Agulhas
Applied Knowledge

Disasters Emergency Committee Yemen Crisis Appeal
Independent phase one review

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Disclaimer

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This report is for learning purposes for the DEC and its members and should not be relied upon by third parties.

Contents

Executive summary

Before the current crisis, Yemen was already among the world's poorest performers on most human development indicators. Conditions deteriorated further in the course of the ongoing civil war and foreign military interventions. By the end of 2016, nearly 70% of the population was in need of humanitarian support. The needs remain urgent and far outstrip the humanitarian community's ability to meet them.

In December 2016, the Disasters Emergency Committee (DEC) issued a 'Yemen Crisis Appeal' that has raised GBP 23 million to date. Of this, the DEC has already distributed GBP 10 million among its members. This report looks at the initial use of this funding. The DEC and its members intend to use the report's findings to inform the next phase of operations.

This report is based on a rapid, light touch review in which we – an Agulhas team – conducted two brief field visits in the south of Yemen, had conversations with staff in Yemen and the UK, and reviewed programme documentation. We interpreted our findings with reference to the Core Humanitarian Standard and focused on themes that are relevant to the wider portfolio only (as such, the report does not cover issues that are specific to individual programmes or organisations).

While it is too early to assess the impact of DEC-funded work, we can confirm that implementing organisations provide relevant humanitarian products and services in priority fields, such as water, health and nutrition, to people with clear and pressing needs. They are aware that access often depends on the approval of Yemen's (de facto) authorities, and similarly aware of the risks – including the risk of imposed targeting bias – that this engagement entails. Once organisations have gained access to hard-to-reach communities, they often opt to provide multiple types of support rather than single-service interventions in communities in which only a single organisation provides humanitarian support. This is appropriate.

We found areas that could be strengthened in the next phase of the DEC response, and made six recommendations that apply to at least some of the organisations involved. The most important recommendations relate to:

- **The quality of the needs assessments and programme monitoring**, the options for which are severely constrained in the current security context but which could nonetheless be strengthened.

- **Blind spots in the response.** All programmes pay careful attention to reaching, engaging with and reducing access barriers for women and children, and some programmes pay particularly careful attention to the inclusion of older people and people with disabilities. However, several organisations have an important blind spot in relation to the Muhamasheen. In conditions of engrained discrimination and self-stigmatisation, we have not seen sufficient evidence of the deliberate and persistent targeting that is needed to reach this group.

We conclude that, in the context of an extremely challenging and volatile environment, the overall response of DEC-funded operations appears to be strong and aligned to Yemen's key humanitarian priorities.

Glossary

Term/Abbreviation	Definition
CHS	Core Humanitarian Standard on Quality and Accountability
CMAM	Community-based management of severe acute malnutrition
Corruption Perceptions Index	Each year Transparency International scores countries on how corrupt their public sectors are seen to be.
DEC	Disasters Emergency Committee
DFID	Department for International Development
GPS	Global positioning system
HNO	Humanitarian Needs Overview
ICRC	International Committee of the Red Cross
IMO	Free software to send text messages and make phone and video calls.
INGO	International non-governmental organisation
M&E	Monitoring and evaluation
Muhamasheen	Meaning 'marginalised', this is a Yemeni underclass thought to be the descendants of what were once migrant slaves who came from Ethiopia. In Yemen, widely known by the derogatory name Akhdam ('servants').
NGO	Non-governmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WFP	World Food Programme

1. Introduction

1.1 Purpose and scope of the report

The Disasters Emergency Committee (DEC) engaged Agulhas Applied Knowledge to conduct a light and rapid review of the early stages of the DEC Yemen response. This review aims to provide timely and practical learning to inform the second phase of the response, the design of which will be finalised in May 2017. The review is based on documents and interviews with DEC members, programme implementers and aid recipients. We have gathered and interpreted data with reference to the Core Humanitarian Standard, which the DEC and its member organisations are committed to upholding. Further detail on our methodology is included in Annex 1.

This report presents the findings of a portfolio-level review of the first three months of DEC-funded operations, and of the wider programmes of which these operations are part, and explores issues of cross-organisational relevance.

The review talks about locations and organisations without specifying them. This is upon the request of implementing organisations. In a sensitive and potentially dangerous operational environment, this is necessary to minimise the risk of jeopardising relationships and hindering operations.

Text box 1: Notes on terminology used in this report

- The term 'DEC members' refers to the ten (out of a total of 13) UK-based DEC members that are part of the DEC Yemen Crisis Appeal.

- The terms 'implementers', 'implementing organisations' and 'implementing partners' refer to the 12 organisations that implement DEC-funded activities in Yemen. They include five operational DEC member agencies, and one national and six international organisations that DEC members have partnered with in the context of this appeal.

- 'Government' and 'authorities' refer to the institutions and people therein that govern a part of Yemen. Depending on the context, the terms may refer to the internationally recognised authorities that currently control southern Yemen, the de facto authorities that currently control northern Yemen, and/or the (de facto) authorities at governorate and district level or below.

1.2 Background to the crisis in Yemen and the DEC response

Before the current crisis, Yemen was already among the world's poorest performers on many of the human development indicators. In the first half of 2015, conditions in Yemen deteriorated further when the civil war broke out, followed by foreign military interventions. At the time of writing, the country is divided into a northern and a southern part, with shifting frontlines and the internationally recognised government seated in the south.

This combination of chronic underdevelopment and civil war has led to a complex emergency. By the end of 2016, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 18.8 million people – nearly 70% of the Yemeni population – were in need of humanitarian assistance, and that seven million people were facing the threat of famine. OCHA identified priority sectors to be: water, sanitation and hygiene (together: 'WASH'); health; food security and agriculture; nutrition; shelter; education; and the protection of the Yemeni population in general and of refugees and migrants in particular (see figure 1). It developed a USD 2.1 billion response plan for 2017, of which USD 1.1 billion has been pledged by April 2017.

Figure 1: Number of people in need by cluster or sector[1]
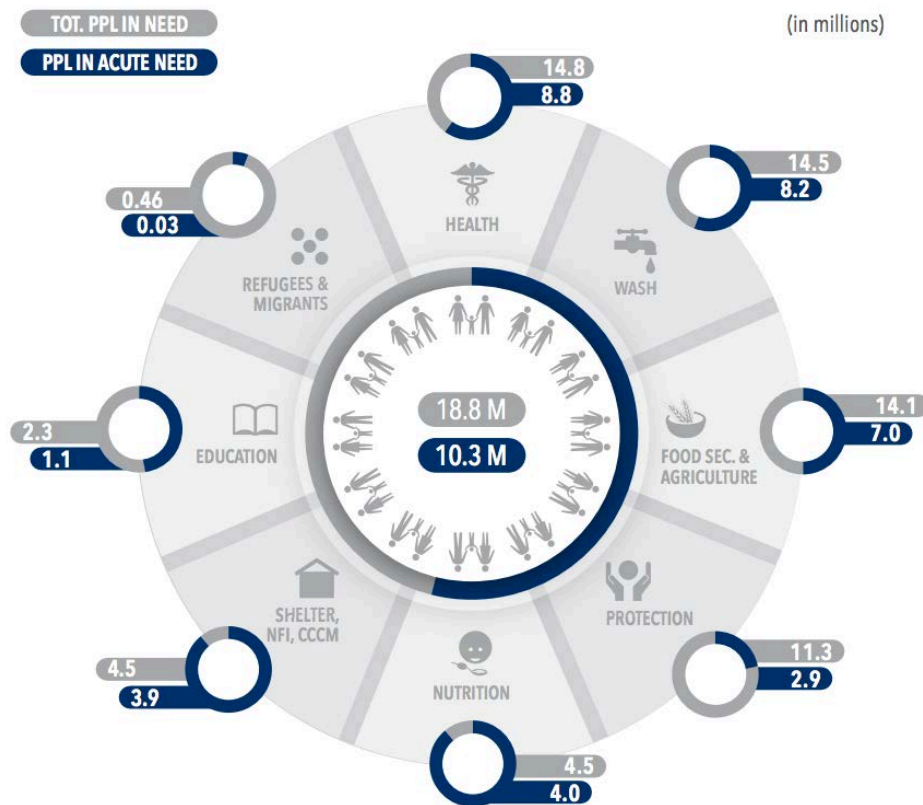
In December 2016, the DEC launched an appeal to support the humanitarian response to the crisis in Yemen. The DEC funding is split between a six-month first phase that started in December 2016, and a subsequent 18-month second phase. Ten DEC members chose to participate in the appeal.

