SOHS 2018 CASE STUDY:

YEMEN

Groupe URD

SANA'A CENTER FOR STRATEGIC STUDIES
مركز صنعاء للدراسات الاستراتيجية

ALNAP

ALNAP is a global network of humanitarian organisations, including UN agencies, members of the Red Cross/Red Crescent Movement, NGOs, donors, academics and consultants dedicated to learning how to improve the response to humanitarian crises.

Groupe URD is an independent institute which specialises in the analysis of practices and the development of policy for the humanitarian and post-crisis sectors.

About this case study

This case study is one in a series of five research pieces which fed into the analysis for *The State of the Humanitarian System 2018*. This research was conducted and written in April 2018.

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Acronyms

CBY	Central Bank of Yemen
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CSO	Central Statistic Organization
CTC	cholera treatment centre
CTU	cholera treatment unit
DEC	Disaster Emergency Committee
EC	European Commission
GAM	global acute malnutrition
GBV	gender-based violence
GCC	Gulf Cooperation Council
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ID	identity document
IDPs	internally displaced people
IHL	International Humanitarian Law
INGO	international non-governmental organisation
IPC	Integrated Phase Classification
MoE	Ministry of Education
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MSF	Médecins Sans Frontières
mVAM	mobile Vulnerability Analysis and Mapping
NCDs	non-communicable diseases
NFI	non-food items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
SCSS	Sana'a Center for Strategic Studies
SLC	Saudi-led coalition
SRP	Strategic Response Plan
SWF	Social Welfare Fund
URD	Urgence Réhabilitation Développement
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
YHRP	Yemen Humanitarian Response Plan

Executive Summary

The humanitarian crisis

The situation in Yemen has been described as an 'entirely man-made catastrophe' (OHCHR, 2017). The internal conflict between Houthi rebels and forces loyal to the government of Abdrabbuh Mansour Hadi, combined with the misuse of many key agricultural and household resources for khat production and consumption, has led to crippling poverty and a high rate of global acute malnutrition (GAM). The continued insecurity, instability and violence have caused the displacement of approximately 3 million people, and have had a devastating impact on food security and livelihoods. As the conflict has continued, the state of the country's health system, water, sanitation and hygiene (WASH) infrastructure and schools has deteriorated. In addition to the high number of casualties requiring emergency medical care, the health sector response has also had to deal with the indirect impacts of the war, such as the deterioration of public health systems, people's fear of using health structures due to their frequent bombing, and significant levels of health-related malnutrition. In April 2017, the difficulty of managing contagious diseases, combined with the degraded economic situation, led to one of the worst cholera outbreaks in recent times, with almost 1 million suspected cases and 2,216 associated deaths (WHO, 2017). Almost 2 million children (27% of the 7.3 million school-aged children in Yemen) are currently unable to attend school, with more than 1,800 institutions affected by the conflict.

A humanitarian response implemented under major constraints

Delivering aid in Yemen is extremely challenging. Numerous constraints exist ranging from insecurity in front-line areas to administrative restrictions and logistics problems in reaching rough and mountainous terrain. As the conflict has become protracted and the humanitarian crisis has deepened, the response has struggled to cover the needs of the population.

Humanitarian workers have accused the Saudi-led coalition of hampering the delivery of humanitarian assistance by imposing a blockade and then, when it was partly lifted, by continuing to impose excessively cumbersome procedures (UN Panel of Experts on Yemen, 2018). Import restrictions and localised blockages imposed by these local armed groups on the ground are hindering the rapid delivery of critical supplies to people in need. In addition, the presence of checkpoints controlled by armed groups in many districts, and regular air strikes, have restricted the movements of humanitarian operators.[1] Operations in these areas are very difficult and sometimes impossible. Humanitarian workers have been denied travel permits to different cities and the parties

to the conflict impose arbitrary and excessive restrictions. The UN Panel of Experts on Yemen has criticised all parties to the conflict for increasing the suffering of civilians by impeding the delivery of humanitarian assistance.

Overall effectiveness of the response

Despite all these constraints, life-saving operations have been reasonably effective. For example, during the last cholera outbreak, the combined efforts of local actors and the international community kept the case-fatality rate low. Famine has been avoided thanks to commendable efforts to support minimal food security and the extraordinary resilience of the Yemeni people.

This conflict has highlighted the paramount importance and continued relevance of the main international humanitarian law (IHL) principles of protection of civilian populations and of the infrastructure vital to their wellbeing (under the Fourth Geneva Convention). In addition to providing life-saving assistance to communities, actors have engaged in essential, and relatively effective, advocacy to stop the targeting of medical facilities. It seems reasonable to attribute the drop in the number of facilities targeted between 2015 and 2018 to the advocacy and IHL dissemination activities implemented by specialised international organisations and several donors.

Relevance and community engagement

Humanitarian actors think that the response is relevant to the population's most acute needs and appropriate to the local context. According to the survey led by the Community Engagement Working Group (CEWG) and published as part of the 2017 Humanitarian Needs Overview (OCHA, 2017b), 67% of respondents believe that assistance is reaching the most vulnerable, but only 12% believe this assistance is meeting priority needs.

The quality of needs assessments, the availability of real-time data and programme monitoring are severely constrained in the current security context (Van Eekelen et al., 2017). Authorisation is required from local authorities to conduct an assessment and the authorisation process is often lengthy and hazardous. Negotiation is often required to avoid being influenced by the key 'gatekeepers' (tribal chiefs and community leaders), which could be considered to be a breach of humanitarian principles.

Some local and international NGOs have established local community committees and worked with them on delivering services or evaluating interventions. Furthermore, some INGOs have approached the target community through a local partner to facilitate assessment and implementation, and with the aim of increasing the capacity of the local partner. However, this level of engagement is not systematic and is sometimes left to

individual initiative. Many actors consider that involving and engaging local communities is a necessary but complicated process. The main barriers are the need to have frequent access to the affected population, and the limited funding from donors for community consultation.

Timeliness and preparedness

There is a lack of preparedness and prevention activities to strengthen the resilience of communities and to enable the humanitarian system to be more efficient. In the case of the cholera crisis, for example, preventive activities could have helped to stop the disease from spreading. Basic preparedness measures are essential to cope properly with the multitude of risks (war-related health issues, diseases, floods, etc.), but there are hardly any resources available for this in Yemen's aid budget.

The humanitarian-development-security nexus

The transition from emergency relief to development is more an aspiration than a reality as it requires the end of hostilities. With the war still raging, there are significant challenges to improving the links between humanitarian and development aid. The strong focus on anti-terrorist actions, with strict controls on aid to prevent it ending up in terrorists' hands, has had consequences for both national and international humanitarian organisations, as well as for the private sector, which has been adversely affected by bank de-risking regulations (El Taraboulsi-McCarthy and Cimatti, 2018). Bank transfers to local individuals, organisations or businesses are extremely difficult, which has contributed to the expansion of the black market, the war economy and corruption in Yemen. This could have serious implications for the post-conflict reconstruction process and economic rehabilitation.

A situation that calls for changes in the humanitarian system

This conflict also highlights the need for, and relevance of, new approaches to aid in fragile situations and middle-income countries. In a context where the economy is in transition and is extremely dependent on key infrastructures and institutions, when these stop functioning due to war, the consequences are dire. The rehabilitation of basic essential infrastructure should therefore complement 'classic' life-saving assistance. Supporting the health system and rehabilitating basic infrastructure, such as urban water pumps, electricity plants and communication infrastructure would have a major impact on people's daily lives.

Support to the banking system makes large-scale cash transfer programmes possible and ensures that the economy functions: salaries can be paid, trade can function and the diaspora can transfer remittances. These new approaches would require different skills and therefore new partners might be needed in the humanitarian system.

Introduction

This country case study focusing on Yemen is part of the 2018 edition of The State of the Humanitarian System (SOHS) report. It was carried out by a mixed team of researchers from the Sana'a Center for Strategic Studies (SCSS) and Groupe URD, thus facilitating access to both national and international actors involved in the response to humanitarian needs in Yemen.

This report presents the results of face-to-face interviews conducted by SCSS at field level and interviews conducted by Groupe URD remotely in December 2017. Interviews were conducted with staff from Yemeni institutions/national authorities, UN agencies, international, national and local NGOs, donors, the International Committee of the Red Cross (ICRC), as well as beneficiaries. In total, 17 interviews were done individually: 11 were collected in Sana'a and six through distance calls. Some complementary analysis came from a two-week field evaluation mission in Yemen conducted in January 2018 by Groupe URD in the context of the cholera response.

