes. Lessons are sought and then learnt about VFM. 		
<p>EQ 2: Did the response appropriately target the most vulnerable and hard to reach and were women, girls, men and boys considered equally?</p> <p>Strength of evidence: Strong</p>	<p>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 a disability, the elderly and minority groups affected by the conflict?</p>	<ul style="list-style-type: none"> Logic for beneficiary prioritisation in the NHO, HRP and agencies' response plans. Degree to which vulnerable groups were excluded from the collective response. Extent to which analysis of gender roles and power dynamics in communities informed the response. 	<ul style="list-style-type: none"> Demographic response data. Portfolio analysis. Specific gender analysis. Perception of stakeholders. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. FGDs. Aid worker survey.
	<p>EQ 2.2: Did the collective assessments prioritise adequately the needs of the most conflict-affected and hard-to-reach reach geographic areas?</p>	<ul style="list-style-type: none"> Affected population satisfaction with response. Numbers of people reached. Percentage of PIN reached. Geographic coverage 	<ul style="list-style-type: none"> Affected population consultation. End of year reports. Data sets on interventions. Key Informants. Perception of stakeholders. 	<ul style="list-style-type: none"> Secondary data. SMS survey. FGDs. KIIs. Social media analysis. Aid worker survey.
	<p>EQ 2.3: Did the collective response prioritise adequately the needs of the most conflict-affected and hard-to-reach reach geographic areas?</p>	<ul style="list-style-type: none"> Affected population satisfaction with response. Numbers of people reached. Percentage of PIN reached. Geographic coverage 	<ul style="list-style-type: none"> Affected population consultation. End of year reports. Data sets on interventions. Key Informants. Perception of stakeholders. 	<ul style="list-style-type: none"> Secondary data. SMS survey. FGDs. KIIs. Social media analysis. Aid worker survey.
<p>EQ3: Did the response appropriately integrate humanitarian principles and protection?</p>	<p>EQ 3.1: To what extent were humanitarian principles and protection integrated into the collective response?</p>	<ul style="list-style-type: none"> Evidence humanitarian principles have informed decision making. 	<ul style="list-style-type: none"> HRP reporting. Agency reporting. Key Informants. Affected populations. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. SMS survey. Aid worker survey.

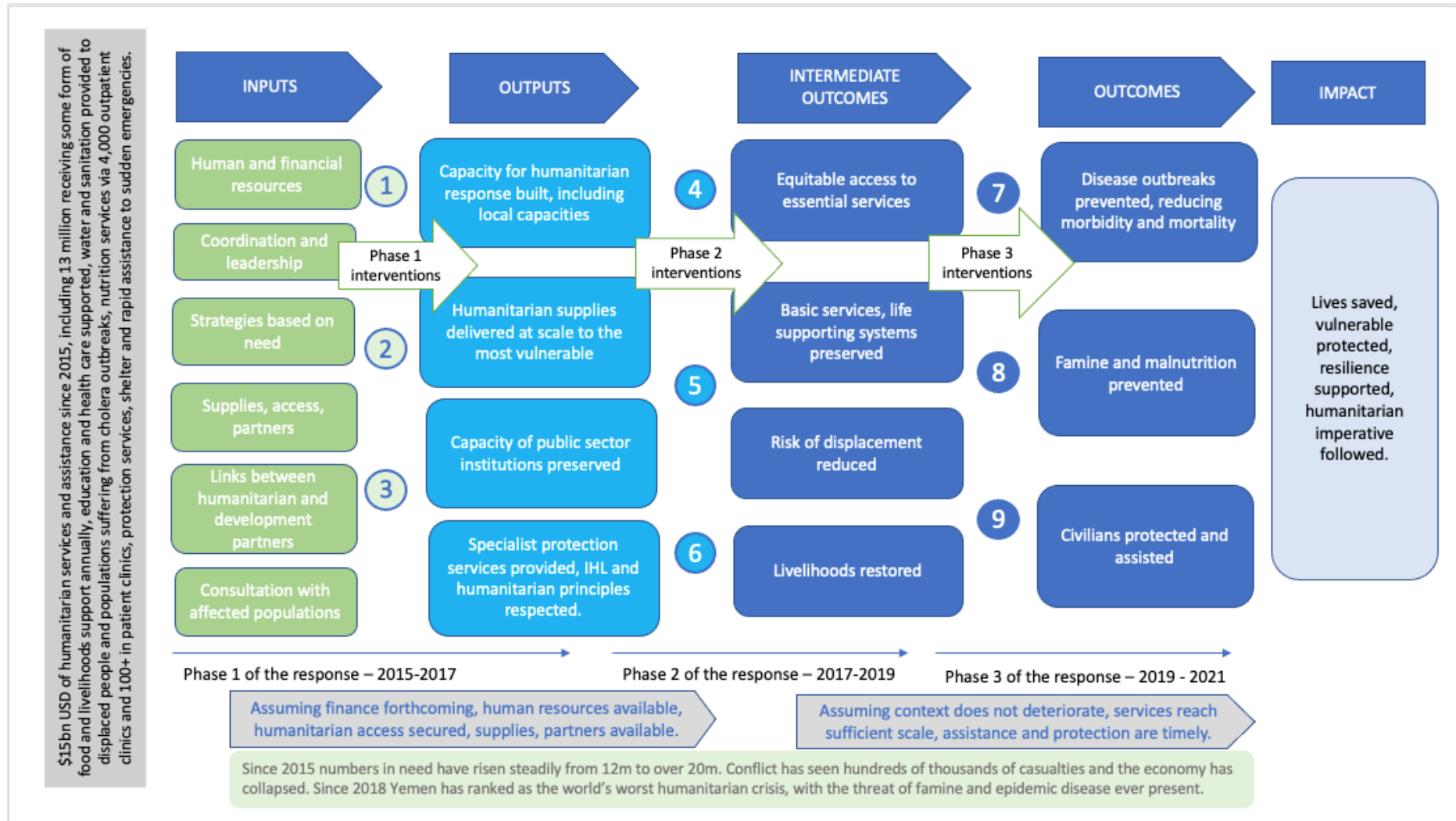
		<ul style="list-style-type: none"> Evidence of diplomacy and advocacy strategies to strengthen adherence to Humanitarian Principles Existence and quality of AAP strategies integrated in collective response. Existence and quality of Protection strategies integrated in collective response. 		<ul style="list-style-type: none"> FGDs.
	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)?	<ul style="list-style-type: none"> Extent to which needs were met through collective response. Extent to which underlying factors preventing the response from reaching those in need were identified and actions taken to address them. Numbers of people receiving assistance and protection in hard-to-reach areas. Numbers of particularly vulnerable groups such as Muhamasheen receiving assistance. 	<ul style="list-style-type: none"> HRP reporting. Agency reporting. Key Informants. Affected populations. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. SMS survey. Aid worker survey. FGDs.
Effectiveness				
EQ 4: Were collective outcomes achieved? Strength of evidence: Medium	EQ 4.1: To what extent was famine prevented and food security enhanced?	<ul style="list-style-type: none"> Numbers of people in IPC4 & 5, and trends. Numbers of people provided with access to livelihood assistance. Evidence of increase or decrease in food consumption and coping strategies. 	<ul style="list-style-type: none"> IPC data. FSLA data. Food security cluster intervention data. Malnutrition and mortality data. PDMS. 	<ul style="list-style-type: none"> Secondary data. FGDs.
	EQ 4.2: To what extent were disease outbreaks prevented	<ul style="list-style-type: none"> Numbers of people with reference communicable diseases 	<ul style="list-style-type: none"> EWARNs data. Ministry of Health 	<ul style="list-style-type: none"> Secondary data. FGDs.

	reducing morbidity and mortality?		<ul style="list-style-type: none"> Health Management Information Systems (HMIS) data. MICS. 	
	EQ 4.3: To what extent was malnutrition contained?	<ul style="list-style-type: none"> Numbers of children with moderate and severe acute malnutrition. 	<ul style="list-style-type: none"> Nutrition cluster data. SMART surveys. Data from therapeutic feeding centres 	<ul style="list-style-type: none"> Secondary data from agencies.
	EQ 4.4: Were civilians protected and assisted?	<ul style="list-style-type: none"> Displacement figures stabilised or reduced. Extent to which people provided with access to livelihood opportunities. Community assets for local economic development restored. 	<ul style="list-style-type: none"> HNO data. UNHCR and IOM data. Agencies' data. HRP reports. Key informants. 	<ul style="list-style-type: none"> Secondary data FGDs KIIs Site visits
	EQ 4.5: To what extent was the response – through mainstreaming of protection, protection services and advocacy- able to prevent and mitigate protection risks?	<ul style="list-style-type: none"> Numbers of civilian casualties. Numbers of people suffering sexual or gender-based violence. Number of incidents in contravention of International Humanitarian Law (IHL). 	<ul style="list-style-type: none"> Government statistics. Independent monitoring. Protection cluster data. ICRC and Red Cross Red Crescent (RCRC) movement data. Affected populations. 	<ul style="list-style-type: none"> Secondary data. FGDs.
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, shelter - provided at scale and at a meaningful level of coverage??	<ul style="list-style-type: none"> Service delivery figures. Quality of services delivered. 	<ul style="list-style-type: none"> HRP reporting. Agency reporting. Government data. Observation. 	<ul style="list-style-type: none"> Secondary data. FGDs.
Strength of evidence: 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?	<ul style="list-style-type: none"> Protection services output figures. Quality of protection services. Evidence of protection mainstreamed throughout response. 	<ul style="list-style-type: none"> Agency reporting. Key informants. Observation. 	<ul style="list-style-type: none"> Secondary data. Document review. KIIs. FGDs.
	EQ 5.3: What were the enabling and confounding	<ul style="list-style-type: none"> Evidence of enabling factors. Evidence of confounding factors. 	<ul style="list-style-type: none"> Key informants. Response analysis. 	<ul style="list-style-type: none"> Document review. KIIs.

	factors and how did the system collectively deal with them?		<ul style="list-style-type: none"> • HRPs and other strategic documents. 	<ul style="list-style-type: none"> • FGDs. • Aid worker survey.
	EQ 5.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?	<ul style="list-style-type: none"> • Access over time. • Access to hard-to-reach areas. • Evidence of advocacy on access. 	<ul style="list-style-type: none"> • Access data. • Access strategies. • Meeting minutes. • Key informants. • Observation. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIs. • Aid worker survey.
	EQ 5.5: Did the humanitarian operation go to scale in time, and was it able to operate at the level needed?	<ul style="list-style-type: none"> • Numbers of staff employed/ deployed. • Number of projects and programmes delivering results. • Levels of supply. 	<ul style="list-style-type: none"> • Staffing levels. • Project/ programme results. • Key informants. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIs. • Aid worker survey.
	EQ 5.6 Was the collective response adequately monitored and evidence and data provided to decision makers in a timely fashion?	<ul style="list-style-type: none"> • Availability of collective level monitoring data. • Availability of agency level monitoring data. • Evidence of data driven decision making. 	<ul style="list-style-type: none"> • Monitoring systems. • Monitoring data. • Meeting minutes. • Response plans. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIs.
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?	<ul style="list-style-type: none"> • Evidence of joint planning. • Evidence of coordination mechanisms. 	<ul style="list-style-type: none"> • Joint planning documents. • Meeting minutes. • Key informants. 	<ul style="list-style-type: none"> • Document review. • KIs. • Aid worker survey. •
Strength of evidence: Strong	EQ 6.2: Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience	<ul style="list-style-type: none"> • Evidence of nexus analysis. • Evidence of long-term thinking in humanitarian strategies. • Evidence of resilience strategies. 	<ul style="list-style-type: none"> • Analysis documents. • HRPs. • Meeting minutes. • Agency reporting. • Key informants. 	<ul style="list-style-type: none"> • Document review. • KIs. • Aid worker survey.
EQ 7: Did the response sufficiently enhance local capacities, and work	EQ 7.1: Did the international response enhance and amplify local humanitarian capacities?	<ul style="list-style-type: none"> • Increased local NGO work. • Civil society participation in key processes. 	<ul style="list-style-type: none"> • Financial flows analysis. • Meeting minutes. • Observation. • Key informants. 	<ul style="list-style-type: none"> • Secondary data. • Document review. • KIs. • Aid worker survey.

effectively with local humanitarians? Strength of evidence: Medium	EQ 7.2: Did the humanitarian response work effectively with local and national authorities where appropriate?	<ul style="list-style-type: none"> Evidence of joint planning mechanisms with local and national authorities. 	<ul style="list-style-type: none"> Meeting minutes. Key informants. Observation. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.
Coordination and partnerships				
EQ 8: Was the response leadership adequately supported and did the coordination mechanisms and tools enable better humanitarian action? Strength of evidence: Medium	EQ 8.1: Did partnerships enable delivery and access?	<ul style="list-style-type: none"> Evidence of increased access via partnerships. 	<ul style="list-style-type: none"> Access reporting. Agency reporting. 	<ul style="list-style-type: none"> Document review. KIIs.
	EQ 8.2: Did the coordination of humanitarian assistance between the agencies reduce gaps, avoid duplication and increased complementarity?	<ul style="list-style-type: none"> Evidence of well-functioning humanitarian coordination. Clarity of roles of organization and regularity of meetings Identification of gaps and overlaps in the response. Evidence of joint responses 	<ul style="list-style-type: none"> Donor reporting and analysis. HRP reporting. Key informants. Meeting minutes. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey
	EQ 8.3: Were coordination mechanisms inclusive?	<ul style="list-style-type: none"> Evidence of diverse participation in coordination mechanisms. 	<ul style="list-style-type: none"> Meeting minutes. Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.
	EQ 8.4: Was leadership timely and adequate?	<ul style="list-style-type: none"> Evidence of empowered leadership. Linkages between the strategic and operational levels 	<ul style="list-style-type: none"> Key informants. 	<ul style="list-style-type: none"> Document review. KIIs. Aid worker survey.

Annex 3: Theory of Change



- ① That sufficient finance is available, and the right kind of expertise can be deployed
- ② That access allows for sufficient data collection and planning
- ③ That public services have an ability to function despite the conflict
- ④ That humanitarian and public services can be delivered in/ to hard to reach areas
- ⑤ That food, water and health supplies can be delivered in time at scale to the right places
- ⑥ That livelihoods are viable in conflict affected areas
- ⑦ That the conflict does not make humanitarian work too insecure to be viable
- ⑧ That the volume of assistance is sufficient (and timely) to make a difference.
- ⑨ That the parties to the conflict allow humanitarian assistance and protection to reach those most in need.

Annex 4: Key causal assumptions in the Theory of Change for the collective response

There are a number of key assumptions that underpin the logic of humanitarian assistance and protection in Yemen. Broadly these can be thought of as similar in nature to many humanitarian and conflict contexts – that the analysis is right in terms of what is needed, that the quality of the provided interventions is at the right level to influence outcomes, that there is enough assistance to make a difference, that the parties to the conflict allow assistance to get to the people who actually need it, and that the conflict does not create further humanitarian suffering that overwhelms the humanitarian assistance system.

A more complex set of assumptions relate to the diagnosis, that humanitarian assistance on its own is enough to make a difference – to save lives in extremis and restore some form of self-sufficiency in the medium term. Clearly the resolution of conflict is key to alleviating humanitarian suffering. There are also acute development stresses in Yemen, such as water shortages and an economy that does not provide jobs at the rate that people enter the labour market. Historical political differences underpin the current conflict and these factors together influence what is possible for the humanitarian operation to achieve. The evaluation will avoid overly simplistic assumptions about what the operation can or cannot achieve given the complexity of the situation.

1. That sufficient finance is available, and the right kind of expertise can be deployed

This assumption basically speaks to ‘capacity’, and whether the operation was/is able to get to a scale that can make a difference. Financial resources are essential, as are human resources.

2. That access allows for sufficient data collection and planning

This assumption speaks to the diagnosis of the problem and in fact is wider than access alone, although this appears to be a key constraint in the Yemeni context. Needs analysis is a key step in setting strategy and determining the trajectory of the subsequent response.

3. That public services have an ability to function despite the conflict

There are some key aspects of the humanitarian response that rely on existing Yemeni public services to deliver, such as health and education. Therefore, a key assumption is that these services continue to function – there is no point in giving money and supplies to Ministries if the clinics are closed and the staff have fled.

4. That humanitarian and public services can be delivered in/to hard-to-reach areas

A similar point to the one above, but specifically relating to hard-to-reach areas. It is entirely plausible that public services continue to operate in many parts of the country, but in the most challenging places with the highest need, they are not present.

5. That food, water and health supplies can be delivered in time at scale to the right places

The two most significant humanitarian risks in Yemen since the declaration of the L3 have been epidemic disease (mostly cholera, a water borne disease) and famine (caused primarily by a lack of entitlements). Not only does the response have to have made the right diagnosis and identified the right delivery channels, but the right inputs have to be delivered at the right time at the right scale to make a difference.

6. That livelihoods are viable in conflict affected areas

Another part of the humanitarian effort relates to trying to sustain livelihoods. This relies on the assumption that these remain viable in times of conflict (for instance there is no point supplying farming inputs if the markets and the transport to markets is not possible due to active conflict).

7. That the conflict does not make humanitarian work too insecure to be viable

Ultimately, there needs to be a level of security for humanitarian workers to assess, deliver and monitor assistance and protection. When humanitarian workers are specifically targeted, or active combat makes the work impossible, this will not be the case.