The DEC Yemen Crisis Appeal has raised GBP 23 million to date (including GBP 5 million UK AidMatch) and has allocated GBP 10 million for the first phase. The plans for this first phase were well-aligned with OCHA priorities (see figure 2). Within these sectors, approaches differ widely. DEC funding covers mobile clinics as well as the rehabilitation and ongoing support to government health centres and hospitals. Depending on the circumstances, support with food and non-food items is provided in the form of either actual products or cash and vouchers. Most nutritional support focuses on malnourished children and pregnant and lactating women,

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[1] OCHA, Humanitarian needs overview, Yemen, November 2016, p. 13, link.

but there is also one programme that is focused on older people. Water is supplied by trucks, pumps and the rehabilitation of existing facilities, and support with sanitation and hygiene is a combination of raising awareness and the provision of key hygiene products and facilities.

Figure 2: Phase 1 – budget per field of work
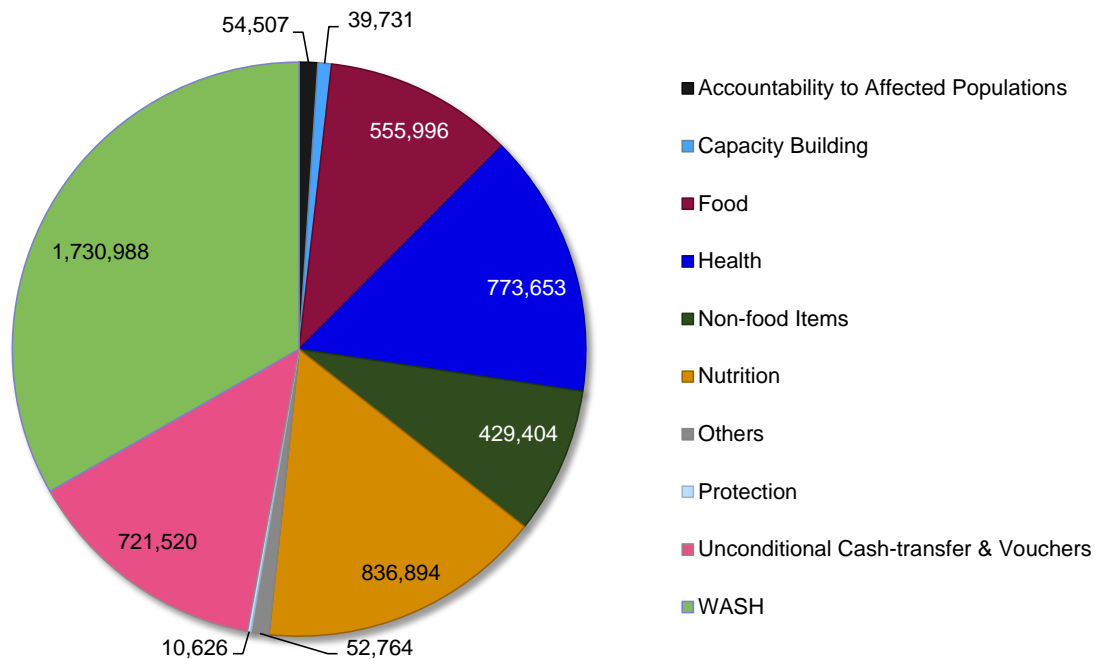
2.   Context

The operational context of Yemen is extremely challenging, and the needs far outstrip the humanitarian community's ability to meet them.

The logistics are difficult. The situation changes rapidly and obstacles in the supply chain are common. At the time of writing, delays at the port of Al Hudeydah, a key entry point for humanitarian supplies, affects half of the vessels,[2] and authorities sometimes withhold or delay clearance for humanitarian supplies. Beyond that, transport routes are hard to navigate and crowded with checkpoints. Large parts of the country are insecure – especially those close to the frontlines, where needs are often particularly high.

Moreover, the implementation of programmes and even the movement of people[3] require permits from government offices where salaries have not been paid for some time. Delays are common, and local authorities may decide not to issue permits at all, not to allow access to certain areas, or to allow entry with only a limited number of vehicles.[4] Decision makers may

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[2]   WFP, Yemen Shipping Update, 24 April 2017 (link).
[3]   At the time of writing and in parts of the country, organisations are required to report any activity or staff movement in detail, at least 48 hours ahead of the actual activity or movement.
[4]   One organisation reported that, at the time of the interview, "All our programmes are allowed to use only one vehicle per day".

deny requests for needs assessments, out of fear that data collected may be used to target airstrikes or for other illegitimate reasons.

This section targets issues related to access to communities in need and to staffing, and ends with a note on programme delays.

Text box 2: Today's needs affect tomorrow's prospects

"The displaced people who returned to Lahij after the hostilities had ended often returned without their cattle because of 'distress sales': urgent sales at low prices, to meet acute needs. Cattle had been the foundation of their livelihoods." (Based on interviews in a hospital in Lahij.)

Image 1: Shelter of a newly arrived displaced family in Al-Mathstiba Lahj. New arrivals add further pressure to existing support programmes.

2.1   Access to communities in need

Text box 3: The Core Humanitarian Standard

Commitment 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time. Organisations commit to design programmes that address constraints, including issues of humanitarian access.

The security situation differs widely across Yemen, and even within governorates (e.g. Taiz governorate is split, with different permit systems in the two parts). At one end of the spectrum, there are relatively safe areas, and some implementers choose to conduct their operations in these areas. At the other end of the spectrum, areas are entirely inaccessible due to the intensification of the conflict. There are many shades of grey between these extremes, and implementers use a range of approaches to ensure safe access to these areas 'in between'.

The most commonly applied principle is not to enter areas without formal permission to do so, even if obtaining such permission takes time and considerable effort. Getting the necessary

permits occasionally takes too long, or fails altogether, and implementers move their programme elsewhere, or change their approach to one that does get the local authorities' consent (such as the shift from mobile clinics to the rehabilitation and support of health centres because the former approach was not accepted by the government – see later).[5]

A second commonly applied principle is that implementers remain engaged in areas where they have prior experience. This explains many of the geographical choices of the DEC-funded activities – the work takes place in districts where the implementers have the necessary permits, and where they have a track record and good relationships with their local counterparts. This is an appropriate approach in a country in which the needs are many and the initial selection of locations was typically based on needs that are still ongoing. In a similar spirit, some implementers have sometimes chosen to keep staff on location even when there are no activities to carry out, as this helps to confirm their commitment to communities and authorities and to maintain their trust. While there is a cost to maintaining staff without programme activities, this is a potentially appropriate approach in environments where a departure could cause a community to lose confidence in the organisation. The risk-reducing effects of a longstanding presence and reputation in a certain area, in combination with differences in risk thresholds, mean that some organisations are able to implement activities in areas that other organisations have deemed inaccessible.