The interviews were semi-structured, based on the interview protocol developed within the framework of the SOHS research methodology. All interviews were transcribed, translated from Arabic to English and coded for qualitative analysis.

Findings were reached through a combination of literature review, knowledge of the country context and thorough analysis of the interviews. The main limitation is the representativeness of the interviewees, who were all from Sana'a, or were international staff either present in Sana'a or had been there previously. Only two beneficiaries, based in Sana'a, were interviewed. No field visits were organised for security and timing issues.

1 Context overview

1.1 A protracted and complex conflict

Yemen was an area of turbulence during the Cold War, when it was divided between pro-Western and pro-Soviet entities. The end of the Cold War brought national reconciliation and unification, as well as significant improvement of infrastructure (such as roads, ports, education and health facilities, water and sewage systems in the main cities). However, by the mid-2000s, a complex situation had developed in the northern part of the country due to regional competition among key political actors in the Middle East. The political confrontation between the Houthis, a Shiite sect, and the predominantly Sunni government, involved a mix of religious and tribal factors. This damaged the still fragile economy, despite a once flourishing oil extraction sector. Combined with the misuse of agricultural resources such as good land and water and family resources for khat production and consumption, this led to crippling poverty and a high rate of global acute malnutrition (GAM). Low educational levels, particularly in rural areas, and the limited involvement of women in almost all fields, apart from health and specific services, made Yemen the poorest country of the Gulf region.

Increasingly links were made between Yemen and the global 'war on terror' (a number of Yemenis were connected to the US Guantanamo Bay detention camp and Al-Qaeda). That, and the confrontation between Sunni and Shiite blocks in the country plunged Yemen fully into war in 2011. The long-time President Ali Abdullah Saleh was forced in an uprising to hand over power to Abdrabbuh Mansour Hadi, his Vice President, but the subsequent political transition failed to bring stability to the country. President Hadi struggled to deal with a variety of problems, including Al-Qaeda attacks, the activities of a separatist movement in the south, the continuing loyalty of many military officers to Saleh, as well as corruption, unemployment and food insecurity. The involvement of a Saudi-led multinational coalition that backs the forces loyal to President Hadi in its fight against the Ansar Allah (Houthi) rebel movement has led to a tragic situation. The conflict has spread to 21 out of 22 governorates, creating a large-scale protection crisis and compounding an already dire humanitarian crisis. The operational context is challenging and complex. The continued insecurity, instability and violence make Yemen one of the worst places on earth to be a child (UN News, 2017).

1.2 An unprecedented level of humanitarian needs in all sectors

Yemen was declared a Level 3 emergency by the Inter-Agency Standing Committee (IASC) in July 2015. In September 2017, the UN Human Rights Office reported that there had been continuous violations of human rights and international humanitarian law, with civilians suffering deeply due to an 'entirely man-made catastrophe' (OHCHR, 2017).
More than 8,600 people have been killed and 49,000 injured since March 2015. Many have been hit by air strikes by the Saudi-led coalition (SLC), others were affected by land warfare that has involved shelling often densely inhabited zones on front lines. As of August 2017, it was estimated that more than 22 million people were in need of some form of humanitarian or protection assistance.

Due to their different societal roles and deep-rooted, socio-cultural and economic inequalities, men, women, girls and boys are affected differently by the conflict and the humanitarian crisis. However, their priorities do not differ greatly. According to a survey conducted by Oxfam and Care Yemen, when asked about the main challenges that households are facing today, both female and male respondents reported similar priority concerns. The main worry is the lack of income to meet basic needs (37%), followed by difficulties finding employment (31%) and the inability to move around safely (16%). At household level, 74% of respondents reported an increase in security concerns for women and girls since the beginning of the crisis in 2015.

Internal displacement is a major feature of the crisis. The conflict has forced approximately 3 million people to flee their homes, with children making up half of this number.[2] Between March 2015 and September 2017, more than 2 million people were internally displaced and dispersed across 21 governorates due to the conflict.[3] The majority of those involved have been displaced for a year or more. This creates a continued and prolonged burden on host families and wider communities as well. In addition, the country currently hosts some 435,070 vulnerable asylum seekers, refugees and migrants of various nationalities (OCHA, 2017b).

An ongoing exodus and refugee crisis is contributing to global migration flows. Yemeni refugees are present in all the surrounding countries (Djibouti, Oman, Ethiopia, Somalia, Sudan and Saudi Arabia), and are regularly among those who have attempted to cross the Mediterranean.

> “Food security is being addressed to the maximum I should say … most organisations are working on that but again Yemen is being pushed into the famine-like situation with all these restrictions on food imports. The availability of food is quite low. The second important aspect is also affordability, so … although in some areas food is available in the markets, families are not able to afford food due to the inflation rate, which is linked to the restriction on imports.”
>
> **Humanitarian worker for an INGO**

Growing food and nutrition insecurity is affecting millions. As the conflict has escalated, this has had a devastating impact on food security and livelihoods. The country is 80% dependent on food imports, and frequently faces import restrictions and increased food prices, while the purchasing power of the majority of the population is decreasing. Some 17 million people are food insecure,[4] with a 20% increase between 2016 and 2017. One in three Yemeni households has a diet of extremely poor quality and quantity – mainly consisting of bread, sugar and oil (WFP, 2017). The non-payment of public service workers’ salaries and the recent liquidity crisis have limited people’s purchasing power, leaving them in a vicious cycle of poverty, vulnerability and a higher risk of morbidity and mortality. Lack of fuel and electricity has led to a breakdown in basic water and sanitation services. Despite an uncertain evidence base due to the constraints involved in accessing the field and collecting data, in November 2017 (Lowcock, 2017) the UN forecast that there could be a famine if the appropriate measures were not taken immediately. As of the end of 2017, 4 million children and pregnant and lactating women (PLW) required urgent humanitarian nutrition services to treat or prevent malnutrition (a 148% increase since late 2014) (UNICEF, 2018).

The ongoing war has a tragic impact on many health issues. The health sector response has had to cover both the direct and indirect impacts of the war, the former being the high number of war-wounded people requiring emergency care, and the latter including the degradation of public health systems, people’s fear of using health structures due to their frequent bombing, significant levels of health-related malnutrition and a cohort of other health and protection issues. The state’s lack of funds has also led to the systematic delay or absence of salaries for most staff, which has put the health sector in jeopardy. Primary care coverage and quality are low as 55% of health facilities are not operational (WHO, 2016).

> “Many hospitals and health centres have been damaged and the staff lack the salaries, and [there is now] the bombardment in the Ministry of Health facilities; 50% of the health facilities are closed because of the shelling and airstrikes. Also the foreign staff who have been active in the remote areas are gone. The lack of medicines, the shortage in equipment and health supplies have all affected the health of the people.”
>
> **Ministry of Health representative**

According to the October 2017 Humanitarian Dashboard, the health system, which used to be of a relatively high standard, faces a shortage of trained personnel, lack of essential medicines/supplies to deal with war surgery as well as with communicable and non-communicable diseases (NCDs), major energy shortages and prolonged import restrictions. Restricted access in some locations makes the delivery of health services quite precarious.

Water and sanitation infrastructure is in jeopardy. Lack of national budget, limited spare part availability and regular destruction due to bombing has accelerated the degradation of key water, sanitation and hygiene (WASH) infrastructure. The difficulty of managing contagious diseases (measles, acute respiratory infection), vector-propagated diseases (malaria, dengue fever) and above all water-borne diseases (diarrhoeas of all kinds, diphtheria) combined with the degraded economic situation (no salaries paid to officials for years, the blockade and the war situation) all led to one of the worst cholera outbreaks in recent times in April 2017. This affected 21 out of 22 governorates (305 out of 333 districts) with 948,657 suspected cholera cases and 2,216 associated deaths (WHO, 2017), putting a strain on an already shattered health system. In addition, 15.7 million people, including 8 million children, needed support to meet their basic WASH needs (OCHA, 2017a).

The education system is collapsing. Almost 2 million children (27% of the 7.3 million school-aged children) are currently out of school in Yemen, with more than 1,800 schools affected by the conflict. Around 1,500 of them have been damaged or destroyed (OCHA, 2017b) and the rest are occupied or closed due to the conflict. The fact that public sector school teachers have not been paid for more than a year means that there is a risk that schools will not open for the new academic year.

1.3 Major constraints impeding the humanitarian response

Delivering aid in Yemen is extremely challenging. Numerous constraints exist ranging from insecurity in front-line areas to administrative restrictions and rough terrain. As the conflict has become protracted and the humanitarian crisis has deepened, the gap between needs and the response has grown.