8. That the volume of assistance is sufficient (and timely) to make a difference

Similar to point five above. Famine occurs when a population depletes its resource irrevocably, usually resulting in distress migration. Most communities will share resources up until this “tipping point”, and the transition from just about being able to cope to distress migration and acute malnutrition can be very fast. Ultimately, the volume of humanitarian assistance will be a key factor in mitigating this “falling off the edge” or otherwise.

9. That the parties to the conflict allow humanitarian assistance and protection to reach those most in need

Finally, there needs to be access for humanitarian assistance and protection to be supplied, and this depends on the position of the warring parties and controlling authorities.

Annex 5: Draft quantitative surveys

The evaluation is planning to use two quantitative surveys – a longer “classic” survey to be circulated via organisations to their staff working in Yemen (Table 1, below). This will be implemented via Kobo Toolbox and will be left open for as long as possible given the experience that such surveys typically get quite low take up from very busy and stretched front line humanitarians.

Aid worker survey

The questions are all derived from the evaluation matrix, where one of the data sources for the evaluation sub-questions is identified as an aid worker survey. The questionnaire will be tested on a small group of volunteers before being rolled out.

Table 1: “Aid worker” survey

Question	Multiple choice answers
Needs	
Are needs being met by the response?	<ol style="list-style-type: none"> 1. Most acute needs are being met. 2. Some needs are being met but not consistently. 3. The response is not meeting many of the needs. 4. The response is not meeting needs.
Does the response consider equally, girls, women, men, boys?	<ol style="list-style-type: none"> 1. The response considers the needs of men, women, girls and boys equally. 2. The response does not meet the needs of men, women, girls and boys equally. 3. There is not enough data to tell.
Does the response serve the most vulnerable?	<ol style="list-style-type: none"> 1. The response is meeting the needs of the most vulnerable. 2. The response is meeting the needs of the most vulnerable adequately. 3. The response is not meeting the needs of the most vulnerable. 4. There is not enough data to tell.
Does the response adequately meet the needs of groups such as persons with disabilities and the elderly?	<ol style="list-style-type: none"> 1. The response is meeting the needs of persons with disabilities, elderly and other vulnerable groups. 2. The response meets the needs of persons with disabilities people but not the elderly. 3. The response meets the need of elderly but not persons with disabilities. 4. The response is meeting the needs of persons with disabilities and elderly but missing some other important groups. 5. The response is not meeting any of the needs of these groups. 6. There is not enough data to tell.
Does the response serve the hardest-to-reach?	<ol style="list-style-type: none"> 1. Yes, the response is finding ways to get assistance and protection to-hard-to reach areas. 2. The response is trying hard to reach these groups but not always succeeding.

	3. The response is failing to get to the hard-to-reach areas.
Context	
Does the response adequately understand and account for context?	<ol style="list-style-type: none"> 1. Yes, the strategies, plans and leadership understand the context well and responses are tailored to the situation. 2. No, the response does not account for context, using standard approaches that are not always appropriate. 3. Depends on the agency and individuals.
Does the response adapt well to the changing situation?	<ol style="list-style-type: none"> 1. Yes. 2. No. 3. Sometimes.
Does the United Nations Humanitarian (UNH) system deal well with enabling and confounding factors collectively?	<ol style="list-style-type: none"> 1. The UNH system works well collectively to overcome difficulties and take advantage of opportunities. 2. The UNH system can work well together at times to overcome obstacles, but not always. 3. The UNH system does not well work collectively to address challenges and capitalise on opportunities.
Does the UNH system have the right strategies for securing access?	<ol style="list-style-type: none"> 1. Yes, the UNH system is doing all it can to secure access. 2. The UNH system does not work well together to secure access but has some individual successes. 3. The UNH system is failing to secure access.
Connectedness	
Are there effective links between humanitarian, development and peace partners?	<ol style="list-style-type: none"> 1. Yes. 2. No. 3. Sometimes.
Is the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?	<ol style="list-style-type: none"> 1. Yes. 2. No. 3. Sometimes.
Local	
Has the international response enhanced local humanitarian capacities?	<ol style="list-style-type: none"> 1. Yes. 2. Not at all. 3. Somewhat.
Are strategies and plans informed by consultation with affected population?	<ol style="list-style-type: none"> 1. Yes. 2. Not at all. 3. Somewhat.
Does the humanitarian response work effectively with local authorities?	<ol style="list-style-type: none"> 1. Yes. 2. Not at all. 3. Somewhat.
Coordination	
Does the coordination of humanitarian assistance work to reduce gaps and duplication?	<ol style="list-style-type: none"> 1. Yes. 2. Not at all. 3. Somewhat.
Are coordination mechanisms inclusive of local and national civil society groups?	<ol style="list-style-type: none"> 1. Yes. 2. Not at all.

	3. Somewhat.
Is leadership timely and strategic?	1. Yes. 2. Not at all. 3. Somewhat.
Are humanitarian principles respected?	1. Yes. 2. Not at all.* 3. Somewhat.
Is AAP adequately incorporated into response decision making?	1. Yes. 2. Not at all.* 3. Somewhat.
Is Protection adequately mainstreamed in the response?	1. Yes. 2. Not at all.* 3. Somewhat.
	*If not at all please explain in 200 words or less why not.

Source: Authors' Own.

SMS survey

The SMS survey is aimed at a large sample of Yemenis in the areas where the evaluation is also conducting field work. Currently the discussion is to target something like 200,000 people, randomly selected by the mobile phone company (a simple randomised sample of their subscribers in a given area).

The SMS survey is purposely simple to be able to run on basic (non-internet enabled/ non-smart) phones. The number of questions also needs to be extremely limited to keep people's attention, and to encourage good take up. Finally, the answers need to be "alpha-numeric" for non-internet enabled phones, hence the simple answers. Four answers are considered optimal in this format to avoid people choosing the middle option.

As with the aid worker survey, the questions are largely derived from the evaluation matrix, with the SMS/affected population survey identified as a data source.

Table 2: SMS Survey

1. Did you receive humanitarian assistance in the last six months?	Yes/ No. (type Y or N on keypad).
2. If you received humanitarian assistance, how would you rate it?	1. Very good. 2. Quite good. 3. Not very good. 4. Poor/ useless.
3. Do you think humanitarian assistance meets your needs?	1. Yes. 2. Mostly. 3. A little. 4. Not at all.
4. Which type of organisation do you think delivers humanitarian assistance best?	1. UN. 2. International NGO. 3. National NGO. 4. Other.

5. Do you think the distribution of humanitarian assistance is fair?

1. Yes.
2. Mostly.
3. Not really.
4. Not at all.

Source: Authors' own.

Annex 6: Draft qualitative interview guide

Topic guides will need to be contextualised for individual stakeholders.

- **Build your own topic guide:** You should select questions from here and contextualise them to the key informant.
- **Consent:** Please give respondents the introduction and ensure that you have gained explicit consent (outlined below).
- **Range of topics:** You should decide in advance, and note in the sample, which bits of the ToC to discuss with respondents. Use the sampling spreadsheet to keep track of which outcomes you have discussed with which respondents and make adjustments if necessary, to ensure that you are using the evaluation matrix systematically.

Key informant interviews

Evaluation question/sub-questions	
Interviewee name	
Position and organisation	
Interviewer name	
Date of interview	

Introduction

- Introduce the IAHE evaluation and Valid/IDS.
- Introduce the scope and timeframe of the evaluation. Triggered by the designation of Yemen as an L3 emergency in 2015.
- Introduce the purpose of the evaluation to look at collective outcomes and emphasise the system wide nature, meaning it is not an evaluation of individual agency efforts.
- Introduce the particular focus of the interview, referencing the topics to be discussed.
- Interviews should take approximately 45-60 minutes.

Consent

- Ensure participants understand the independent and confidential nature of the evaluation. Interviewers should make it clear that all interviews are confidential and non-attributable unless explicitly requested otherwise.
- Give respondents the opportunity to ask any questions or clarifications about the interview.
- Ask respondents whether they agree to be interviewed on the basis of the above.

The following is a list of all the evaluation questions where key informant perspectives might be relevant. Please choose from this list in advance of the interview. KIs should be semi-structured and allow for respondents to take the conversation in an unexpected and unplanned direction if needed. With this in mind, the evaluator/interviewer should consider a maximum of 6-8 topic areas for any one interview. Please try not to be overly prescriptive, instead aiming for a free-flowing conversation where participants feel at ease and want to speak openly.

Needs	
EQ 1.1: Are strategies and plans based on needs?	<ul style="list-style-type: none"> • How HNOs and agency specific assessments inform HRPs. • Quality of needs assessments and factors affecting this. • System wide needs assessments versus individual agency assessments and compatibility.
EQ 1.2: Are strategies and plans informed by consultation with affected population?	<ul style="list-style-type: none"> • Is there a mechanism for consulting affected populations? • Is this mechanism collective and the analysis conducted at a system/response wide level? • Do plans take any results from these processes (if they exist) into account?
EQ 1.4: Do strategies ensure aid does not prolong conflict or fuel war economies, as best as they are able?	<ul style="list-style-type: none"> • Is there aid diversion at a significant level? • Do warring parties exert undue influence over the distribution of aid resources? • How does the aid economy compare in size to other economic activity? • Is it possible that aid resources are sustaining particular parties to the conflict and without these inputs they would not be viable?
EQ 2.1: Were needs met?	<ul style="list-style-type: none"> • Is there a robust understanding of needs, shared by most of the major actors within the response? • Are aid resources aligned with the major needs identified? • Do affected populations report satisfaction with aid operation? • Are there major gaps?
EQ 2.2: Did the response consider equally, girls, women, men, boys?	<ul style="list-style-type: none"> • Are there good strategies for ensuring gender equity? • Is there good data for planning operations and good disaggregated data from Monitoring & Evaluation (M&E)? • Is there in-depth gender analysis and is this used in shaping the response?
EQ 2.3: Did the response adequately serve the most vulnerable and hard to reach?	<ul style="list-style-type: none"> • Who are the most vulnerable and why? How is this measured and how confident can we be? • Do socially marginalised groups get H assistance protection? • Are specifically vulnerable groups such as the disabled and the elderly suitably catered for?
Coverage and context	

EQ 4.2: Were protection services provided at scale and at an adequate level of coverage?	<ul style="list-style-type: none"> • Is protection central to the H response as per recent UN rhetoric on the topic? • Is there sufficient resource for protection services such as Sexual and Gender-Based Violence (SGBV) and Child protection? • Do the authorities allow the space for marginalised and excluded groups to be included in the response?
EQ 4.3: What were the enabling and confounding factors and how did the UNH system collectively deal with them?	<ul style="list-style-type: none"> • How does the UNH system understand and use context analysis? • What are the main challenges in the response? • What are the main enabling factors?
EQ 4.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?	<ul style="list-style-type: none"> • How is access negotiated and secured? • Does this work for all humanitarian agencies? • What could be done better?
Connectedness	
EQ 5.1: Were there effective links to development and peace partners?	<ul style="list-style-type: none"> • What are the main points of contact for these various parts of the international system? • Are there joint strategies? • Is there joint planning? Collective outcomes? Joint M&E?
EQ 5.2: Was the humanitarian operation supportive of peace efforts, longer term development, recovery and resilience?	<ul style="list-style-type: none"> • Has the humanitarian system taken conflict dynamics into account in its collective planning? • Are there medium to long term aspects to the H response that can support development and resilience efforts?
EQ 6.1: Did the international response enhance and amplify local humanitarian capacities?	<ul style="list-style-type: none"> • Are there local and national humanitarian actors working at a meaningful scale? • How has the international effort supported these? Has the presence of the international system hindered local action in any way?
EQ 6.2: Did the humanitarian response work effectively with local and national authorities where appropriate and in accordance with humanitarian principles?	<ul style="list-style-type: none"> • Are there good links to the various de facto and controlling authorities in each jurisdiction? • Has the H response been able to maintain an impartial and independent response?
Coordination	
EQ 7.1: Did partnerships enable & deliver access?	<ul style="list-style-type: none"> • Has there been sufficient partnership capacity to deliver the international response? For example, international and national NGOs?

	<ul style="list-style-type: none"> Is the system of partnership optimal and collegial?
EQ 7.2: Did the coordination of humanitarian assistance work to reduce gaps and duplication?	<ul style="list-style-type: none"> How does the HCT operate as a strategic body? How do the clusters operate, and are they equally well functioning? Are there any obvious areas where improvements could be made?
EQ 7.3: Were coordination mechanisms inclusive?	<ul style="list-style-type: none"> Do local and national actors participate fully in the coordination mechanisms? Do affected population participate in the coordination mechanisms? Do the coordination and leadership arrangements seek to include others of relevance to the response?
EQ 7.4: Was leadership timely and adequate?	<ul style="list-style-type: none"> Is the Resident Coordinator Humanitarian Coordinator (RCHC) position well supported by the international community and fully empowered? Does the leadership team of the RCHC and the big agencies function collectively and effectively? Are the various components of the system well represented and considered by the system?
EQ 7.5: Were humanitarian principles respected?	<ul style="list-style-type: none"> Are there issues relating to humanity, neutrality, impartiality and independence? If so, how well does the system deal with these? Are there mechanisms for raising concerns?

Focus Group Discussions

Evaluation question/sub-questions	
Number of people in FGD and gender	
Location and project	
Socio-economic profile of group	
Interviewer name	
Date of interview	

Introduction

- Introduce the IAHE evaluation and Valid/IDS.
- Introduce the scope and purpose of the evaluation in terms that are comprehensible. Convey that this is part of the accountability mechanism and it is their opportunity to inform future operations.
- Introduce the particular focus of the FGD, referencing the topics to be discussed.
- FGDs should take approximately 60 minutes.

Consent

- Ensure participants understand the independent and confidential nature of the evaluation. Interviewers should make it clear that all interviews are confidential and non-attributable unless explicitly requested otherwise.
- Give respondents the opportunity to ask any questions or clarifications about the interview.
- Ask respondents whether they agree to be interviewed on the basis of the above.

Context

- Establish as far as possible who is in the group – whether they are village leaders, professionals, farmers etc. Establish in a non-intrusive fashion tribe and any other contextual information of relevance to later analysis.

Semi-structured interviewing techniques

- Interview technique should be open ended as pre normal protocols for FGDs. Especially with translation, interviewers should ensure that answers are translated faithfully rather than interpreted. Follow the conversational flow rather than being overly prescriptive. Be respectful and attentive at all times. Try and ensure quieter voices participate when possible.
- Interviewers should try and get the group to feel at ease and understand when sensitive topics are being discussed. Introducing yourself and where you come from, praising their hospitality and other simple human ways of making an initial connection.

CONTEXT	
<p>This section of the FGD should attempt to cover the issues under the four EQs below:</p> <p>EQ 4.3: What were the enabling and confounding factors and how did the system collectively deal with them?</p> <p>EQ 4.4: Was the system collectively equipped to deal with lack of access? What strategies were deployed and were these successful?</p>	<p>This is a general context section and may fit best at the beginning of the interview. This is about how the war has evolved, how they have experienced the changes and how they view the humanitarian response, with a particular emphasis on the international response. Issues relating to access can also be brought up here, or later in the interview as appropriate. “Sensitive” topics should be avoided early on to allow trust to be built.</p>
NEEDS	
<p>This section of the FGD should attempt to cover the issues under the four EQs below:</p> <p>EQ 1.1: Are strategies and plans based on needs?</p> <p>EQ 1.2: Are strategies and plans informed by consultation with affected population?</p> <p>EQ 2.1: Were needs met?</p> <p>EQ 2.2: Did the response consider equally, girls, women, men, boys?</p>	<p>Respondents should be asked:</p> <ul style="list-style-type: none"> • How they see the humanitarian needs – what is most important and how this has changed over time. • How they think needs are determined – who decides and whether they are included in these consultations/ decisions. • Whether they feel the main humanitarian needs are being addressed in their community, and whether this is equal across gender, age and social groupings.
OUTCOMES	

<p>This section of the FGD should attempt to cover the issues under the four EQs below:</p> <p>EQ 3.1: Was famine prevented? EQ 3.2: Were disease outbreaks prevented reducing morbidity and mortality EQ 3.4: Was displacement mitigated? EQ 3.5 Were civilians protected?</p>	<p>This section should be a general discussion about the issues listed left. Food insecurity, disease, displacement and protection risks can be discussed in a variety of ways depending on how the group responds to questions on need. Talking about the biggest risks people faced and how they coped is usually a good way to start this conversation, with probing on particular issues as follow up.</p>
<p>SERVICES</p>	
<p>This section of the FGD should attempt to cover the issues under the four EQs below:</p> <p>EQ 4. 1: Were basic services provided at scale and at a meaningful level of coverage? EQ 4.2: Were protection services provided at scale and at an adequate level of coverage?</p>	<p>This section of the interview should be a general discussion about services. What is available, what works, what would be a priority for improvement. If relevant it might be pertinent to ask about how services have changed over time, and who they see as the most important in keeping services running.</p>

Observation

Observation is fundamental methodological approach that can expand and enhance other areas of data collection. Observing activities means that an event, service, facility, or process can be studied in a natural setting, facilitating a richer understanding of humanitarian needs and response.