A third common principle is the reliance on community leaders, individuals and local authorities for assessments, programme delivery and monitoring, and basing programmes on informal sense-checking rather than rigorous needs assessments if the latter is unlikely to get approved.[6] We discuss these common practices in chapter 5.

A fourth principle that most, but not all, implementers have moved to is reducing the presence of expatriate staff. This is in part the consequence of unsuccessful visa applications but also because expatriate staff tend to face even more mobility obstacles than national staff (who can travel somewhat more freely, though family names often have assumed affiliations that limit people's mobility).

Therefore, while technical approaches vary according to the needs and situations, we conclude that most implementers have adopted common underlying principles to enable them to implement programmes in some of the harder to reach regions.

2.2   Safety and well-being of staff and the people they support

Text box 4: The Core Humanitarian Standard

> **Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably.** As part of this commitment, it is an organisation's responsibility to have policies in place for the security and well-being of staff.

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[5] We also saw an example of the exact opposite, in the north of the country: a deliberate move to set up an organisation's own structures instead of working through structures controlled by the *de facto* authorities, as the organisation deemed the latter to be the riskier approach.

[6] Nobody is exempted from these challenges: we – the review team – were unable to visit any of the northern governorates and DFID's third party monitor also reported facing serious security and logistical constraints.

The security situation differs widely across Yemen, and even within governorates (e.g. Taiz governorate is split, with different permit systems in the two parts). At one end of the spectrum, implementers often keep a low profile to reduce the risk of kidnapping and car-jacking, and sometimes decide against carrying out activities if they deem the risks for their staff to be too high. Implementers have security staff (who engage with wider humanitarian security networks) and plans with standard operating procedures. They conduct and regularly update risk assessments[7], and use early warning systems that are linked to location-specific evacuation triggers and contingency plans. They provide staff (and sometimes service providers such as transport companies) with security training and updates, and some organisations use GPS tracking systems to manage and monitor staff field movements (permissible in the south only). Within communities, implementers seek beneficiary views when choosing safe locations from which they implement their activities (typically schools and open areas) and change them as the security situation evolves. Some implementers divide activities into phases, to reduce the concentration of beneficiaries in locations that face a security risk.

These security measures are applied across the implementers' programmes we looked at. We also saw one example where DEC member agency involvement augmented its implementing partner's standard staff care practice (such as the requirement that staff take their annual leave in full, to minimise the risk of burnout) to include additional well-being measures. These additional measures include staff access to counselling services, flexibility of working hours or even additional time off for recuperation, and the explicit agreement that staff will support a response only if they feel fully able to do so.

We conclude that the implementers' focus on staff security and well-being is appropriate, and that there are opportunities for organisations to learn from each other's good practice.

Learning point 1. Measures to ensure staff well-being vary across the implementers, and there are opportunities for cross-learning.

2.3   Need for flexibility

Text box 5: Implementers require multiple layers of approval

> *"We started in February, with the administrative and formal procedures, but field implementation has not yet started because the project is still waiting for government approval. We have two levels of permits, and are waiting for a third."* (Interview with implementer, in April 2017.)

In this context of challenging and ever-changing realities, it is unsurprising and appropriate that member agencies have revised some of the DEC response's first phase plans. This was particularly common where activities required new permits from local authorities, some of which were still pending at the time of this review. Members remained confident that they would fulfil their commitments eventually, although some hinted that no-cost extensions may be required.

The DEC does not require permission-seeking or real-time reporting when implementers change their plans, provided that changes are not related to loss or fraud, and do not impact on

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[7] These include security risks, risks of potential negative impact on beneficiaries, and risks of diversion of aid.

the overall delivery commitments. Considering the challenging environment and the urgent needs, this hands-off flexibility is appropriate, and is appreciated by the implementers.

Recommendation 1. The causes and extent of delays against plans in the first phase should inform planning for the second phase of the DEC Yemen crisis response.

3. Partnership and programme choices

3.1 Choice of implementing partners

Text box 6: The Core Humanitarian Standard

> **Commitment 2: Humanitarian response is effective and timely.** As part of this commitment, work must be done by organisations that are capable of doing it.
>
> **Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects.** As part of this commitment, humanitarian organisations should consider opportunities to support the capacity development of local leadership and organisations, as these are the 'first-responders' to a crisis.

The ten DEC members drawing funds from the DEC Yemen Crisis Appeal channel their allocations to a total of 12 implementers in Yemen (as two DEC members have two implementing partners). In five cases, these implementers are of the same non-governmental organisation (NGO) family. In the other cases, DEC members identified one or two implementing partners for the particular purpose of this DEC appeal. In these cases, DEC members provided sensible rationale for their partner choice. Specifically:

- All implementing partners had an established presence in Yemen. It is not uncommon for new organisations to enter a country after a large-scale disaster, but in Yemen this would have been unwise because of the importance of relationships, and likely to fail because of the lengthy processes involved in gaining permission to establish a presence.

- With only one exception, these are tried-and-tested partnerships. This is appropriate as there was very little time between the appeal and the expected start of operations. However, this understandable risk aversion did result in the implementing agencies themselves being international NGOs (with only one exception), limiting opportunities to bolster the capacity of Yemen's national NGOs.

- Several partnerships were considered but did not materialise because they did not have sufficient organisational capacity to meet DEC's quality requirements[8] or were unable to promptly utilise additional funding to meet urgent and hitherto un-met needs.

The DEC members' contributions to programme design varied widely. In some cases, DEC members provided their partners with training and technical assistance to strengthen specific technical skills (see text box 7) or adherence to the standards that the DEC and its members have signed up to. Such support may have a positive impact beyond the DEC-funded work. In

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[8] Such as the capacity to adhere to, or rapidly move to adherence to, the Core Humanitarian Standard.

other cases, there are no capacity building intentions and the partnership comes close to a sub-contracting arrangement. The latter type of arrangement is appropriate where implementers are fully equipped to uphold the principles that the DEC and its members have committed to, and where the DEC funding is feeding into existing programmes (see next section).

Text box 7: A DEC partnership may lead to new approaches

"Age International provided training for the people staffing our mobile clinics. Traditionally, most of the health workers focused mostly on children, and on pregnant and lactating women. Other vulnerable groups were not formally part of our 'particularly vulnerable groups', and were effectively excluded. Because of the Age International mandate, they gave training to shape the minds of the health workers. It was partly sensitisation, really, and partly technical training – such as on how to screen elderly people for malnutrition. Age International did have the tools for this, while most of our health workers did not previously have this expertise. As a result, this formerly excluded group [older people] is now incorporated into the work." (Interview with implementer.)

We conclude that the partners of the DEC members have been identified on the basis of sensible criteria. We also note that the relationship between the DEC members and the implementers is not unduly demanding, and sometimes helps to address capacity constraints or skills deficits. We do note a trade off – the choice to partner with international NGOs (with only one exception) means that the DEC funding has limited opportunities to build national NGO capacity.[9]

3.2   Integration in larger programmes

Text box 8: The Core Humanitarian Standard

Commitment 9: Resources are managed and used responsibly for their intended purpose. As part of this commitment, programmes are designed to ensure the efficient use of resources.

The GBP 23 million of the DEC Yemen Crisis Appeal raised to date amounts to an important contribution to the humanitarian response, and can be utilised with significantly more flexibility than most donor funding. However, it is only a modest amount compared to the country's needs. The overall 2017 humanitarian appeal for Yemen amounts to USD 2.1 billion and the annual country budgets of some of the DEC members are larger individually than the total DEC portfolio. In this context, the DEC-funded operations should be embedded in larger programmes to ensure efficiency.