Access and security: According to the Humanitarian Access Severity Overview, as of August 2017, access constraints were high in 39 out of 333 districts due to armed groups, checkpoints, air strikes or other impediments that have resulted in restrictions to the movements of humanitarian operators.[5] Operations in these areas are very difficult and sometimes impossible. There are approximately 1.7 million people living in these districts. The different access constraints include long visa processing, insecurity despite the high numbers of checkpoints, import restrictions and fuel shortages. The reluctance of transporters to access volatile areas is among the issues hampering the delivery of assistance by road, air and sea. The destruction of public infrastructure, landlines, the mobile phone network and internet connections has compounded existing communications challenges. Sudden outages of these services were reported frequently (UNICEF, 2016).

The blockade: Since the beginning of the war in 2015, the Saudi-led coalition has imposed a blockade on Yemen by positioning its military fleet in such a way that it controls all imports into the country by sea. Blockades are restricted in international humanitarian law as they affect civilian populations indiscriminately. Import restrictions imposed by the Saudi-led coalition and localised blockages imposed by militants on the ground have hindered the rapid delivery of critical supplies to people in need. In some cases, militants have imposed crippling restrictions on the entry of life-saving supplies into contested areas. Sometimes these have been overcome through negotiation, but in some other cases INGOs have either been denied consent or have been asked to leave the country despite the number of people who fully depend on these actors. The UN Panel of Experts on Yemen has regularly reported that all parties to the conflict have exacerbated the suffering of civilians by restricting the provision of humanitarian assistance. Houthi security officials have been accused of imposing arbitrary and excessive restrictions on the movement of goods and staff, seeking to compromise the independence of aid operations, and forcibly closing some humanitarian aid programmes (UN Panel of Experts on Yemen, 2018).

> “The most problematic is logistic access. When you arrive with a convoy, wherever you are, you need to deal with interior affairs, aid security, political security, public security, local governments, until you reach officials responsible for distribution points, usually sheiks and powerful figures in implementation units and planning offices.”
>
> **Local NGO representative**

Humanitarian aid workers have accused the Saudi-led coalition of hampering the delivery of humanitarian assistance by imposing excessive procedures (Ibid.). In many cases, actors managed to negotiate at the national level, but any agreements for humanitarian aid to pass through checkpoints are not always passed on to local authorities. Some local NGOs report that in conflict zones, warlords sometimes ask for a significant share of the aid in order to allow access.

The situation did not improve during 2017. On 6 November, the Saudi-led coalition announced a temporary air, land and sea blockade on Yemen. Following international pressure to enable access to Yemen, the coalition agreed to re-open Hudaydah port and Sana’a airport from 23 November. The closure of the port and airport had caused a lot of difficulty for the emergency response, delaying the arrival of humanitarian actors and supplies. Assistance was further held up by the damage done by the conflict to key infrastructure including ports, roads, bridges, schools and hospitals (OCHA, 2016). Although the blockade is supposed to be over, the lengthy verification procedures imposed on all ships to prevent arms smuggling are creating significant delays in the supply lines, sometimes jeopardising key health or food aid programmes.

> “Now with more blockades, the security situation changing, there is a lot of involvement in advocacy by the humanitarian organisations, especially to make sure that the blockade is removed and food imports are getting in.”
>
> **INGO Representative**

The security situation varies a great deal across Yemen, and even within governorates. For example, Taiz governorate is split between the pro-government part and the Northern Rebellion by an active front line, with different permit systems in the two parts. At one end of the spectrum, operators often keep a low profile to reduce the risk of kidnapping and car-jacking, and sometimes decide not to carry out activities if they deem the risks for their staff to be too high (Van Eekelen et al., 2017). Despite all the measures taken, there have been many security challenges during the response. Indeed, 36 victims of security incidents involving humanitarian staff were reported in the period January 2015 and December 2017, including 18 national staff killed and 11 aid workers kidnapped (Aid Worker Security Database, 2017). According to Médecins Sans Frontières (MSF), NGO-run hospitals have regularly been subjected to airstrikes (Médecins Sans Frontières, 2016).

1.4 Response funding

During 2017 $1.3 billion was raised for the Yemen crisis, a historic amount of financial contributions. However, this only represented 55% of the resources requested. The 2017-revised Humanitarian Needs Overview (HNO) aimed to reach around 12 million people among 20.7 million in need of some sort of humanitarian assistance (Financial Tracking Service, 2017).

> “One of the most prominent challenges is that funding is insufficient to the humanitarian response plan for 2017, which required $2.1 billion, whereas the current fund is $1.1 billion, about 52%. Challenges remain, like financial ones, as one of the most difficult ones, because donations are lower than required. As a result, response is not as needed to be.”
>
> **Humanitarian worker from a local NGO**

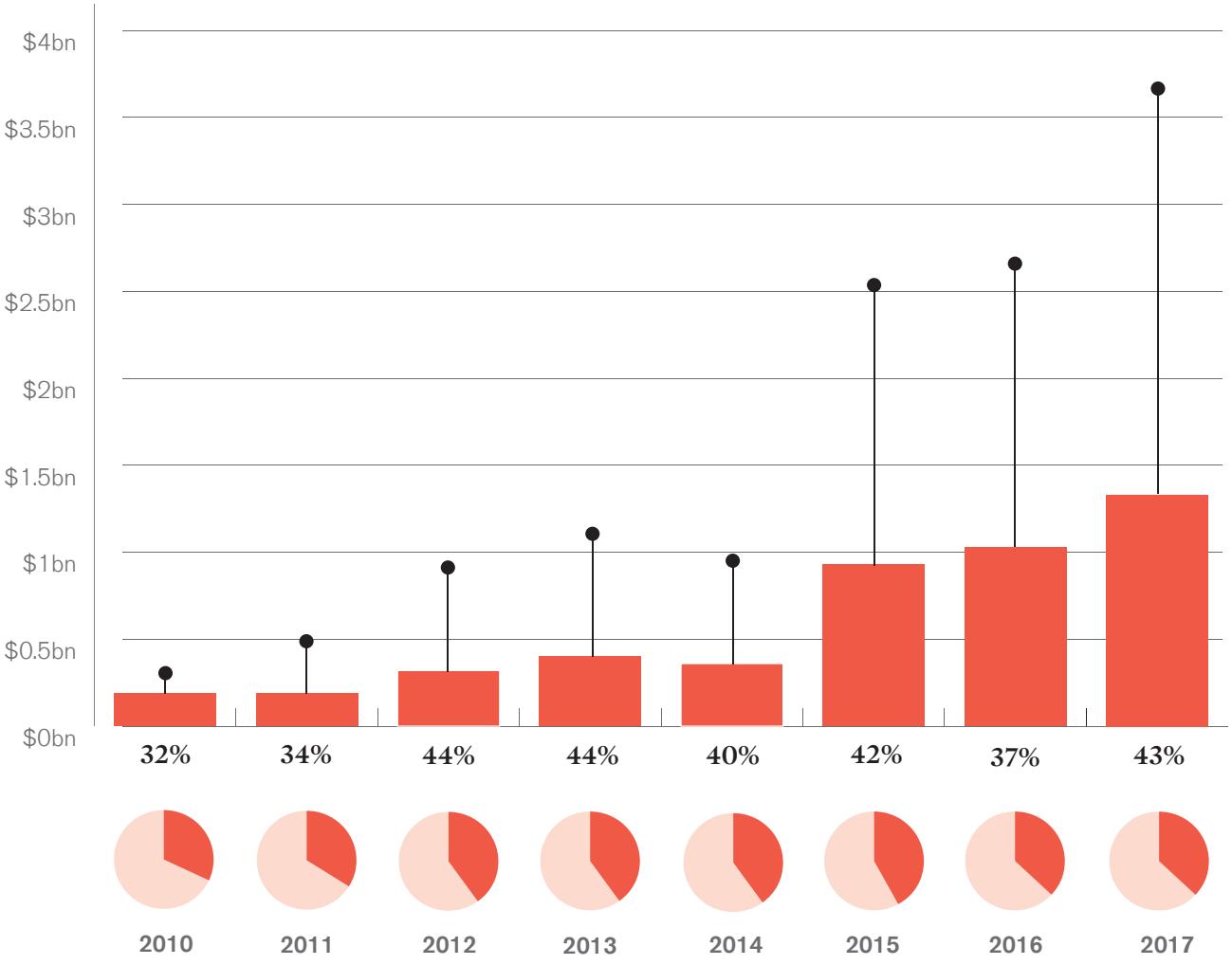
In the last two years, the crisis has been multi-faceted. The conflict has continued to spread death and destruction, and reduce people’s access to basic services and means of survival. The deteriorating situation has also created serious vulnerability that has brought other complications, such as the cholera outbreak. In this very uncertain and highly complex context, funding for most of these humanitarian activities often lags behind what is needed.