- The Evaluation Team will use observations for:
 - Data collection.
 - Triangulation of findings.
 - Explanation.
- **Primary data collection:** The Evaluation Team will use observation to gather primary data on humanitarian service provision. For example, Evaluation Team members might observe whether latrines have been built, if they are in use, and whether they align with relevant standards such as the [Sphere Standards](#).
- **Triangulation:** Through a mixed methods approach, observation feeds into the triangulation of existing qualitative and quantitative datasets. For example, if a key informant interviewed in a major urban centre believes a rural medical clinic is operational and functional, Evaluation Team members can use observations to corroborate this, or to disprove it.
- **Explanation:** Evaluation Team members observing activities or services will also explore potential reasons for existing analysis gaps. For example, if an SMS survey suggests beneficiaries think aid is *not* being distributed fairly, observers can note who attends services and who does not, e.g., are women present or absent.

To achieve these objectives, observers should:

- Begin by determining what needs to be observed.
- Design a simple check-list of what needs to be observed.
- Assign observation tasks among themselves.
- Collect data in a logbook or field journal.
- Discuss observations after the visit to help draw conclusions.

Limitations of these approaches include:

- o Individual Evaluation Team members might observe different events and reach different conclusions.
- o The presence of the Evaluation Team might impact the provision service.

To mitigate these limitations:

- o The Evaluation Team should aim to build initial rapport with service providers and humanitarian workers through informal conversations and clear explanations as to the purpose of the visit.
- o The Evaluation Team must ensure that any conversations are careful and sensitive given the nature of the environment.
- o Visits ought to be of a sufficient duration that individuals present get used to the evaluation teams.
- o A team approach will help cover gaps in complex settings while also avoiding individual bias.

Annex 7: Draft structured document review guide

The evaluation team has already begun and will carry out a thorough document review as part of the data collection methods for the IAHE of Yemen. The aim of the document review process is to:

- Gather background information on the overall context, organisations, programmes and the humanitarian response.
- To inform and enrich the design of primary data collection tools such as interview questions (KIIs, FGDs), surveys, observation guides.
- To identify gaps in knowledge and generate questions.
- To analyse and corroborate evidence presented and discussed throughout the evaluation in order to triangulate findings.

To be effective, however, the IAHE will adopt a systematised document review procedure which will use an adaptation of the READ approach (Dalglish, Khalid and McMahon 2020)¹⁴⁵ to search a body of documents that include formal documents, grey literature, implementation documents, working documents such as meeting notes, PowerPoint presentations, mission reports, peer-reviewed publications, media and other forms of communications, donor and agency websites etc. The READ approach is as follows:

R – Ready your materials

Based on the evaluation questions, we will develop parameters around: 1) topic; 2) dates of inclusion and 3) list of places to search for documents (Google Scholar, online searches, Scopus, other databases). Whilst there is a significant amount of documentation available in the public domain, access to unpublished documentation will have to be facilitated through close collaboration with agency staff.

As mentioned in the inception report, if the evaluation team needs to review documents that contain confidential information, to ensure confidentiality the team will closely follow its ethics and data protection protocols (see inception report and annexes 10-12).

E – Extract data

The team will develop a simple but systematic library of documents based on the criteria developed in step one. This will consist of a shared drive with levels of confidentiality. Documents will be stored in alphabetical order and will be searchable by author and agency.

A – Analyse data

Building on step two, a subset of the most relevant documents may be analysed using MaxQDA. In this process, the most relevant will be uploaded to MaxQDA and the relevant sections coded against the KII/ FGD coding tree. This will enhance the triangulation process. There will also be extensive footnoting of documents used in the expanded context analysis using Zotero which will then link to the document library.

¹⁴⁵ Dalglish, S. L.; Khalid, H. and McMahon, S. A. (2020) 'Document Analysis in Health Policy Research: The READ Approach', *Health Policy and Planning* 35.10: 1424-1431.

D – Distil your findings

These findings will inform the main evaluation report, subsequent teams meetings, and will be complimented with the primary data collected during the evaluation. We will do this by asking key questions that relate back to the evaluation matrix and categorisations, some of which will look at differences/similarities/contradictions found across evidence presented in the documents, where there are silences/omissions, who is represented in the documents, and what type of evidence is used.

Storage of documents

The evaluation team will use a central repository to store all documentation. The evaluation team, guided by IDS Data Protection Policy (see annex 12) will follow a robust procedure in terms of data collection, storage, protection, retention and destruction. Data collected will be stored on IDS certified equipment, including laptops which are encrypted and password protected. Data collected in non-European countries will be then exported to the UK for research analysis. The data itself will then be stored on IDS servers (physical and cloud-based) which are stored in the EU.

Annex 8: List of documents consulted in inception phase

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Annex 9: Documentation provided by agency

Google Drive			
Agency / Organisation	Title of Document	Date of Document	Folder
ACAPS	Access to Basic Needs in Yemen: Scenarios	31 Aug 2020	Access
Logistics Cluster / WFP	Yemen: Access Constraints as of 19 January 2021	Jan 2021	Access
OCHA	Yemen: Humanitarian Access Severity Overview (January 2019)	Jan 2019	Access
OCHA	Yemen: Humanitarian Access Snapshot, September – October 2020	24 November 2020	Access
OCHA	Yemen: Humanitarian Access Snapshot, May – June 2020	24 August 2020	Access
OCHA	Yemen: Organizations Monthly Presence, July 2020	21 September 2020	Access
No files			Cluster specific
Humanitarian Response Plans			
OCHA	2021 HRP: March 2021	March 2021	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2020 HRP: Extension – June-December 2020	June 2020	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2019 HRP Response Plan: End of Year Report 2019	June 2020	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2019 HRP: January – December 2019	Feb 2019	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)

OCHA	2018 HRP: Snapshot	Jan 2018	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2018 HRP: End of Year Report 2018	Aug 2019	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2018 HRP: January – December 2018	Jan 2018	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2017 HRP: Revision	Aug 2017	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2017 HRP: January – December 2017	Jan 2017	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2016 HRP: Revision	Aug 2016	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2016 HRP: January – December 2016	Jan 2016	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
OCHA	2015 HRP: Revision	June 2015	OCHA Yemen - 2015-2020 Products – Humanitarian Program Cycle Products (Files from Crispen)
HRP Funding Status			
OCHA			
	Yemen: Humanitarian Response Plan – Funding Status, as of 23 November 2020	Nov 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
	Yemen: Humanitarian Response Plan – Funding Status, as of 26 October 2020	Oct 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
	Yemen: Humanitarian Response Plan – Funding Status, as of 14 October 2020	Oct 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
	Yemen: Humanitarian Response Plan – Funding Status, as of 28 September 2020	Sept 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
	Yemen: Humanitarian Response Plan – Funding Status, as of 11 September 2020	Sept 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)

OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 9 September 2020	Sept 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 26 August 2020	Aug 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 12 August 2020	Aug 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 5 August 2020	Aug 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 28 July 2020	July 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 22 July 2020	22 July 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 7 July 2020	July 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 1 July 2020	July 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 23 June 2020	June 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 1 June 2020	June 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 20 May 2020	May 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 4 February 2020	Feb 2020	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 7 May 2019	May 2019	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, End of Year 2018	2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)

OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 12 December 2018	Dec 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 30 November 2018	Nov 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 14 November 2018	Nov 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 1 August 2018	Aug 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 19 July 2018	July 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 10 July 2018	July 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 30 June 2018	June 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 28 May 2018	May 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 27 March 2018	Mar 2018	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 14 December 2017	Dec 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 12 November 2017	Nov 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 2 November 2017	Nov 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 4 October 2017	Oct 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 28 September 2017	Sep 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)

OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 15 September 2017	Sep 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 15 August 2017	August 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 9 July 2017	July 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 14 June 2017	June 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 9 May 2017	May 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 24 April 2017	April 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 12 April 2017	April 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 11 April 2017	April 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 27 March 2017	March 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 7 March 2017	March 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 10 January 2017	Jan 2017	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 5 December 2016	Dec 2016	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 14 November 2016	Nov 2016	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 10 November 2016	Nov 2016	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)

OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 1 October 2016	Oct 2016	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan – Funding Status, as of 11 September 2016	Sept 2016	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan, as of 22 August 2013	Aug 2013	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
OCHA	Yemen: Humanitarian Response Plan, as of 14 July 2013	July 2013	OCHA Yemen - 2015-2020 Products – Funding Snapshot Products (Files from Crispen)
Humanitarian Dashboard			
	Yemen: Humanitarian Snapshot, December 2020	Dec 2020	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
OCHA	Yemen: Humanitarian Dashboard, January – December 2019	Dec 2019	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
OCHA	Yemen: Humanitarian Dashboard, January – December 2018	Dec 2018	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
OCHA	Yemen: Humanitarian Dashboard, January – December 2017	Dec 2017	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
OCHA	Yemen: Humanitarian Dashboard, January – October 2016	Oct 2016	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
Operational Presence			
OCHA	Yemen Organizations’ Monthly Presence 2015 – 2020 (too many to put into folder)	Dec 2020	OCHA Yemen - 2015-2020 Products – Response Data (Files from Crispen)
	Global Humanitarian Overview 2020: Monthly Funding Update, 30 September 2020	30 September 2020	Humanitarian Financing

OCHA	Humanitarian Update, Issue 09, September 2020	September 2020	Humanitarian Update
OCHA	Humanitarian Update, Issue 08, August 2020	August 2020	Humanitarian Update
OCHA	Humanitarian Update, Issue 07, July 2020	July 2020	Humanitarian Update
Logistics Cluster / WFP	Yemen: Access Constraints as of 6 October 2020	October 2020	Maps
OCHA	Yemen: Humanitarian Access Severity Overview (January 2019)	Jan 2019	Maps – same as above in access folder
	Overview of Incidents by Location	No date but file suggests May-June 2020	Maps
IASC	Operational Peer Review Response to the Yemen Crisis, Mission dates 28 November – 8 December 2015, Final Report (word doc)	26 January 2016	OPR and OIOS Audit
IASC	Operational Peer Review Response to the Yemen Crisis, Mission dates 28 November – 8 December 2015, Final Report (PDF doc)	26 January 2016	OPR and OIOS Audit
UN	Detailed Results of an Audit of the Operations of the Office for the Coordination of Humanitarian Affairs in Yemen – CONFIDENTIAL	17 September 2019	OPR and OIOS Audit
USAID	Yemen – Complex Emergency, Fact Sheet #1, Fiscal Year 2021, 22 January 2021	Jan 2021	Reports

ACAPS	Yemen: US Terrorist Designation of Ansar Allah: Risk Alert and Humanitarian Impact	14 January 2021	Reports
ACAPS	Tribes in Yemen: An Introduction to the Tribal System, Thematic Report	August 2020	Reports
ACAPS	CrisisInSight: Yemen Crisis Impact Overview, January – August 2020	August 2020	Reports
ACAPS	FSO Safer: Risk and Impact Assessment	18 Nov. 2020	Reports
ACAPS	Yemen: Food Supply Chain, Thematic Report	16 Dec. 2020	Reports
ACAPS	Yemen Risk Overview: Outlook for December 2020 – May 2021	December 2020	Reports
Technical Working Group on Monitoring and Evaluation (Sub-Group of Cash and Markets Working Group, Yemen)	Guidance Note on Monitoring of Multi-Purpose Cash Assistance (MPCA), September 2020	September 2020	Reports
Save the Children	Five Years of Fear and Loss: The Devastating Impact of War on the Mental Health of Yemen's Children	2020	Reports
CARE	End line Survey Report: Meeting Basic Needs Livelihood, Enhancing Access to WASH and Improving Reproductive Health Services in Yemen, 2018-2020	2020	Reports
Humanitarian Exchange	Special Feature: The Crisis in Yemen, Number 76, January 2020	Jan 2020	Reports
UN	United Nations Security Council, Letter Dated 22 January 2021 from the Panel of	25 Jan 2021	Reports

	Experts on Yemen Addressed to the President of the Security Council		
ACTED	Western Abyan Needs Assessment Report: Yemen, June 2020	June 2020	Reports
OCHA	Yemen: Situation Report, Last Updated 3 September 2020	Sep 2020	Situation Reports
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-30 November 2020	Nov 2020	Situation Reports
WFP	WFP Situation Report #12, December 2020	Dec 2020	Situation Reports
Management Group Agency Specific Files			
ICVA			
None added			MG Agency Specific – ICVA
IOM			
Displacement in Marib 2020			
IOM	Displacement in Marib, 18 March 2020 – (CCCM Update)	March 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 12 March 2020 – (CCCM Update)	March 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 5 March 2020 – (CCCM Update)	March 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 27 February 2020 – (CCCM Update)	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 19 February 2020 – (CCCM Update)	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 13 February 2020 – (CCCM Update)	Feb 2020	MG Agency Specific - IOM – sent in separate file

IOM	Displacement in Marib, 6 February 2020 – (CCCM Update)	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM	Displacement in Marib, 28 January 2020 – (CCCM Update)	Jan 2020	MG Agency Specific - IOM – sent in separate file
Donor Reports 2020 (Kingdom of Saudi Arabia)			
IOM	KSA Grant Report, February 2020	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM	KSA Grant Report, September – December 2019	Dec 2019	MG Agency Specific - IOM – sent in separate file
Monthly Situation Reports 2020			
IOM	Situation Report, February 2020	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, January 2020	Jan 2020	MG Agency Specific - IOM – sent in separate file
Others 2020			
IOM	2020 Operational Overview	2020	MG Agency Specific - IOM – sent in separate file
IOM	Migrant and Refugee Movements Summary 2019	2020	MG Agency Specific - IOM – sent in separate file
IOM	2020 Senior Management Profiles	2020	MG Agency Specific - IOM – sent in separate file
IOM	Human Resources January 2020	2020	MG Agency Specific - IOM – sent in separate file
IOM	Voluntary Humanitarian Return (VHR), Aden Update March 2020	March 2020	MG Agency Specific - IOM – sent in separate file
IOM	Shelter NFI Winterization Activities, December 2019 – February 2020	Feb 2020	MG Agency Specific - IOM – sent in separate file
IOM Flash Reports 2019			
IOM	Aden Migrant Situation, Report April-June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	22 May Stadium	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Migrant Situation in Aden, Flash Report, 19 May 2019	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Migrant Situation in Aden, Flash Report, 14 May 2019	May 2019	MG Agency Specific - IOM – sent in separate file

IOM	Mirant Situation in Aden, Flash Report, 9 May 2019	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Mirant Situation in Aden, Flash Report, 6 May 2019	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Mirant Situation in Aden, Flash Report, 2 May 2019	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Mirant Situation in Aden, Flash Report, 29 April 2019	April 2019	MG Agency Specific - IOM – sent in separate file
IOM Monthly Situation Reports 2019			
IOM	Situation Report, November 2019	Nov 2019	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, October 2019	Oct 2019	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, August 2019	Aug 2019	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, July 2019	July 2019	MG Agency Specific - IOM – sent in separate file
IOM	Situation Report, April 2019	April 2019	MG Agency Specific - IOM – sent in separate file
IOM Quarterly Situation Reports 2019			
IOM	IOM Yemen Quarterly Update, Quarter 3, July – September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	IOM Yemen Quarterly Update, Quarter 2, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	IOM Yemen Quarterly Update, Quarter 1, January – March 2019	March 2019	MG Agency Specific - IOM – sent in separate file
IOM Yemen Programme Overviews and Quarterly Achievements			
IOM	Health Programme Overview & Q3 Highlights, July – September 2019	Sep 2019	MG Agency Specific - IOM – sent in separate file
IOM	CCCM Programme Overview & Q3 2019 Highlights, July – September 2019	Sep 2019	MG Agency Specific - IOM – sent in separate file

IOM	Global Fund, Middle East Response Project, Situation Report, Q3 2019 Highlights, July – September 2019`	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	Transition & Recovery Programme Overview & Q3 2019 Highlights, July – September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	WASH Programme Overview & Q3 2019 Highlights, July – September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	Protection Programme Overview & Q3 2019 Highlights, July – September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	Shelter and NFI Programme Overview & Q3 2019 Highlights, July – September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	The Displacement Tracking Matrix (DTM) Programme Overview June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	CCCM Programme Overview, May 2019 (Q2)	May 2019	MG Agency Specific - IOM – sent in separate file
IOM	Protection Programme Overview & Q2 2019 Highlights, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	Shelter and NFI Programme Overview & Q2 2019 Highlights, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	Transition & Recovery Programme Overview & Q2 2019 Highlights, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	WASH Programme Overview & Q2 2019 Highlights, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	Global Fund, Middle East Response Project, Programme Overview, Q1 & Q2 (January – June) 2019 Highlights	June 2019	MG Agency Specific - IOM – sent in separate file

IOM	Health Programme Overview & Q2 Highlights, April – June 2019	June 2019	MG Agency Specific - IOM – sent in separate file
IOM	Support to Migrants at the Immigration Naturalization & Passport Authority	n/d but maybe 2019	MG Agency Specific - IOM – sent in separate file
Other 2019			
IOM	IOM Aden Sub-Office 2019 Highlights		MG Agency Specific - IOM – sent in separate file
IOM	Frequently Asked Questions on the Global Fund Middle East Response (MER), October 2019	Oct 2019	MG Agency Specific - IOM – sent in separate file
IOM	Migrant and Refugee Movements, Summary 2019	2019	MG Agency Specific - IOM – sent in separate file
IOM	Migrant and Refugee Movements, December 2019	Dec 2019	MG Agency Specific - IOM – sent in separate file
IOM	Monthly Migrant Overview, November 2019	Nov 2019	MG Agency Specific - IOM – sent in separate file
IOM	2019 Operational Overview	2019	MG Agency Specific - IOM – sent in separate file
Marib Products 2019			
IOM	Marib City Displacement Sites, August-October 2019	Oct 2019	MG Agency Specific - IOM – sent in separate file
IOM	CCCM: Marib City Displacement Sites, Overview, August-September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	CCCM, WASH, SNFI: Marib City Displacement Sites, Rapid Assessment, August-September 2019	Sept 2019	MG Agency Specific - IOM – sent in separate file
IOM	IOM Marib Sub-Office, 2019 Highlights	2019	MG Agency Specific - IOM – sent in separate file
IOM	CCCM: Al Jufainah Camp, Marib City, Camp Profile, October 2019	Oct 2019	MG Agency Specific - IOM – sent in separate file
IOM			MG Agency Specific - IOM – sent in separate file
IOM			MG Agency Specific - IOM – sent in separate file