We confirm that this is always the case. Sometimes DEC funding is used to ensure continuity of programming by maintaining or expanding coverage of the same support in the same areas (e.g. *more* food distribution in the same district). In other instances, it is used to expand existing

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[9]   National NGOs are potentially among the 'first responders' to a crisis, but they are not the only ones. Other types of local and national capacity building are covered later.

services into new areas (e.g. using the DEC funding for additional mobile clinics to reach new areas). In all cases, the organisations built on what they already had in place. Indeed, several organisations used their existing stockpiles and staffing to start operations in anticipation of the DEC funding – which is one of the reasons that some operations could start even before the plans had been finalised.

These larger programmes themselves are generally linked with yet larger interventions. First, programmes sometimes maintain links with other programmes of the same organisation. When the clinic of a DEC member's partnering organisation comes across acute needs in relation to, for example, food security or water, its staff will notify colleagues in the organisation's food security and WASH programme for an assessment or action; and a partner organisation that provides livelihood support to a particularly vulnerable woman is likely to have identified this woman through its orthopaedic centre. Second, activities are often planned in coordination with other humanitarian organisations operating in the region – as we discuss in section 4.2, Coordination and cooperation among implementing agencies.

We conclude that the DEC-funded work is embedded in wider programmes, and that this integration is positive and helps to ensure the efficient utilisation of the DEC funding.

The next few sections cover the geographic, sectoral, design and targeting choices that the implementing organisations have made. In these sections, we focus on the larger programmes that the DEC-funded work is part of, rather than specific interventions funded by DEC, simply because these interventions are too new and too interlinked to be discussed in isolation.

3.3   Geographical and sectoral choices

In a significantly underfunded humanitarian response in which the needs are enormous, diverse and often acute, organisations face tough choices. These choices vary widely across the implementing organisations in terms of locations, sectors and approaches.

Implementers were able to offer a clear rationale for their broad geographical and sectoral choices. Often, initial choices are based on OCHA's [Humanitarian Needs Overview](#) (HNO) and other macro-level reports, in combination with cluster coordination and a recognition of the value of an organisation's prior presence and fields of expertise. This is an appropriate mix of considerations in a country in which 1) the needs vary widely across governorates and districts, and 2) trust-building within communities is crucial and takes time.

3.4   Programme design choices

Text box 9: The Core Humanitarian Standard

> **Commitment 2: The humanitarian response is effective and timely.** In this context, programme commitments should be in line with organisational capacities.

The DEC-funded programmes we have seen vary widely in scale and approach, even within the same sector. In this section, we highlight two key common dilemmas that DEC members

and their partners are facing. A third dilemma is about the level of programme cooperation with Yemeni public authorities. We cover this third dilemma in a later section.

Programme reach versus depth. Resources are limited and it is often difficult, and costly,[10] to reach communities because of security, infrastructural obstacles and the need for permits. Once an organisation does reach a community, programme managers face choices about the types and levels of support provided (which will never meet all the many pressing needs), and about the point of exit from the community (which will always leave a gap). When making these choices, there are good reasons to provide multiple services. Providing multiple services cuts down the overheads in relative terms. It also simplifies coordination requirements ('we will cover this cluster of villages') and it makes sense because the implementer is often the only organisation present.

Image 2: A mother and her toddler at a nutrition clinic; the DEC co-finances nutritional programmes.

Text box 10: Some programmes focus on a single sector

"We support them with water only, but there is an urgent need for support with accommodation and food as well." (Interview with implementer, confirmed by field observations.)

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[10] Operations in Yemen have high overhead costs. This is because of all the security and due diligence requirements, the state of the country's infrastructure, and the costs of assets (e.g. vehicle rentals are amongst the costliest in the world).

Consequently, interventions are often combined: mobile clinics also provide nutritional support and link up with a protection support programme; cash support comes in the form of cash-for-work that focuses on water works; and the distribution of food and non-food items is combined with WASH activities. When activities can be combined, the DEC funding is often particularly welcome as it can supplement other donor funding that is earmarked for one type of support to provide other types of support as well.

Learning point 2. Where access was difficult but successful, where needs are large and diverse, and where no other humanitarian actors operate, a sub-optimal provision of a range of services may be more appropriate than a high-quality provision of a single service.

Relief versus sustainability. DEC members and their partners often utilise DEC funding for the provision of immediate humanitarian aid.[11] However, as expected in a protracted crisis in which not all regions are unsafe, the DEC-funded work includes several exceptions to this rule. Government clinics are rehabilitated and staff are trained for more than tomorrow's use only; a few organisations have moved from water trucking to local water extraction or plan to do so in the second phase of the DEC response; and there are activities in the field of sustainable livelihood support to particularly vulnerable women. In a few cases, field staff were uncertain if DEC funding could be extended to interventions with such longer-term perspectives (e.g. "I do not know if we can use DEC funding to buy a generator for the hospital that will be used beyond the implementation timescale"). This is understandable as donors commonly limit their Yemen-focused funding to immediate relief operations, but the DEC does welcome longer-term interventions – especially in the second phase of operations.

Learning point 3. Even in Yemen's challenging conditions and urgent needs, some implementers identified opportunities to build resilience and the capacity of communities to withstand future crises.

Image 3: Water well before and after rehabilitation. Following community engagement, a water supply programme moved from water trucking to solar-powered wells.

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[11] Even immediate relief interventions may have longer-term implications. Some of the cash programming, for example, was in response to the observation that distress sales were undermining people's prospects for recovery.

3.5   Targeting choices

Text box 11: The Core Humanitarian Standard

Commitment 1: Humanitarian response is appropriate and relevant. In this context, organisations should take into account the diversity of communities, including disadvantaged or marginalised people.

The conflict in Yemen has affected different groups in different ways. Some very vulnerable groups have lost some of the little protection they had enjoyed in the past. The late 2015 discontinuation of the Social Welfare Fund's cash transfers to one million households, for example, has had a major adverse impact.

Together, the needs of these various groups far outstrip the support available. There are far more people eager to participate in cash-for-work programmes, for example, than there are programmes able to absorb them. In such a context, it is easy to find people in need, but challenging to identify the most vulnerable people and communities.

One of the complexities is related to the crisis; soon after an organisation has identified its target group, the situation may change because of new arrivals of displaced people.

Text box 12: New displacements add to the humanitarian pressure

"We passed by many displaced people. They are living under trees, without shelter or food. They have newly arrived, and do not yet receive any type of support." (Team member's observation during field visit.)

"The increasing number of displaced people to the project area is a challenge to the organisation." (Interview with implementer.)

Another complexity is that Yemen has traditionally been a very unequal society. Yemen's Gender Inequality Index has consistently had the world's highest score (and thus the lowest ranking) since 2001, well before the current crisis. Gender-based violence is widespread. Practices such as female genital mutilation and child marriage are common (affecting an estimated 19% and 32% of women respectively), and the gender gap in education is large, with 16% of women and 33% of men having enjoyed secondary education. Another large and very disadvantaged group are the Muhamasheen,[12] who are at the bottom of the Yemeni caste system and subject to long-standing discrimination.

These deeply entrenched inequalities are likely to lead to the least visible and most marginalised people failing to gain access to support programmes, unless targeting is very carefully done.

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[12]   This means 'the marginalised ones'. Different sources estimate there to be between 500,000 and 3.5 million Muhamasheen in Yemen. [Source: UNHCHR (2015) "Situation of human rights in Yemen", *Report of the United Nations High Commissioner for Human Rights*, link.]