The revised 2017 appeal for the Yemen Humanitarian Response Plan (YHRP) sought $2.3 billion to respond to the basic needs of 12 million people with a range of life-saving and protection services across the country. Of this, $254.1 million was allocated for the integrated Cholera Response Plan (OCHA, 2017c). As of 16 October 2017, only 55.5% of the YHRP had been funded. The Under-Secretary-General for Humanitarian Affairs, Mark Lowcock stated that:

Despite the extraordinary scale of the suffering linked to the brutal conflict, including the threat of famine and the world's worst cholera outbreak, Yemen does not receive the international attention it deserves (Lowcock, 2017).

Figure 1 highlights YHRP projections and funding requirements that were unmet during 2010–2017.

Figure 1 / Financial trends in response plan/appeal requirements



Source: FTS, 2017.

Even though $1.63 billion was requested for the response in 2016, only 60% was met. With this limited funding, essential sectors, especially Education, Shelter, Non-Food Items (NFI) and Camp Coordination and Camp Management (CCCM), were left underfunded. As can be seen from the data below, the funds obtained in 2016 for the Education sector only represented 17% of the total requested and only 16% was obtained for the Shelter/NFI/ CCCM plan. In a country close to famine, only 59% of the Food Security Cluster needs were met. Looking at the data presented above for almost all of the past three years, it is clear that a key dilemma of the humanitarian response operation is that it has not managed to attract the required funding. Details of the funding obtained are provided in Table 1.

Table 1 / Funding per sector in 2017

Sector	Coverage in December 2017 (%)
Logistics	182.7
Coordination	86.2
Nutrition	63.8
Food Security and Agriculture	47.0
Emergency Employment and Community Rehabilitation	42.1
Multi-sector: Refugees and Migrants	40.1
Health	31.1
WASH	30.1
Protection	27.2
Education	18.5
Emergency Telecommunications	15.4
Shelter/ CCCM/ NFIs	13.7

Source: FTS, 2017

Different countries and donor organisations contributed to funding the humanitarian response in Yemen. The top 10 donors have been almost the same for the last three years. As can be seen in Table 2, the United States, the United Kingdom, and to a certain extent Saudi Arabia, are the major contributors to the response. Both the United States and the United Kingdom increased their funding allocations to Yemen in 2017 compared to 2016 for a number of reasons, including the rapid and widespread cholera outbreak. It seems paradoxical that, apart from Saudi Arabia, which is one of the parties to the conflict, the Gulf Cooperation Council (GCC) countries are not major donors to a humanitarian operation that is on their doorstep.

Table 2 / Top contributors to YHRP 2015–2017

Top 10 contributors for 2015		Top 10 contributors for 2016		Top 10 contributors for 2017	
Country	Contributions ($ million)	Country	Contributions ($ million)	Country	Contributions ($ million)
United States	207.9	United States	316	United States	611.9
Saudi Arabia	204.2	United Kingdom	180.6	United Kingdom	252.2
United Kingdom	129.8	Saudi Arabia	61.0	Germany	193.8
Germany	65.5	European Commission	55.3	European Commission	122.8
CERF	44.5	Germany	51.8	Saudi Arabia	95.3
Japan	36.4	Japan	41.3	Not specified	90.4
European Commission	36.4	Kuwait	40.7	World Bank	77.9
Netherlands	26.3	Not specified	29.6	Japan	55.4
Sweden	20.7	Sweden	26.2	Canada	33.4
Not specified	15.2	United Arab Emirates	18.0	Sweden	33.3

Source: FTS, 2019

2 Analysis and findings

The response in Yemen is larger than ever in terms of funding, human resources and actors around the country. In August 2017, around 127 organisations and partners were delivering humanitarian assistance in Yemen. Today, there are more than 150 organisations.[6] These include eight UN agencies, 36 INGOs and around 109 national NGOs. The response is covering 22 out of 23 governorates in Yemen.

For the cholera response, humanitarian actors opted for coordinated activities and mobilised quick funding. One INGO representative stated, 'We have coordinated with other INGOs to raise awareness of the epidemic. At the same time, internally, we mobilised funding from our headquarters to start up, instead of waiting for the donors.' This, he felt, had improved the implementation of the cholera response. It is important to recall, however, that two of the main actors in the cholera response, ICRC and MSF, managed to respond using their own resources and were therefore able to launch their operations without having to wait for donors' decisions. On the other hand, an interviewee from a local NGO attributed the limited international funding for NGOs in emergencies to international economic problems and the lack of donor representation in Yemen, in particular in the north.

2.1 Coverage, relevance and accountability

2.1.1 Major gaps in sectoral and geographic coverage

Donors are aware of the existence of sectoral and geographic gaps. However, they do not feel this is purely down to a lack of funds, but is also the consequence of operational constraints. From the data available, coverage has always been considered along with different parameters including access, identified and prioritised population groups facing life-threatening situations and risks, and also funding availability, with actors trying to balance the assistance provided in the south and the north.

> "There are important gaps on everything. It is a country that is on the ground with conflict-affected areas and with others indirectly affected by the conflict so everything goes down. Nothing works, there are gaps all over the country. We, donors, are coming back to our main mandate: it's pure humanitarian, life-saving, it's just an emergency. It leaves us significant gaps in the health system, in nutrition, in food aid, in everything. But at some point, we have to accept our limits. We are trying to have the most judicious geographical positions possible to be sure that the funded partners will be where it is severe … but we do not cover everything. (…) if we take all of the donors and the response, all is not covered."

> "There are areas not covered sectorally as well as geographically speaking. We must recognise that they are there, and that the limits of the intervention are there and that it will be difficult to cover all the gaps even in 2018."
>
> **Donor representative**

Sectoral coverage: Interviewees confirm the uneven financial coverage of sectors and complain about the lack of support for Education and Protection. On the other hand, they consider coverage of Food Security and Nutrition to be relatively good.

> "Schools are open, yet with difficulty, and the minimum requirements for operating schools are unavailable. We still have the teachers' unpaid salaries issue, and we discussed that with OCHA without success, even regarding incentives, or food baskets, to push teachers to go to schools. We also failed to provide books. Education-related resources are low and only supply 2% to 3% of basic educational needs."
>
> **Representative/Coordinator at the Ministry of Education**

> "Food security is, for example, at the top, then health and nutrition then protection and child protection or education at the bottom of funding available. So, there are sectors that are not fully funded properly or small compared to the needs, because the money is almost entirely used for food security, health and nutrition responses."
>
> **INGO representative**

Geographic discrepancies in coverage: The respondents highlighted the differences in priorities between the humanitarian actors and the warring parties – the Houthis, the legitimate government, and the other armed groups – which created numerous difficulties for the humanitarian actors on the ground. Certain transgressions were committed, such as depriving certain districts of aid due to their assumed political affiliation.

> “Yet we wanted to do more outreach activities to tackle the water problem in the rural areas and suburbs, but we were often constrained by either security or lack of getting the authorisation from the Houthi authorities.”
>
> **Humanitarian worker from an INGO**

Taxation of aid was also regularly mentioned: armed checkpoints sometimes confiscate 50% of the aid packages for access to certain conflict areas. This is the price that organisations have to pay if they want the aid convoys to reach the areas in need.

> “When international organisations are unable to deliver wheat sacks for example, due to security risks, they deliver to certain delegates and only 50% of aid reaches the affected people, and maybe less than 50%, as entire convoys are confiscated.”
>
> **Humanitarian worker from an INGO**

As the terrain is rough in many mountainous areas, the aid delivery process includes a lot of logistical challenges. Even though there is a good primary road network to connect many areas of the country, the secondary road network is in a far worse state. Bridges have been destroyed in large areas close to front lines. If access roads are too difficult, mules or primitive methods are used, which affect the timing of the response. Moving goods and staff between southern and northern governorates is a challenge and induces significant delays. One of the actors stated that the Kidney Failure Center in Dhamar governorate informed an INGO that they will have to close if they do not get medicine; whereas in normal circumstances, it would take 15 days to export medicine, it currently takes three to four months.