IOM			MG Agency Specific - IOM – sent in separate file
UNHCR			
None added			MG Agency Specific – UNHCR
UNICEF			
Humanitarian Action for Children			
UNICEF	Humanitarian Action for Children, 2021	2021	MG Agency Specific - UNICEF
UNICEF	Humanitarian Action for Children, Revised September 2020	September 2020	MG Agency Specific - UNICEF
UNICEF	Humanitarian Action for Children, 2020	2020	MG Agency Specific - UNICEF
UNICEF	Humanitarian Action for Children, Revised April 2019	April 2019	MG Agency Specific - UNICEF
UNICEF	Humanitarian Action for Children, Revised September 2018	September 2018	MG Agency Specific - UNICEF
Humanitarian Situation Report			
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 March 2021	March 2021	MG Agency Specific - UNICEF
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-28 February 2021	Feb 2021	MG Agency Specific - UNICEF
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 January 2021	January 2021	MG Agency Specific - UNICEF
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1 January – 31 December 2020	Dec 2020	MG Agency Specific - UNICEF
UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1 January – 30 June 2020	June 2020	MG Agency Specific - UNICEF

UNICEF	Yemen Country Office: Humanitarian Situation Report, Reporting Period 1-31 January 2020	Jan 2020	MG Agency Specific - UNICEF
UNICEF	Yemen: Humanitarian Situation Report, Mid-Year Update (January – June) 2019	June 2019	MG Agency Specific - UNICEF
UNICEF	Yemen: Humanitarian Situation Report, January 2019	Jan 2019	MG Agency Specific - UNICEF
Annual Country Reports			
UNICEF	UNICEF Annual Report 2019: Yemen	2019	MG Agency Specific - UNICEF
UNICEF	UNICEF Annual Report 2018: Yemen	2018	MG Agency Specific - UNICEF
UNICEF	UNICEF Annual Report 2017: Yemen	2017	MG Agency Specific - UNICEF
WFP			
Resource			
WFP	Yemen Resource Situation, 22/02/21	Feb 2021	MG Agency Specific - WFP
Annual Country Reports			
WFP	Yemen Annual Country Report 2020, Country Strategic Plan 2019-2020	2021	MG Agency Specific - WFP
WFP	Yemen Annual Country Report 2019, Country Strategic Plan 2019-2020	2020	MG Agency Specific - WFP
M&E Quarterly Reports			
WFP	Monitoring Quarterly Report, July-September 2020 (Q3)	Sep 2020	MG Agency Specific - WFP
WFP	M&E Quarterly Report, April-June 2020 (Q2)	June 2020	MG Agency Specific - WFP
WFP	M&E Quarterly Report, January - March 2020 (Q1)	March 2020	MG Agency Specific - WFP
WFP	M&E Quarterly Report, October – December 2019 (Q4)	December 2019	MG Agency Specific - WFP

WFP	M&E Quarterly Report, July – September 2019 (Q3)	Sept. 2019	MG Agency Specific - WFP
WFP	M&E Quarterly Report, (Q2) – (no date but April – June 2019)	June 2019	MG Agency Specific - WFP
WFP	M&E Quarterly Report, (Q1) (no date but Jan – March 2019)	March 2019	MG Agency Specific - WFP
WFP	M&E Quarterly Report, (Q4) (no date but October – December 2018)	Dec 2018	MG Agency Specific – WFP
WFP	M&E Quarterly Report, July – September 2018 (Q3)	September 2018	MG Agency Specific – WFP
WFP	M&E Quarterly Report, (Q2) – (no date but April – June 2018)	June 2018	MG Agency Specific – WFP
WFP	M&E Quarterly Report, January – March 2018 (Q1)	March 2018	MG Agency Specific - WFP
Market Assessments			
WFP	Food Markets in the Time of Conflict and Cholera: Rapid Market Assessment in Yemen (Sana’a, Hodeidah and Hajjah)	April 2018	MG Agency Specific - WFP
WFP	Yemen: Trader Survey – March 2018 (Map)	March 2018	MG Agency Specific - WFP
WFP	Trader Survey in the Southern Governorates of Yemen – vam food security analysis	15 May 2018	MG Agency Specific - WFP
Project Documents and Budget Revisions			
WFP	Template for Concept Notes for Country Office – Contribution to the RBC implementation of the SF corporate strategy 2020-2030		MG Agency Specific – WFP

WFP	Crisis response revision of Yemen interim country strategic plan and corresponding budget increase (BR 01)		MG Agency Specific - WFP
WFP	Interim Country Strategic Plan Revision (BR 02)	23 Jan 2020	MG Agency Specific - WFP
WFP	Crisis response revision of Yemen interim country strategic plan (2019–2020) and corresponding budget increase (BR 03)		MG Agency Specific - WFP
WFP Country Brief			
WFP	WFP Country Brief, February 2021	Feb 2021	MG Agency Specific - WFP
Cooperating Partners			
WFP	List of WFP Cooperating Partners 2015-2021	2021	MG Agency Specific - WFP
WFP	Yemen Interim Country Strategic Plan (2019-2020), Executive Board, Second Regular Session Rome, 26-29 November 2018	October 2018	MG Agency Specific - WFP
Targeting			
WFP	Guidelines for Beneficiary Selection in Areas Controlled by IRG	March 2020	MG Agency Specific - WFP
WFP Operational Maps			
WFP	WFP Plan of CVTN Activity – March 2020	March 2020	MG Agency Specific – WFP
WFP	WFP Plan of Food Assistance for Assets Activity – March 2020	March 2020	MG Agency Specific – WFP
WFP	WFP Plan of GFD Activity – March 2020	March 2020	MG Agency Specific – WFP
WFP	WFP Plan of Nutrition Interventions – March 2020	March 2020	MG Agency Specific – WFP

WFP	WFP Plan of School Feeding Interventions – March 2020	March 2020	MG Agency Specific – WFP
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Situation reports

The office introduced the Conflict and Displacement situation report on 6 February 2014.
2014 -

Date	Issue
6 Feb 2014	https://reliefweb.int/report/yemen/yemen-conflict-and-new-displacement-amran-situation-report-no1-6-february-2014
16 Feb 2014	https://reliefweb.int/report/yemen/yemen-conflict-and-new-displacement-amran-and-al-dhale-e-situation-report-no-2-16
27 Feb 2014	https://reliefweb.int/report/yemen/yemen-conflict-displacement-al-dhale-e-and-amran-situation-report-no-3-27-february-2014
17 Mar 2014	https://reliefweb.int/report/yemen/yemen-conflict-and-displacement-al-dhale-e-and-amran-situation-report-no-4-17-march
21 May 2014	https://reliefweb.int/report/yemen/yemen-military-operations-abyan-and-shabwah-situation-report-no-1-21-may-2014
9 July 2014	https://reliefweb.int/report/yemen/yemen-amran-conflict-situation-report-no-5-9-july-2014
16 July 2014	https://reliefweb.int/report/yemen/yemen-amran-conflict-situation-report-no-6-16-july-2014
23 July 2014	https://reliefweb.int/report/yemen/yemen-amran-conflict-situation-report-no-7-23-july-2014-enar
4 August 2014	https://reliefweb.int/report/yemen/yemen-amran-conflict-situation-report-no-8-4-august-2014-enar

2015 -

31 Mar 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-1-31-march-2015
3 Apr 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-2-3-april-2015
10 Apr 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-3-10-april-2015
17 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-4-17-april-2015
26 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-5-26-april-2015
6 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-6-06-may-2015
12 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-7-covering-6-12-may-2015
14 May 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-pause-situation-report-day-1
16 May 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-pause-situation-report-no-2
22 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-situation-report-no-8-22-may-2015

29 May 2015	https://reliefweb.int/report/yemen/yemen-deteriorating-humanitarian-crisis-situation-report-no-9-29-may-2015-enar
3 June 2015	https://reliefweb.int/report/yemen/yemen-deteriorating-humanitarian-crisis-situation-report-no-10-3-june-2015
10 June 2015	https://reliefweb.int/report/yemen/yemen-deteriorating-humanitarian-emergency-situation-report-no-11-10-june-2015-enar
22 June 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-catastrophe-situation-report-no-12-22-june-2015
30 June 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-catastrophe-situation-report-no-13-30-june-2015-enar
6 July 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-emergency-situation-report-no-14-6-july-2015-enar
13 July 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-emergency-situation-report-no-15-13-july-2015-enar
20 July 2015	https://reliefweb.int/report/yemen/yemen-humanitarian-emergency-situation-report-no-16-20-july-2015-enar

2016 -

13 Oct 2016	https://reliefweb.int/report/yemen/yemen-cholera-outbreak-situation-report-no-1-13-october-2016
1 Nov 2016	https://reliefweb.int/report/yemen/yemen-cholera-outbreak-situation-report-no-2-1-november-2016-enar
17 Nov 2016	https://reliefweb.int/report/yemen/yemen-cholera-outbreak-weekly-awdcholera-situation-report-10-17-november-2016
15 Jan 2016	https://reliefweb.int/report/yemen/yemen-cholera-outbreak-situation-report-15-jan-2017

2017 -

11 Nov 2017	https://reliefweb.int/report/yemen/yemen-impact-closure-seaports-and-airports-humanitarian-situation-situation-update-1-11
16 Nov 2017	https://reliefweb.int/report/yemen/yemen-impact-closure-seaports-and-airports-humanitarian-situation-situation-update-2-16
23 Nov 2017	https://reliefweb.int/report/yemen/yemen-impact-closure-seaports-and-airports-humanitarian-situation-situation-update-3-23

2018 -

7 June 2018	https://reliefweb.int/report/yemen/yemen-cyclone-mekunu-situation-report-no-1-7-june-2018
14 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-1-14-june-2018-enar
17 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-2-17-june-2018-enar

19 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-3-19-june-2018-enar
22 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-4-22-june-2018-enar
24 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-5-24-june-2018-enar
27 June 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-6-27-june-2018-enar
4 July 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-7-reporting-period-27-june-4-july-2018
13 July 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-8-reporting-period-4-13-july-2018
24 July 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-9-reporting-period-14-24-july-2018
18 Sept 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-10-reporting-period-1-18-september-2018
26 Sept 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-11-reporting-period-19-26-september-2018
3 Oct 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-12-reporting-period-27-september-3-october
15 Oct 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-13-reporting-period-3-15-october-2018-enar
13 Nov 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-14-reporting-period-16-october-13-november
2 Dec 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-15-reporting-period-14-november-2-december
13 Dec 2018	https://reliefweb.int/report/yemen/yemen-al-hudaydah-update-situation-report-no-16-reporting-period-5-13-december-2018

2020 -

2 Feb 2020	https://reliefweb.int/report/yemen/yemen-displacement-marib-sana-and-al-jawf-governorates-situation-report-no-1-2-february
18 Feb 2020	https://reliefweb.int/report/yemen/yemen-displacement-marib-sana-and-al-jawf-governorates-situation-report-no-2-18
6 May 2020	https://reliefweb.int/report/yemen/yemen-situation-report-6-may-2020

2021 -

27 Feb 2021	https://reliefweb.int/report/yemen/yemen-marib-situation-update-no-1-27-february-2021-enar
12 Mar 2021	https://reliefweb.int/report/yemen/yemen-marib-situation-update-no-2-12-march-2021-enar
19 April 2021	https://reliefweb.int/report/yemen/yemen-marib-situation-update-no-3-19-april-2021

Flash updates
2015 -

Date	Issue
28 Mar 2015	https://reliefweb.int/report/yemen/ocha-yemen-flash-update-escalating-conflict-28-march-2015
2 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-2-2-april-2015-1800
5 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-3-5-april-2015-1000
7 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-5-7-april-2015-1000
8 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-6-8-april-2015-1000
11 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-9-11-april-2015
13 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-10-13-april-2015
14 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-11-14-april-2015
15 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-12-15-april-2015-1000
19 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-13-19-april-2015-1000
20 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-14-20-april-2015-1000
21 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-15-21-april-2015-1000
22 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-16-22-april-2015-1000
23 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-17-23-april-2015-1000
24 April 2015	https://reliefweb.int/report/yemen/ocha-yemen-escalating-conflict-flash-update-18-24-april-2015-1000
27 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-19-27-april-2015
28 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-20-28-april-2015
29 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-21-29-april-2015
30 April 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-22-30-april-2015
1 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-23-01-may-2015
4 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-24-4-may-2015
5 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-25-5-may-2015

6 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-26-6-may-2015
7 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-27-7-may-2015
8 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-28-8-may-2015
9 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-29-9-may-2015
10 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-30-10-may-2015
11 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-31-11-may-2015
12 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-32-12-may-2015
21 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-35-21-may-2015
23 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-36-23-may-2015-enar
25 May 2015	https://reliefweb.int/report/yemen/yemen-escalating-conflict-flash-update-37-25-may-2015-enar
4 June 2015	https://reliefweb.int/report/yemen/yemen-rapid-increase-casualties-displacement-and-scale-destruction-flash-update-38-4
14 June 2015	https://reliefweb.int/report/yemen/yemen-public-health-crisis-escalates-flash-update-39-14-june-2015-1000hrs-enar
15 July 2015	https://reliefweb.int/report/yemen/yemen-aden-offensive-heightens-needs-crisis-update-41-15-july-2015-1000hrs
26 July 2015	https://reliefweb.int/report/yemen/yemen-taizz-airstrikes-crisis-update-42-26-july-2015-1000hrs
3 Sept 2015	https://reliefweb.int/report/yemen/yemen-taizz-airstrikes-crisis-update-43-2-september-2015-enar
3 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclone-chapala-flash-update-1-3-november-2015
4 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclone-chapala-flash-update-2-4-november-2015
5 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclone-chapala-flash-update-3-5-november-2015
6 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclone-chapala-flash-update-4-6-november-2015
8 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclone-chapala-flash-update-5-8-november-2015
9 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-6-9-november-2015
10 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-7-10-november-2015-enar
11 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-8-11-november-2015-enar
12 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-9-12-november-2015

16 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-10-16-november-2015-enar
19 Nov 2015	https://reliefweb.int/report/yemen/yemen-cyclones-chapala-and-megh-flash-update-11-19-november-2015
16 Dec 2015	https://reliefweb.int/report/yemen/yemen-cessation-hostilities-flash-update-1-16-december-2015-enar
18 Dec 2015	https://reliefweb.int/report/yemen/yemen-cessation-hostilities-flash-update-2-18-december-2015-enar

2016 –

16 Mar 2016	https://reliefweb.int/report/yemen/yemen-intense-fighting-taizz-governorate-flash-update-taizz-1-16-march-2016-enar
16 April 2016	https://reliefweb.int/report/yemen/yemen-flash-flooding-seven-governorates-flash-update-1-16-april-2016
19 April 2016	https://reliefweb.int/report/yemen/yemen-flash-flooding-seven-governorates-flash-update-2-19-april-2016-enar
22 April 2016	https://reliefweb.int/report/yemen/yemen-flash-flooding-flash-update-3-22-april-2016
	https://reliefweb.int/report/yemen/yemen-escalating-conflict-yemens-western-coast-flash-update-07-february-2017-enar

2017 –

7 Feb 2017	https://reliefweb.int/report/yemen/yemen-escalating-conflict-yemens-western-coast-flash-update-07-february-2017-enar
25 Feb 2017	https://reliefweb.int/report/yemen/escalating-conflict-yemen-s-western-coast-flash-update-2-25-february-2017-enar
10 Mar 2017	https://reliefweb.int/report/yemen/yemen-escalating-conflict-western-coast-situation-report-no-3-10-march-2017-enar
4 Dec 2017	https://reliefweb.int/report/yemen/yemen-escalation-armed-clashes-and-airstrikes-sana-city-flash-update-1-04-december-2017
7 Dec 2017	https://reliefweb.int/report/yemen/yemen-escalation-armed-clashes-and-airstrikes-sana-city-flash-update-2-7-december-2017

2018 –

29 Jan 2018	https://reliefweb.int/report/yemen/yemen-escalation-armed-clashes-aden-flash-update-1-29-january-2018-enar
30 Jan 2018	https://reliefweb.int/report/yemen/yemen-escalation-armed-clashes-aden-flash-update-2-30-january-2018-enar
31 Jan 2018	https://reliefweb.int/report/yemen/yemen-escalation-armed-clashes-aden-flash-update-3-31-january-2018-enar
25 May 2018	https://reliefweb.int/report/yemen/yemen-cyclone-mekunu-flash-update-1-25-may-2018-enar
27 May 2018	https://reliefweb.int/report/yemen/yemen-cyclone-mekunu-flash-update-2-27-may-2018-enar
30 May 2018	https://reliefweb.int/report/yemen/yemen-cyclone-mekunu-flash-update-3-30-may-2018-enar