Implementing organisations are keenly aware of both the challenges and the importance of the inclusion of three large groups of often vulnerable people in particular: women, children, and displaced people. This attention is reflected in programming.[13] DEC members and their partners go to considerable length to be inclusive and to reach, engage with and support these groups. They do this on the basis of explicit policy stances that are broadly aligned with the Core Humanitarian Standard, and when identifying eligible recipients they typically use criteria that are based on Cluster recommendations (text box 13 provides two examples of eligibility criteria).

Text box 13: Muna is eligible for support

> *"Muna is a widow with seven children. The oldest was 16, the two youngest were toddlers. They escaped the war and were now displaced. I visited her in the two-room sand-made house in which they were living. They had no income, no water, and no food."* (Review team member describes an encounter.)
>
> Muna is eligible for support according to the criteria of all the implementing organisations. For example:
>
> - One implementing organisation uses the following criteria when identifying beneficiary households: 1) living in informal spaces; 2) with children under five years old and/or pregnant and/or lactating women; 3) with any under-five child and/or pregnant and lactating woman admitted in a CMAM[14] programme; 4) headed by children (<16), women or elderly persons (>60); 5) with no productive assets, or functional means of income; 6) recognised as extremely vulnerable by the community, including the elderly, orphans, people with disabilities, and people with chronic illnesses; 7) receiving inadequate or no assistance from other sources; and 8) meeting other vulnerability criteria as identified by the communities. (From phase 1 plan.)
>
> - Another implementing organisation identifies beneficiaries on the basis of: family size, malnutrition rate of children, degree of vulnerability, women-headed households, orphan and widows in the family, people living with disease, and marginalised groups. (From phase 1 plan.)

To enhance access to women, implementers seek out women when they recruit their community volunteers. Implementers use tailored communication channels and mechanisms to reach people who are illiterate and home-bound (e.g. pictorial instead of text-based posters, local radio programmes), and sometimes have arrangements that ensure that support reaches people who face particular challenges, such as people who are not able to leave their homes or who do not have an ID card.

Such inclusive approaches are appropriate; however, we have two concerns.

First, targeting is typically led by community committees. These committees often include women and other groups that tend to be excluded from traditional community decision-making.

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[13] Less prominently but noteworthy nonetheless, we saw evidence of explicit attention to the needs of people with disabilities. Some other vulnerable groups are not covered throughout the DEC-funded portfolio but do have their designated champion (e.g. Age International for older people, ICRC for detainees).

[14] CMAM means 'community-based management of severe acute malnutrition'.

The committees also typically include members of the local elite (e.g. imams, teachers, village elders). There are good reasons for the reliance on community committees – such as ensuring the subsequent intervention's acceptability and authority – but it comes with a significant risk; in contexts in which inequalities are deeply entrenched, local people may have blind spots or biases that cause them to overlook the least visible members of their communities. There are ways to find these particularly hard-to-reach community members (and committees are sometimes trained on data collection and priority definition) but even so we recommend triangulating the targeting results whenever it is safe and permissible to do so, as community-led targeting is appropriate but not sufficient.

Recommendation 2. As community committees are not free from deeply entrenched notions of inequality, their needs assessments should be triangulated wherever this is feasible.

Second, the implementing organisations have blind spots as well. Specifically, as far as we have seen, Yemen's estimated 300,000 people living in servitude[15] are not considered in any of the wider programmes that DEC-funded work is part of. Similarly, with only one exception, the Muhamasheen do not receive special consideration other than as displaced people,[16] even though they are particularly marginalised even among the displaced communities.

Reaching these deeply marginalised groups is particularly challenging and a focus on them might even cause a backlash from the communities the implementers work with, as the level of discrimination is extreme.[17] However, we believe that the implementers will have sufficient bargaining power within the communities in which they work with to uphold the principle of equity.

We conclude that DEC implementers recognise the disadvantaged position of many women, people with disabilities, children and people with poor health, and they work hard to target and reach them. However, the programmes that the DEC-funded work is part of also appear to have blind spots and we recommend that the second phase of the DEC Appeal increases its efforts to reach these least visible and most marginalised groups in Yemen.

Recommendation 3. Support to Muhamasheen and people living in servitude should at least reflect their proportion in the total community. In conditions of extreme discrimination and engrained self-stigmatisation, this requires deliberate, careful and persistent targeting.

4. Institutional cooperation and engagement

Text box 14: The Core Humanitarian Standard

> **Commitment 6: Communities and people affected by crisis receive coordinated, complementary assistance.**

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[15] This is the 2016 estimate of the Walk Free Foundation, which lists the proportion of slaves in the population of Yemen among the highest in the world (link).

[16] In some regions, Muhamasheen form the vast majority of displaced people.

[17] The saying most frequently used to illustrate this point: "Clean your plate if it is touched by a dog, but break it if it is touched by a Khadem" (Akhdam – the singular is Khadem – is a derogatory name for the Muhamasheen).

> The humanitarian response should complement national and local authorities, humanitarian organisations and local actors. Where groups are a party to conflict, agencies should exercise judgement to ensure the interests of communities and people affected by crisis are at the centre of their decision-making.
>
> Agencies should share relevant information, and there is an expectation that agencies participate in relevant coordination bodies and collaborate with others to minimise demands on communities and maximise the coverage and service provision of the wider humanitarian effort. In addition, agencies should share necessary information with partners, coordination groups and other relevant actors through appropriate communication channels.
>
> Coordination is also a key element for effectively delivering CHS 3 (strengthening local capacities and avoiding negative effects) and CHS 7 (continuous learning and improvement).

4.1   NGO–Government relations

Cooperation with Yemeni authorities is often a mutually frustrating experience. Yemen has long been a country in which cooperation between NGOs and government is a challenge and this has been exacerbated by the conflict. Yemeni authorities are wary of NGO influence, information and affiliations. This is especially challenging in the north of the country and where *de facto* authorities may fear NGO data could assist the targeting of Saudi airstrikes. In some regions, NGOs have been shut down and NGO staff have been detained. More commonly, NGOs face challenges and delays in obtaining permits, and pressure to change plans and to disclose confidential information. In addition, NGOs, like anyone operating in Yemen, face a high risk of extortion, especially where officials have not been paid for long periods or are under pressure from seniors to extract funds.[18]

Implementing organisations vary significantly in their approaches to engaging with government. Some DEC members partner with and provide material support to health and water authorities, and seek to build capacity of government facilities and staff. Their work includes the rehabilitation and utilisation of health facilities, and coordination to avoid duplicating government work.[19] At the other end of the spectrum, some organisations work as separately as possible, engaging only where needed to obtain the necessary permits. For this latter group, engagement is meant to facilitate access and pre-empt government interference in activities, and is kept to a minimum in part to minimise the risk of 1) being seen as 'pro-government' or 2) the exclusion of certain community groups because of these groups' perceived loyalties and political ideology.

The range of approaches is due to considerations such as the nature and location of the interventions, the risks and challenges of engaging with government, and the level and nature of government pressure. Despite differing approaches, all DEC members and their partners could justify their approaches in terms of risk reduction and/or the effectiveness of their delivery.

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[18] Yemen ranks 170th out of 176 countries in Transparency International's Corruption Perception Index. See also this link.

[19] We also heard of a few instances where government officials had acted as enablers of programming, such as provincial water authorities that provided an implementer with expertise to address technical challenges.