> “To provide a good response again, a good service, good transportation, good logistics, good commodity, but also [a] banking system, you need electricity, internet – all this is very difficult, all infrastructure is not enabling ... this response.”
>
> **Humanitarian worker from an INGO**

There is a lack of infrastructure for storage. The key services for carrying out the response, such as a transportation fleet, logistics capability in harbours and a reliable banking system, are only functioning in a haphazard way. Electricity and the internet are unreliable, but the use of mobile phones is becoming more common, as is the use of social networks.

2.1.2 Relevance of the response: targeting the most urgent needs when and where possible

Despite all these difficulties and gaps, humanitarian actors think that the response is relevant to the population's needs and appropriate to the local context. Several beneficiaries interviewed supported the argument and think that despite all its limits, humanitarian aid is relevant to their needs.

However, humanitarian actors highlighted the lack of effective needs assessments. The process of designing new interventions differs from one organisation to another. An interviewee from an INGO stated that most of their interventions are built on needs assessments of the target communities and that target communities are involved in the process from the start to the end. This does not seem to be coherent with all the access difficulties and the fact that many aid agencies have self-imposed security measures which, combined with the limitations imposed by security forces, drastically limits access to the population. As such, there is, for instance, very little relevant, accurate and credible global nutritional data; WFP, UNICEF and NGOs are struggling to establish the severity and magnitude of the nutritional crisis. The Disaster Emergency Committee (DEC) Phase One review highlighted that the quality of needs assessments, the availability of real-time data and programme monitoring are severely constrained in the current security context (Van Eekelen et al., 2017). In July 2015, WFP Yemen started remote phone-based data collection and food security monitoring using the mobile Vulnerability Analysis and Mapping (mVAM) approach. Survey respondents are contacted monthly through a call centre and asked to respond to a short series of questions on household food consumption, negative coping strategies and the food security situation in their communities. The findings are weighted by the number of SIM cards held by households and the population estimates for internally displaced persons (IDPs) and non-IDPs, in order to adjust for bias in the sample selection. However, very little field triangulation has been possible so far.

> "Beneficiaries and the affected population are the source of the information coming to assess and decide on the effectiveness of projects. So, they are participating either in their assessment or in long-term evaluation of projects."
>
> **Humanitarian worker from an INGO**

Some aid actors are making serious efforts to engage with the populations. However, the specific tribal and cultural systems in Yemen often mean that tribal chiefs and community leaders act as 'gatekeepers', with a strong role in presenting the needs of the populations. As such, triangulation is not only difficult, but is seen as 'unfriendly' and evidence of lack of trust.

In the active war zones, such as Taiz Governorate or north of Hajja Governorate, close to the front lines, there are even greater difficulties, and beneficiaries are not involved in the assessment in any significant way due to access constraints. Conducting an assessment requires local authorities to grant authorisations. Getting this approval is often a lengthy and hazardous process and success is never certain. Allowing key gatekeepers (who may dictate which community to work with or not) to influence humanitarian action is contrary to humanitarian principles; negotiation is therefore paramount. When local NGOs deliver aid, they can face the same constraints, and sometimes even more so as they have to maintain good relations with local power structures to ensure that they can stay in the area, which can ultimately decrease the level of support to the target communities.

Local humanitarian actors also stated that aid recipients' lives have improved, though some people have suffered more and need immediate help so that their situation does not deteriorate further. The actors know who they are but cannot always respond as flexibly as they wish because of donor policy, which does not allow aid to be redirected easily. The organisation of the aid sector into disciplinary silos does not help the response to adapt to evolving needs: local actors think that the assistance provided is appropriate but sometimes needs to be complemented by other interventions, but there is no way of doing this. In an IDP camp in Amran Governorate, for instance, medical services are provided but water supplies are extremely limited and the only alternative source of water is far away from the camp. The IDP population also needs a sanitation facility closer to their houses. In the current situation, latrines and showers are a little too far away from the settlement, which makes women vulnerable to sexual assault.

The cholera response was designed in such a way that all cases passing through triage and corresponding to the case definition could be treated in the Treatment Centre or Treatment Unit without discrimination. However, this applied to all the cases of people who managed to reach the facilities. The availability of cash to pay for transport from remote villages to the referral structures, not only for a suspected case but also for carers (often more than one), became a significant constraint. Very few agencies decided that they would pay transport costs to ensure that poverty did not become a selecting factor.

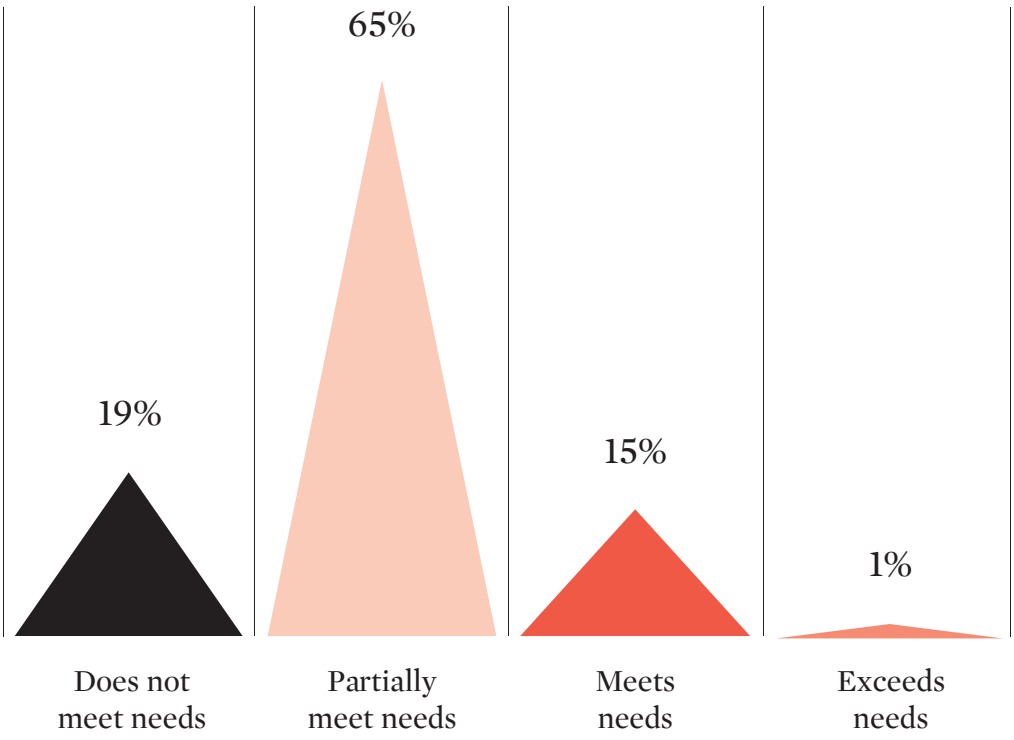
Authorisation for assessment missions had to be granted by the Ministry for Planning and International Cooperation (MoPIC), and the authorisation process was very slow. Once the ministry has approved the mission, the next challenge is to obtain the community's acceptance. Indeed, all kinds of rumours have been spread on social media accusing data collectors of being spies, adding a new risk for field staff.

> "The main challenge is to get the approval from the MoPIC to conduct needs assessments. We need to have permission from their side, and that permission takes lots of time. They try to impose people to work with us. It is not the right way ... All these discussions take a lot of time...
>
> And the other perspective is the acceptance from communities, so for us for example, communities are accepting our organisation as we are working for more than 20 years in the country... but the national media in the current situation are creating reluctance from the community to respond to our questions. Communities start to have doubts and are asking us: why you ask this and why this?"
>
> **Humanitarian worker from an INGO**

In such a context, innovation is rare and learning lessons that can be applied in future operations is complicated. Most programme designs tried to take previous experience into account, but due to the highly volatile context, these were not always consistent with the communities' needs.

According to the Community Engagement Survey published in May 2017 as part of the Humanitarian Response Plan (HRP) Accountability Framework, 80% of the survey respondents nevertheless believed that humanitarian assistance meets or partially meets communities' priority needs.

Figure 2 / Relevance of humanitarian aid from beneficiaries' perspective



Source: Community Engagement Survey, May 2017

When reviewing whether aid has been given to those most in need, only 43% of key informants felt that the most vulnerable people always receive assistance. The majority of key informants therefore do not share this perception.

Some groups seem to be outside the scope of the response. There are a lot of questions about how refugees are treated. They are not treated like IDPs, but they require specific assistance. Refugees, who are mostly Somalis, Ethiopians and Eritreans, have received limited support. On the other hand, local actors stated that the current response does not meet the needs of people with chronic diseases (diabetes, blood pressure, kidney failure and cancer patients, especially breast cancer) in terms of medicine and equipment.