15 Oct 2018	https://reliefweb.int/report/yemen/yemen-cyclone-luban-flash-update-1-15-october-2018-enar
17 Oct 2018	https://reliefweb.int/report/yemen/yemen-cyclone-luban-flash-update-2-17-october-2018-enar
21 Oct 2018	https://reliefweb.int/report/yemen/yemen-cyclone-luban-flash-update-3-21-october-2018-enar

2019 –

27 Jan 2019	https://reliefweb.int/report/yemen/hajjah-flash-update-1-27-january-2018
3 Feb 2019	https://reliefweb.int/report/yemen/yemen-hajjah-governorate-flash-update-2-28-january-3-february-2019-enar
11 Mar 2019	https://reliefweb.int/report/yemen/yemen-hajjah-flash-update-3-23-february-11-march-2019-enar
11 June 2019	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-1-11-june-2019-enar
17 June 2019	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-2-17-june-2019-enar
10 Aug 2019	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-1-10-august-2019-enar
19 Aug 2019	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-2-19-august-2019-enar
3 Oct 2019	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-3-3-october-2019-enar
1 Nov 2019	https://reliefweb.int/report/yemen/yemen-cyclones-kyarr-and-maha-1-november-2019-enar

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3 Mar 2020	https://reliefweb.int/report/yemen/yemen-al-jawf-and-marib-flash-update-no1-3-march-2020-enar
31 Mar 2020	https://reliefweb.int/report/yemen/yemen-flash-floods-southern-governorates-flash-update-no-1-31-march-2020-enar
21 Apr 2020	https://reliefweb.int/report/yemen/yemen-flash-floods-northern-governorates-flash-update-no-1-21-april-2020-enar
23 April 2020	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-2-23-april-2020-enar
30 April 2020	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-3-30-april-2020-enar
11 Aug 2020	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-4-11-august-2020-enar

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4 May 2021	https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-1-4-may-2021-enar
11 May 2021	https://reliefweb.int/report/yemen/yemen-flash-update-2-humanitarian-impact-flooding-11-may-2021-enar

Humanitarian Update
February 2018 –

Month/Year	Issue
19-25 Feb 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-19-25-february-2018-enar
26 Feb - 4 Mar 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-26-february-4-march-2018-issue-05-enar
4 - 11 Mar 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-5-11-march-2018-issue-6-enar
11 - 18 Mar 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-12-18-march-2018-issue-7-enar
19 - 25 Mar 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-19-25-march-2018-issue-8-enar
26 Mar - 3 Apr 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-26-march-3-april-2018-issue-9-enar
4-9 Apr 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-4-9-april-2018-issue-10-enar
10-16 April 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-10-16-april-2018-issue-11-enar
17-23 Aril 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-17-23-april-2018-issue-12-enar
24-30 April 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-24-30-april-2018-issue-13-enar
1-7 May 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-1-7-may-2018-issue-14-enar
8-14 May 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-8-14-may-2018-issue-15-enar
15-21 May 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-15-21-may-2018-issue-16-enar
22-28 May 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-22-28-may-2018-issue-17-enar
29 May – 4 June 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-29-may-4-june-2018-issue-18-enar
5-11 June 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-4-11-june-2018-issue-19
12 June to 9 July 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-12-june-9-july-2018-issue-20
10-16 July 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-10-16-july-2018-issue-21
17-29 July 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-17-29-july-2018-issue-22
30 July -9 Aug 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-30-july-9-august-2018-issue-23
10-15 Aug 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-9-15-august-2018-issue-24
16-26 Aug 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-16-26-august-2018-issue-25
27 Aug-6 Sept 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-27-august-6-september-2018-issue-26

7-17 Sep 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-7-17-september-2018-issue-27-enar
18-27 Sept 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-18-27-september-2018-issue-28-enar
28 Sept – 6 Oct 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-28-september-6-october-2018-issue-29
7-21 Oct 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-7-21-october-2018-issue-30
22 Oct -6 Nov 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-22-october-6-november-2018-issue-31
7-21 Nov 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-7-21-november-2018-issue-32
22-30 Nov 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-22-30-november-2018-issue-33
1-13 Dec 2018	https://reliefweb.int/report/yemen/yemen-humanitarian-update-covering-1-13-december-2018-issue-34-enar

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Month/Year	Issue
14 Dec 18 – 15 Jan 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-1-13-december-2018-15-january-2019-enar
16-23 Jan 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-2-16-23-january-2019
24 Jan-19 Feb 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-3-24-january-19-february-2019
20 Feb-6 Marc 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-4-20-february-6-march-2019-enar
7-21 Mar 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-5-7-21-march-2019-enar
22 Mar- 17 April	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-6-22-march-17-april-2019-enar
18 Apr-6 May 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-7-18-april-6-may-2019-enar
7-20 May 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-8-7-20-may-2019-enar
21 May – 11 Jun 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-9-21-may-11-june-2019-enar
12 Jun – 25 July 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-10-12-june-25-july-2019-enar
26 Jul-28 Aug 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-11-26-july-28-august-2019-enar
29 Aug-27 Oct 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-12-29-august-27-october-2019-enar
1 Nov-18 Dec 2019	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-13-01-november-18-december-2019-enar

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19 Dec-31 Jan 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-1-19-december-2019-31-january-2020-enar
Feb 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-2-february-2020-enar
Mar 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-3-march-2020-enar
April 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-4-april-2020-enar
May 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-5-may-2020-enar
June 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-6-june-2020-enar
July 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-07-july-2020-enar
August 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-8-august-2020-enar
Sept 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-9-september-2020-enar
Oct 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-10-october-2020-enar
Nov 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-11-november-2020-enar
Dec 2020	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-12-december-2020-enar

Jan 2021

Jan 2021	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-1-january-2021-enar
Feb 2021	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-2-february-2021-enar
Mar 2021	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-3-march-2021-enar
April 2021	https://reliefweb.int/report/yemen/yemen-humanitarian-update-issue-4-april-2021-enar

COVID Reports

2020-

Date	Issue
May 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-may-2020-enar
June 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-june-2020-enar
July 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-july-2020-enar
August 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-august-2020-enar
Sept 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-september-2020-enar

Oct 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-october-2020-enar
Nov 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-november-2020-enar
Dec 2020	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-december-2020-enar

2021-

Jan 2021	https://reliefweb.int/report/yemen/yemen-covid-19-preparedness-and-response-monthly-report-january-2021

Annex 10: Ethical Principles

This document sets out the ethical principles that will guide the work of the Valid/IDS team.

This Statement of Ethical Principles sets a standard to which all VALID/IDS staff, consultants and partners aspire when working on this contract. VALID/IDS team members will operate in accordance with international human rights conventions and covenants. They will also take account of local and national laws.

The VALID/IDS team takes responsibility **for identifying the need for and securing any necessary ethics approval for the work they are undertaking**. This may be from national or local ethics committees in countries in which the study will be undertaken, or other stakeholder institutions with formal ethics approval systems.

The conduct of all those working on VALID/IDS is characterised by the following general principles and values:

- **Principle 1: Independence and impartiality of the researchers**

Valid/IDS evaluators are independent and impartial. Any conflicts of interest or partiality will be made explicit and raised with UN OCHA human rights of individuals and groups with whom they interact are protected. This is particularly important with regard to vulnerable people.

- **Principle 2: Child protection**

The VALID/IDS team will follow the code of conduct established by Save the Children (2003) which covers awareness of child abuse, minimising risks to children, reporting and responding where concerns arise about possible abuse.

VALID/IDS team members will obtain informed consent from parents or caregivers and from children themselves. Children will not be required to participate even if their parents consent.

It should be noted that the VALID/IDS team does not expect to interact with children during the course of this contract.

- **Principle 3: Treatment of Participants**

The VALID/IDS team is aware of differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age and ethnicity, and will be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations.

- **Principle 4: Voluntary participation**

Participation in research and evaluation will be voluntary and free from external pressure. Information will not be withheld from prospective participants that might affect their willingness to participate. All participants have a right to withdraw from research/evaluation and withdraw any data concerning them at any point without fear of penalty.

- **Principle 5: Informed consent**

The VALID/IDS team will inform participants how information and data obtained will be used, processed, shared, disposed of, prior to obtaining consent.

- **Principle 6: Ensuring confidentiality**

The VALID/ IDS team will respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. They will also inform participants about the scope and limits of confidentiality where these exist.

- **Principle 7: Data security**

Valid/ IDS are both registered under the UK Data Protection Act 1998, and IDS has a Data Protection Policy which includes procedures on data retention and confidentiality. The VALID/ IDS team will guard confidential material and personal information by the proper use of passwords and other security measures. Team members have an obligation to protect data and systems by following up-to-date recommendations to avoid damage from viruses and other malicious programs. Plus, there is a duty to state how data will be stored, backed-up, shared, archived and disposed.

- **Principle 8: Sharing of findings**

Valid/ IDS evaluators are responsible for the clear, accurate and fair written and/ or oral presentation of study limitations, findings and recommendations.

Annex 11: IDS Research Ethics Policy 2020

1. Introduction

The Institute of Development Studies is committed to promoting and upholding the highest ethical standards in our research as part of our commitment to engaged research excellence. This policy sets the principles of ethical conduct expected of all our staff and elaborates how they are put into practice. It updates the previous research ethics policy, in recognition of continuing change in our research environment, and in line with updates to the University of Sussex Code of Practice for Ethics, the UK Economic and Social Research Council Framework for Research Ethics, the UK Medical Research Council, the UK Natural Environment Research Council and other key research bodies in UK and overseas.

Research in this policy is taken to include all IDS activities involving organized inquiry, data collection and storage, analysis, synthesis, communication, convening, teaching and consulting.¹⁴⁶ The policy encompasses our engagement with research participants/subjects, co-researchers, partners/clients, students and funders, as well as with those affected by our research results in our work to influence policy and practice.

This document outlines how research ethics is approached and conducted. It addresses the need for ethical approaches that work across a range of different social research methodologies, at multiple levels from local to global, in ways that are respectful of the ethical position of partners, colleagues, participants and affected parties in different social cultural contexts, on issues that are dynamic, often contested and sometimes sensitive. The policy is reviewed annually to reflect our experience, developments in our field and in research ethics for the social sciences and more generally.

This research ethics policy relates to particular aspects of IDS Institutional risk, concerning ethical standards and reputational risk, with the [Risk Management Policy](#) covering mitigation of overall physical, mental, legal or financial risk to the Institute and its members, partners or participants. It complements policies covering other aspects of risk e.g. the [Fundraising Ethics Policy](#), the [Travel Risk Policy](#) and the [Whistle Blowing Policy](#), and is aligned with others e.g. the [Safeguarding](#) and [Data Protection Policy](#). As such this policy does not cover ethics of research funding, safeguarding in research and data protection issues. Neither is research integrity within the remit of this policy, but is covered by the [IDS Code of Practice for Research](#), and the [RCUK Policy and Guidelines on Governance of Good Research](#) conduct, although these complement this policy.

2. Responsibilities

Responsibility for the ethics policy lies with the IDS Directorate. People taking responsibility for delivery of the policy are:

- a) Research Ethics Convenor reports to the [Research Strategy Committee](#) with an annual report. Takes lead on procedures, guidance and support, training and engagement, and resource

¹⁴⁶ Ethical review for student research projects is governed by the University of Sussex. The IDS PhD Convenor is a member of the University of Sussex C-Research Ethics Committee.

- development including chairing the Research Ethics Committee (15 days per year).
- b) Research Ethics Committee (REC) – Appointed by Research Strategy Committee, chaired by the Convenor, and supported by the Fundraising & Development Office, the committee reviews and updates the research ethics policy. Members undertake ethical reviews and monitoring of higher risk projects and contribute to refresher input and mentoring support. The committee consists of 5-10 research and support staff from IDS (and can include one external member). It represents a range of different research methodologies and norms. The committee meets a minimum of twice a year. Additional meetings may be convened if urgent need arises. (Participation is understood to be part of staff member's collegial contribution to IDS). Members of the Committee, including the Convenor are encouraged to serve on the Committee for a period of at least 3 years. They should not serve for more than 5 years.
 - c) The Research Ethics Committee Secretary supports the committee with organising and minuting meetings, directing ethics queries to appropriate committee members and maintaining online resources.

3. Objectives and principles

The objective is to cultivate, maintain and advance the *good and trusting relationships* at the heart of engaged excellence, by acting fairly and justly, with virtue and care, by taking others' needs and wishes into account, and by *using moral deliberation imaginatively* and *with good effect*. The IDS research ethics policy aims to provide a framework for supporting this objective.

Essential principles are that our research:

- avoids doing harm, and aims to do good
- seeks informed and voluntary consent from those taking part
- respects confidentiality and anonymity
- shares the benefits/burdens of research justly, and ensures mutual access to results
- where there are risks, takes adequate steps to minimise them

In putting these principles into practice, alongside commitments to co-construction, people's choice, inclusion, appropriate attribution, and project impact, IDS creates an environment in which our researchers are supported to go beyond prudence and engage in active and accountable deliberation on the ethical dilemmas they inevitably face. IDS recognises that researchers' needs and norms may clash with the needs and norms of those they encounter in their research work. Respecting the autonomy and integrity of our researchers, IDS acts in support of their ethical conduct.

4. Elements of provision

IDS promotes and supports ethical research through:

- a) **Ethics training and engagement** (section 5) - Raising researcher and staff awareness, stimulating reflection and debate, considering issues, sharing dilemmas, exploring contingencies, generating understanding of and contributing to resources and procedures
- b) **Confidential support** (section 6) - Peer-based mentoring from ethics committee advisory board members before, during and after the project life cycle to raise concerns, discuss possible avenues for risk mitigation, and provide guidance and support
- c) **Resources** (section 7) - Checklists and formats, guidelines from different disciplinary/professional bodies, case studies and examples;

- d) **Mandatory procedures** (section 8-14) This policy, approval processes, systematic responses to proposals and problems, progress reporting and monitoring.

5. Engagement, debate and training

Fundamentally, the research project leader (PI) bears the primary responsibility for research ethics for any given research project. Nevertheless, IDS is responsible for providing the right environment (guidance and procedural safeguards) for ethical research to flourish. As social research in a multitude of different cultures and contexts is always going to generate unexpected ethical challenges and dilemmas, ethical choices to mitigate risk necessarily involves reflection, responsiveness and imagination, as well as knowledge and adherence to essential principles and basic procedures. Engagement in debate and training input are thus essential for raising awareness about ethical challenges and approaches to navigating them.

IDS will aim to provide thought-provoking and practically useful input, awareness raising and support. Whilst the PI holds responsibility for research project ethics, this should equip all staff to act ethically in their various research, teaching and support roles. The aim is to build commitment to:

- understand research ethics as central to research excellence;
- act effectively on research ethics issues;
- conduct their work according to IDS requirements and procedures;
- know how to source additional help, both internal and external to IDS.

As appropriate to needs, this may include:

- d) **Concrete training input** available for staff in short sessions as introduction or refresher - to identify core principles, to ensure understanding of mandatory responsibilities and procedures, to clarify guidance and support processes, to point to useful resources, and to discuss courses of action from proposal preparation through adaptive responses, and monitoring requirements,
- e) **Workshops and discussions** on navigating ethics in reality – to create safe space for staff members to share ethical experiences, questions and dilemmas and explore ways of approaching risk mitigation, safeguards and solutions. Sessions will identify crucial ethical moments, and debate dilemmas and approaches to particular contextual and methodological issues.
- f) **Stimulating Seminars** - inviting internal and external researchers to pose ethical questions and provoke discussion on ethical practice

Training or other input will be organised, designed and delivered by the Convenor or by REC members. As part of their commitment to engaged research excellence, clusters will be expected to discuss how they approach research ethics, and may decide to nominate particular members to take part in ethics development activities, or they may request tailor-made input for their particular research theme and methodological paradigm.

Responsibility for training IDS students in research ethics lies with IDS Teaching and the Master's and PhD conveners. In addition, student research proposals are subject to a separate University of Sussex ethics review process, which falls outside the remit of this policy. Nevertheless, IDS ethic principles should inform the teaching programme, and the ethics convener will liaise with conveners to ensure

joined up thinking and clarity on responsibilities, cross over and process differences. If resources are available the ethics convener and the REC can contribute to ethics teaching design and delivery.

6. Confidential support

The ethics convener and REC members provide peer-based mentoring and support for researchers at different stages of research design, proposal writing, project preparation and research delivery as detailed in the mandatory procedures (section 8). This is either:

- a) **Email support** to researchers preparing research proposals, or faced with ethical dilemmas during research processes, or
- b) **Face to face guidance and mentoring** for those who request more detailed input

To arrange please contact S.Bartlett@ids.ac.uk. In addition, IDS researchers and staff are welcome to approach the ethics convener for support on research ethical questions.

7. Resources

Over time, the Research Ethics Committee plans to develop a bank of materials accessible through the intranet. The aim would be to support people in planning ethical approaches, preparing for ethics review, and responding to ethical realities.

Current **Intranet resources** include the IDS research ethics policy and procedures, links to ESRC, UoS and other relevant guidelines, and checklists and formats for research proposals. During the next two years this will be expanded to include a range of other materials such as prompts to aid thinking about ethical practice for different research contexts or methods (e.g. with vulnerable people, in complex or conflicted contexts, or using visual and digital methodologies), case examples of how researchers have navigated ethical challenges, notes and insights from seminars and training sessions, and ethics papers and resources. The Ethics convener will develop resources in relation to expressed and surveyed needs, and progress in developing resources will be reviewed each year.