In the context of potential negative side-effects, we asked the implementing organisations about the risk of their recruitments on government staffing tables. Most respondents did not see this as a risk, and argued that most government staff would consider the prospect of short-term engagement with NGOs to be less attractive than long-term government employment, even if government salaries are not currently being paid. However, one organisation confirmed that, in parts of Yemen, the authorities themselves were pushing for government staff to be either recruited by NGOs or provided with incentives. As the crisis continues, such pressure may increase, and succumbing to such pressure may further erode government capacity.

Regardless of the level of engagement with government on programmatic and technical levels, all agencies must engage on an administrative level. This is a matter of staff security and safeguarding assets, as travelling without the correct permits can result in detention, extortion and/or confiscation of goods. In the north, obtaining the necessary permits is more challenging than in the south; however, similar challenges are faced across the country. These are the key issues:

- Permits for travel, movement of goods and people, and activities can take a long time and result in programme implementation delays.

- There may be pressure to fund government facilities even where implementing organisations assess that this may not give the best possible results in terms of reach and inclusiveness.

- There is a two-way tension in relation to accountability measures; for example, organisations worried that providing lists of aid recipients to the authorities could have implications for these people's safety, and authorities felt uncomfortable with an NGO central call centre and closed it down.

- There is a risk of extortion, such as pressure to invite unjustifiable per-diem-receiving governmental 'supervisors' onto field trips.

Text box 15: Government pressure can be intense

An implementing organisation faced such restrictions to the movements of its mobile health teams that it terminated its mobile clinics and moved to a combination of supporting government health facilities and community-based outreach activities.

As lessons learned, DEC members and their partners cited the following ways in which they had successfully engaged with Yemen's public authorities:

- Investing time and effort to find a person who is supportive and who has sufficient authority and influence. With rapid staff turnover in parts of government, this approach carries the risk of investing in short-lived relationships.

- Signing memoranda of understanding that shorten decision-making time and ensure that key parties are in agreement in advance.

- Mobilising local communities as a way of putting pressure on local authorities (see text box 16). This rights-claiming approach could be risky in an authoritarian environment and could contribute to authorities' wariness of NGOs.

Text box 16: Sometimes, permit processes accelerate

An implementing partner reported that, *"If the local authorities kick us out of a certain area we talk with the community and we ask local authorities to explain to the communities why this has happened. [This can work] because the authorities want to save their face. I am not bluffing, I have closed an office before. There had not been movement for six months and I sent a letter to the Governor saying that since we cannot access the communities we will get the money out of the governorate. The day after they said 'OK, you are allowed to move'."* (Interview with implementer.)

- Even though it may be time-consuming, engaging in frequent, open and honest communication with all the relevant officials and community leaders, as this avoids surprises and reduces the risk of refusal by the authorities. This is in line with our team's experience outside of this review, which suggests that authorities feel uncomfortable with NGOs appearing out of nowhere with full-fledged proposals and permit requests.

- Building the authorities' understanding of humanitarian principles, if the problems are caused by insufficient knowledge and understanding. This will only be potentially effective if the challenges are not caused by conflicting agendas.

Learning points 4 and 5:

- ***LP4.*** *Relations with Yemen's public authorities are challenging, but implementers have found several ways of engagement that both strengthen relations and expedite processes.*

- ***LP5.*** *In this context, the tight DEC planning deadlines, in a period in which both Yemen and the UK celebrated holidays, were unhelpful for organisations that proposed new interventions (rather than extensions), as they led to plans that had not been developed in close consultations with the authorities that ultimately needed to endorse them.*

Image 4: A midwife vaccinates children. DEC funds health interventions in government clinics and non-governmental health facilities.

4.2 Coordination and cooperation among implementing agencies

DEC members and their partners do not have a separate DEC-specific coordination mechanism. Instead, coordination takes place through other channels, and particularly through the national cluster groups. DEC members participate in and contribute to these cluster groups. While reviewing the cluster system was outside the scope of our work, DEC members reported that the groups work reasonably well at the national level. The DEC members and their partners were similarly positive about the coordination and facilitation role of OCHA and about the inter-cluster working group meetings that it leads.

Beneath the national level, the implementing organisations reported that coordination mechanisms were less effective. At these sub-national levels, organisations rely more on informal contacts between or among themselves and other stakeholders. Not all organisations actively seek out such contacts, but we did come across examples where governorate-level communication proved helpful, both to avoid overlapping efforts and to find ways forward when programme implementation or access is particularly challenging. One respondent (drawing on experience of many other humanitarian crises) offered an explanation, *"Sharing may be working well in Yemen because it is such a restrictive environment. It's usually like this: restricted environments push you to be closer to each other, to share and be supportive. In places with more access and more donors, a more enabling environment, creates a more competitive attitude."*

We conclude that, in a difficult context,[20] the implementers maintain adequate and mutually beneficial relations with other organisations at national level. Coordination at regional level is less consistent.

5. Engagement with crisis-affected people

Text box 17: The Core Humanitarian Standard

> **Commitment 4: Humanitarian response is based on communication, participation and feedback.**

5.1 Engagement in the assessment stage

Engagement typically starts soon after organisations have made their initial geographical choices, to assess community-specific needs and opportunities. In most cases, these participatory assessments were not conducted exclusively for the DEC-funded interventions. Instead and appropriately, assessments inform the larger programmes that the DEC funding contributes to, or even inform programmes of multiple organisations, as part of the cluster coordination.

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[20] The challenges that coordination efforts face are illustrated by the INGO Forum and the INGO Safety Advisory Office, both of which were forced to leave Yemen and relocated to Amman.

The site-specific assessments where DEC-funded activities take place usually involve an appropriate level of community engagement. In many cases, organisations train – albeit often remotely – a group of community volunteers[21] who then conduct the assessments with remote supervision from the implementing organisations. In other cases, local authorities or other local stakeholders conduct the needs assessments. Despite the disadvantages, this is the best available option in many parts of Yemen.

However, we do have two concerns.

- Assessments are often not of satisfactory quality. Only a few organisations have managed to double-check assessment results and, where this occurred, the double-checking identified significantly different findings.[22] The Department for International Development's (DFID) Third Party Monitor ('Ta'zeez') confirmed that this problem is not specific to the DEC members and their partners. Ta'zeez has found that, in Yemen, many humanitarian organisations suffer from poor systems to collect data, and that the result is that data are often missing or illogical, not properly collated, or using parameters inconsistently.

- In several cases, 'assessments' were limited to single-person informal sense-checking exercises or engagement with the local government only, because of a (justified) concern that local authorities would not approve formal assessments. The reliance on anecdotal evidence is understandable in the north of the country in particular as there are often, quite simply, no alternatives. However, organisations should consider more rigorous approaches whenever this is possible, and should never be complacent about the high risks of informal sense-checking. These risks are twofold. First, in an insecure environment, informal and unapproved sense-checking poses a risk to the individual involved and to the wider operations of the organisation (at least in the north of the country). Second, the results are subject to bias (whether intended or not), from designated community members or government officials,[23] without scope for triangulation.

These issues are not specific to the DEC implementers. Ta'zeez' verification studies also show that organisations do not always use objectively verifiable criteria to select beneficiaries. The shared conclusion is that, while "Those receiving aid are in need, it is not clear if they are always the *most* in need".

Recommendation 4. *Notwithstanding the challenging environment, implementers should do more to reduce assessment biases, missing and illogical data, and the inconsistent use of parameters and check lists.*

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[21] In Yemen and many other countries, these volunteers generally do get compensated for the work, in one form or other.
[22] The variation could not be explained by differences in the methodology used.
[23] Examples of the former are likely to be in favour of certain groups within communities. Examples we heard of the latter are typically at somewhat higher levels (e.g. related to a governor's district of origin). In both cases, pressure to prioritise relatives of counterparts is common.