2.1.3 Involvement of and accountability to affected people and communities

Consulting the beneficiaries is an important component of accountability to affected populations, and feedback mechanisms are in place in almost all INGOs. In 2017, the HRP designed its Accountability Framework (HRP, 2017). However, one of the beneficiaries interviewed stated that he did not think that he could influence decisions about humanitarian action. Another beneficiary said that he felt that humanitarian organisations did what they could and his feedback or ideas would not be helpful. Beneficiaries who complained sometimes received a response, but this was rare. One actor referred to monitoring and evaluation, in which they have direct interaction with local committees in every district they work in and take notes of their feedback to apply it in future interventions, as an important mechanism. This remains quite rare, however.

Accountability mechanisms may not be working across all sectors. An INGO respondent from the health sector stated that when people come to their cholera treatment centres (CTCs), they have little to say about the procedures, because these are in place to prevent contamination and the spreading of the disease. There is therefore no room for discussion. He confirmed that affected people can make requests and express ideas but his INGO has limited room for manoeuvre due to the large number of people who enter the CTC on a daily basis. Several INGOs consult the beneficiaries and try to take their feedback into consideration in future projects. When feasible, face-to-face discussions with beneficiaries in the field are the best way to discuss their feedback, but this is often limited by access constraints. Other systems have been put in place, such as hotlines for people who want to know why they have not received assistance. The community can communicate these cases to the organisation, and staff will come and verify the claim and take the necessary action.

In some projects, communities are involved in certain stages of project implementation. Several local NGOs and INGOs have established local community committees and worked with them on delivering services or evaluating interventions. Furthermore, some INGOs have approached the target community through a local partner to facilitate assessment and implementation, and with the aim of increasing the capacity of the local partner. However, this level of engagement is not systematic across the system. It is sometimes left to individual initiatives. It also varies depending on the sector. During the cholera response, where strict measures have to be put in place to limit the risk of contamination and to keep complex processes such as triage, isolation, or dead body management under stringent control, there is little room for participatory approaches.

A humanitarian actor who was interviewed described the idea of 'involving society' in humanitarian response, which has come to the fore since 2016 and the World Humanitarian Summit, as being a paradigm shift. It is seen by some as a way of involving internal societal forces to identify vulnerabilities and improve the targeting of those most in need. However, beneficiaries are seldom aware of what type of aid they can expect:

> "I don't know about my entitlements. Only two NGOs gave me telephone numbers I can contact in case I need something. They did not mention however if I can call them if I have a complaint or a feedback."
>
> **A beneficiary**

At the same time, communities do not remain idle when faced with problems; a private sector partner mentioned situations where a local community helped to negotiate with an armed group that was threatening to prevent an NGO from implementing a cash transfer programme. A humanitarian actor working in the health sector remembered that they provided insulin and dialysis support in response to specific requests from the population. It was quite frequent that NGOs involved farmers, beekeepers and livestock owners through focus group discussions, either before designing their livelihoods' interventions or to improve their activities.

2.1.4 Challenges to accountability and inclusiveness

Both local and international NGOs see involving and engaging local communities as a necessary but complicated process. The main barriers are the need to have frequent access to the affected population, and the limited time financed by donors to do community consultation.

In some cases, terminology or language has been a barrier. Humanitarian actors reported that some of their field officers used to speak in English during interaction with beneficiaries, which was sometimes considered disrespectful and offensive. Different approaches were used to overcome the language barrier, such as recruiting or seeking the help of the most eloquent beneficiary in the village to ensure proper communication with the communities. Social networks are also very popular in Yemen, such as Facebook, WhatsApp and IMO. These can be used to communicate and to establish dialogue and accountability. They have to be managed in the right way as they can also be used to disseminate negative images and hinder accountability.

> “Even WhatsApp groups can get complaints, and whatever language. We have a team to work on these complaints and translate them and highlight the issues, and do our best regarding these issues.”
>
> **Humanitarian worker from an INGO**

Accountability and gender issues: Yemen is a context where gender issues are extremely sensitive even in peace-time. The humanitarian situation has increased the risk of violence against women and girls, as well as the risks inherent with early childbearing and forced marriages. Recorded gender-based violence (GBV) incidents show an upward trend since March 2015. Overall, women are also more acutely affected than men by deteriorating living conditions and service availability (OCHA, 2014). Most of the national and international actors who were interviewed do not have a clear gender strategy, but rather employ individual efforts to ensure gender is mainstreamed throughout the response. Actors think that gender considerations are clear when it comes to Health, Nutrition and Protection sectors, with some specific programmes targeting women-led households. Health, Nutrition and Protection programmes are predominantly focused on women and children.

> “Gaps are more about geographic coverage rather than for particular groups of people. If you see Health and Nutrition, it is predominantly focused on women and children; ... Protection is also addressing the needs of women and children.”
>
> **INGO Country Director**

Most of the secondary data are not gender-disaggregated. In terms of the inclusiveness of the response, an INGO respondent stated that a minority group on whom there is very little needs data and who has been left out of the response is the Muhammasheen (meaning ‘the marginalised’). This group accounts for 10% of the population, lives in dire conditions and is often deprived access to humanitarian aid.

> “One particular group that has been left out of the entire response is the “Muhammasheen” and that I can definitely say because they belong to a certain marginalised group that are not basically recognised and who have other challenges in accessing humanitarian aid. (...) the access to these communities is quite limited, that I can say. ”
>
> **INGO Country Director**

2.2 Effectiveness and efficiency

2.2.1. Effectiveness of life-saving activities

> “We honestly thank these organisations with all of our hearts. They came at the right time and relieved us, God bless them and [those] who work with them. I hope they take care of us until we overcome this crisis, because as time passes by, and cost of living increases, unemployment increases, labour stops. I hope they are passionate and humane. Because if they stop and war is still going on, we return to our previous state. ”
>
> **Representative of affected people/beneficiary**

Actors in Yemen have made great efforts to provide an effective response to those most in need. According to the UNICEF 2016 Annual Report, the deepening humanitarian crisis was met with a robust response. However, funding and access constraints have negatively affected the achievement of ambitious objectives.

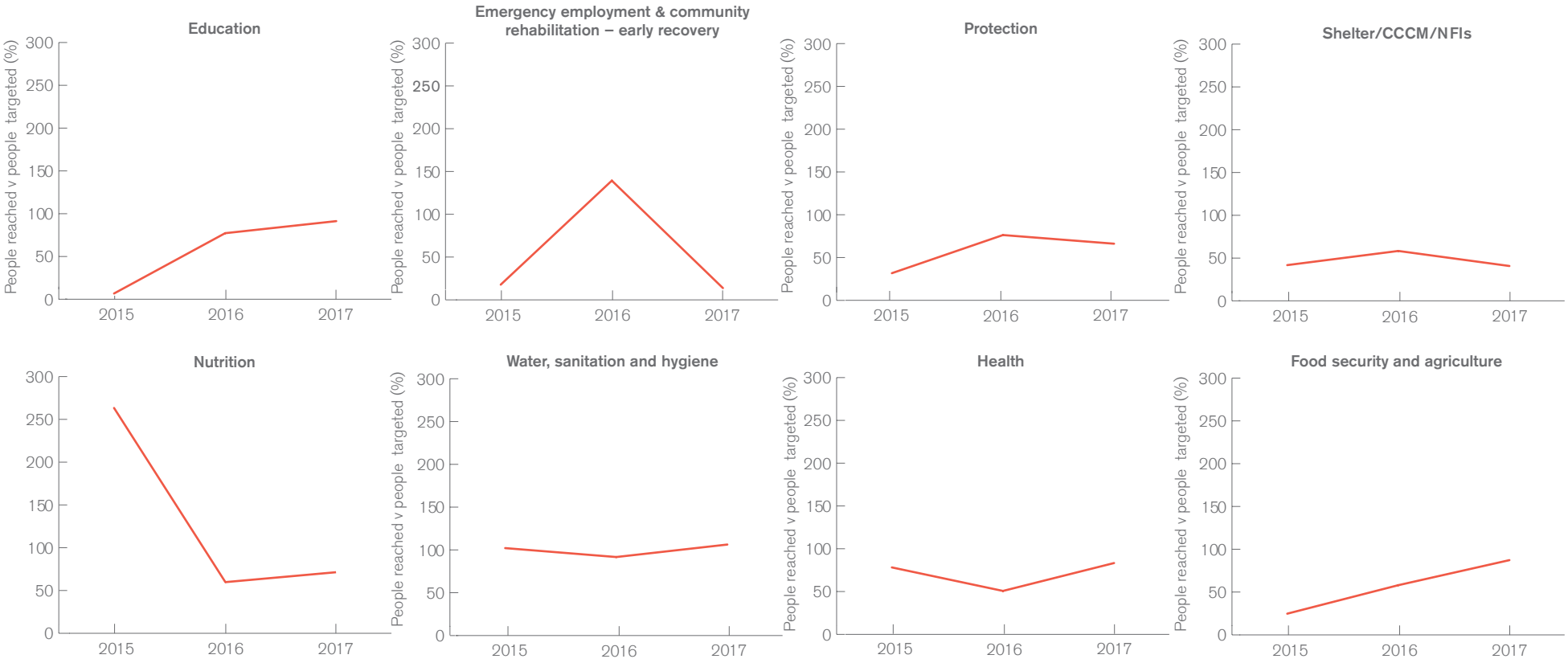
Although the response reached around 75% of its priority target in 2015, this only represented 26% of the total population in need (total of people targeted in HNO 2015 compared to total of people in need). Indeed, as Yemen is a context where many needs pre-existed the conflict and where delivery capacity is seriously constrained, prioritisation is critical. Hard choices had to be made to achieve the most effective response, and priority was given to people displaced by the war and other very vulnerable groups. In 2016, less than half of the estimated 13.6 million people in need were reached by humanitarian assistance. The following charts provide more detailed information about the response performance. Humanitarian aid reached 8.8 million people in 2015 and 5.6 million in 2016.