8. Research project ethical review procedures

The aim of the ethical review is for researchers to be prepared to address ethical issues that may arise during the research process. Ethics review begins with self-assessment by the researcher. Staff are expected to write clear ethical statements in proposals, agree ethical approaches and procedures with partners, conduct research using ethical principles and share experience with colleagues. The IDS awareness raising, refresher training and online resources are designed to support this expectation. The researcher leading on a project (here called the Principal Investigator or PI, but also including others such as lead convenors, communication project leaders, and consultancy team leaders) is responsible for research ethics approval, without which the project may not proceed.

All proposals should include a **research ethics checklist** with simple yes/no answers, accompanied by a narrative statement that addresses how the research will be planned and organised to mitigate ethical issues that have been identified, or could arise during the project. This includes appropriate methods for training field researchers, achieving informed consent, respecting confidentiality and avoiding harm at any stage from planning to dissemination. Although covered by other policies, the checklist also prompts responses on data protection and safeguarding (see sections 10 and 11 below) to provide additional institutional assurance that risks will be considered, identified and addressed.

Research proposal submissions should be accompanied by appropriate attachments (forms and information sheets) where relevant.

For small projects (including consultancies) below £20K the PI or project lead should complete the ethics checklist and statement and file it in the project file on CRM. For research projects between £20K and £100K, which do not go through the [IDS Proposal Review Group \(PRG\)](#), the PI should discuss the ethical approach with one senior researcher or relevant senior member of the IDS professional staff. Where they come to agreement the senior staff member gives ethics approval. In cases where they find the plan for minimising risk insufficient, they submit the proposal to the Research Ethics Convenor who may involve members of the REC in helping the PI to ensure ethical procedures are in place. If plans are approved, the process is completed by uploading the relevant documents to the project file on CRM.

For projects over £100K the checklist, narrative and attachments are included in papers submitted to the PRG, as part of the process of research proposal review. If the PRG gives approval for the proposal to proceed, it must include an agreed ethical submission. If the proposal is funded, when the PI designs the detailed research plan, the ethics narrative should be extended as necessary, and a copy submitted to a senior member of the PRG for discussion and approval. In cases where the PI and PRG member find the plan for minimising risk insufficient, they forward the documents to the Research Ethics Convenor, who may involve members of the REC in supporting the PI to ensure ethical procedures are in place. This is done in liaison with the PRG member. The approval is completed by uploading the relevant documents to the project file on CRM and checking the relevant box.

In accordance with standard procedures in the UK university sector, the ethics review takes account of the level of risk with any project in order to ensure that the review process is proportionate. IDS recognises three levels of risk: low, medium and high. The first stage of review involves the PI filling in a checklist that identifies the level of risk, and then following the procedure associated with it:

- i) **Low Risk:** Answering NO to all the questions on the checklist means that the project is low risk and can be approved by the PI her/himself ([see ethics checklist](#)).
- ii) **Medium Risk:** Answering YES to any of the checklist questions will trigger the procedure for higher risk. This involves provision of a narrative explaining how harm will be avoided, informed consent achieved, confidentiality and anonymity respected and risk minimised. The person making the approval with the PI (senior staff member or PRG, depending on project size) identifies whether the project has included appropriate inquiries, safeguards and contingency considerations to be signed off as medium risk. The narrative should demonstrate that the PI has understood the guidance, held discussions with advisors, local colleagues and partners, or has experience of an effective ethical approach, and has proposed relevant approaches and protocols ([see ethics checklist](#)).
- iii) **High Risk:** If the PI, senior staff member, or PRG member(s) consider the project ethics are high risk, or need additional support in drawing up the ethical research narrative, then the project proposal should be deliberated with the REC. In this case, at least 2 members of the Research Ethics Committee will review the project. If it is a complex case the Research Ethics Convenor will be asked to review, and may decide to call in external advice. REC members are required to declare if they have any professional or financial interest and thus exclude themselves from performing the independent review ([see ethics checklist](#)). If the Ethics Convenor is involved in the proposal or project then other members of the committee should review the statements

(if need be), and the project should be signed off by Research Director. If no members of the Research Ethics Committee are able to review the project proposal, then it should be referred to the Research Director.

A project that does not achieve research ethics approval must not go ahead. For a project not to achieve REC approval, at least two members of the REC must oppose its approval. Appeals are addressed to the IDS Director.

Once research ethics approval has been given, the approval is recorded by the Research Ethics Administrator. At a minimum a high risk project should be reviewed mid-term and at the end of the project, and a narrative produced on how the ethical approach is working, any unforeseen risks that have arisen, and any necessary adjustments made in response to emerging issues. This narrative should be agreed between the PI and the REC, and uploaded to the CRM. Lessons on ethical approaches or navigating issues may be anonymised and contribute towards the development of resources.

9. Working in multiple cultures and jurisdictions

Almost all IDS research presents dilemmas where different norms of ethical behaviour pertain. We all come from and work with people of different cultures, nationalities, gender identities, ages, statuses, religions, philosophies and many other fundamental differences of perspective and power. The PI must consider how the principles of IDS ethics norms can be followed with integrity in the local circumstances.

We also work in a wide variety of jurisdictions. The PI must establish whether local ethics review is required, and ensure that it is acquired before proceeding with the research. Researchers are also responsible for understanding the laws to which research and researchers are subject in all the different jurisdictions in which they may operate.

Researchers should collaborate with local colleagues and partners to work through what is to be done about legal requirements and ethical issues, including inequities of resources and power, political risks, differences of cultural norms, gatekeeping, vulnerability, confidentiality and notions of informed consent.

Where multiple institutions are involved in a research proposal, and where the institutions adhere to the same principles of ethics, only one ethical review is required. In most cases, the institution at which the Principal Investigator is based is the one to undertake ethics review. Where IDS is not the lead institution, such as in consortium projects, once ethics review has been approved at the PI's institution, the ethics approval should be recorded on CRM by the IDS lead. In this case, the PI on the project should get in touch with [Research Ethics Administrator](#) who will be able to review the proposed mitigation measures and, in collaboration with the Research Ethics Conveyor, will be able to provide an Institutional letter of support if agreed. CRM should also show the leading institution and which projects are consortium projects or proposals.

10. Safeguarding

There is a question on the ethics checklist to ensure researchers consider any safeguarding issues. If safeguarding risks have been identified through this, or during the ethics review, a safeguarding risk

assessment should be completed and action taken to address the risks. (Please refer to the [IDS Safeguarding Policy](#) for further information). The project or issue would be referred to the Head of HR, who would ensure that this is carried out and actions agreed to address and remove or adequately reduce risks. The head of HR would also provide guidance and support, and involve additional IDS management or external advisors if necessary.

11. Data protection

Researchers are responsible for working with partners to make sound practical arrangements to maintain the integrity and security of research data, with support from the Institute. Researchers and research material are subject to the GDPR 2018 ([see IDS Data Protection policy](#)). Data management plans must be robust and demonstrate that care has been taken to anonymise, store and protect data effectively and in line with the regulations. If the ethical review identifies potential issues then the PI will be referred to the data protection officer for additional compliance support.

12. Monitoring ethical conduct of research

While the initial ethical review process at the start of a research project receives much attention, it is also vital that the researcher maintains ethical conduct throughout, especially as circumstance can often change as a project evolves. Principal investigators are responsible for monitoring that ethical processes are being adhered to, and for adapting responsively as research progresses. For projects of a year or longer, the PI should agree with the REC a date for reviewing how the ethical procedures are playing out in practice. Where new ethical issues arise, PIs should return to the review procedure in section 5 above. Monitoring should be proportionate to the nature and degree of risk entailed in the research.

The PI or her/his supervisor must report any adverse (undesirable) events arising out of or during the research, as soon as reasonably possible. In the case of a serious adverse event, such as public unrest or danger to participants, the PI must immediately stop the research and alert the IDS Ethics Convenor, Director of Research or Director within 24 hours. In case of doubt mentoring support can be provided.

13. Procedures in the case of complaint

IDS takes allegations of research misconduct very seriously. Our procedures in the case of complaint are based on those of the University of Sussex. Where formal investigation of a complaint or allegation is warranted (as established by the IDS Director of Research and one other senior member of staff), the case will be handled by the IDS Director.

14. Monitoring the policy

The Research Ethics Committee will make an annual report to the Research Strategy Committee (RSC). The Director of Research who chairs the committee will, in turn, take a short report to the Strategic Leadership Group (SLG). The report will include information on ethics reviews carried out and a short narrative report on training and resources and on how IDS staff members have dealt with issues arising. The report will also include any recommendations for amendment to the IDS Research Ethics Policy. The Director of Research monitors the performance of the ethics convenor and the ethics committee.

Issue Number	Date	Changes Made	Owner	Approved By
4	June 2020	Updated	Research Ethics Committee	<i>Julie Shaw</i>
3	2018	Updated	Research Ethics Committee	<i>Julie Shaw</i>
2	November 2015	Updated	Research Ethics Committee	
1	August 2014	First Issue	Research Ethics Committee	Research Strategy Committee

Annex 12: IDS Data Protection Policy 2020



IDS DATA PROTECTION POLICY

Introduction

This is a statement of data protection policy adopted by the Institute of Development Studies (IDS).

IDS is required to collect and use certain types of information about people with whom it deals in order to operate. These include current, past and prospective employees and students, clients/customers, the subjects of research, authors of publications, CCTV footage of the building, etc.

In addition, it may occasionally be required to collect and use certain types of personal information to fulfil its legal obligations. This personal information must be dealt with properly by whatever means it is collected, recorded and used – whether on paper, digitally, on video, or recorded on any other media.

There are safeguards to ensure this in the [UK Data Protection Act 2018](#).

We regard lawful and correct treatment of personal information as important to the successful operation of IDS and to maintaining confidence between those with whom we deal and ourselves. To this end, we fully endorse and adhere to the Principles of data protection as enumerated in the Act.

Data Protection Principles

“Personal information” means information about an identifiable living individual.

“Processing” includes all aspects of collecting, editing, viewing, using, and disposal of information.

The principles require that such information:

1. **Lawfulness, fairness and transparency.** Shall be processed fairly and lawfully, and shall not be processed unless specific conditions are met;
2. **Purpose limitation.** Shall be processed fairly and lawfully, and shall not be processed unless specific conditions are met;
3. **Data minimisation.** Shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with the purpose(s);
4. **Accuracy.** Shall be accurate and, where necessary, kept up to date;
5. **Storage limitation.** shall not be kept for longer than is necessary for that purpose or those purposes;
6. **Integrity and confidentiality (security).** Appropriate technical and organizational measures shall be taken against unauthorized or unlawful processing of personal data;
7. **Accountability.** Shall be processed in accordance with the rights of data subjects under the Act.

IDS Policy

Therefore IDS will, through appropriate management and strict application of criteria and controls:

- Observe fully conditions regarding the fair collection and use of information;
- Meet its legal obligations to specify the purposes for which information is used;
- Collect and process appropriate information, and only to the extent that it is needed to fulfil operational needs or to comply with any legal requirements;
- Ensure the quality of information used;
- Remind staff each year to remove personal information that is no longer needed;
- Ensure that the rights of people about whom information is held can be fully exercised under the Act. (These include: the right to be informed that processing is being undertaken; the right of access to one's personal information; the right to prevent processing in certain circumstances; the right to correct, rectify, block or erase information which is regarded as wrong.)
- Take appropriate technical and organizational security measures to safeguard personal information;
- Ensure that personal information is not transferred abroad without suitable safeguards.

In addition, IDS will ensure that:

- There is someone with specific responsibility for data protection in the organisation. Currently the Data Protection Officer is Gary Edwards (dpo@ids.ac.uk). Any new **kinds** of personal data being processed or new **uses** of existing data should be notified to him to ensure that they are included in the terms of our notification to the Information Commissioners Office (ICO). (It is not necessary to notify individual databases provided that they are held only for purposes already notified).
- New products or systems that will potentially hold personal data will be reviewed by the data protection officer before being deployed
- Everyone managing and handling personal information understands that they are contractually responsible for following good data protection practice;
- Everyone managing and handling personal information is requested to attend appropriate training on data protection;
- Everyone managing and handling personal information is appropriately supervised;
- Queries about processing personal information are promptly and courteously dealt with.
- Subject access requests will be dealt within 40 calendar days of the access request being received.

Contact details

Gary Edwards, Data Protection Officer,
dpo@ids.ac.uk

Institute of Development Studies, Brighton, East Sussex, BN19RE, UK
T: + 44 (0) 1273 606261.

Annex 13: Tentative security plan/duty of care plan

THIS SECURITY PLAN WILL BE CONSTANTLY REVIEWED AND UPDATED THROUGHOUT THE LIFETIME OF THE EVALUATION GIVEN THE FLUID NATURE OF SECURITY IN YEMEN. THE CURRENT DRAFT ANNEX IS BASED ON A MEETING WITH UN OCHA HQ, AND REPRESENTS THE CURRENT STATE OF THIS EVOLVING PLAN. A MORE FORMAL VERSION WILL BE PART OF THE FINAL DRAFT OF THE INCEPTION REPORT AND WILL BE PRESENTED IN THE FORM OF A PLAN.

2021 06 23 Discussion with OCHA about security – Diana Sera, Tina Nelis, Abeer Alabsi (whose connection fell), Alistair Hallam and Kelly David

Minutes

UN will facilitate the trip.

1. Transportation

- Safest transportation to and from Yemen is with the UN system. No commercial airlines so everyone travels with UNHAS, whether UN or not.
- On arrival, the team will be collected from the airport and provided with mobile phone by the hosting agency while at the airport. These phones are used later on in the day, for security check-ins which take place at the end of day. The team can download a UN app called 'UN alert' which gives updates on security. No weapons are allowed on UN vehicles, but vehicles are armoured with accompanying security vehicles front and back of the convoy from the airport. The team will be transported to the UN accommodation. Valid will pay for that and this may need to be in cash, but this will be clarified. *Feedback:* There is an ATM machine that dispenses USD at the UN compound in Sanaa. Therefore, no need to carry large amounts of cash. Also, the cash limit for anyone travelling out of Sanaa airport is \$1,000 USD. If found with more, it will be confiscated by the authorities.
- Regional hubs – safest transportation is again through UN system (UNHAS) and the evaluation team can use that. But do have to sign waivers re liability and will need to pay. Unsure if by cash or credit. UN does the booking themselves on behalf of the consultants.
- The team can travel by road to regional hubs. Air travel is also possible when further distances involved e.g. Aden-Sana'a. Travel is in armoured vehicles. And security is provided during travel back and forth the airport and travel to the districts. Rarely have any incidents at all. Especially no targeting of humanitarian vehicles at all. We would be collected at the airports and transported to the UN accommodation and meetings.
- OCHA also has a very sophisticated humanitarian notification mechanism and works with the parties involved in the conflict to make sure respective parties allow safe transportation by deconflicting. Humanitarian agencies provide dates, numbers of cars, photos etc. to OCHA and OCHA then pass that on to the parties involved, who will confirm receipt of this information and give the OK to go. They have obligations to protect humanitarian workers and system. So, no bombing or airstrikes will happen. Very sophisticated process that OCHA

has had happening for some time. For more on this, click [link](#) for more details. Not sure how ahead of time needed but doesn't take too many days. Very effective system.

2. Security Briefing

Head of OCHA security has said that they can give a situation briefing rather than a security briefing prior to travel to Yemen. This briefing will amount to something very similar.

- Situation briefing will also be provided to the team once they arrive in Yemen

3. Accommodation

- not just UN staff but other contractors and evaluators do stay at the UN compound in Sana'a, Aden and at the regional hubs. (In most cases, does not extend to local consultants, however, in case of insecure governorate such as Saada and where there are no safe hotels or guest houses, then the UN compound is the best option for all including nationals traveling alongside). The UN compound is the most secure accommodation and in fact no alternative safe accommodation exists in most places. Accommodation compounds are guarded by armed guards. Accommodation at each governorate will be in UN compound.
- UN compound: Typically, as we check in, we will find a PPE kit and radios in the rooms. These are provided by the UN hosting agency. Maybe not flak jacket or helmets in rooms and not needed in Sana'a or Aden, but we do get these if travelling outside these capitals. Cell phones are provided by the host agency to each consultant at the airport. At UN compound there will be social distancing, wearing masks etc. DS will ask UN colleagues what processes they are following. **Feedback:** The measures are; 1) Maintaining of 2 metres; 2) Mandatory use of mask in public, shared and common areas; 3) Frequent hand washing and sanitising (see annex for more details)
- We will be provided with car and driver wherever we are. UNHCR Yemen have offered to provide this as communicated in the recent IASC meeting. Diana will check whether we pay for this or not. We will be transported to and from offices. Transport to the offices for meetings takes place in armoured vehicles. Security is only provided during travel back and forth the airport and travel outside of the city. Agencies are based about 15 minutes from the compound in Sana'a and many live in the compound, so interviews will be easy. HCT meetings take place at the UN compound in Sanaa
- Diana will provide us with contact numbers and addresses for all the accommodation hubs so we can add this information to our secondary risk assessment forms. **Feedback:** Given the devastation of infrastructure resulting from the humanitarian crisis, Yemen doesn't have proper addresses with names of roads, zip codes, etc, rather for each UN accommodation, the term used is '**UNCommon Accommodation Facility**(UNCAF)' for the given directorate. For example, for Sanaa, the location name is '**UNCommon Accommodation Facility**(UNCAF), Sanaa), and for Aden it is '**UNCommon Accommodation Facility**(UNCAF) Aden.