5.2   Engagement shapes programmes

Across the DEC-funded portfolio, engagement with people affected by crisis comes in many forms.

For the purpose of identifying needs and target populations, assessing progress and identifying concerns and challenges, common forms of engagement are focus group discussions, feedback from community representatives (such as new or existing community committees and trained community volunteers), interactive local radio shows, dialogue with recipients at distribution points, monitoring visits, social media interaction and randomised phone calls to recipients. These and other forms of engagement tend to continue throughout the life cycle of the action.

Text box 18: An example of participatory decision-making

> *"We invited women groups to select the most important hygiene items out of an array of possible items, to help decide which non-food items to distribute in a particular community."* (Interview with implementer.)

Engagement also takes the shape of affected people taking responsibility for the distribution of relief goods and the (re)construction of home roofs, water systems and infrastructure. We also came across a few examples where people had contributed materially, in the form of a well to benefit displaced people, or a sheltered location for a mobile clinic to operate from.

This engagement shaped the micro-level design of the work. It helped to determine the locations from which the mobile clinics do their work, the time of day at which certain services are provided, the contents of food baskets and the nature of non-food items, among other things.

In a few cases, this community engagement also influenced some of the bigger decisions. Focus group discussions led one DEC member's partner to include support for non-communicable diseases like diabetes and hypertension in its health services, for example, and two organisations exited from a water-trucking system and shifted to local pumping.[24]

We conclude that crisis-affected communities and people have tangible influence in the design of the implementers' humanitarian response.

5.3   Transparency and accountability

Text box 19: The Core Humanitarian Standard

> **Commitment 5: Complaints are welcomed and addressed.**

Transparency in humanitarian interventions is always important, and especially in contexts such as Yemen in which funding is small compared to need. Implementers regularly expressed

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[24] This pumping is partly solar-powered (see image 3). This choice for solar power, like the shift to pumping, was a decision made on the basis of community feedback.

their concern about the risk of community conflict over the perceived unfairness of the distribution of scarce resources.

The implementing organisations we interviewed are generally committed to transparency, and have thought about ways to reach some of the groups with particular challenges (e.g. people who are unable to leave their homes, illiterate people). They convey their messages about eligibility criteria, entitlements and the practical aspects of the support they provide in as simple a fashion as possible. To ensure these messages arrive and are absorbed, the organisations use multiple communication channels (e.g. volunteers, radio messages, posters).

Engagement sometimes, but not always, includes an adequate, standardised and well-communicated complaint process.[25] Hotlines are common (though often used for requests rather than complaints),[26] as are complaint boxes and the option of channelling a complaint through a member of the community committee. Several organisations have multiple complaint channels to suit people with varied backgrounds, abilities and preferences.

These are positive findings; however, we also saw a few organisations that do not yet have a formalised complaint system, which merits this recommendation:

Recommendation 4. The few implementers that do not yet have a strong complaint system in place should develop and implement such a system. This system should welcome and address complaints, and learn from them.

6.   Remote management and monitoring

In regions where it is safe to do so, the implementers' national and expatriate programme managers and M&E staff pay periodic monitoring visits, and DEC members' head office staff have plans to visit such regions to see the work done. In other regions, organisations rely on community members, local government officials and other grassroots partners. These people and institutions are typically trained by the implementing organisations, and sometimes by the DEC members as well. Often, such training happens remotely.

Where programme management and monitoring is done remotely, the implementers use a range of communication channels and techniques. This is appropriate in a context with limited and erratic connectivity. Managers told us that they supported the work of the local people and teams through the use of evaluation templates and workshops, ad hoc and scheduled phone calls, regular conversations with local authorities and community representatives, email exchanges, video conferences and webinars, WhatsApp and IMO[27] messages (also used for

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[25] We write this on the basis of interviews with NGO staff members. We have not seen any complaint mechanisms in action and note a Ta'zeez Independent Monitoring Report of 2015-16 programmes of two DEC implementers that both claimed that "They provide a variety of complaint mechanisms to targeted communities" found that there was "A relatively low awareness of complaint mechanisms" among the programmes' recipients.

[26] The most common complaint is related to non-inclusion, and two organisations expressed concerns of system abuse, with people phoning just to see if they might stand a chance to get access to support without being particularly vulnerable.

[27] IMO is similar to Skype.

photos) and monitoring checklists. Only one of the implementing organisations is also using third party monitoring (and finds this helpful).

We saw that the results were used for quality assurance and adaptive action, and for purposes of due diligence (for example, a confirmation that a water pump still works at the end of a one-month trial period triggers a final payment to the supplier). We also saw that the results informed reports to authorities and the implementers' headquarters, and to the UK-based staff of DEC members and the DEC Secretariat. However, we have four concerns about the data that are collected and reported.

- There are risks related to: 1) data quality and 2) data transfer.

  While the use of many different types of monitoring and management instruments is helpful in conditions in which connections between the implementer's offices and the grassroots are challenging, the resulting data are of variable quality and at risk of getting lost or distorted by transfer errors. This creates a picture that is partial and potentially flawed.

- There are: 3) data gaps and 4) data transfer inefficiencies.

  These various methods provide insights that can usefully inform and facilitate remote management, but they do not combine into an efficient and systematic monitoring system. These issues are common throughout the humanitarian sector in Yemen (but there is also good practice – see text box 20 for an example).

Each of these four concerns gains weight when considering the full reporting chain for DEC funding, which includes the international headquarters of the implementing partner (where applicable), the UK office of the DEC member, and the DEC itself.

In such a context, open source assessment and monitoring applications (e.g. Kobo Toolbox, Open Data Kit) are potentially powerful tools. Several implementers are using such applications, and they could help the other implementers explore the possibilities. They are easy to adopt and doing so is relatively cheap. Such applications significantly speed up data transfer and reduce the scope for data transfer errors. They also allow for GPS digital photography and timestamps, and have a number of other advantages.

Other DEC members and partners are not yet using such applications. One argument against their use is that they require the use of tablets or smartphones, and on a few occasions staff members have found that using these posed a risk (e.g. being held at a check point, being interrogated by local leaders). In such conditions, we can understand that organisations are selective in their use of such applications. However, some organisations have not yet considered the options at all, even though these security risks are not a country-wide problem. These organisations could strengthen their remote management and monitoring systems by assessing where they could and could not use electronic monitoring applications.

Text box 20: Real-time tools give real-time insights

> Close but undemanding monitoring of the implementation process is relatively easy for DEC members that partnered with implementers that use online electronic monitoring applications.
>
> An implementing organisation that works in a region in which the use of tablets does not pose security challenges uses Kobo for its daily reporting. Its UK partner, Age International, has access to these reports. When we (two members of the review team) visited their UK offices, we could discuss these mobile clinics' reports of the previous weeks. When we noticed a dip in one of the clinic's patients' count, the Age International technical advisor could explain that an explosion in a local police station had led to roadblocks, which had forced the clinic to return to town.

Recommendation 4. Implementers should use real-time electronic assessment and monitoring applications, where it is safe and useful to do so, to strengthen the quality, efficiency and timeliness of their monitoring. Several implementers are using such applications already, and they could help the other implementers explore the possibilities.

7. Learning

Text box 21: The Core Humanitarian Standard

> **Commitment 7: Humanitarian actors continuously learn and improve.**

Implementers provided us with multiple examples of learning from experience. Most of these examples were of internal, practical, iterative learning. They were inspired by observations made through their monitoring and engagement efforts, and related to things such as the content of food baskets, the most effective way to utilise community health volunteers and new ways of supporting government facilities.