Figure 3 / Response performance in 2015 and 2016

Source: OCHA, 2014, 2015.

In terms of the percentage of reach versus the initial target, performance differs from one sector to another. Looking at the data for 2017, Food Security and WASH were very close to reaching what had been targeted. The details of the performance per sector are shown in Figure 4.

Figure 4 / People reached vs people targeted 2015 to 2017



Source: OCHA, 2016b, 2017a, 2018

Sector-specific issues

Education: An interviewee from a local NGO stated that they provided education services to 2,000 Yemeni children in 2016 and increased the number to 40,000 children in 2017. These services were in the form of playgrounds, buildings, bathrooms, school equipment and solar power to operate education facilities. The target schools were transformed from institutions with one or two classes that operated in emergencies, to fully functioning schools with the necessary equipment. However, teachers' salaries were no longer being paid, so target schools were only 50% effective due to the lack of government or donor intervention to provide incentives for teachers and print books for the pupils. Local partners involved in the Education sector stated that it was not considered a priority in humanitarian work, and that this was a serious problem. Many people stopped sending their children to school because they did not have any money for books, pens and transportation, and because education was not a priority compared to securing a basic living.

Nutrition: Centres to treat malnutrition have been established by many NGOs. They provide nutrition products every month. These centres provide every child under the age of one with nutrition items and food packages for the family and follow up regularly on the child's health improvement. The importance of this food basket is underlined by many actors.

Protection of civilians: It is difficult to measure the effectiveness of protection activities (Christoplos and Bonino, 2016). Dialogue has occurred between the adversaries, but not all its objectives have been reached: a certain level of dialogue is now taking place at least and this is definitely a leap forward. Humanitarian actors also stated that protection measures had been taken, such as the provision of shelter and NFIs for IDPs. Other protection activities, such as protection and treatment facilities for GBV, air strikes, war victims and mental illness were more limited. Staff from INGOs reported that they resisted pressure from local authorities to exchange a proportion of the aid in order to facilitate access and to reduce security constraints; if they were unable to gain access, they assigned local NGOs to do the job. One actor also reported helping beneficiaries, especially women, to get ID cards – the majority of Yemenis do not have ID cards – which gave them confidence and made it easier for them to receive assistance.

Protection of health facilities: Since the beginning of the conflict, 160 attacks on health facilities have been documented, but INGOs launched a vocal and very direct campaign against these attacks, which are clear breaches of IHL. This international campaign seems to have been relatively successful and the number of attacks on health facilities has fallen significantly.

Psychosocial support: The impact of airstrikes and warfare is often very traumatising, especially for children. Several NGOs have set up psychosocial programmes, where families receive training to help them to deal with tragic events, such as someone in the family being killed in an airstrike.

Agriculture and livelihoods: Livelihoods programmes have been implemented by several humanitarian actors in areas like Shaafer, Hajjah and Hudaydah: setting up solar-operated irrigation systems, providing fuel to water-pumping stations, and unconditional cash transfers. Interviewees felt these small programmes improved people's and communities' situations, contributed to families' resilience and addressed food security at the household level.

> "We've distributed fuel to water-pumping stations, and we have saved, let's say, hundreds and thousands of lives, basically, because really all water-pumping stations were stopping. We're doing this now, again, we've done it at the beginning of the war, but we're forced to do it now, again, because there's a shortage, a huge shortage of fuel."
>
> **Humanitarian worker from an international organisation**

Humanitarian actors think that the humanitarian response has been effective and that the number of people who have been targeted and have received assistance has significantly increased, despite the financial constraints, underlining the fact that the issue of insufficient funding is not always the most important limiting factor. The capacities of governmental bodies and local organisations have also improved and NGOs have achieved growth in terms of the number of projects. One of the respondents felt that there had been a good level of achievement in reaching vulnerable people throughout the country. Despite the inaccessible areas, the response plan achieved more than half of its target. A local actor highlighted that a cash transfer programme in 2017, which is considered the world's largest protection intervention, saw 1.5 million households receiving their social assistance payment – Social Welfare Fund (SWF) – which had not been paid for years.

2.2.2 Limited timeliness of the response due to poor preparedness and alertness

As many indicators were clearly showing the situation was worsening as the war continued, preparedness was a key element in managing the humanitarian crisis. Alas, limited funding significantly hindered the level of preparedness.

Food Aid: During 2017, the demand for food items was huge. There were insufficient stocks on the market, and supplies were sometimes blocked at the ports as a result of the blockade, which affected the flow of essential commodities to the country. One of the actors stated that his organisation learnt from these challenges: 'We did not know how to manage this situation. Now at least we are familiar with preparedness for emergencies and the staff are more trained on how to mitigate risks.' The Food Security and Agriculture Cluster drafted contingency plans for governorates that had reached a critical state.

Health: While cholera cases have been regularly reported in Yemen, the country had not had a large cholera outbreak since 1972. Although many factors of vulnerability to health crises were well recognised in Yemen, in particular those linked to communicable diseases (destruction of water and sanitation infrastructures, in particular), the 2016 cholera outbreak took all actors by surprise. More worrying is the fact that nobody was ready the following year. Health and sanitation had further deteriorated and cholera was still present in some areas. The level of alertness remained sub-optimal and the most prevalent assumption was that this was acute watery diarrhoea (AWD) rather than cholera. The 2017 cholera outbreak hit a largely unprepared system very hard.

But even when contingency plans were in place, there were few resources to finance their implementation. Having the necessary resources available was challenging. For example, setting up or rehabilitating health facilities requires time and may result in the response being delayed. This was noted by an aid work who participated in setting up the cholera treatment facilities:

> "... because the cholera intervention is often seen as a short-term response, donors were not willing to provide funds to maintain a basic capacity when the outbreak came to an end, despite the clear risks of a renewed outbreak due to the coming rainy season. So they were closed."

He concluded that, in the likely event of further outbreaks, donors would have to invest sizeable amounts again in order to get the facilities working, while limited support would have kept them 'ready to reopen'.

Lack of preparedness always has a major impact on the timeliness of a response. Unprepared actors face delays in starting the response due to either logistics or other access issues. One humanitarian representative felt that the response improved during the cholera crisis. Yet an evaluation of the cholera response underlined the fact that although cholera is not new in Yemen, there was only limited preparedness in place when the 2016 outbreak started and, surprisingly, nothing more had really been put in place to help cope with the 2017 outbreak.

> “The time it takes to export medicines is too long, three to four months instead of 15 days. In addition, the redundant bureaucracy plays a role when distributing medicines to affected areas. There is a humanitarian crisis that requires urgency; here is the opposite, it is always delayed.”
>
> **Ministry of Health representative**

Interviewees also thought that the delay in the timing of the response could be attributed to different factors: the blockade, the lack of coordination between stakeholders and the fact that representatives of the different layers of power were not always available on the ground. These all hinder actors’ ability to meet needs in a timely manner. They felt that a contingency plan should have addressed:

- the availability of what was needed for the response within the country;
- the lack of technical expertise within the country;
- the effect of the lack of services on interventions (i.e. the cholera outbreak could have been controlled within three to four months, but continued for almost one year).