4. On Medevac

- Officially no cover by Medevac but no one will be left behind. Valid will arrange insurance. Healthcare – technically not available but no one will not treat you if you have a problem. We will need to arrange healthcare through our insurance company. We would need to access Medevac and healthcare through our insurers and also check with insurers whether we can get evacuation in case of conflict.

- Local team members won't stay in the compound, but Kelly would like to know what medical support extends to local consultants. Will they get flak jackets and PPE when they travel up-country? Diana will clarify all of these things.
- Kelly – the problem is that in black and white, consultants are not part of the UN medevac or security process, and you have to sign a waiver for UNHAS. Official answer is frustrating but in reality, mission can't happen without support from the UN and KD has told agencies that we need full support and HCR has said that they can provide a car. We may need to sign some waivers. Kelly is very appreciative that we are going and will provide full support.

5. COVID/Healthcare

- Northern government does not believe in COVID at all. Government officials don't wear masks in the north. Only the UN personnel, but it is fine for the team to wear masks and socially distance even where the government officials do not. The north has refused vaccines from UN partners.
- UN are taking strong measures – if the consultants arrive in a UN compound they need to isolate for a few days and then take PCR tests. If vaccinated, no need for isolation – but there is still social distancing and masks. Some organisations are not meeting F2F. UNICEF is having all meetings online as are WHO. UNHCR are meeting F2F. KD asked if DS could provide a list of agencies that are having meetings remotely to facilitate mission. *Feedback:* Attached is an annex which indicates that as of today, all international agencies in Yemen are mandated to return back to office on the 27th of June.
- In the south, government is more COVID-aware and taking preventative measures and allowing vaccination.
- We will need health and travel insurance for the team, but UN doctors won't refuse to help anyone who is ill.

Annex

Sent: Wednesday, 23 June 2021, 12:33

To: YEM-ML-ALL-Staff

Subject: Return to office - Effective 27 June 2021

Dear Colleagues,

Good morning,

I am glad to inform you that Staff can now return to the office effective Sunday – 27th June 2021 in all locations. This follows the the UNCT decision to allow the agencies to return to office. We will undertake a phased approach, with the initial cap of a 30% for staff in each respective sections. Based on the assessment and the evolution of the COVID-19 situation, we will then review this approach and consider a gradual increase if possible.

We will continue to observe all COVID measures of

- Maintaining of 2 metres;
- Mandatory use of mask in public, shared and common areas;
- Frequent hand washing and sanitising.

To organise this return in a safe and systematic manner, Section chiefs, CFOs and Supervisors will need to develop plans in consultation with their teams considering the following:

Return to office will be on a voluntary basis;

Underlying conditions of staff members;

Personal and family circumstances including health concerns of family members, childcare responsibilities, care giving responsibilities for elderly relatives, etc.

Rotation of staff, within limits of the maximum number of staff authorised in the office at any given time, should be considered to avail this opportunity to a maximum number of colleagues.

Flexibility for staff members who need special consideration due to any of the above circumstances will be taken into consideration in determining who will be able to operate from the office.

During this initial period, please be guided by the following – as per the previous guidelines from the Representative dated 29th Jan 2021.

The Office Working Hours

- 08:00 to 16:00 from Sunday to Wednesday
- 08:00 to 14:30 on Thursdays

For IP Staff at the Sana'a UNCAF, there will be 4 AVs for a maximum of 8 IP staff operating according to the following schedule:

- 08:00 am departure, from mini market and 17:00 – from the Office: **Sunday to Wednesday**
- 08:00 am departure, from Mini- Market and 15:30 – from the office: **Thursdays**

Annex 14: Tentative evaluation and field mission schedules

Indicative travel plan		
This provides an initial outline and will need to be reviewed in consultation with OCHA. Availability of agencies, weekends, the Islamic New Year and logistics – including flight schedules - will influence further development of the Yemen schedule.		
Activity	Date	Location
Preparation work with Yemen field team		Remote
Team flies to Addis Ababa	Saturday 14 th August	Addis Ababa
Team arrives to Aden, UNHAS	Sunday 15 th August	Aden
Situation briefing. OCHA	Sunday 15 th August	Aden
KIIS with UN offices and International NGOs, and field visits	Sunday 15 th – Wednesday 18 th August	Aden
Team splits. Team 1. travels to Lahj, Team 2. to Al Dhale'e and Team 3. to Marib.		
Travel to destination	Thursday 19 th August	Lahj Al Dhale'e Marib
Project visits, focus groups	Thursday 19 th August – Monday 23 rd August	Lahj Al Dhale'e Marib
Team travels back to Aden to either: 1) Write up of notes, consolidation 2) Travel to Sana'a if permissions and visas granted, UNHAS flight	Tuesday 24 th August	Aden
Team travels to Sana'a and has situation briefing, OCHA		Sana'a
Meetings/ KIIs with Government, Sana'a, UN and NGOs, external stakeholders in Sana'a		Sana'a
Team splits. Team 1. travels to Hodeida, Team 2. to Al Jawf and Team 3. to Saada.		
Travel to destination		Hodeida Al Jawf Saada
Project visits, focus groups		Hodeida Al Jawf Saada
Teams return to Sana'a		Sana'a
Write up notes, consolidation		Sana'a
Flight out to Addis/ Amman, UNHAS		
KIIs with donor agencies, regional UN offices and International NGOs		Amman

Governorate	Criteria for selection	District	Cluster	Project/ programme	Agency	Travel date
TRAVEL						Sunday 15h August
Aden				Key Informant Interviews	All	15.08.21 - 17.08.21
Aden	Urban, capital.	Aden City	Protection Nutrition Health.	IDPs School support General hospital TFC	IRC SCI WHO	18.08.21
		Dar Sad	Food security	Emergency food/ cash	WFP/ RI	18.08.21
		Khur Maskar	Food security WASH	Emergency food/ cash Water treatment chemicals	WFP/ RI UNICEF	18.08.21
Lahj	Food insecurity Flooding.	Al Madaribah Wa Al Arah	Food security Nutrition.	Emergency food/ cash TFC	WFP UNHCR SCI	19.08.21
		Lahj City	Nutrition Protection	TFC IDPs/ SGBV	ACF UNFPA	19.08.21
		Tuban	RRM Protection Food security	Flashing flooding (2020) IDPs Emergency food/ cash	NRC WFP/ FMF	19.08.21
		Al Musaymir	WASH	Water trucking	IMC	19.08.21
Ad Dali		Ad Dhale'e	Protection Education Health Nutrition	IDPs School support Amal Health centre TFC	YFCA UNICEF ACTED WHO YFCA	20.08.21
(Al Dhale'e)	IDPs, rural.	Jahaf	Food security.	Emergency food/ cash	WFP/ SHS	20.08.21
		Qa'atabah	Food security WASH	Emergency food/ cash Water trucking	WFP/ SHS, ACTED IMC	20.08.21

Marib	IDPs.	Marib City	CCCM/ NFI RMM WASH Food Education Health	IDP camps	IOM WFP UNICEF KSRelief CARE	18.08.21 - 23.08.21
		Marib		IDP camps	IOM WFP UNICEF KSRelief CARE	18.08.21 - 23.08.21

Provisional for north

Saada	Extreme food insecurity, epidemic.	Sahar	Food security Health. Nutrition.	Emergency food/ cash Health centre TFC	WFP/ SFHRP WHO UNICEF/ MoPHP
		Sa'dah	Health Nutrition WASH Protection	Al Jumhoori hospital TFC (in hospital?) Solid waste collection. Child Protection	WHO MSF-H UNICEF UNICEF
		Saqayn/ Saqin	Food security Health. Nutrition	Emergency food/ cash Saqayn hospital TFC	WFP/ SFHRP WHO SCI
Al Jawf	Extreme food insecurity, epidemic.	Al Hazm	Food security Livelihoods Protection	Emergency food/ cash Livelihoods IDPs	WFP/ ADRA UNDP/ SFD UNHCR
		Al Matammah	Food security Livelihoods	Emergency food/ cash Livelihoods	UNHCR UNFPA/ MOZN & UNDP/SFD
		Bart Al Annan	Food security Livelihoods Nutrition	Emergency food/ cash Livelihoods TFC	WFP/ NFDHR UNDP/ PWP UNICEF/ WHO/ MoPHP

Hodeida	Extreme food insecurity, epidemic.	At Tuhayat	Food security.	Emergency food/ cash	WFP/ IRY
(Al Hudaydah)		Al Qanawis	Food security. Protection	Emergency food/ cash IDPs	WFP/ IRY UNHCR
		Al Hali	Food security WASH Nutrition. Education	Emergency food/ cash Water trucking TFC (in Hodeida city) Schools support	WFP/ IRY UNICEF ACF UNICEF SDHGF
Sanaa	Urban, capital. IDPs	Bani Hushayah	Food security WASH	Emergency food/ cash Chlorine tablet distribution	WFP/ IRY UNICEF
		Sanaa city	Nutrition Protection Education	TFC IDPs Schools or ECE	Concern UNHCR? UNICEF
		Al Haymah Al Kharijayah	Food security WASH	Emergency food/ cash Hygiene promotion	WFP/ IRY UNICEF

Annex 15: Stakeholders mapping for data collection

Version 21/08/09 – Final

In-country Advisory Group	Organisation	Position	Name	Contact details	General comments	Identified for Interview
Yemen	UNHCR	IAG member	Maha Sidky	sidky@unhcr.org	HA WG	X
Yemen	OHCHR	IAG member	Detalle Renaud	rdetalle@ohchr.org	-	X
Yemen	IOM	IAG member	McLellan Iain	imclellan@iom.int	-	X
Yemen	WFP	IAG member	Dorte Jessen	dorte.jessen@wfp.org	-	X
Yemen	WFP	IAG member	Wahid Murad	wahid.murad@wfp.org	-	X
Yemen	UNICEF	IAG member	Gianluca Bunno	gbuono@unicef.org	-	X
Yemen	WHO	IAG member	Adham Ismail	ismaila@who.int	-	X
Yemen	USAID/BHA	IAG member	Jehan Balba	jbalba@usaid.gov	-	X
Yemen	FCDO	IAG member	Alex Beattie	alex.beattie@fcdo.gov.uk	-	X
Yemen	Social Development Hodeidah Girls Foundation (SDHGF)	IAG member	Dalia Qasem	daliaq4@gmail.com	-	X
Yemen	Relief International	IAG member	Abdirahman Ali	abdirahman.ali@ri.org	-	X
Yemen	Diakonie	IAG member	Loek Peeters	loek.peeters@diakonie-katastrophenhilfe.org	-	X
Yemen	DRC	Head of Office	Taline El Khansa	taline.elkhansa@drc.ngo	HAWG	X
Yemen	UNOCHA	Deputy Head of office	Crispen Rukasha	rukasha@un.org	-	X
Emergency Cell					Comments	
Yemen	RC/HC	RC/HC	David Gressley	gressly@un.org	-	X
Yemen	RCO	Special Assistant to the RC	Vacant	-	-	
Yemen	RCO	Head of the RCO	Mathew Leslie	mathew.leslie@one.un.org	-	X
Yemen	UNDP	Coordination Specialist, RCO	Ayman Elsheikh	ayman.elsheikh@one.un.org	-	

Yemen	DSS	Chief Security Advisor	Vacant	-	-	
Yemen	DSS	Deputy Security Advisor	Farrah Barrow	farrah.barrow@undss.org	-	X
Yemen	DSS	OIC Chief Security Advisor	Daniel Torres	daniela.torres@undp.org	-	
Yemen	FAO	Representative	Dr. Hussein Gadain	hussain.gadain@fao.org	-	X
Yemen	FAO	Deputy Representative	Andrea Berloff	Andrea.Berloff@fao.org	-	X
Yemen	IOM	Chief of Mission	Christa Rottensteiner	crosttenstein@iom.int	-	X
Yemen	IOM	Deputy Chief of Mission	John McCue	jmccue@iom.int	-	X
Yemen	OCHA	Head of Office	Sajad Mohammad Sajid	sajid@un.org	-	X
Yemen	OCHA	Deputy Head of office	Crispen Rukasha	rukasha@un.org	-	X
Yemen	OCHA	Head Coordination and Planning Unit	Hind Sadik	Hind.sadik@un.org	-	X
Yemen	OCHA	Humanitarian Affairs Officer	Bridget Mungatia	Bridget.mungatia@un.org	-	
Yemen	OCHA	Deputy Fund Manager	Mateusz Buczek	buczekm@un.org	-	
Yemen	OHCHR	Representative	Renaud Detalle	rdetalle@ohchr.org	-	X
Yemen	OHCHR	Deputy Representative	Hamed Qawasmeh	hqawasmeh@ohchr.org	-	X
Yemen	UNDP	Representative	Auke Lootsma	auke.lootsma@undp.org	-	X
Yemen	UNDP	Deputy Representative (Operations)	Safa Ali	safa.ali@wfp.org	-	X
Yemen	UNDP	Deputy Representative (Programmes)	Nahid Hussein	nahid.hussein@undp.org	-	X
Yemen	UNFPA	Representative	Nestor Owomuhangi	omomuhangi@unfpa.org	-	X
Yemen	UNFPA	Deputy Representative	Garik Hayrapetyan	hayrapetyan@unfpa.org	-	X
Yemen	UNHCR	Representative	Jean-Nicolas Beuze	beuze@unhcr.org	-	X
Yemen	UNHCR	Deputy Representative	Eraj Imomberdiev	imomberd@unhcr.org	-	X

Yemen	UNHCR	Assistant Rep (Protection)	Elizabetta Brumat	brumat@unhcr.org	-	X
Yemen	UNHCR	Snr Shelter Cluster Coordinator	Igor Chantefort	chantefo@unhcr.org		X
Yemen	UNHCR	Info. Management Officer	Firas Alsagban	alsagban@unhcr.org		X
Yemen	UNICEF	Representative	Philippe Duamelle	pduamelle@unicef.org	-	X
Yemen	UNICEF	Deputy Representative	Bastien Vigneau	bvigneau@unicef.org	-	X
Yemen	UNICEF	Chief Field Operations and Coordination	Gianluca Buono	gbuono@unicef.org	-	X
Yemen	UNICEF	Deputy Representative (Operations)	James Giteau	jgiteau@unicef.org		X
Yemen	UNOPS	Representative	Fayyaz Ahmad Faiz-Rasul	FayyazFR@unops.org	-	X
Yemen	UNOPS	Deputy Representative	Ziad Jabber	zaidj@unops.org	-	X
Yemen	WFP	Representative	Laurent Bukera	laurent.bukera@wfp.org	-	X
Yemen	WFP	Deputy Representative (Operations)	Rasmus Egendal	rasmus.egendal@wfp.org	-	X
Yemen	WFP	Deputy Representative (Support Services)	Anna Miroshnichenko	anna.miroshnichenko@wfp.org	-	
Yemen	WFP	Head of Programme	Dorte Jessen	dorte.jessen@wfp.org	-	Included above
Yemen	WFP	Head of Vulnerability Analysis Mapping (VAM)	Tobias Flaeming	tobias.flaemig@wfp.org	-	X
Yemen	WHO	Representative	Adham Rashad Ismail Abedel Moneim	ismaila@who.int	-	X
Yemen	WHO	Acting Representative Head of Aden Sub Office	Dr. Nuha Mahmoud	hamidn@who.int	-	X
Former UN staff members				-	Comments	

N/A	UNOCHA	Resident Coordinator and Humanitarian Coordinator (2015-2018)	Jamie Mcgoldrick	jamie.mcgoldrick@yahoo.com	-	Remote
N/A	UNOCHA	Resident Coordinator and Humanitarian Coordinator (2015-2018)	Lise Grande	-	-	Remote
N/A	WFP	Former DCD WFP	Ally-Raza Qureshi	ally-raza.queshi@wfp.org	-	Remote
N/A	UNICEF	Former WASH Cluster Coordinator	Emma Tuck	etuck@unicef.org	-	Remote
N/A	IOM	Former Chief of Mission (2018/2019)	David Derthick	daviddertick1956@gmail.com		Remote
N/A	IOM	Former Head of Project Development and Programme Support	Jennifer Pro	Jpro@iom.int		Remote
Sana'a	UNHCR	Snr. Risk Management & Compliance Officer	Reka Farkas	farkasr@unhcr.org	Also had programme and cash functions	Remote
Sana'a	UNHCR	Snr. CCCM Cluster Coordinator	Ruxandra Bujor	Bujor@unhcr.org	Yemen	Remote
Additional UN staff members + other multilateral / UN agencies (not included above)					Comments	
Yemen	IOM	Senior Field Coordinator	Rainer Palau Gonzalez	rpalau@iom.int		X
Yemen	IOM	Protection Coordinator (incl Migrant Assistance)	Dina Parmer	Dparmer@iom.int		X
Yemen	IOM	Head of Project Development and Programme Support	Iain McLellan	imclellan@iom.int		X
Yemen	IOM	Senior Programmes Coordinator (emergency response)	Martin Legasse	mlegasse@iom.int		X
Yemen	IOM	Senior Programme Coordinator (Transition and Recovery)	Firas Budeiri	fibudeiri@iom.int		X