Other examples related to various types of cross-organisational learning. Specifically:

- Cross-learning between the DEC member and its implementing partner (e.g. technical support to develop an adequate complaint system).

- Cross-learning between implementing partners and other organisations in Yemen (e.g. inspired by another organisation, one of the implementers is considering a 'cash-for-health' intervention to enable people with costly diseases to purchase their medication).

- Contributions from implementing partners to the wider humanitarian discussions (e.g. cluster contributions about transfer sizes) and reports (e.g. contributions to the HNO).

We found no evidence of any DEC member or partner taking an isolationist approach to humanitarian support, and reasonably strong evidence that at least some of the organisations are using contemporary and potentially cost-effective technical solutions (see text box 22).

Text box 22: The use of contemporary technical solutions

Piles of paper, fuel-based equipment and food queues are no longer the norm within the worldwide humanitarian sector. The more technologically-savvy humanitarian stakeholders have replaced these with electronic data systems, solar-powered machinery and cash transfer systems that use SIM cards, biometrics, and other reliable and person-specific technological solutions.

Several of the DEC implementing organisations are using state-of-the-art technical solutions. We did not look at the costs of these solutions but note that many of today's technical solutions are cost-effective, reliable and durable.

8. Recommendations and learning points

In this review, we found many positives in the programmes that the DEC funding contributes to. While it is too early to confirm the impact of the work funded by the DEC, we do confirm that people are using the products and services provided by DEC members and their partners. These products and services are provided in sectors that OCHA has confirmed as priority sectors, to people with clear and pressing needs. They are provided in the spirit of the phase one plans of DEC member agencies. While the actual activities often change, the larger objectives of these original plans are still appropriate and seem achievable, if sometimes possibly only in a somewhat extended timeframe.

We also found a few areas that could be strengthened in the second phase, and this report makes six recommendations. These are portfolio recommendations and may not all apply to each of the DEC members and implementing organisations.

- **Recommendation 1.** The causes and extent of delays against plans in the first phase should inform planning for the second phase of the DEC Yemen crisis response.

- **Recommendations 2 and 4:**

   o **Rec 2.** As community committees are not free from deeply entrenched notions of inequality, their needs assessments should be triangulated wherever this is feasible.

   o **Rec 4.** Notwithstanding the challenging environment, implementers should do more to reduce assessment bias, missing and illogical data, and the inconsistent use of parameters and check lists.

- **Recommendation 3.** Support to Muhamasheen and people living in servitude should at least reflect their proportion in the total community. In conditions of extreme discrimination and engrained self-stigmatisation, this requires deliberate, careful and persistent targeting.

- **Recommendation 5.** The few implementers that do not yet have a strong complaint system in place should develop and implement such a system. This system should welcome and address complaints, and learn from them.

- **Recommendation 6.** Implementers should use real-time electronic assessment and monitoring applications where it is safe and useful to do so, to strengthen the quality, efficiency and timeliness of their monitoring. Several implementers are using such applications already, and they could help the other implementers explore the possibilities.

In addition, this report presents five learning points:

- **Learning point 1.** Measures to ensure staff well-being vary across the implementers, and there are opportunities for cross-learning.

- **Learning point 2.** Where access was difficult but successful, where needs are large and diverse, and where no other humanitarian actors operate, the provision of a range of services may be more appropriate than a high-quality provision of a single service.

- **Learning point 3.** Even in Yemen's challenging conditions and urgent needs, some implementers identified opportunities to build resilience and the capacity of communities to withstand future crises.

- **Learning points 4 and 5:**

  - **LP4.** Relations with Yemen's public authorities are challenging, but implementers have found several ways of engagement that strengthen relations and that expedite processes.

  - **LP5.** In this context, the tight DEC planning deadlines, in a period in which both Yemen and the UK celebrated holidays, were unhelpful for organisations that proposed new interventions (rather than extensions), as they led to plans that had not been developed in close consultations with the authorities that ultimately needed to endorse them.

End of report.

Annex 1: Methodology

This review started with inception meetings in Sana'a and London, and ended with meetings to present and discuss our tentative findings, again in Sana'a and London. In between these meetings we followed six data gathering stages, with each stage informed by all previous stages. In sequence:

1. A review of documentation provided by the DEC.

2. Interviews with DEC members in the UK and the regional hub in Jordan.

3. Interviews with implementing organisations in their Yemen country offices.

4. Interviews with implementing partners in field offices in the north and south of Yemen (though we did not travel to the north and interviewed the team from Al Jouf when they visited Sana'a instead).

5. Field visits and conversations with people affected by the Yemen crisis (aid recipients and others, in Al Madaribah Wa Al Arah in Lahij governorate and Khur Maksar in Aden governorate; selection made on the basis of opportunities rather than any type of sampling).

6. UK and Yemen head office interviews to triangulate findings.

As the DEC Yemen Crisis Appeal programmes were only designed in or after December 2016, programmes had often not yet started or were in very early stages of implementation. As this only allowed us to look at the early phases of the programme cycle, we often used comparable but non-DEC work that implementing agencies had done in recent times as proxy programmes.

In our analytical stage, we focused on themes that had relevance for the wider portfolio only, rather than on issues that were specific to individual organisations. In our reporting, we respected wishes not to be named as, in Yemen, explicit affiliation with the UK may cause operational challenges or even security concerns.

Key limitations were:

- This review is based on documents, conversations and observations during field observations. This meant that we could assess formal policies, processes and approaches, but could not often confirm their actual performance.

- Even after our assurances of confidentiality, respondents, especially in the north, did not always feel at liberty to share their insights.

- Our site selection was constrained by security and logistical considerations. We do not know to what extent this may have biased our observations.

For a more complete methodological overview, please request our Inception Report from Ms Katy Bobin at the DEC (KBobin@dec.org.uk).

Annex 2: Questions asked in the Terms of Reference

Note that the traffic lights are in relation to the weight of the evidence, not in relation to the level of performance.

Questions from the Terms of Reference	Recommendations and learning points	Weight of evidence
1. Relevance and appropriateness		
1.1. How relevant are DEC members' programmes in terms of the response modalities employed?	LP2 and 3	
1.2. To what extent are programmes guided by the assessment of needs and evident gaps?	Rec 2 and 4	
1.3. How appropriate are the interventions in meeting the needs of the affected population?	LP2	
1.4. How effective are DEC members in accessing marginalised and vulnerable groups and overcoming geographical and security/access constraints?	Rec 1, 2 and 3	
2. Operational management and coordination		
2.1. How do DEC members ensure the safety and security of their beneficiaries and staff in implementing programmes?	LP1	
2.2. In areas where access is limited, how effective is remote management and remote monitoring systems in ensuring the effective and safe delivery of aid? How are associated risks mitigated? If relevant, how are members implementing through partners?	Rec 2, 4 and 6	
2.3. To what extent are DEC members maximising coordination with different stakeholders including implementing partners, local actors, civil society and local authorities, humanitarian and development actors and new actors e.g. private sector, civil protection? What are the challenges and how are these being addressed?	LP4 and 5	

Questions from the Terms of Reference	Recommendations and learning points	Weight of evidence
3. Community engagement		
3.1. To what extent are members able to adhere to the Core Humanitarian Standard and key humanitarian principles?	All	
3.2. To what extent are the views of crisis-affected people, including women, sought and used to guide programme design and implementation?	Rec 2 and 5	
3.3. What mechanisms exist and are being used for prompt detection and mitigation of unintended negative effects?	Rec 5 and 6	
3.4. What are some noteworthy approaches to community engagement in this context?	–	

Agulhas
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