2.2.3 Loss of efficiency due to heavy bureaucracy

Humanitarian actors experienced a number of challenges on the ground. One was increased demand for humanitarian assistance, over and above the funding that was available. Another was government bureaucracy. One of the respondents estimated that six months’ coordination with national and local institutions was needed to sign a project agreement. There was also the time that humanitarian actors needed to spend communicating and coordinating with local authorities on the ground. Lastly, there was donor flexibility, as some donors decided to withdraw their funding because of these implementation obstacles.

> "If I need to sign a sub-agreement for a project which needs 12 months and I need six months to coordinate for the signing, that means half of the budget is lost, and here the donors start to withdraw."
>
> **Humanitarian worker from an INGO**

Access to the active conflict regions was a major challenge. One humanitarian actor explained that they had had a difficult time bringing 13 trucks into the besieged city of Taiz, which he attributed to the quality of their relations with the parties to the conflict, while other organisations were unable to gain access.

As an interviewee from an INGO said, the blockade limited the movement of commodities. When commodities reached Yemen, the bureaucratic procedures for releasing shipments took too much time, in addition to the obstacles to movements within the country.

2.3 Coherence, connectedness and coordination

2.3.1 Improved coordination systems but still incoherencies

Humanitarian actors who were interviewed thought that the coordination system, comprising the Humanitarian Country Team (HCT) and the Cluster System, was relatively effective in avoiding geographical and thematic overlapping and in sharing information regularly and in a timely manner. The increased number of participants within the cluster was a challenge to the coordination process. In terms of strategic planning, the OCHA-led multi-stakeholder coordination efforts to develop integrated response plans were particularly appreciated.

> "We encourage integrated responses, which include protection and resilience objectives. So, when we deliver health or food security or livelihoods programmes, these also include gender protection mainstreaming and resilience-building. This is one way that we can contribute to local coping strategies."
>
> **Humanitarian worker from an INGO**

Coordination among and between UN agencies and INGOs has improved a lot over the past two years. Coordination has taken place in different ways including improved advocacy efforts and access negotiation. However, there have been some cases when organisations have been reluctant to share information, both for security reasons and in some cases due to reputational risk.

However, incoherence still exists: during the cholera outbreak, some local actors were repeatedly visited by 13 different NGOs. One of the interviewed beneficiaries stated that he received assistance from two organisations, and when they visited him, they did not ask if he had received assistance from other NGOs, so he thought that they maybe did not coordinate with each other.

2.3.2 Aid localisation: an ongoing process

Due to political history and socio-cultural patterns, Yemeni civil society is not very developed and emerged relatively recently. Leadership of the humanitarian response by INGOs was widely appreciated. Many INGOs increased their cooperation and partnerships with local NGOs, and, at times, with the private sector. Most of the time, the selection of local partners by INGOs is based on clear criteria, which was not always well understood or received by local stakeholders.

According to interviews with some local NGOs, there were additional constraints: INGOs receive funds faster than before,[7] but they have their own bureaucracies that result in delaying funding transfers to local practitioners. For instance, a local NGO complained about the length of time it took an INGO to organise health training for its staff.

Collaboration with the private sector became important as most of their food items and other supplies are procured from the local market (overseas procurement is the last resort as this means delays and lengthy procedures). For instance, during the peak of the cholera outbreak, several actors had to order cholera beds locally and get Ringer's solution for intravenous injections from local suppliers. This requires proper market and stakeholder analysis and cannot be solved simply by a tender procedure as imposed by donor procedures. As the private sector is often very closely linked to political entities, separating private sector engagement and governmental involvement to ensure independence and neutrality is rather challenging in the Yemeni context.

2.3.3. The challenge of the humanitarian-development-security nexus

Yemen is a key country in the 'war on terror', with several groups present in different parts of the country. This has caused significant concern internationally regarding the humanitarian-development-security nexus and has led to a strong focus on anti-terrorist actions, with strict controls on aid to prevent it ending up in terrorists' hands. This, in turn, has had consequences for national and international humanitarian organisations, as well as the private sector, which has been adversely affected by bank de-risking regulations (El Taraboulsi-McCarthy and Cimatti, 2018). Bank transfers to local individuals, organisations or businesses are extremely difficult, which contributes to the expansion of the black market, the war economy and corruption. This could have serious implications for the post-conflict reconstruction process and economic rehabilitation.

Resilience is acknowledged by many respondents as a comprehensive and common objective to which humanitarian actors strive to contribute by articulating their actions with development programmes. It is, above all, one of the characteristics of the Yemeni people. In a conflict-stricken country, this transition from emergency relief to development is more an aspiration than a reality as it requires the end of hostilities. Yet, as the war has destroyed a lot of key development achievements that are essential for survival (roads, infrastructure, services), it can be difficult to distinguish between development and humanitarian goals.

Humanitarian agencies tend to focus on addressing the root causes of vulnerabilities in order to pave the way for development work. However, there are only a few integrated frameworks combining both perspectives that are effectively put into action (or reported) in Yemen. With the war still raging, there are significant challenges to improving the connection between humanitarian and development aid. One is funding mechanisms (allocation, availability, timing and flexibility), which can be controversial in the context of anti-terrorist legislation that is increasingly affecting funding to humanitarian aid in war zones. Yet there are significant attempts to overcome difficulties, such as the major contribution by the World Bank to both infrastructure rehabilitation (through UNDP) and the establishment of cash transfer systems (through UNICEF). But above all, the way the war is being waged, with systematic targeting of basic infrastructures, is the main barrier to linking humanitarian aid and development. It is extremely complicated for humanitarian actors to foster the long-term development of the health system or economic recovery, for example, given that hospitals are being targeted and electricity plants are all down.

> “Sustainable development means creative projects for people that creates jobs. This temporary aid leads to survival in a war situation and how we feed people. But we cannot make sustainable development in the country.”
>
> **Chief Executive for Social Welfare Fund, Ministry of Social Affairs and Labor**

> “That is not the situation in Yemen honestly, people are not talking about the long-term objectives, so except for a programme that going and implemented by UNDP, no other organisations are working on long-term developmental issues.”
>
> **INGO Country Director**

3 Conclusion

The Yemen conflict highlights the paramount importance and continued relevance of the IHL principle of protecting the civilian population and the infrastructure that is vital to its wellbeing (Fourth Geneva Convention). The impact of modern warfare on essential infrastructure that makes life possible in a middle-income country like Yemen, such as electricity plants, hospitals and water treatment stations, has terrible consequences for the population. In addition to 'classic' humanitarian life-saving assistance to communities, active advocacy vis-à-vis the parties to the conflict has proven to be relatively effective, given all the constraints; it seems reasonable to attribute the drop in the number of targeted medical facilities to the advocacy and IHL dissemination activities implemented by specialised international organisations and several donors. Other examples of effective action by aid actors are the low case-fatality rate during the last cholera outbreak, and the fact that famine has been avoided due to the commendable efforts to support minimal food security and the extraordinary resilience of the Yemeni people.

But this conflict also highlights the need for, and the relevance of, some new approaches to aid in fragile situations and middle-income countries where the rehabilitation of basic infrastructure and economic assistance is needed in addition to 'classic' life-saving assistance. Support to the health system and the rehabilitation of basic infrastructure, such as urban water pumps, electricity plants and communication infrastructure can have a major impact on people's daily lives. Support to the bank system makes large-scale cash transfer programmes possible and ensures that the economy functions: salaries can be paid, trade can take place, controls on financial transfers can be ensured, and black markets therefore better controlled. It is also important to ensure that the links between the national and international financial systems are preserved despite the context of the 'war on terror'. This would make it possible for the diaspora to transfer remittances and for essential goods to be imported. These new approaches require specific skills, therefore the 'humanitarian system' may need new partners.

Endnotes

1. These districts are within Al Jawf, Sana'a, Hajjah, Saada'a, lahj, Taiz, Shabwa and Al Baydah.
2. Nevertheless, these figures should be treated with a lot of caution: most of the time, demographic data is not reliable as the Yemeni population has been quite mobile in recent decades. In many areas, there is no way of confirming the figures.
3. As identified by the Task Force on Population Movement (TFPM).
4. Of whom 6.8 million are in IPC Phase 4 'emergency' and 10.2 million in IPC Phase 3 'crisis'.
5. These districts are within Al Jawf, Sana'a, Hajjah, Saada'a, lahj, Taiz, Shabwa and Al Baydah.
6. For the online directory of organisations present in Yemen, see: http://www.ngodirectory.org/yemen/list
7. They used to receive funding through the Central Bank of Yemen then transferred it to the local banks, but funds are now being deposited directly in humanitarian agencies' accounts in local banks.

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