Yemen	IOM	Programme Manager	Angela Osti	AOsti@iom.int	Previously based in Marib. Now in Mokha	X
Yemen	IOM	Cash Coordinator	Mustafa Hadeed	Mhadeed@iom.int	Cash consortium for Yemen. Cash cluster Coordinator	X
Yemen	IOM	Head of Resource Management	Claire Mateo	cmateao@iom.int		
Yemen	IOM	Head of Security	Dunichand Thakur	Dthakur@iom.int		
Yemen	IOM	Programme Support Unit Coordinator	Paulina Odame	Podame@iom.int		
Yemen	UN Habitat	Head of Country Programme	Wael Al Ashhab	wael.alashhab@un.org	On HCT	X
Yemen	UN Women	OIC, Country Program Manager	Dina Zorba	dina.zorba@unwomen.org	On HCT	X
Yemen	WHO	Health Emergencies Team Lead	Dr Ayadil Saparbekov	asaparbekov@who.int	Contact person for WHO stakeholders – whole country	X
Yemen	WHO	Outbreak Response	Dr Mikiko Senga	sengam@who.int	Whole country	X
Yemen	WHO	Regional Emergency Director	Dr Richard Brennan	brennanr@who.int		
Egypt	World Bank	Country Manager	Marina Wes	mwes@worldbank.org		Remote
Cluster and Working Group Coordinators					Comments	
	Education Cluster	Cluster coordinator	Rania Zakhia	rzakhia@unicef.org	-	X
	Emergency Telecommunications Cluster	Cluster coordinator	Wali Noor	wali.noor@wfp.org	<u>ETC cluster agencies received</u>	X
	Food Security and Agriculture Cluster	Cluster coordinator	Gordon Dudi	gordon.dudi@fao.org	-	X
	Health Cluster	Cluster coordinator	Dr Mohammad Fawad Khan	khanmu@who.int	<u>Health cluster agencies received</u>	X
	Logistics Coordinator (Acting) Cluster	Cluster coordinator	Mamadou Thiam	mamadou.thiam@wfp.org	-	X
	Logistics Cluster	Coordination Officer	Sarah Reggianini	sarah.reggianini@wfp.org	<u>HAWG</u>	
	Nutrition Cluster	Cluster coordinator	Isaack Manyama	imanyama@unicef.org	-	X
	Protection Cluster	Cluster coordinator	Catia Lopez	lopes@unhcr.org	-	X

	Protection: Child Protection Cluster	Cluster coordinator	Francesca Cazzato	fcazzato@unicef.org	-	X
	Protection: GBV / Women Protection Cluster	Cluster coordinator	Khawla Akel	kal-akel@unfpa.org	<u>Women protection sub-cluster agencies received</u>	X
	UNDP (MA AoR) - Mine Action	Cluster coordinator	Marie Dahan	marie.dahan@undp.org	-	X
	Shelter/NFI Cluster	Cluster coordinator	Igor Chantefort	chantefo@unhcr.org	-	X
	CCCM Cluster	Cluster coordinator	Marco Rutono	rotunno@unhcr.org	<u>CCCM cluster agencies received.</u> <u>HAWG</u>	X
	WASH Cluster	Cluster coordinator	Itakahashi Itsuro	itakahashi@unicef.org	<u>WASH Cluster agencies received.</u>	X
	WASH Cluster	Cluster coordination national and sub-national levels	Ahmed Seror	aseror@unicef.org		
	WASH Cluster	Cluster coordinator (alternate)	Ibrahim Alhaimi	ialhaimi@oxfam.org.uk	-	X
	RMMS (Refugee and Migrant Multi-Sector response)	Co-chair/ IOM Senior Protection Programme Coordinator.	Dina Parmer	dparmer@iom.int	<u>DRC and INTERSOS partner agencies in the IOM consortium</u> <u>Note: RMMS is a sector and does not function as a traditional cluster.</u>	X
	RMMS	Co-chair. Community based protection	Marjorie Cabrol	CABROL@unhcr.org	=	X
	Rapid Response Mechanism (RRM) Cluster	Cluster coordinator	Ali Syed	asyed@unfpa.org	<u>RRM cluster agencies received</u>	X
	Rapid Response Mechanism (RRM) - MPCA – Cluster	Cluster coordinator	Hadeed Mustafa	mhadeed@iom.int	<u>RRM/National coverage</u> <u>Cash cluster agencies received</u>	X
	Humanitarian Access Working Group	Working group coordinator	OCHA (karl Yanagiswa)	yanagisawa@un.org	<u>List of agencies part of HAWG available to the team – both country level and Aden.</u>	

					Additional KII with Jochen Riegg (working on access between 2018 – 2020)	
	Humanitarian Access Working Group	Working group co-coordinator – co-chair	NRC Clare Third	Clare.thrid@nrc.no		
INGOs (not in IAG)	Organisation	Position	Name	Contact details	Comments	
Yemen	ACF	Access Coordinator	Olexander Maruschak	accesscoord@ye-actioncontrelafaim.org	HAWG	
Yemen	Oxfam	Country Director	Muhsin Siddiquey	Msiddiquey@oxfam.org.uk	-	X
Yemen	Mercy Corps	Country Director	Steve Claborne	sclaborne@mercycorps.org	HAWG	X
Yemen	MSF					
Yemen	IMC	Country Director	Bahja Wasim	wbahja@InternationalMedicalCorps.org	-	X
Yemen	INTERSOS	Country Director	Evelyn Lernout	yemen@intersos.org	HAWG	X
Yemen	Islamic Relief	Country Director	Zulqarnain Baloch	zulqarnain.Balock@irworldwide.org	-	
Yemen	NRC	Country Director	Mohamed Abdi	mohamed.abdi@nrc.no	-	X
Yemen	CARE	Country Director	Aaron Brent	Aaron.Brent@care.org	HAWG	X
Yemen	CARE	Co-chair of the INGO Advocacy Working Group	Alexander Hillard	Alexandra.Hilliard@care.org		
Yemen	IRC	Country Director	Tamuna Sabadze (Aternate)	Tamuna.Sabadze@rescue.org	-	X
Yemen	IRC	Operations Manager	Zelege Macha	zelege.bacha@rescue.org		
Yemen	ICRC	Deputy Head of Delegation + HCT Observer	Alexandre Equey	-	-	X
Yemen	ICRC	Field Coordinator	Scott Doucet	sdoucet@icrc.org	HAWG	
Yemen	IFRC	Deputy Head of Country Office + HCT Observer	Muhammad Bilal	-	-	X
Yemen	NRC	NRC - Chair of the Country Director's Group	Kittie Paulus	kitty.Paulus@nrc.no	Chair of the Country Director's Group	X
Yemen	NRC	NRC - Chair of the Advocacy Group	Sultana Begum	sultana.begum@nrc.no	Chair of the Advocacy Group	X

Yemen	Save the Children	Co-Chair of the INGO Advocacy Working Group	Yousra Semmache	Yousra.Semmache@savethechildren.org		X
Yemen	Save the Children	Country Director	Xavier Joubert	xavier.joubert@savethechildren.org	HAWG	X
Yemen	Emergency	Head of Mission	Daniele Giacomini	Daniele.giacomini@emergency.it	HAWG	
Yemen	Geneva Call	Representative	Dina El Mamoun	delmamoun@genevacall.org	HAWG	
Yemen	Humanity and Inclusion	Policy Advisor	Yasmine Daelman	y.daelman@hi.org	HAWG	
Yemen	Relief International	Humanitarian Access & Risk Manager	Yaseen Yaseen	yaseen.yaseen@ri.org	HAWG	
Yemen	ZOA	Operations Manager	Merel Verbeek	m.verbeek@zoa.ngo	HAWG	
National and International NGOs - Cooperating partners of UN agencies			Name	Contact details	Comments	During site visits
	Yemen Family Care Association (YFCA)	Project Manager Yemen Family Care Association (YFCA)	Dr. Hana Ibramih Al-Motwakel	P: +967 01 410 290; M: +967 776010566; h.almotwakel@yfca.org	Partner WFP - Nutrition / NNGO representative on the HCT	
	Building Foundation for Development (BFD)	Project Manager; BFD - Building Foundation for Development	Dr. Hiba M Alduba'ai	Mobile: +967 770840260; Email: hibaaldubaai@bfdyemen.org / Hibamdu@gmail.com	Partner WFP - Nutrition	
	Field Medical Foundation (FMF)	Deputy Manager	Dr. ARZAQ SOLIMAN	Mobile: +967- 733 280 493; arzaq.soliman@fmyemen.org	Partner WFP - Nutrition	
	Islamic Relief Yemen (IRY)	Food Security Manager, Islamic Relief Yemen (IRY)	Ahmad Hussein	Ahmad.Hussein@iryemen.org	Partner WFP - GFA	
	Relief International (RI)	Head of Programme, Relief International (RI)	Harris Nyatsanza	harris.nyatsanza@ri.org	Partner WFP - GFA	
	Yemen Family Care Association	Food Security Manager, YFCA	Fares Atef	f.atef@yfca.org	Partner WFP - GFA	
	CARE International	Humanitarian Programme Coordinator	Jackline Ratemo	Jackline.Ratemo@care.org	Partner WFP - GFA	
	National Foundation for Development and Humanitarian Response (NFDHR)	Food Security Livelihood Manager	Maher Morait	mmoraiet@nfdhr.org tel.730190800	Partner WFP - GFA	

	SHS	project coordinator, SHS	Ahmed Bahaj	737911040/774970940 assistant.coor@shsye.org	Partner WFP - GFA	
	Human Access	CBT officer, Human Access	Mohammed Alhareibi	739568353/770356559 mohammed.alhareibi@humanaccess.org	Partner WFP - GFA	
	FMF	CBT officer, FMF	Musab Waheeb	739007871/777809807 musab.waheeb@fmfyemen.org	Partner WFP - GFA	
	Yemen Women Union (YWU)		Murad Al Sabri	murad.sabri@yemenwu.org	UNHCR Partner North: Ibb governorate Protection of IDPs	
	Tamdeen Youth Foundation (TYF)		Bader Al- Fahed	b.alfahd@tamdeen-ye.org	UNHCR Partner North: Ibb governorate - Shelter and CCCM for IDPs	
	Deem For Development Organisation (DEEM)		Nader Al-Mansour	nader@deemyemen.org	UNHCR Partner North: Taizz and Al-Dhala'a governorates - Protection + Shelter and CCCM for IDPs. Partner IOM.	
	Jeel Al-Bena Association for Humanitarian Development (JAAHD)		Ameen Jobran	Alameen500@gmail.com	UNHCR Partner North: Hudaydah, Raymah and Al-Mahweet governorates - Shelter/NFI, CCCM and Protection for IDPs	
	Yemeni Al-Khayr Relief and Development (YARD)		Abdullah Naji Thawaba	admin@yard-yemen.org	UNHCR Partner North: Al-Jawf governorate - Protection/Shelter/NFI and CCCM for IDPs	
	Social Development Foundation (SDF)		Asia Al-Meshriqi	asia.almeshriqi@sdfyemen.org	UNHCR Partner North: Amanat-Al-Asimah, Dhamar, Al-Bayda governorates - Protection/Shelter/NFI and CCCM for IDPs	
	Yemen Red Crescent Society (YRCS)		Abdullah Al-Azab	yr.amran@gmail.com	UNHCR Partner North: Amran governorate - Protection/Shelter/NFI and CCCM for IDPs	
	INTERSOS, Italy		Evelyn Lernout	yemen@intersos.org	UNHCR Partner South: Aden, Lahj, Hadramout,	

					Taiz, Mukala - Protection for Refugees and IDPs	
	Society For Humanitarian Solidarity (SHS)		Nasser Bajanoob	nasser.bajanoob@shsyemen.org	UNHCR Partner South: Marib and Al-Dhala'a governorates - Shelter/NFI for IDPs	
	Nahda Makers Organisation (NMO)		Mohamed Al-Sayd	mohd.alsayd@nahdamakers.org	UNHCR Partner South: Aden, Abyan, Lhaj, Taizz and Al-Hudaydah - Shelter/NFI for IDPs + NNGO representative on the HCT	
	National Foundation for Development and Human Response (NFDHR)			-	NNGO representative on the HCT	
	Enjaz Foundation		Samia Al Abadi	cluster@enzajfoundation.org	UNICEF Partner, WASH, covering Dhamar and Amran Gov	
	RECO Foundation		Mohammed Al Hadari	malhadhri@reco.ngo	UNICEF Partner, WASH, covering Al Bayda Governorate	
	SOUL		Eng. Ali Al-qubati	a_al-qubati@soul-yemen.org	UNICEF Partner, WASH-nutrition, North Taiz.	
	IMC		Sakhar Hazam	shazam@InternationalMedicalCorps.org	UNICEF Partner, WASH, Health, Nutrition. Ibb.	
	OXFAM		Abdulkhaleq	aalwan2@oxfam.org.uk	UNICEF Partner, all areas.	
	SI / Aden		Zain Nasr	ert.wash.pm@solidarites-yemen.org	UNICEF Partner, WASH in IDPs. Al-Dhalee area	
	IOM / Aden		Abdulmajeed	abalkaladi@iom.int ;	UNICEF Partner, WASH in IDPS and Host communities. West Coast areas.	
	NMO / Aden		Alaa Kholob	alaa.kholub@nahdamakers.org ;	UNICEF Partner, WASH in IDPS and Host communities. Aden & Abyan	
Third Party Monitoring						
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	TPM for FCDO		Mike Brewin			
	Monitoring for WFP?		Dorian Laguardia	dorian.laguardia@thirdreef.org		
	Monitoring for WFP?		Alia Qahtan	qahtan.a@apexconsulting-me.com	-	
Other - independent consultants, think tanks, research institutes – based in Yemen or outside					Comments	
Amman	ACAPS	Team Lead Yemen	Joel Thorpe			
	REACH					
	iMMAP	MENA Director	Craig Von Hagen			
	Tufts University		Daniel Maxwell	Daniel.maxwell@tufts.edu	Currently researching coping mechanisms with Mercy Corps in Taiz	
		Centre for Humanitarian Change				
			Peter Salisbury			
			Iona Craig			
		Humanitarian Outcomes	Paul Harvey	paul.harvey@humanitarianoutcomes.org		
	School of Diplomacy, Seton Hall University	Professor of Peace Practice	David Wood	david.wood@shu.edu	Development and peacebuilding	
	Consultant	Consultant	Marta Colburn	<colburnconsulting@gmail.com>	Long history in Yemen	
	Search for Common Ground	Fmr country Director	Shoqi A. Maktary	samaktary@sfcg.org ; +967 1 442 3089		
	Consultant	Former Cash Cap expert deployed to Yemen	Thomas Byrnes	thomas@marketimpact.org	Long history with the response	
	International Crisis Group					
	SAFER Yemen	Head of Risk Analysis	Thomas Higgins	Tom.higgings@saferyemen.com		
National Institutions - Government and Non-Government						
Government					Comments	

	Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA)	Secretary General	Abdul Mohsen Tawoos	abdalmohsen.tawoos@scmcha.com		
	SCMCHA	Clusters General Manager	Abdullah AboTalib	770323570/ Abdullah.abotallib@scmcha.com		
	Ministry of Water and Energy (MOWE) - Aden	National Coordinator	Husam khamees Ghythan	777766006_ghethan@gmail.com		
	Ministry of Water and Energy (MOWE) - Sana'a	National Coordinator	Tawfik Naji AlHarooosh	777726147_alharosh1974@gmail.com		
National research institutions, independents, national women's organisations						
Yemen		Sana'a Center For Strategic Studies (Independent Think Tank)				
Yemen		Yemen Policy Center	Hadi Al-Mowafak		Water crisis	
Yemen	Yemen Women Union (YWU)					
Yemen	Food4Humanity Foundation	Founder and Chairperson	Muna Luqman			
Yemen	Abs Foundation	Chairperson	Dr. Aisha Mohammed Thawab			
Yemen	Ana Ahaq Foundation				Supported under the Women's Peace and Humanitarian Fund (a UN @ Civil Society Partnership)	
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Amman	Rafael Sanchez Carmona	EUD - Team Lead Yemen		Rafael.Sanchez-Carmona@eeas.europa.eu		

Annex 16: Terms of Reference

(TO BE ADDED WHEN AS WORD VERSION)

Annex 17: Proposed structure for the evaluation report

1. Executive Summary
2. Introduction, scope, and purpose
3. Context analysis

An extended context analysis will look at key features of the socio-economic and political; situation; the conflict both prior to 2015 – causal factors – and prior, key events. An analysis of the response, including a timeline and key features of the response.

4. Evaluation approach and methodology

Some key aspects of the methodology including a numerical overview of data collection to give a sense of the robustness of the findings. Most of the detail of the method will be contained in the annex.

5. Findings

The findings section will be loosely structured around the evaluation criteria and the evaluation matrix. However, at this stage the evaluation team would like to retain some flexibility in how this is ordered, as it is also possible that some key policy issues will emerge that might also determine how this section of the report is structured.

Findings will be logically connected to evidence gathered and summaries of key findings reproduced at the end of each section. Depending on the detail in the findings section they may also be summarised at the beginning of each section too to give the reader levels of accessibility.

6. Conclusions

A summary of the key findings reproduced from the detailed findings section.

7. Recommendations

To be co-created in the report writing section via a workshop format. These will be linked to conclusions and through the conclusions to the key findings and the evidence.

8. Annexes

Good use of annexes will be made to keep the report size to a manageable length. Evidence will be reproduced in full in the annexes as far as is practicable and where data confidentiality allows.